Parallel Session 6

Innovation in rich understanding of the patient journey

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Innovation in rich understanding of the patient journey

A Customizable Syndicated Approach to Understanding Patient Flow
Today’s Agenda

• How Understanding the Patient Flow Leads to greater opportunities for Marketers

• Combining Syndicated and Custom research to illustrate the Patient Journey

• Case Study: Melanoma Patient Journey

• Benefits and Rationale for this Multi-Stakeholder, Multi-Disciplinary approach

• Conclusions
INTRODUCTION

The Need for Patient Flow Information
Understanding Patient Flow.....

Treatment Decisions are *Very Complex*

Understanding Patient Flow allows for design of marketing programs and customer experiences which support optimal commercial and health outcomes.
The Patient Journey Gets More Complex, with More Players Involved

Balance of influence is changing, which complicates the dynamics of brand choice

- Relative dominance of the prescribing physician is being eroded
- Patients more knowledgeable and empowered
- Third Party Payers exerting more influence on brand choice
- Other HCPs growing in influence
- Greater regulatory intervention
There Are Many Unknowns…

**MR Challenges**

- The distinction of involvement in treatment versus diagnosis
- Involvement of many different stakeholders
- Unclear / changing guidelines
- Lack of transparency in decision-making process
- Patient and Payer impact on prescribing decisions
- Impact of availability on treatment selection
- Gaps in understanding between the multi-stakeholders

Unclear / changing guidelines
A Multi-Disciplinary Approach Provides Insight…

Syndicated Oncology Monitor Data

Multi-Stakeholder Qualitative Research

Shaping the Future
...Answering the Questions that Matter

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<th>Syndicated Oncology Monitor Data Provides:</th>
<th>Depth of Insight</th>
<th>Multi-Stakeholder Qual Research Provides:</th>
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<td>What is the current market landscape?</td>
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<td>What is the role of each stakeholder in treatment and diagnosis?</td>
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<td>What are specific patients being treated with?</td>
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<td>Are there issues with using the products / regimens of choice?</td>
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<td>What products are leading by patient type?</td>
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<td>What is the flow of patients from initial symptoms through diagnosis, treatment to follow-up?</td>
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REVIEW OF SYNDICATED DATA
Most Pharma Manufacturers Have Access to Syndicated or Secondary Data...

- Secondary Reports
  - Datamonitor
  - Decision Resources
  - Desk Research

- Syndicated Data
  - Ipsos Therapy Monitors
  - IMS sales data
  - EMR or Claims Data
  - Research Partnership, IntrinsiQ, etc.

- Epidemiology Data
  - SEER data
  - Subscription services (Mattson Jack, Epiphany)
  - Globocan
...and Use this Type of Data to Fulfil Many Research Needs

| Understand market size and competitive structure | • Validate knowledge of current treatment practices in disease area  
|                                                   | • Quantify the size of the prescribing opportunity |
| Track competitor product use, patient types, etc. | • Monitor impact of new treatment strategies  
|                                                   | • Assess competitor performance  
|                                                   | • Understand how these products are used across indications (and off-label usage) |
| Gauge new product uptake / penetration           | • Identify where penetration is lower/higher than expected |
| Provide forecast inputs for potential products   | • Market shares  
|                                                   | • Adoption curves |
| Assess treatment outcomes by regimen             | • Calculate the proportion of patients that had a good response  
|                                                   | • Understand the number of patients who fail treatment  
|                                                   | • Understand the number of patients who stop treatment due to SEs |
| Compare doctor perceptions versus actual prescribing behavior | • Understand what attributes doctors rate as the most important in prescribing and how certain products perform on these attributes  
|                                                   | • Understand what the main unmet needs are for doctors |
Syndicated or Secondary Data Can be Used at Various Stages During the Product Life Cycle...

- Business Development
  - New product development
  - Clinical study

- Launching Strategy
  - Market understanding
  - Competitive landscape

- Life Cycle Management
  - Performance review
  - Volume projection

Excellent assistant to support the winning marketing strategy and outperform within the competitive environment
…to Answer a Myriad of Questions

What’s the uptake of my brand?
What is my brand’s penetration overall and in key market segments?

How big is the market?
What is the usage profile of my competitors?
Where are they sourcing their business from?
What is the incidence of side effects with these drugs?
What are the most common side effects?
Can I get forecasting inputs for potential products?

What is the average length of treatment on my brand?
Why are doctors switching from my brand?
What are the doctors’ future intentions?
How do doctors’ attitudes toward brands reflect their prescribing behaviour?

