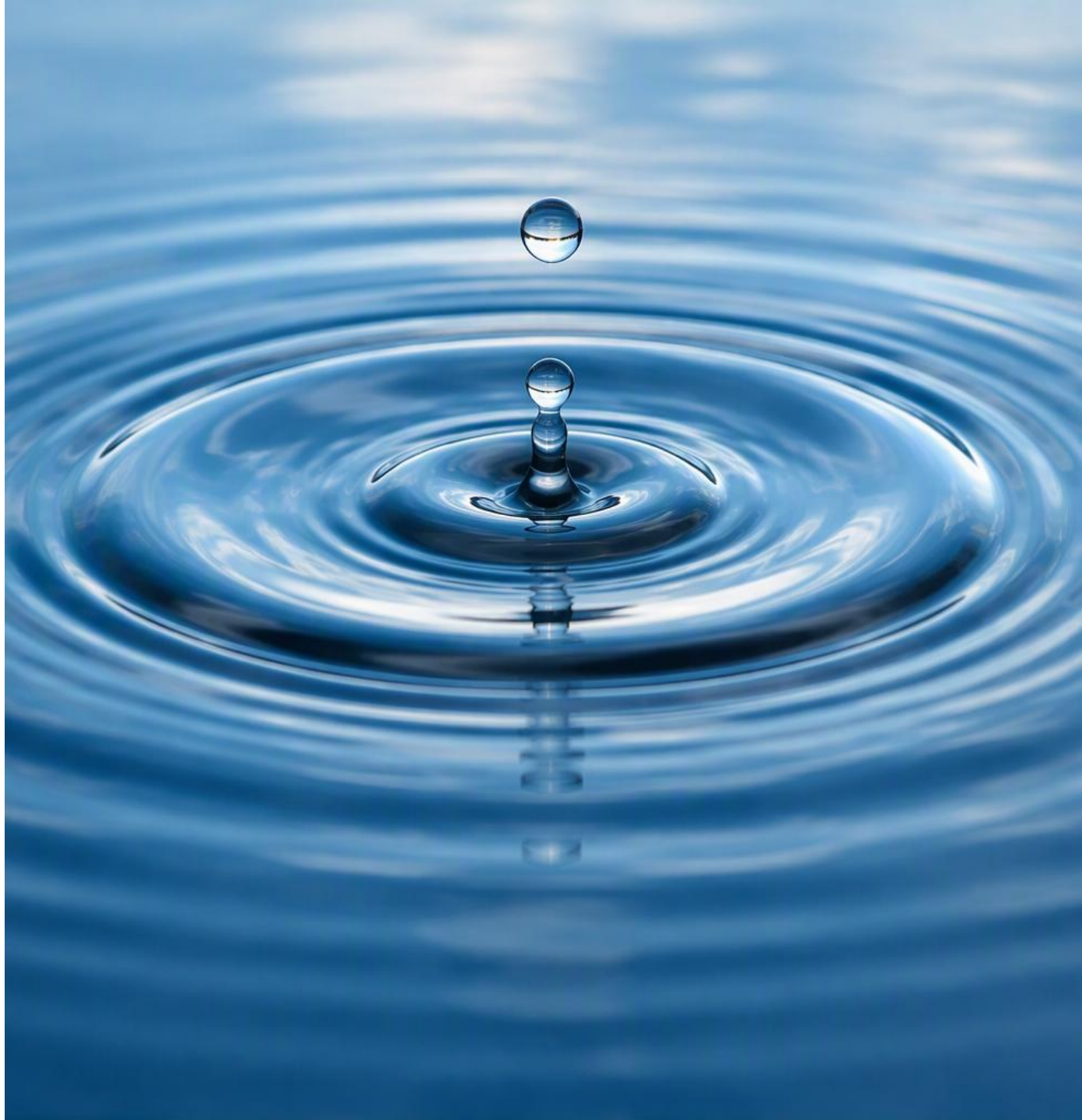
From voices to value



Birgit Philips, PhD

CIICA | 22 Oct 2026

What do you see?



