Case Study: Pharma Market Research
Introduction to Evidence-Based Marketing

Prepared for Rutgers iJobs
September 26, 2016

Agenda

4:30 – 4:45 pm   Challenge of Adherence in Pharma: Case Study
4:45 – 5:30 pm   Breakout Groups – Applying the Evidence
5:30 – 6:00 pm   Team Presentation & Discussion

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EVIDENCE-BASED MARKETING (EBM) is our tool that enables the integration of internal evidence with external strategic expertise and normative values.

Best Marketing/Research Evidence

Objective Strategic and Marketing Expertise

Normative, Comparative, & Analogous Industry Values

Adherence Overview & Principles
Ensuring Standard Definitions & Baseline Knowledge
Patient Adherence Rates Haven’t Changed Substantially

“Adherence rates average around 50% and range from 0% to over 100%, and there is no evidence for substantial change in the past 50 years.”

-Nieuwlaat et al. 2014


Definition of Adherence

Adherence:
The extent to which the patient continues the agreed-upon mode of treatment under limited supervision when faced with conflicting demands, as distinguished from compliance or maintenance.

Adherence Includes Both Compliance and Persistency

**COMPLIANCE**

% Doses Taken as Prescribed

Start Medication or Observation

Days Taking Medication (without exceeding permissible gap)

Stop Medication or End Observation

**PERSISTENCE**


Manifestations of Non-Adherence

- Failing to initially fill a prescription
- Taking a dose with prohibited foods, liquids, and other meds
- Taking outdated medications
- Failing to refill a prescription as directed
- Taking a medication prescribed for someone else
- Taking damaged medications
- Omitting a dose or doses
- Taking a dose at the wrong time
- Storing medications improperly
- Taking more of a medication than prescribed
- Prematurely discontinuing medication
- Improperly using medication administration devices

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**Extent of Non-Adherent Behavior**

**INTENTIONAL**
- Occurs when a patient makes a specific decision not to take the prescribed medication
- Results from three factors
  - Lack of information about the advantages and disadvantages of treatment
  - Benefits of treatment are not readily apparent
  - Psychological adaptation required to see oneself as in need of treatment
- Shown to comprise about 20% of non-adherent behavior in breast cancer patients

**NON-INTENTIONAL**
- Occurs when a patient forgets to take the medication or inadvertently takes it incorrectly
- Examples include:
  - Missing an occasional dose
  - Not taking a drug for short or long periods of time
  - Changing the dose schedule or quantity
- Shown to comprise about 80% of non-adherent behavior in breast cancer patients

Isolating the type and extent of non-adherence impacting your brand is essential prior to selecting an investment strategy.

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**Patients and Physicians Both Play a Role in Treatment Adherence**

**PATIENTS**
- Types of Non-Adherent Behavior
  - Never filling a prescription
  - Skipping doses
  - Failure to comply with medication instructions
  - Excessive medication use
  - Failing to refill a prescription as directed
  - Discontinuing therapy without consulting physician

**PHYSICIANS**
- Types of Non-Adherent Behavior
  - Discontinuing treatment due to side effects or inefficacy without engaging in practices known to alleviate these issues (i.e., dose reduction, titration)
  - Failing to renew a prescription in a timely manner
  - Selecting the wrong patients for a therapy from the outset

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**Physicians Key Culprit to Adherence Throughout the Treatment Continuum**

Physician impact on non-adherence is multi-factorial and is often substantially underestimated

**Treatment Selection**

MDs incorrectly believe they can identify which patients will be adherent and which will not, and they make prescribing decisions based on these assumptions.

**Treatment Initiation**

MDs do not typically communicate the criticality of adherence.
Frequently tell patients occasionally missing doses is not a significant problem.

**Treatment Continuation**

MDs are reluctant to mention adherence during consults for fear of damaging patient trust.
Do not always reduce dosage to manage side effects or increase dosage to improve efficacy.

