

freethinking...

>> Maximising patient adherence by leveraging the patient/physician/pharma relationship



the hard facts...

In the USA 30% of prescriptions never get filled.

In the UK, between 30-50% of medication is not taken as recommended.

70% of medications are never consumed.

22% of Americans take less of their medication than is prescribed on the label.

Non-compliance causes 125,000 deaths annually in the USA.

10% of hospital admissions are due to patient non-compliance.

Patient non-compliance costs the USA economy up to 100 billion dollars per year.

In the UK more than £100m of unused medicines are returned to pharmacies.

“Sweetening the pill”

Consider the scenario – the physician has been detailed, is sold on your brand’s benefits and prescribes it to the patient. Unfortunately the patient, perhaps unconvinced of what the drug will do for them, either doesn’t fill the prescription or fails to adhere properly to the treatment regime – that’s assuming they even present in the first place. It’s a common problem, especially for chronic diseases like diabetes, hypertension and osteoporosis, and one the pharmaceutical industry has invested much time and money trying to solve. Some companies have responded by developing sophisticated technological solutions, such as wireless devices, that remind patients when to take their medication. Unfortunately these solutions have not raised adherence levels because they have failed to get to the heart of the matter.

At The Research Partnership we believe that in order to develop an effective adherence strategy, you first need to develop a more in-depth understanding of the attitudes and behaviours of both the patient and the physician, and the relationship which exists between them. If you can build this understanding, then we believe you can begin to develop the right messages and marketing solutions that truly leverage the relationship between patient, physician and pharma.

The Research Partnership Asia recently held a conference in Singapore attended by representatives from many leading pharmaceutical companies. The guest speaker, Dr Jeffrey Chew, a Consultant Orthopaedic Surgeon at Mount Elizabeth Hospital, Singapore, raised the issue of compliance in his paper entitled “Maximizing patient engagement and therapy adherence: Harnessing the patient/physician/pharma partnership”. The key points he raised and some of our thinking about how patient adherence levels may be increased, are summarised here in the first of our **Free Thinking** series. These papers seek to address some of the major issues facing the pharma industry today and consider how deeper market insight might help to solve them.

Proactive patients

The healthcare industry has witnessed a strong shift in patient behaviour over recent

years, with the patient taking a more proactive role in managing their healthcare needs.

This shift has given rise to a series of new terms which seek to define what happens when a patient does or doesn’t follow the doctor’s prescribed regimen.

The terms compliance and non-compliance were first introduced in the late 1950s and were a focus of attention for market research in the 1970s. Nowadays, these terms are considered inadequate ways of explaining patient behaviour because they make two assumptions, which are potentially untrue:

- 1** the patient plays a passive role in following a healthcare provider’s advice and directions.
- 2** if the patient fails to comply it is purely his/her fault.

Our free thinker:

Marc Yates is Managing Director of The Research Partnership Asia based in Singapore. He has 23 years experience in pharmaceutical research and has, in his 10 years based in Asia, built up a detailed knowledge of this region, particularly in key Asian markets, including China, India, Korea and Taiwan.

“As a physician you have to be able to read your patient. What kind of background, culture, are they from? Are they afraid or not? And then base your consultation approach on that. Some want to hear the story from A to Z, others just want you to prescribe something”

Dr Jeffrey Chew

Consultant Orthopaedic Surgeon

Engaged or absent?

The reality is that today there are many patients who are taking a much more active role in their treatment. They may seek information to discuss with the physician or request a particular brand they've seen that they believe will work for them. They may be resistant to taking certain medication because they don't like the idea of putting chemicals into their body. They may have read something in the news which has either positively or negatively influenced their opinion about the drug or about the treatment.

Consequently, the healthcare industry now talks about achieving “patient adherence”, where the doctor seeks to partner with the patient so that they can work together to agree on a treatment programme. This may take a more holistic approach, incorporating lifestyle changes, diet and exercise. This style of treatment presents opportunities for pharmaceutical companies to assist the doctor in engaging the patient in order for them to feel more in control about decisions surrounding their treatment. If the doctor and patient are working in partnership to agree a course of action, patient adherence is more likely to be achieved.