Perspective 3



Perspective 2

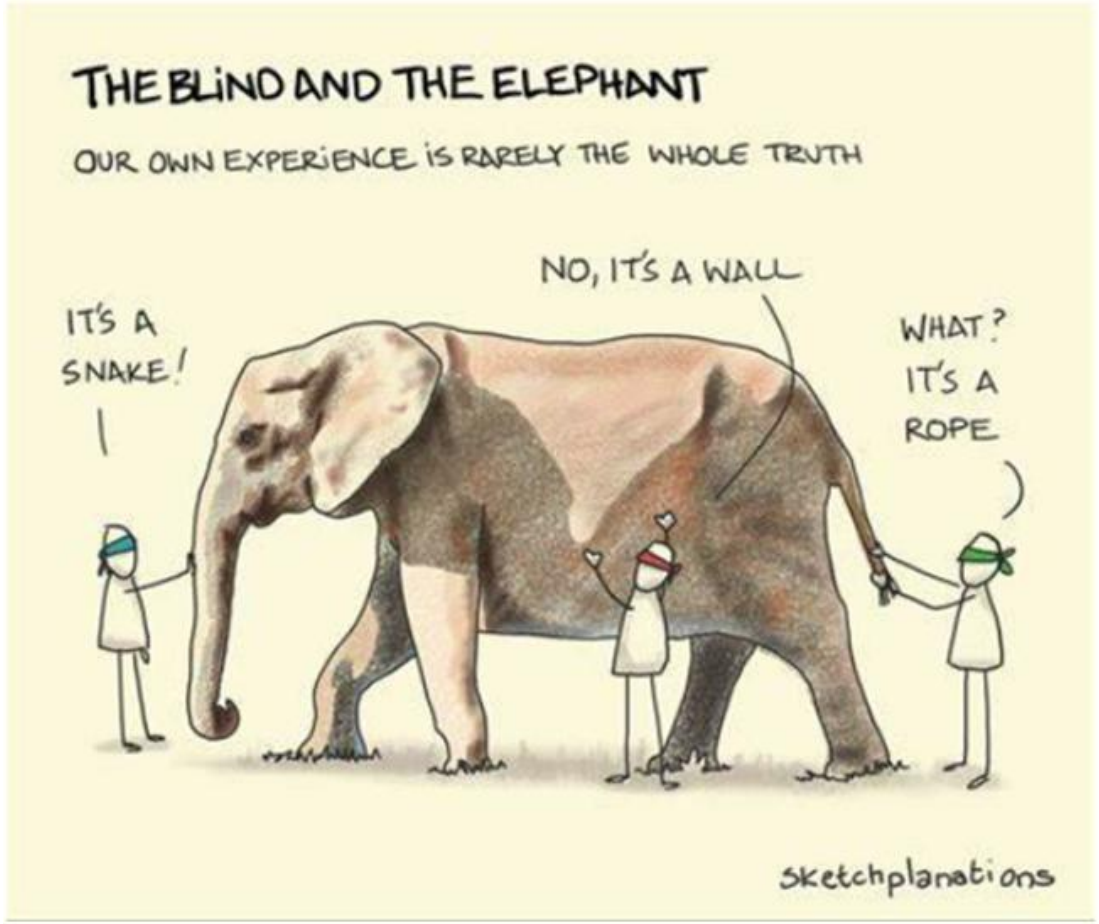


Perspective 1

Each perspective reveals something important, but not the whole.

Systems Thinking

Seeing the whole, not the parts



Each perspective is valid, but incomplete.

