Interview: Jane Griffiths â?? Company Group Chairman, Europe, Middle East and Africa (EMEA), Janssen

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In an exclusive interview at the eyeforpharma Barcelona Summit 2016, Janssen EMEAâ??s Jane Griffiths speaks out about patient-centricity, sustainability and the dawning of a new world of healthcare.

Whatâ??s been keeping you most busy in recent months?

We have, for the third consecutive year, topped IDEA Pharmaâ??s Productive Innovation Index (PII), which is basically an annual ranking of pharma companiesâ?? ability to launch game-changing products and serves as a real indication of the strength of our new product pipeline. Over the past few weeks I have been shuttling round many of the EMEA operating companies, reviewing their business plans, local market projections and product launch strategies so as to ensure that we are involving patients to the upmost and that we are securing the very best outcomes that our medicines can offer.

Janssen has long been a champion of patient-centricity and now systematically employs heads of patient engagement at both country and regional level. What would you say are the latest developments in the field of patient-centric healthcare? And what next steps will Janssen EMEA be taking to further this cause?

The overarching strategy within Janssen is actually to be very outcomes led: not just a purveyor of pills, but a generator of healthy and well-satisfied patients. This entails stretching beyond our core functions and ensuring that people who take our medicines are actually receiving the sorts of end-benefits that we expect them to get. Right now, the World Health Organization estimates that a full 50 percent of patients donâ??t take their medicines in the correct manner in accordance with their prescriptions and the physicianâ??s guidance. Far too many people miss doses or overdose. Others fail to properly read the instructions for example taking their pills with food when they shouldnâ??t

be. As the developer of these medicines, we need to find ways to overcome this. Precisely because of our patient-centric philosophy, we believe that we should, as a company, be proactive in identifying positive pathways forward and in ensuring that our drugs are maximally utilized in the correct manner.

Whatâ??s actually required is a joint endeavor. I believe that future patients will also have to start assuming greater responsibility over managing their own health needs. Patient empowerment is becoming more pronounced and todayâ??s patients enjoy much greater access to information than previous generations. Empowerment, however, implies greater responsibility. Itâ??s time patients started taking greater interest in understanding how to get the very best out of their medicines and about the lifestyle steps they need to undertake to minimize incidence of relapse. Coopting patients into the disease management process is very much something we promote and, indeed, we have made it part of our mission to include patients in all stages of the drug development process.

Having been very vocal about the need for pharmaceutical companies to â??look beyond the pillâ?•, what practical steps can companies like Janssen take to better ensure the efficacy of their treatments?

We have established a group called Johnson and Johnson healthcare innovation which is devoted entirely to developing solutions for patients which and aligns closely with the disease areas in which we are most active and where we have high performance products. Alongside the launch of the product we will also tend to implement follow-up services. This might take the form of a software application that patients can download which then gives them more information about their disease and how they can better manage their ailments. Alternatively it might come in the way of a support scheme that patients can enroll in where we give them coaching in disease management. For our diabetes type 2 patients, who generally need to watch their diet and undertake more exercise as a complement to their treatment plans, we have even created a 7-minute daily workout regime application that they can follow.

Earlier you mentioned applying the concept of the patient-centricity to the drug development process and pre-product launch stages. How does that work?

We are taking steps to systematically engage patients and gather their input and feedback in an embedded way even at the product design stage for example in the protocols writing and in the R&D of new therapies. Itâ??s important to differentiate between patient-related and clinical-related outcomes. In treating prostate cancer, for example, we need to appreciate that sexual function is very important for men even though maintaining that function will be antagonistic to one of the most effective treatment pathways in androgen deprivation therapy. Taking into account these sorts of considerations might result in us needing to identify alternative pathways or in placing greater emphasis on patient education so that the end users properly understand the full implications of different treatment options and can thus make fully informed choices.

The importance of patient-related outcomes also needs to be relayed to the healthcare payers who generally have a tendency to focus solely on clinical outcomes. When I negotiate with national healthcare systems I always strive to emphasize this point. Some products might be working well on a disease, but this is not always felt at the patient level. When undergoing chemotherapy, for example, a patient will still feel very unwell. My point is we have to be more responsive to how specific therapies are received by end users so as to understand where real improvement can be made.