However, some patients would still prefer not to take an active role and want the doctor to be in charge. The needs of these patients must be respected and responded to accordingly. Indeed, there are doctors themselves who prefer this approach, and will limit their interaction with patients.

Range of strategies

Consequently, pharmaceutical companies need to develop a range of strategies for approaching different patient/doctor scenarios. This is best achieved through a thorough understanding of the patient, whose propensity to comply may not be purely a result of their own attitudes, but also influenced by family and friends, carers, other consultants, media and advertising, religion, country of origin and culture. Likewise, although doctors are assumed to act entirely rationally in making treatment decisions, in reality their behaviour is as likely to be influenced by external factors such as their own beliefs, peers, knowledge and

experience, attitudes towards the chosen medication and relationship with the sales representative.

The resulting interaction between both patient and doctor may have a significant impact on adherence levels and smart pharmaceutical companies will seek to understand this.

Terminology made clear

Compliance the extent to which patient behaviour coincides with medical advice given to them by a healthcare professional.

Adherence the extent to which a patient's behaviour – taking medication, following a diet, executing lifestyle changes – corresponds with agreed recommendations from a medical professional. Good adherence is generally accepted as following the instructions more than 80% of the time.

Persistence the concept of continuous therapy: having the prescription filled and beginning medication therapy as directed, and continuing to take the medication. Persistence can be measured in Days of Therapy (D.O.T.)

Concordance the process of prescribing and medicine-taking based on partnership. It is an agreement reached after negotiation between a patient and a healthcare professional that respects the beliefs and wishes of the patient in determining the most appropriate treatment. It now also includes patient support in medicine-taking. It is believed that concordance will lead to higher prescription filling and correct medication intake.

Source: NICE Medicines concordance and adherence: involving adults and carers in decisions about prescribed medicines (April 2007)

Barriers to adherence

Drivers of low adherence can be classified into 3 groups: Confusion, Cost and Concern. Identifying and classifying barriers to adherence can be the first step in overcoming them. For example, patients can be confused about their treatment plan because they are asymptomatic, or want to stop when they achieve symptomatic relief. In countries where medical finances are not reimbursed,

the cost of prescriptions could prohibit a patient from being able to afford the treatment. And patients have a host of concerns – both rational and emotional, about what might happen to them if they take the medication prescribed to them.

Drivers of low adherence

Confusion

- Asymptomatic
- Stop treatment when achieve symptomatic relief
- Complex dosing schedule
- Forget to take
- Dose/Frequency

Cost

- Not filling prescription due to cost
- Skipping dosage to save money

Concern

- Fear of side effects
- Fear of long term effect on body
- Fear of adverse reactions
- Fear of addiction
- Fear loss of efficacy

It's critical to be able to read the early warning signs for those most at risk of low adherence. These include new patients, who perhaps have limited disease understanding, and those prescribed treatment for prophylaxis or an asymptomatic condition. For example, the three most common reasons for patients stopping osteoporosis treatment are:

1. Lack of observed benefit within initial period
2. Inconvenient administration
3. Fear of side effects

It is also well known that patients who have lapsed in the past, those on multiple therapies, or those that do not refill a valid prescription on time are most at risk of non-adherence.

Early identification of at risk individuals allows timely intervention aimed at keeping the patient to the agreed treatment plan.

Overcoming barriers

Education can play a vital role in overcoming low adherence. This presents an opportunity for pharmaceutical companies to involve themselves in engaging the patient. For example, it may be important to communicate

“I had a patient who did not want to take drug A anymore. I tried to persuade her but I knew she had convinced herself that it made her feel tired. So I told the caregiver that the patient really needed drug A but that right now there was no way she would continue. I would switch her to drug B and review her outcomes after a month. I informed the caregiver of my real plan, but to the patient it came across like I was giving her an answer to her problem.”