How does the market segment?
REVIEW OF PATIENT FLOW PROCESS
While Syndicated or Secondary Data Can Provide Critical Insight, Questions Remain

- Complete anti-cancer drug treatment
- Understanding of referral patterns
- Patients’ Quality of Life
- Point in which patients are diagnosed
- Treatment algorithms and reasons for switching
- Total number of treated patients
- Role of surgery in treatment
| Understand where the process begins | • Does the patient perceive a problem and seek help?  
• What HCP is the typical initial point of contact? |
|-------------------------------------|--------------------------------------------------|
| Determine the typical diagnosis approach | • What are the key specialties involved in diagnosis?  
• Is it a team approach?  
• How long does the process take? |
| Evaluate the referral process | • Are patients referred for diagnosis and/or treatment decisions?  
• At what point are different specialties involved?  
• What does each specialty perceive their role to be? |
| Assess considerations in the treatment decision | • How involved is the patient in the treatment decision?  
• Are all treatment options – including new ones – discussed?  
• What impact does insurance / cost of treatment have? |
| Gauge how patients move through different treatment modalities | • What is the typical initial treatment?  
• In what circumstances is a ‘watch and wait’ approach taken?  
• When is chemotherapy treatment initiated? |
| Understand the patient impact | • What is the impact on patient QoL?  
• How do patients perceive the occurrence / severity of SEs?  
• Are patients compliant with supportive care?  
• Do they take non-recommended OTC drugs? |
Perceptions Can be Obtained from a Variety of Stakeholders...

- Physician
- Patient
- Pharmacist
- Payer
- Other HCPs
...and Combined with Secondary Data to Provide a Complete Picture of the Patient Journey

Syndicated Oncology Monitor Data

Multi-Stakeholder Qualitative Research

4 Key Deliverables

- TransActional Mapping
- Stakeholder Variance
- Market Leakage Model
- Targeted Segment Solution
CASE STUDY

The Melanoma Patient Journey
Current secondary data sources provide a wealth of detailed information for melanoma. However, to achieve a true understanding of the patient journey, perceptual information from various stakeholders should be used to ‘fill in the gaps.’

- Why do they seek treatment?
  - Who is the first HCP seen?
- What steps are involved?
  - What is the referral process?
  - What are the roles of the various specialties?
- What about other treatment modalities? Surgery? Observation only?
- What do patients consider their influence to be?
  - How does insurance impact the treatment decision?
Where does it all begin?

The patient journey typically begins with a visit to the PCP or Dermatologist, as determined by the perceptual questionnaires. Collecting perceptual data from both physicians and patients allows for identification of areas where perceptions diverge.

**Symptoms led to first HCP visit**

- **90%** of patients notice an issue within 4 weeks and visit their PCP.
- **75%** of healthcare providers (HCP) notice an issue within 6-7 weeks but refer to specialized care.

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**First HCP Seen**

- **PCP**
- **Derm**
- **Surgeon**
- **Onc**
- **Other**

**Patient POV:**

- **Origination**
- **Shaping the Future**
- **EphMRA**

[www.ephmra.org](http://www.ephmra.org)
Few new patients present directly to Oncs. When they do, they are typically referred to a Derm for diagnosis.

- **Main role is diagnosis and surgical excision of early stage melanoma**
  - Perform initial biopsy
  - Run blood tests
  - Manage long-term monitoring of patients
    - Routinely perform full body skin checks to screen for new lesions

From the initial HCP visit, the path to diagnosis can take several weeks and involve specialist referrals – usually to a Dermatologist. The perceptual questionnaires provide insight into the various nuances that occur depending upon where the journey starts.

Advanced stage patients are sometimes sent directly to an oncologist.
Open biopsies are used most frequently for melanoma. When BRAF mutation testing is done, it generally takes place at diagnosis.

Additional detailed information specific to biopsy and biologic marker testing is available from the MDx Monitor. This data source also incorporates the role of the pathologist, adding another viewpoint to the overall journey.

When testing done at diagnosis, it is often ordered by a pathologist (37% of the time).
Once the diagnosis is made, who treats?

Depending on stage at diagnosis, patients may again be referred to another specialist for treatment. Perceptual data provides an overall look at referrals by stage. Monitor data provides a more detailed look at specialties referring Stage III/IV melanoma patients to Oncologists.

% of Newly Diagnosed Melanoma Patients Referred BY Each Specialty To Oncologist

- Stage III:
  - Dermatologist: 43%
  - PCP: 22%
  - Surgeon: 34%
  - Other: 1%

- Stage IV:
  - Dermatologist: 38%
  - PCP: 39%
  - Surgeon: 15%
  - Other: 8%
Up to Stage IV, surgery is the dominant initial treatment for melanoma patients. Physician perceptual data provides a view of the treatment paradigm for earlier stage patients, including those who are not undergoing any treatment (watch and wait).
What is the initial chemotherapy? How is treatment impacted by BRAF testing?

BRAF mutation testing results strongly drive the treatment decision. Mutant BRAF is predominantly treated with vemurafenib. Wild type BRAF treatment is somewhat more diverse.

