Bridging the practice-to-theory gap

Application of the COM-B framework to explore barriers and facilitators for evaluating patient-support programmes (PSP) by the pharmaceutical industry

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KEY TAKEAWAY

Comprehensive PSP evaluation by the pharmaceutical industry is rare. We obtained actionable recommendations to address barriers to PSP evaluation by using the COM-B framework.

PSPs use patient insights and behavioural science to create a seamless patient experience to improve treatment adherence and outcomes.

Pharmaceutical companies are reluctant to evaluate PSPs due to fear of PSP failure, high perceived participant burden, and uncertainty about how to address any issues identified.

Using the COM-B framework, we addressed evaluation barriers and made recommendations that can form part of an evaluation toolkit.

This work demonstrates the versatility of health psychology theory outside of academia and the opportunity for theories to inform best practice and contribute to data gathering.

BACKGROUND

Evaluation of complex interventions is essential to assess effectiveness, identify key behaviour change components, and improve or refine PSP design.[1] Robust evaluation can also aid theory progression.

However, comprehensive evaluation of industry-funded PSPs is rare,[2] limiting our understanding of:[2,3]

- how theory-informed interventions work in practice, which curtails theory progression
- the impact of PSPs on clinical, adherence, humanistic, and economic outcomes.

PURPOSE

To apply the COM-B[4] framework to understand barriers and facilitators for PSP evaluation and to recommend solutions

Please scan this code for more information on PSP impact and details on the questionnaire used.

METHODS

We used a mixed-methods approach with a self-selecting convenience sample of international pharmaceutical organisation representatives to gain a 'bottom-up' understanding of the topic.

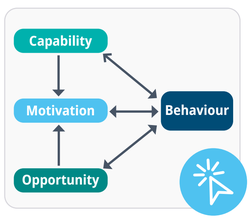
The workshop took place during the Reuters Pharma 2022 conference held in France in October 2022.

Workshop

Whole-group discussions on the importance of PSP evaluation were aided by interactive polls.

'I believe it is important to evaluate PSPs.'

Agree — *Uncertain* — *Disagree*



Smaller group activities (facilitated by two health psychologists and a researcher experienced in COM-B) identified barriers and facilitators for PSP evaluation and **applied the COM-B framework in real time** to translate these into actionable recommendations.

Post-workshop questionnaire

At the end of the workshop, a questionnaire was used to assess perceptions around the importance of PSP evaluation (self and organisation) and self-efficacy in undertaking evaluation. Agreement polls to statements and a Likert scale of satisfaction with the workshop were used.

'Assessing the efficacy of a PSP is essential for optimising it.'

Agree — *Uncertain* — *Disagree*

'I learnt something new at this workshop.'

1 2 3 4 5

1=not at all — *5=very much so*

OUTCOMES

23 workshop attendees represented large and small organisations

74% of attendees (n=17) completed the post-workshop questionnaire

100% of respondents agreed that evaluation is important for optimising a PSP

82% of respondents did not think they had the skills and resources needed to evaluate PSPs

81% of respondents did not think PSP evaluation was a priority for their organisation

Although a range of barriers were identified, most were classified as motivation and opportunity obstacles by the COM-B framework.*

Capability barriers

- Lack of knowledge and skills, including regulatory knowledge and awareness of third-party vendor capabilities

Opportunity barriers

- Low priority within organisations
- Frequent shifting of internal initiatives and staff
- Regulatory constraints affecting data collection

Motivational barriers

- High perceived participant burden
- Fear of PSP failure
- Uncertainty about how to address the issues identified
- Prioritisation of intellectual property over publishing evaluation data

To address some of the barriers identified, we conducted a **pragmatic review of pharma-sponsored PSPs** that had had a service evaluation conducted on them and the findings published in peer-reviewed journals.

A total of **25 published studies** and **one systematic review** were included.

The review was used to create a **PSP evaluation factsheet**, which was shared with people who had attended the workshop and consented to receiving follow-up information.

The factsheet included:
- information about the efficacy and impact of PSPs
- intervention features of successful PSPs
- overview of the study designs employed (i.e. sample, measures, outcomes).

The factsheet aimed to address **capability** barriers by demonstrating what can and has been done in the context of pharma-sponsored PSP evaluation; **motivational** barriers through demonstration of positive outcomes and challenging misperceptions; and **opportunity** barriers by demonstrating the feasibility of PSP evaluation.

Limitations

The findings are limited to the sample of pharmaceutical representatives who attended the workshop. Use of the self-selected workshop approach means that we do not know the prevalence of the identified barriers and the extent to which they can be generalised.

*No facilitators were reported.

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COM-B, capability, opportunity, motivation, and behaviour.

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