Patient-centricity is not, in itself, a particularly new concept. How extensively has it been embraced by the pharmaceuticals industry as a whole?

Janssen may well have been a trailblazer in adopting these sorts of practices, but I am confident that such follow-up actions will soon become commonplace right across the pharma industry. The incentives for adopting such as stance are strong. Firstly, everyone wants to see happy patients who are responding well to the treatments they are receiving. Secondly, as we move into an era increasingly dominated by issues such as market access and health technology assessment (HTA), pharma companies are going to be called upon to account for the performance of their drugs. Already, in many countries, price reviews are being held five years after product launch and companies are requested to provide data demonstrating that their therapies actually fulfilled the promise that they originally claimed. By collaborating with patients on areas like medication adherence, they can potentially raise the performance levels and prove that their therapies actually do what they say on the tin.

Unfortunately, in certain jurisdictions, we sometimes still encounter regulatory barriers when trying to coopt the patient and need to actively seek permission from the healthcare provider if we want to get closer to end users of drugs. We are therefore working hard to foster awareness as to our motivations and to explain that this is very much in patientsâ?? interests.

Janssenâ??s Jane Griffiths and Focus Reportsâ?? Louis Haynes at eyeforpharma Barcelona

You have traditionally been one of the more collaborative companies, setting up innovation centers to join forces will small biotech entities. How would you define the partnership strategy of Janssen EMEA?

Janssen has always proved ready and willing to follow the science wherever that may be. Our doors are always open to collaboration and partnership. Any company that conducts all of their R&D internally is going to find itself limited to the platforms and the lines of research that they can undertake and invest in and that can end up being very restrictive and an impediment to large-scale innovation. By extending outside, by contrast, you can complement your own strengths with other

platforms and mechanisms that, in certain aspects, are likely to be superior to your own. The fact we have been voted number 1 on IDEA Pharma supports the fact that this approach of being open to partnership is working highly effectively. Right now, we are linked into networks of experts all around the world via offshoots of our innovation centers in London, California, Boston, Shanghai, and, most recently, Israel.

In todayâ??s context of cost-containment and increasing stress on healthcare systems, what role can companies like Janssen play in ensuring the long term sustainability of healthcare provision and the continued access of patients to (expensive) innovation?

There is absolutely no doubt that innovative medicines can take costs out of the system, but the system itself has to be open to having its costs taken out. We are in constant dialogue with healthcare providers explaining these realities, but sometimes the system change that would necessarily have to be carried out is deemed politically unacceptable.

A good example is our medicine for schizophrenia that, together with good care wrapped around it, has been demonstrated in studies to reduce hospitalization by roughly 50 percent. This is because the rate of relapse is reduced. If we assume a patient on a psychiatric ward costs around several hundred pounds a day, then a reduction of merely a few days can generated considerable savings. That money which is then recouped could then be potentially channeled back into medicine development rather than into maintaining bed space.

From a pharmacoeconomic perspective, these sorts of reforms would be obviously beneficial. Nevertheless it remains politically difficult to close down wards. Hospitals are often erroneously considered to be a measure of successful provision in the public psyche. Treating patients at home is actually much better for the patient and translates into fewer hospital-incurred infections, no disruptive traveling to clinics and less stress for end-users.

So, in essence, innovative therapies need to come coupled with innovative treatment delivery mechanisms?

The healthcare community really does need to rethink treatment delivery mechanisms. Oncology drugs delivered at home might not decrease spending for a healthcare system per se, but it might, at least, check the exponential rise of such cost. As populations age the prevalence of cancer is inevitably going to rise and if that new generation of elderly cancer patients can receive their chemotherapy in local day care centers administered by an oncology nurse rather than prolonged stints at hospitals taking up bed space, then that is obviously going to be less of a drain on a public healthcare systemâ??s resources.

Technology is revolutionizing the way we set about conducting healthcare and providing it. Some companies are already pioneering wearables and implantables where a patientsâ?? health is monitored in real time. But it remains a challenge for the systems themselves to adapt. If you have a medicine that will fundamentally change the way patients will be treated, then you generally have to be working with the healthcare provider 2 to 3 years in advance so as to have sufficient time to change the treatment pathway.

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