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**Factors Affecting Patient Adherence To Oral Cancer Therapy**

**Patient Health Benefits**
- Belief in value of therapy
- Health Literacy
- Understanding of treatment plan

**Patient History**
- Non-adherence
- Mental Illness
- Substance Abuse
- Unstable housing

**Family/Social Support**
- Caregiver assistance at office visits and during at-home

**Cost of Treatment**
- Access to patient-assistance programs or health insurance

**Elderly-Specific Factors**
- Cognitive factors
- Physical limitations
- Polypharmacy due to multiple comorbidities

**Treatment-Related Factors**
- Complexity of Treatment
  - Dose frequency
  - Timing of dose
  - Number of concomitant medications
- Behavior Changes Required
  - Food and alcohol restrictions
- Duration of Therapy
  - Length of time on treatment
- Side Effects
  - Frequency
  - Severity
  - Type
  - Management

**HCP-Related Factors**
- Relationship with HCP
  - Supervision
  - Monitoring
  - Communication
  - Referrals
  - Follow-up
- Convenience and Location
  - Location
  - Availability (hours)
  - Ease of scheduling
- Continuity of Care
  - Consistent quality care over time
- Colocation of Services
  - Proximity of provider and services

Gleevec Case Study
Brand Manager for 60 minutes

You’re the Brand Manager for Gleevec for the treatment of CML (chronic myeloid leukemia)

Before the introduction of Gleevec the survival rate of CML patients after one year was between 25% to 50%

Gleevec changed CML from a fatal cancer into a manageable chronic condition
- 5 Year survival rate is 95%

Non-adherence to Gleevec therapy affects cytogenic and molecular responses

“You would think that cancer patients would be more motivated to keep taking their drug, and so the finding [non-adherence] is rather counterintuitive” – Dr. Nick Barber

CML patients are no more adherence to their medication than patients on high blood pressure medications
Gleevec Adherence Rates Range from 44% to 79%

Published Adherence Rates for Gleevec

*Note the studies have different sample sizes, timeframes, and measures of adherence


Gleevec Adherence Curve Resembles Popular Anti-Hypertensive Medication

Comparative Curves for Oral Agents
Address 3 Key Questions You Must Address

1. **What are the top 3 factors of non-adherence for Gleevec CML patients?**

2. **What is your evidence to support your selection?**

3. **What adherence-enhancing interventions (AEIs) have been shown to mitigate factors you’ve identified in question #1?**

Source: ROF Statement of Work.

**Work Within Your Breakout Groups**

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Key Considerations

- What are the top 3 factors you would focus in on?
- What is your supporting evidence?
- Which stakeholder is in the best position to address the factor?
- How quickly do you expect to see an impact?
- How would you measure the impact?
- What outstanding key business questions remain before you can put your plan in place?
What We’re Asking You to Do

Break into four working groups

Appoint a facilitator to collect thoughts

Select a scribe who can incorporate your work on the USB drive

Address the 3 questions

Select one team member to represent your work

Present your recommendations with corresponding rationale to the entire group

On the Thumb Drive

Framework

Worksheets

Pattern-Specific Factors

Pareto Chart

Socratic Questions

Determining the Strategy

Cost of Treatment

Facility-Specific Factors

Care plans

Devices

Whole-body radiation

Electronic medical records

Ethical Specific Factors

Concerns of patients

Concerns of providers

Concerns of regulators

Concerns of the public

Treatment Related Factors

Quality of treatment

Quality of care

Quality of outcomes

Quality of provider

Quality of services

HCP-Related Factors

Quality of treatment

Quality of care

Quality of outcomes

Quality of provider

Quality of services

On the Thumb Drive

Framework

Worksheets

Work Sheet – Patient Specific Factors

Factor

Supporting Evidence

Recommended Interventions

Work Sheet – Treatment Related Factors

Factor

Supporting Evidence

Recommended Interventions

Work Sheet – HCP Related Factors

Factor

Supporting Evidence

Recommended Interventions
GO!
You have 60 Minutes...

Group Presentations
Discussion

- Did all the groups identify the same 3 factors? Why or Why not?
- What surprised you about the evidence in the papers?
- What evidence was missing that you thought might have helped you with the assignment?

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