

Adherence Survey Results

The Industry Perspective

Attendees at the recent Patient Adherence and Persistence Summit and the eCommunications and Online Marketing Summit (October 23-24, 2008) were surveyed to assess their use of and experience with patient adherence programs. A total of 39 attendees shared their thoughts on patient adherence programs.

ON THE TYPES OF ADHERENCE PROGRAMS USED:

53% of respondents indicated that they conduct adherence programs for their brands.

Type of Adherence Program	% Responding Yes
Web-based education	67%
Print-based education	67%
Email reminders	57%
Direct mail reminders	48%
Incentives	24%
Other	38%

33% indicated that their adherence program included all five elements listed; **75%** included at least two of the elements

One Size does not Fit All*

By carefully structuring early patient dialogue, patients can be divided into subgroups according to tendencies centered on adherence, each with a separate pathway through the program. Weak adherence programs typically focus on only one barrier, such as tools to combat forgetfulness with blanket reminders, and so are not applicable to all patient subgroups. For example, if emotional factors are largely responsible for non-adherence, reminder programs will be completely ineffective.

By tailoring the adherence strategy's approach to each patient segment, the program is more likely to be effective when complex sets of behaviors exist over extended periods of time, particularly in situations where patients have chronic conditions – for example, asthma, hypertension, diabetes and osteoporosis – that require significant lifestyle changes and long-term commitments. Tailored strategies allow intelligent allocation of resources to patient segments that are more likely to respond more positively.

ON THE INVOLVEMENT OF PHYSICIANS IN THE PROGRAM:

48% of respondents indicated that their adherence programs did not include physician involvement.

Feedback to the Physician*

In addition to educating patients, for any program to be successful it is imperative to keep the physician informed and in the loop. Very few adherence programs today fully address this critical need, dealing exclusively with the patient despite the physician's demonstrable influence on patient behavior. Physicians for the most part are appreciative of the receipt of net new information about their patients and are usually happy to incorporate interim reports into each patient's medical record. The content of the reports which are fed back can radically accelerate physician understanding of the product and thereby increase confidence in subsequent prescribing and support.

To download a copy of *Practical Solutions to Adherence* and access a full set of resources describing strategies for the development of more successful patient adherence programs, please visit www.infomedics.com/adherence.

* From: *Practical Solutions to Adherence*

By Stanley Wulf, M.D., Senior Vice President and Chief Medical Officer, InfoMedics, Inc.

With input from Ray Bullman, M.A.M., Vice President, National Council on Patient Information and Education (NCPiE)

ON THE ABILITY OF THE PROGRAM TO ADAPT TO PATIENT BEHAVIORS OVER TIME:

57% of respondents indicated that their adherence program does not adapt over time in response to specific patient behaviors.

Mapping and Monitoring the Patient Experience*

When designing an adherence program, it is important to work with patients to identify and overcome barriers which may arise during the medication regimen. By continually checking motivation and confidence levels, as well as understanding about the medication, potential barriers can be identified and circumvented. At specific times throughout treatment, offer plain language, useful support mechanisms that allow patients to achieve adherence and get over any hurdles they encounter during their treatment. It is equally important to let patients know how successful they have been and to “graduate” them from the program once adherent behavior has been achieved.

ON GAUGING THE SUCCESS OF ADHERENCE PROGRAMS:

71% of respondents indicated they measure the success of their programs in terms of increased adherence. A total of 67% indicated their programs had produced a positive ROI.

Among respondents, 48% rated the success of their program as “excellent” or “good”; 10% said “fair”; 24% weren’t sure of the success.

Measures of Success	% Responding Yes
Increased adherence	71%
ROI	48%
Increased NRx	48%
Other	14%
<i>38% indicated that they use only one indicator to measure success; 62% use two or more measures of success</i>	

Return on Investment*

Patient feedback programs have proven remarkably effective at improving adherence and offer the capability for customization for the brand and individualization for the patient. Results from adherence deployment of patient feedback programs indicate a capability for radically accelerating and amplifying ROI. A recent adherence program designed to educate and support patients with their cholesterol medication successfully increased adherence 17-26% over matched controls.

When physicians participate in these programs and see the benefit of the additional education, support and its positive effect on their patients, it elevates the profile of that medication in the office. This improved “medication profile” means that the physician, nursing and office staff are stimulated with positive treatment messages through ongoing and credible information from their own patients about their experience starting and staying on the prescribed treatment. The physician receives reinforcement of his/her prescribing decision and feels confident prescribing the medication and recommending the program to other patients as well. This likely results in a second source of ROI – increased new prescription writing. In the adherence program mentioned above, there was a 17% increase in new prescriptions written by doctors participating in the program compared to matched controls, generating estimated incremental revenue of \$7.4 million.

