



Patient Impact Measurement Framework

The Universal Patient Language (UPL) is a set of resources that helps us create materials that communicate with patients about complex topics. This document contains a series of questions that can help you apply a framework to assess the communications you have built using the UPL with patients, so that you can identify the strengths, unmet needs, and opportunities for future improvement.

To do a self-assessment on your own materials, please refer to the *UPL Reflection Guide*.

Resource contents:

- ☐ Guidance, standards, and best practices
- ☐ Building blocks or assets
- ☒ Assessment methods and tools

Applicable to:

- ☒ All patient communications
- ☐ Specific topics



A Starting Point: This tool contains some early work and may change significantly.

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About the Framework

The Patient Impact Measurement Framework is a starting point for measuring the impact that the communications you built with the UPL has on patients. Its hypotheses and sub-hypotheses provide potential impacts to measure. The framework is meant to be versatile so that it can inform quantitative and/or qualitative research. It is not a research protocol in itself.

There are **two hypotheses** for how the UPL impacts patients that make up the framework.

The **sub-hypotheses** break the hypotheses down into smaller, bite-sized measurements.

Please see page 5 for potential research questions and thought starters for how to explore the hypotheses.

Hypothesis 1: Resources built with UPL lead to more engaged patients.

- 1.1 Increased comprehension and knowledge retention:** By making communications more legible and accessible, resources built with UPL lead to better comprehension and knowledge retention among patients.
- 1.2 Increased usefulness:** By creating content that is more relevant to patients' lives and more empathetic to their condition(s), resources built with UPL are more usable for patients.
- 1.3 More informed patient behaviors:** By giving patients more comprehensible and more useful content, resources built with UPL equip patients better to make more informed treatment decisions.

Hypothesis 2: Resources built with UPL increase patient confidence.

- 2.1 Increased confidence in treatment:** Resources built with UPL help ease patient anxiety over a treatment and help them feel more equipped to manage it.
- 2.2 Increased confidence in HCP team:** Resources built with UPL help patients understand the role of their HCP team, and how the HCP team values their relationship with the patient.
- 2.3 Increased confidence in your organization:** Resources built with UPL lead patients to have greater trust in your organization.

Your Research Brief

Use this series of questions to sketch out the objectives and hypothesis of your research.

What resource(s) will you be assessing?

What kind of measurement will this be? (Check one)

- ☐ Baseline measurement
- ☐ Comparison of non-UPL resource to resource built with UPL
- ☐ Other

What stage(s) are the resource(s) in?

- ☐ Planning stage
- ☐ Building stage
- ☐ Completed

How this framework can be useful at each stage:

At the planning stage, the framework can guide your approach to developing the resource and provide a gut check on how well certain goals are being met.

At the building stage, the framework can continue guiding your approach and help identify opportunities for fine-tuning.

If your resource is **completed**, the framework can help assess the strengths, identify unmet needs, and opportunities for future iterations.

What is your hypothesis for the research outcomes?

Your Discussion Questions

Discussion questions are asked directly in surveys or during interviews with patients, and help answer research questions. Discussion questions can vary between open-ended and close-ended, depending on the type of insight you are looking for (e.g., understanding why or how vs. if or how many).

Use the next few pages to map out the discussion questions you'd like to ask patients. We have provided potential research questions and thought starters as a guide.

Hypothesis 1: Resources built with UPL lead to more engaged patients.

1.1 Increased comprehension and knowledge retention

By making communications more legible and accessible, resources built with UPL lead to better comprehension and knowledge retention among patients.

A) Are patients better able to comprehend the resources built with UPL?

What is their comprehension like with non-UPL resources? Are there features that you think make your resource easier to understand? Which ones can you ask patients about? How might patients demonstrate understanding during discussion? What could you show patients alongside that question? What could be used for comparison?

What to show: e.g., The introduction on page 1 (new, UPL) and the introduction on page 2 (old resource)

What to ask: e.g., Based on this resource, how does [this] work?

B) Are patients better able to retain information from resources built with UPL?

Are there specific features that support information retention? Which ones can you ask patients about? How might patients demonstrate retention during discussion? What information are they retaining? How much time must pass for knowledge to be considered "retained"?