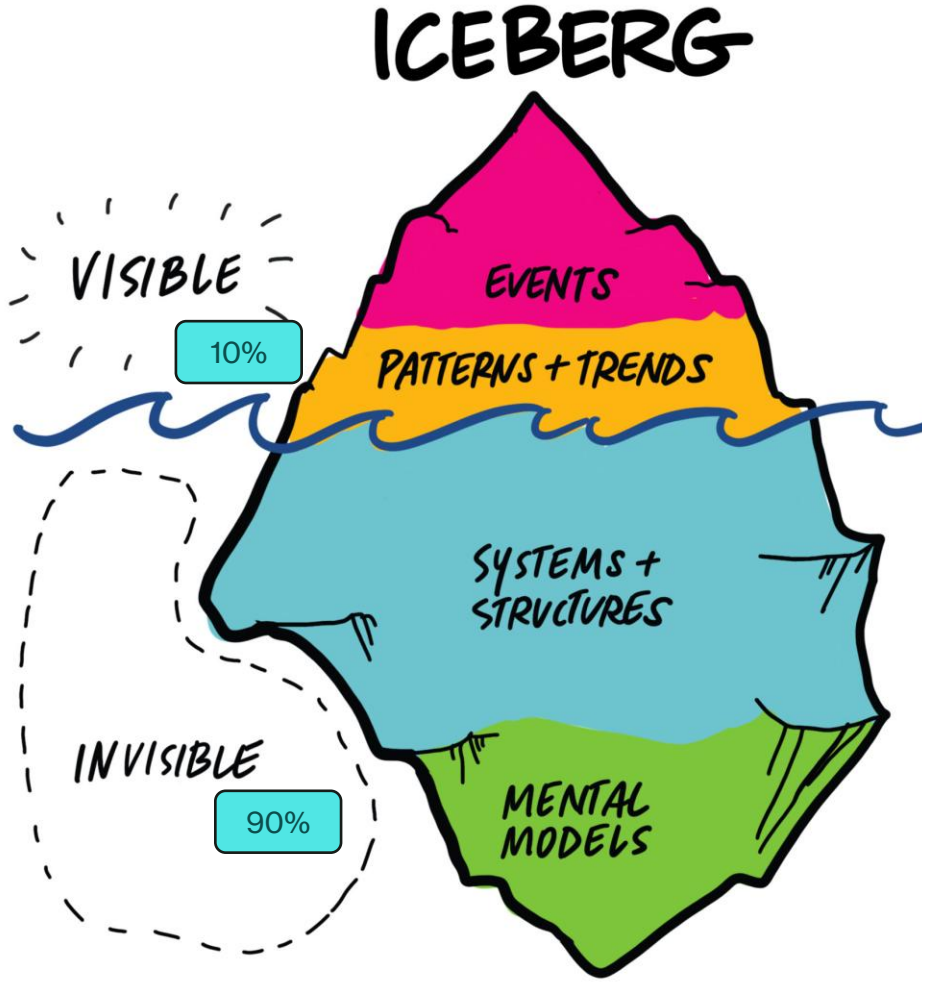
The full picture emerges

Only when we connect different perspectives can we fully grasp the problem we are trying to solve.

Different voices do not complicate the picture. They complete it.