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ON PLANNING NEW PROGRAMS:

91% of respondents said their company was planning new patient adherence initiatives for 2009 and all would be using online applications.

Respondents expect to encounter a number of challenges and objections as shown in the table below.

Challenge/Objection	% Responding Yes
Medical/regulatory/legal approval	63%
Reaching the non-adherent patient	63%
Privacy concerns	47%
Drug safety concerns with AEs	42%
Trying into existing online promotions	37%
Other	11%

75% of respondents cited at least 2 challenges; one-third named all as expected challenges/objections

Creating a Comprehensive Program*

A comprehensive adherence program needs to accommodate a variety of easy access "on-ramps"

or points at which a patient might be engaged to enroll in a program to support their initial and ongoing decisions about their condition and treatment plan. Given the multiple channels and tools available and the variety of consumer interests, motivational levels, and behavioral challenges, no single on-ramp is sufficient; every program should include multiple approaches. Four basic rules for success are:

1. Engage patients on a variety of fronts
2. Analyze the demographics of the likely patient population for each specific drug. Identify possible "on-ramps", where it might be possible to engage patients, and bring them into the program.
3. Interact with patients using diverse technology-based frameworks.
4. Interact with each patient several times over four to six months and preferably longer.

The high level of non-adherence in the U.S. today poses a major obstacle to achieving optimal health outcomes for patients and is a major challenge for the pharmaceutical industry. Use of comprehensive, flexible patient adherence programs that recognize and address the many sources of non-compliance and appropriately involve the patient's physician, can lead to significant improvements in compliance.

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The Patient Perspective

InfoMedics recently conducted a survey to explore the behaviors of patients on prescription medications. Results of the survey demonstrate a clear gap between doctors' orders and behavior.

Respondents who choose to receive survey mailings from survey provider Zoomerang were invited to participate in InfoMedics, Inc.'s 2008 "Following Doctor's Orders: Patient Prescription Behaviors" survey, which ran from Sept. 24 to Oct. 1, 2008. In total, 1,017 respondents who have taken prescription medications completed the survey, with no particular demographic breakdown.

34% of respondents said they do not always fill a new prescription from their doctors; another 5% said they never fill those prescriptions. With regard to communicating that decision to their physician, 46% said there is a chance they would not tell their doctor if they stopped taking a medication or decided not to fill a prescription.

The survey also revealed that:

- 67% forget to take their medication at times
- Only 9% said they would keep taking a medication if they started feeling worse
- 34% sometimes, often or always stop taking medication if they feel better
- 46% percent are careless at times when taking medications
- 32% percent are always motivated to take a newly prescribed medication
- 46% said there is a chance that they would not tell their doctor if they stopped taking a medication or decided not to fill a prescription

The survey also found that fewer patients are turning to their doctors for information about their medications. When asked for multiple responses about where they go for medication information, 51% of respondents said they look to the Internet for this information; 49% said they ask their pharmacists and 37% said they ask their doctors.

Complete results from the survey are provided below.

1. How often do you fill a new prescription that your doctor recommends?

Always	670	66%
Usually	238	23%
Sometimes	65	6%
Never	55	5%

2. Where do you go to find more information about the medication?

Family and friends	111	11%
Pharmacist	500	49%
Doctor	379	37%
Online	519	51%

3. How often do you feel motivated to take a newly prescribed medication?

Always	325	32%
Most of the time	376	37%
Sometimes	165	16%
Not usually	161	16%

4. How often do you NOT feel motivated to take a newly prescribed medication?

Always	58	6%
Most of the time	103	10%
Sometimes	306	30%
Not usually	547	54%

5. How often do you feel confident that you will stick with and complete a new course of treatment?

Always	426	42%
Most of the time	451	45%
Sometimes	93	9%
Not usually	48	5%

6. How often do you NOT feel confident that you will stick with and complete a new course of treatment?

Always	44	4%
Most of the time	64	6%
Sometimes	238	24%
Not Usually	676	67%

7. In the past, when you have been taking medications, how often did you forget to take them?

I never forgot	342	34%
I sometimes forgot	606	60%
I often forgot	46	5%
I always forgot	21	2%

8. Are you careless at times when taking medications?

Usually	23	2%
Often	48	5%
Occasionally	390	39%
Never	559	55%

9. If you started to feel worse on a new medication, would you stop taking it?

Always	332	33%
Often	215	21%
Sometimes	377	38%
Never	87	9%

10. If you started to feel better on a new medication, would you stop taking it?

Always	26	3%
Often	38	4%
Sometimes	270	27%
Never	678	67%

11. Do you sometimes not let the doctor know if you stop taking a medication or do not fill a prescription?

Never, I always let a doctor know	554	55%
Sometimes I do not let the doctor know	203	20%
I might let the doctor know if I remember to tell him/her	165	16%
I probably would not let the doctor know unless he/she asks	101	10%