What to show:

What to ask:

Increased usefulness

By creating content that is more relevant to patients' lives and more empathetic to their condition(s), resources built with UPL are more usable for patients.

A) Do patients see resources that are built with UPL as being more relevant to their needs?

How useful do they find their current, non-UPL resources? What do you think are the most useful parts of your resource? Which ones can you ask patients about? How are their needs better met?

What to show:

What to ask:

B) Do patients engage with resources built with UPL differently?

How do they usually engage with non-UPL resources? What are their habits for storing resources? Are they more likely to keep resources built with UPL? Are they more likely to refer to them more often? Are they more likely to bring them to appointments? Are they more likely to share UPL resources with others?

What to show:

What to ask:

More informed patient behaviors

By giving patients more comprehensible and more useful content, resources built with UPL equip patients better to make more informed treatment decisions.

A) Do patients believe that resources built with UPL promotes engagement, and if so, what behavior changes are notable?

How are the non-UPL resources currently faring? How might UPL resources change patients day-to-day? Are they more likely to track symptoms? Are they more likely to proactively schedule medical appointments? Are they more likely to pursue calls to actions in the resources?

What to show:

What to ask:

B) Do patients believe that their decision-making processes are impacted in any way when supported by resources built with UPL?

What is the current process like? Who is involved? Are patients more likely to refer to the resources in the process? How do they use the information? How might the process change? Did their decision change after using the resource?

What to show:

What to ask:

C) In what ways are patient-HCP conversations impacted, when supported by resources built with UPL?

What are conversations like currently? Are their conversations be more productive, more in-depth? Would patients track the conversations differently? Do they initiate the conversation? Would they say and ask more?

What to show:

What to ask:

Hypothesis 2: Resources built with UPL increase patient confidence.

- 2.1 Increased confidence in managing their health**
Resources built with UPL help ease patient anxiety over a treatment and help them feel more equipped to manage it.
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A) When supported with resources built with UPL, do patients have more confidence in managing their health?

Are there features that you think make your resource helpful for managing treatments? Which ones can you ask patients about? Do patients understand their role? How confident are they to begin with? Do they know where to go for additional support? What might be missing still?

What to show:

What to ask:

B) Do resources built with UPL impact patient anxiety about their health in anyway?

How anxious are patients to begin with? What about the resource might help reduce their anxiety? Are there specific features that you've included to serve this function? Which ones can you ask patients about?

What to show:

What to ask:

Increased confidence in HCP team

Resources built with UPL help patients understand the role of their HCP team, and how the HCP team values their relationship with the patient.

A) In what way is the patient-HCP (and team) relationship impacted when materials built with that UPL are involved?

What is the relationship currently like? What would they think of an HCP who provides resources built with UPL? Does the HCP come across as more understanding? How would patients interact differently with these HCPs?

What to show:

What to ask:

2.3 Increased confidence in your organization

Resources built with UPL lead patients to have greater trust in your organization.

A) Do patients believe that these are truly patient-centric resources?

Do the resources come across as more considerate? More relevant? More tailored to patients? What makes them come across that way?

What to show:

What to ask:

B) Do patients believe that your organization is ‘on their side’?

How do the resources impact how the patient sees your organization? What was their initial impression as compared to after seeing resources built with UPL?

What to show:

What to ask:

C) To what extent are authenticity, trust, and transparency impacted?

Are the resources seen as more trustworthy, transparent and/or authentic? How does trustworthy information impact patients?

What to show:

What to ask:

Patient Experience

We are determined to ensure the **voice of our patients** is continuously present - to both inform and inspire - in ways that **help teams across all business units** achieve their goals, meet the needs of our customers, and provide a positive **patient experience**.

bridgeable

The UPL and its applications were created with the support of Bridgeable, a service design firm based in Toronto, Canada. Bridgeable has worked with BMS on all elements of the UPL, from overall strategy to creating and applying design capabilities and UPL tools, training BMS employees in UPL, and designing UPL.org. The team includes design strategists, interaction designers, and service designers, plus a team of biomedical communicators who specialize in visually communicating science and medicine.

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