WHY

Towards sustainable customer engagement by design

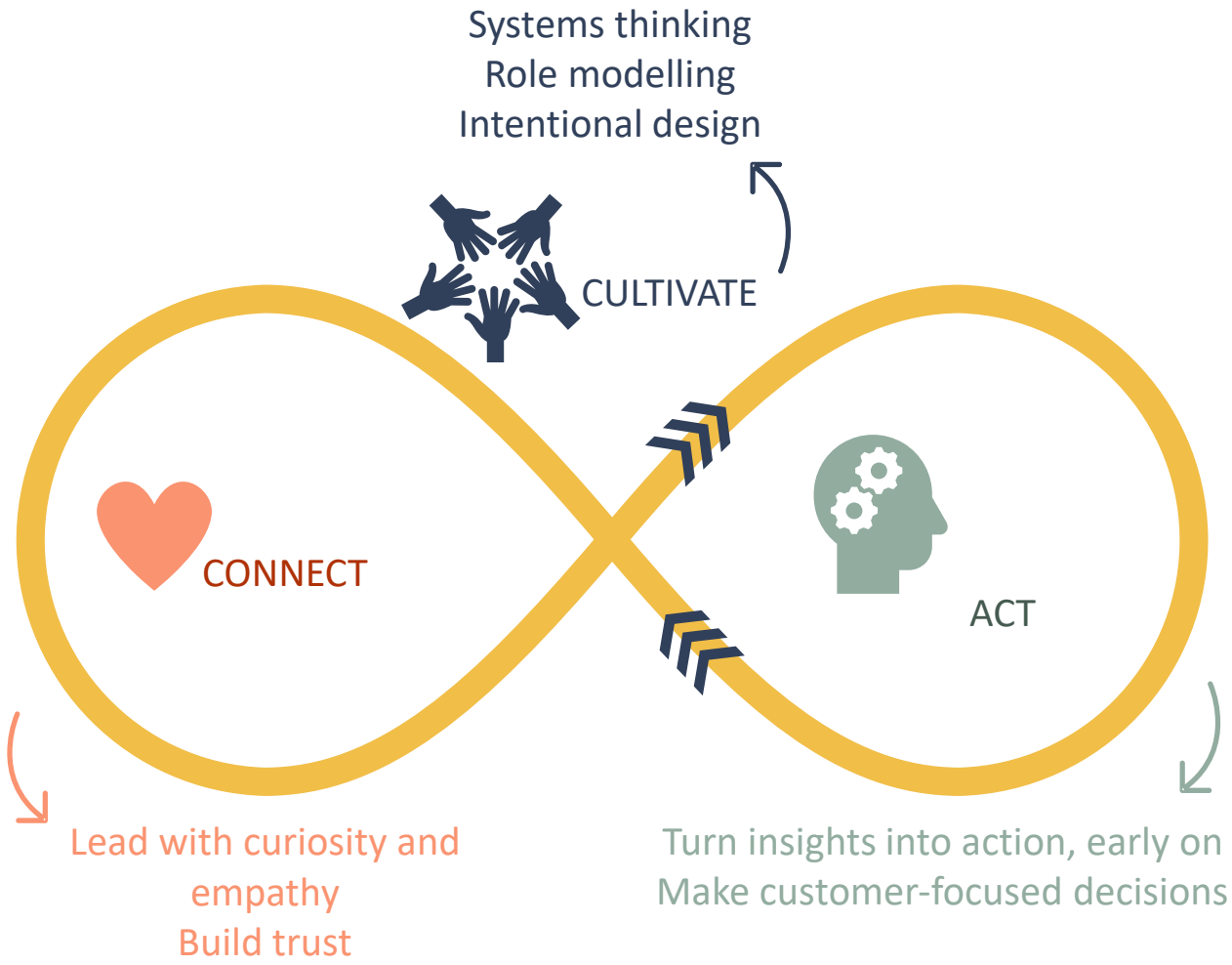


WHAT HAPPENS	ENGAGEMENT MATURITY	DECISION IMPACT
What we see *Patient advisory boards, engagement workshops, speakers with lived experience are being invited.*	**Consultation**	**Informs discussion**
What is changing *Patient perspectives are analyzed across multiple engagements and begin to influence priorities, strategies, and investments.*	**Collaboration**	**Influences priorities**
What we embed *Patient perspectives are intentionally involved in processes, governance, research, innovation, and prioritization.*	**Co-creation**	**Shapes decisions**
What we transform *Patient perspectives are viewed as essential expertise. The question shifts from "Should we engage?" to "How can we make decisions with them?"*	**Shared leadership**	**Guides strategy**

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HOW

From engagement to impact: three capabilities that reinforce one another



Connect creates insight. Cultivate makes it sustainable. Act turns it into value.

Systemic change: 2 examples of embedded patient engagement

WHAT

Co-creating a research feedback app

CO-CREATION | SHAPE DECISIONS



What was embedded

People with lived CI experience and loved ones worked with the research team to co-create a research tool used to capture participant feedback during studies.

Decision impact

Feedback created clear priorities and enabled the team to move forward faster with study development.

People involved Taike Bruyneel • Ben Jacobs • Anke Plasmans • Yee Kee Lam • Griet Goovaerts • Tom Bertens • Patient Expert Center

Lived experience became direct input to a research decision.

Building a shared vision for lived experience

COLLABORATION | INFLUENCE PRIORITIES

What was embedded

HOGENT colleagues from Social Sciences and Health Care Dept. connected with Patient Embassy (UHasselt) to exchange practices for bringing lived experience into education and research.



Decision impact

The collaboration is helping shape a shared vision for what it means to truly value lived experience in practice, and how that should be reflected in HOGENT's education and research.

People involved Benedicte De Koker • Liesbeth Van Coppenolle • Tijs Van Steenberghe • Jessica De Maeyer • Axel Verstrael

Shared learning is becoming a shared institutional direction.

Two contexts, one systemic shift: people with lived experience move from being heard to influencing what happens next

"Choosing to be curious is choosing to be vulnerable because it requires us to surrender to uncertainty. We have to ask questions, admit to not knowing, risk being told that we shouldn't be asking, and, sometimes, make discoveries that lead to discomfort."

– Brene Brown

From voices to value

Everyone in this room is a changemaker.

Change starts when we connect perspectives, share what works, what doesn’t and turn lived experience into impact.

AN INVITATION FOR THE NEXT TWO DAYS

1. **Connect with someone new.**
2. **Share what gives you hope on patient engagement.**
3. **Explore the change you could champion in your own organization, or together.**

Let’s connect