Dr Jeffrey Chew

the fact that early intervention will slow disease progression, which in turn will delay and may even negate the need for stronger treatment in the future, consequently reducing pain and saving money. Brand Managers can be proactive here, developing the right sort of information materials in different media, in the patient’s language and making them available at the right time, to help alleviate patient fear.

However, it is important to recognize that patient behaviour is based on both rational and emotional drivers and education alone may not be enough to change behaviour. A full understanding of the emotional drivers affecting patient reluctance will help identify areas where education will help improve adherence and also highlight where engagement by the doctor will be crucial to help overcome any strong emotional barriers.

Helping patients remember

The challenge with effective patient education is ensuring patients actually remember what they have been told. Often patients are highly stressed and concerned at the time of treatment. They may be elderly patients whose memory may already be

poor. Research has shown that patients forget more than half of the information given to them verbally immediately after they hear it. Furthermore what they remember is often not even accurate.

“6 in 10 patients cannot correctly recall physician’s verbal instructions within 10 minutes of receiving the information.”

Physicians are encouraged to check that patients understand and can repeat the information provided, and reinforce messages orally and in writing. This is an opportunity for pharma companies to intervene, partnering with time-poor physicians by providing patient friendly information in the form of leaflets, diaries, websites etc. Companies can also help to provide doctor-distributed written action plans for patients. These kinds of activities provide value-added services to physicians, with the patient benefit clearly in mind.

Reasons for reluctance	Potential replies to patients
It’s not that serious	Early treatment may slow disease progression
I have learnt to live with it	This medication will significantly improve your quality of life.
If I start now then the medicine won’t work when my condition gets worse	Left untreated, your symptoms are likely to get worse
I worry that the dose will increase over time	The medicine you take now is likely to reduce the need for stronger drugs in the future
I do not want to become dependent	This medication does not cause dependency
Only weak willed people rely on drugs	This drug has been used to successfully treat X patients.
I worry about what this medicine will do to me long term	Long term studies have scientifically proven the safety of this product
I worry about side effects	The risk of side effects with this drug is extremely low.
I worry about cost	Treating your condition now will reduce future problems - and potentially save money.

The 5 key steps to improving adherence

Having considered some of the key issues, we would recommend you follow these steps to improve levels of patient adherence:

Evaluate the current position (rates of adherence, complexity and length of regime, current patient / physician relationship)



Identify the key drivers, both emotional and rational for patient non-compliance/adherence



Understand and segment both patient and physician needs and behaviour over the course of therapy



Identify and prioritize critical areas for improvement



Develop and test all communication messages, channels and materials



Track adherence rates and evaluate ROI over time

Get in touch...

Our research solutions are custom designed to support your therapy area, your customers, your geographical location and your brand. We would be happy to talk to you about how we can help. Contact one of our Directors if you would like further information on any research services.

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How can The Research Partnership help?

We're experienced research consultants with considerable pharmaceutical market expertise who are practised in undertaking multi-country studies.

We can help you answer these fundamental questions:

- How can you better understand your patients and different patient needs?
- What are the key drivers of patient adherence?
- What can pharma companies do to support doctors and enhance the relationship between the sales rep, the doctor and the patient?
- What are the key messages that would appeal to doctors and patients?
- What are the best communications channels?
- How can you measure ROI and levels of adherence?

Over the last 10 years we've grown to become one of the largest independent, full service market research agencies committed to healthcare research. Our success is based on consistently delivering true insights derived from a detailed understanding of the challenges facing pharmaceutical brands (both therapy area and market specific).

Our belief is that this can only be achieved by having a Director, supported by a dedicated team of researchers, working on every aspect of your project. With offices in London, New York and Singapore, our large executive team can offer you the global reach and resources associated with a large, established organisation, whilst retaining that personalised touch which is at the heart of our company ethos.

We have a full range of qualitative and quantitative approaches to support you:

- Patient research
- Physician and stakeholder evaluations
- Segmentation studies
- Product formulation and features testing
- Branding and positioning research
- Advertising and communications research
- Tracking behavioural change and ROI measurement



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