



## InfoMedics Solution to Improve Patient Adherence

**February 23, 2009** | Stanley Wulf is chief medical officer of InfoMedics, a Reading, Mass.-based firm that works with pharmaceutical companies to provide physicians with patient feedback about brand-specific medications. InfoMedics recently launched Adherence Driver, a solution designed to address medication compliance issues by conducting detailed assessments of each patient's unique behavioral challenges, monitoring and supporting their individual treatment experience and providing updates to the prescribing physician. eCliniqua asked Wulf to describe his company's recent progress.

### **eCliniqua: Can you give us some background about InfoMedics?**

**Wulf:** InfoMedics provides feedback from the patient to the doctor about a new medication the doctor recently prescribed. This information helps patients identify and communicate with their doctors about their individual challenges to being adherent, while raising the profile of the medication in the doctors' offices. InfoMedics' programs are independently analyzed by IMS. A recent program analysis of an adherence solution we designed for a client showed that patients on the program were 17 to 27 percent more adherent and that their physicians' comfort levels with the prescribed medication had increased, leading them to prescribe it 10 percent more frequently. Best of all, the program generated \$4 for every \$1 our pharma client invested in the program.

### **How does Adherence Driver work?**

Sales representatives invite physicians to participate and supply the patient enrollment kits to the doctor. Representatives find that this allows them to present physicians with an opportunity to receive treatment feedback from their own patients, rather than relying only on clinical trial data that many feel does not represent their patient population. Little burden is placed on the doctor. The physician simply asks the patient to participate and provides the instruction kit with the prescription.

When patients enroll in the program, we classify them by asking a series of questions, such as past history (of adherence), level of motivation and level of confidence. The software then places the patient into a particular subgroup based on the results. We then use bi-directional survey techniques to supply the patient with information based on what would be most informative for them. For instance, perhaps a patient says they're reticent to take their medication because they've heard of or experienced bad side effects.

As soon as we recognize the problem, we can address it head on and provide the relevant system response: "Well, if you're experiencing A and B, we want you to know that this is expected in X percentage of patients, and we know it's likely to happen during the first one to two weeks and will probably be gone by the third week. If it doesn't go away by then, give your doctor a call."

If patients knew ahead of time what to expect in terms of transient side effects, they wouldn't suddenly stop taking their medicine. We continue these conversations by conducting surveys and providing tailored

and helpful information throughout the treatment. While simply providing information is sometimes sufficient, many situations require behavioral intervention to address problems with low motivation and low confidence.

### **How many patients actually respond when told by their doctor to call a number or visit a website?**

It varies by condition, demographic group and treatment regimen, but once they have enrolled, the retention rate is very high. More than 85 percent come back for the next survey. We also contact them to remind them to take their next surveys and keep them engaged with relevant educational information to support them on their individual treatment journey.

It's important to draw the right people into the adherence program. There are roughly 20 percent of patients who won't be adherent, no matter what. You can force the medicine into their mouths but they'll spit it back out. So you could spend millions of dollars on that segment and get absolutely nowhere. Another 20 percent will always be compliant and are the first to "raise their hand" and sign up. We like to recommend a focus on the middle 60 percent, those who want help but are having trouble overcoming personal barriers.

### **Any particular reasons for non-adherence?**

The statistics are startling: One-third of prescriptions are never filled; 50 percent of chronic medication-taking also ends up in non-adherence. Yet forgetfulness—one barrier to adherence—comprises only 25 percent of the reasons for non-adherence, which is quite interesting, considering the plethora of one-size-fits-all reminder programs being offered right now. I think realizing this is quite important, especially as we start talking about solutions to the problem, because the vast majority of current solutions try to deal only with this forgetfulness issue.

Some of the other barriers are side effects, patients not believing they'll benefit from the medication and patients being confused by what their doctors have told them. The biggest issue we see seems to stem from patients not spending enough time with their doctors. As doctors are under a lot of time constraints (through no fault of their own), patients often don't want to bother them by asking time-consuming questions about their medication.

### **Why should pharma care about the issue of non-adherence now?**

It's a problem that has existed for decades, so in and of itself, it's nothing new. The reason we believe that this has suddenly become such an issue is driven by the position pharmaceutical companies find themselves in—they're seeing pipelines slowing, patents expiring, growing demand for generics and stricter hurdles in getting drugs approved. Suddenly, the adherence losses are becoming really problematic and pharma has realized it needs to do more about retention, instead of focusing solely on acquisition. Even more recently, in this economic climate, patients are opting to stop taking their medications, delay doctor's appointments and miss refills in order to save money.

However, I think we have an ideal opportunity to help patients and really affect change. Non-adherent patients have double the hospitalization rates, with its associated morbidity and mortality. There's also the financial impact—loss in earnings, reduced productivity. An average of 36 percent of pharma sales are lost due to non-adherence. With slowing pipelines unable to compensate, the net loss is no longer a trickle—it's a gush.

### **It probably doesn't help that the general view of pharma is probably not the most positive in the world.**

You happen to be touching on my pet subject. I feel that this adherence issue is a wonderful opportunity

for pharma to do something about their image. If they put supportive mechanisms in place, it may seem like they are only doing it to sell more drugs—and that may be true—but it also benefits doctors and, most importantly, patients. It's rare to find a win-win situation.