Oncology Monitor

Mutant BRAF Wild Type BRAF Mutant BRAF Wild Type BRAF

Stage III

- Vemurafenib: 81%
- Ipilimumab: 11%
- Temozolomide: 5%
- Interferon alpha 2b: 4%
- Pegylated IFN alpha 2b: 11%
- Dacarbazine: 32%
- Cis/DTIC/Vinlastine: 9%
- Temozolomide/Thalidomide: 9%
- Carboplatin/Paclitaxel: 2%

Stage IV

- Vemurafenib: 92%
- Ipilimumab: 4%
- Temozolomide: 45%
- Interferon alpha 2b: 6%
- Pegylated IFN alpha 2b: 5%
- Dacarbazine: 39%
- Cis/DTIC/Vinlastine: 4%
- Temozolomide/Thalidomide: 5%
- Carboplatin/Paclitaxel: 9%
Physicians perceive reasons for switching/stopping chemotherapy to largely center on progression and toxicity. Secondary data provides additional detail by looking at switches to specific therapies and among different BRAF groups.
How involved is the patient in the treatment decision?

Patients believe they are more in control of the treatment decision compared to what physicians perceive. Monitor data shows patient involvement declines as disease stage progresses.

### Patient Role in Chemotherapy Decision

- **Patients**
  - Choice completely the patient's: 6%
  - MD and patient discuss options, patient chooses: 28%
  - MD and patient discuss options, MD suggests best tx: 47%
  - MD does not discuss tx options with patient: 33%
  - Not At All Involved: 6%
  - Completely Involved: 20%

- **Physicians**
  - Choice completely the patient's: 6%
  - MD and patient discuss options, patient chooses: 6%
  - MD and patient discuss options, MD suggests best tx: 33%
  - MD does not discuss tx options with patient: 60%
  - Not At All Involved: 6%
  - Completely Involved: 28%

### Mean ratings

- Stage I: 6.9
- Stage II: 7.5
- Stage III: 8.5
- Stage IV: 9.7

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**Oncology Monitor**

- **HCP POV**
- **Patient POV**

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**EphMRA**

www.ephmra.org
What is the impact of melanoma on QoL?

Beyond the numbers, perceptual questions allow for an understanding of the true feelings and frustrations of those involved.

Perceived Impact on QoL

Lifestyle Impact
- Tired all the time / weakness / have to deal with treatment SEs
- Limited ability to work / perform daily activities due to treatment
- Need to stay indoors / don't leave home
- Change in attitude toward sun exposure

Emotional Consequences
- Mental/emotional impact – dwelling on consequences, depressed
- Loss of sleep

“Made me more aware that my health care is my responsibility and the doctors just go through the motions, till someone says LOOK AT ME!”
- Stage IV patient

“Makes them face their mortality.”
- Oncologist

Patient Impact

Patient POV

HCP POV

Patient Impact

Lifestyle Impact

Emotional Consequences

Shaping the Future
NEW DIRECTIONS IN RESEARCH

EphMRA
www.ephmra.org
The True Journey Emerges

By combining data sources and obtaining various perceptions, the narrow understanding of the patient journey is transformed into a true picture of what transpires for melanoma patients and those involved in the process, bringing to light knowledge gaps and areas of opportunity.
Perceptual data highlights areas of disconnect between stakeholders, something that may result in market leakage and potential business opportunities.

**Physician Perspective**

- 25% of cases found during routine check-up / visit for other reason, i.e. 75% patient aware of symptoms
- Primarily the job of the **Dermatologist**
- Only **21%** of patients believed to get a 2nd opinion
- Patient chooses: **6%** MD and patient discuss, patient chooses: **28%**

**Patient Perspective**

- 90% indicate they identified a problem and opted to visit HCP
- Often perceived to be the **PCP.** Possibly a misinterpretation between a preliminary suspicion expressed by PCP and verified diagnosis (based on biopsy/tests) once patient referred to specialist.
- Far greater perception of getting a 2nd opinion (**50%**)
- Patient chooses: **20%** MD and patient discuss, patient chooses: **47%**
BENEFITS OF THIS APPROACH
Advantages of a Combined Custom and Syndicated Approach to Patient Flow

**Robust** and efficient architecture
- Pre-developed framework delivers commercially-meaningful research
- Richer data with the combination of syndicated: the ‘why’ not just the ‘what

**Integrated** findings from multiple stakeholder
- More accurate understanding of market dynamics

**Modular & ‘Refreshable’** and therefore cost-efficient
- Add other stakeholders in the future
- Use Syndicated data already subscribed to
- Refresh (not repeat) if market dynamics change

**Business-Oriented** deliverables
- ‘What if’ scenario planning to support business decision-making