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Patient Centricity: Generating real data through Primary Data Collection

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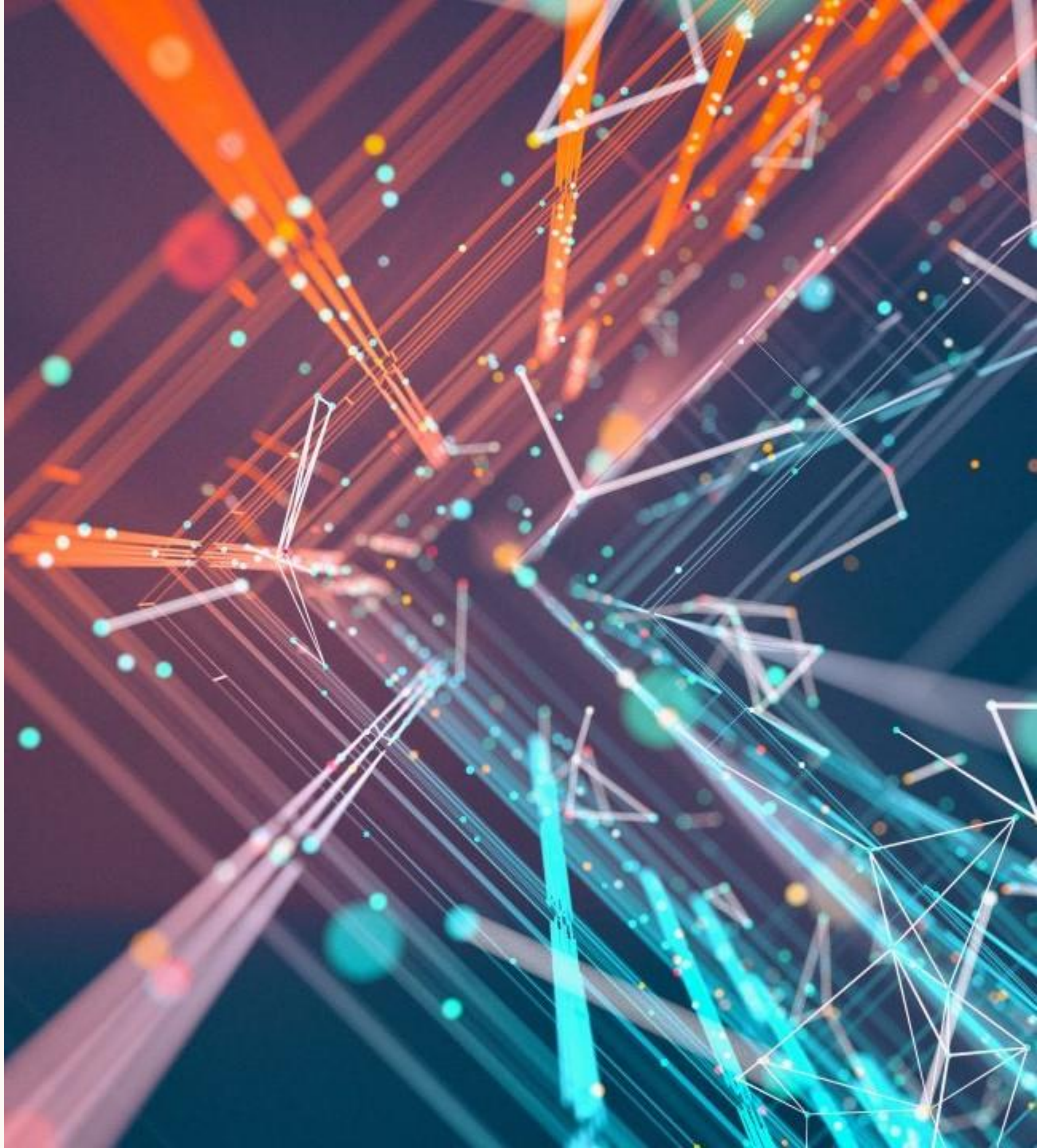


ACCORDING TO THE ANONYMOUS ONLINE EMPLOYEE SURVEY, YOU DON'T TRUST MANAGEMENT. WHAT'S UP WITH THAT?
OH. RIGHT.
Dilbert.com DilbertCartoonist@gmail.com
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Why does patient centricity matter?

Patients and clinicians

Inform clinical care, and improve patient provider communications and patient involvement

Health system decision makers

Inform health services programming, planning and policies, as well as performance measurement and quality improvement initiatives

Researchers and policy makers

Conduct comparative and cost-effectiveness analyses, and answer other research questions

Significant gaps in understanding patient outcomes exist. Integrating the patient perspective in research is critical for health care and pharmaceutical organizations to better understand and address patients’ needs.

Understanding the patient journey

A patient journey includes the encounters during their health care experiences. Here's what we know:

A more complete patient journey is critical to identify unmet needs, gaps in care, patient satisfaction, and opportunities for market development.

Patient engagement may fluctuate, and the decision-making and experience will differ based on provider interactions, treatment protocols, knowledge of their condition, values and preferences

Claims and EHR provides valuable information on the clinical transactions. However, it is limited in scope to what the patient is experiencing.

Numerous factors contribute to provider treatment decision making process. These factors drive outcomes that address the patient experience and gaps in care.

Primary Data Collection: Integrating the *voice* into data

Patient Reported Outcomes (PRO)

- Surveys claims-based
- Surveys panel-based
- Interviews claims-based
- Interviews panel-based

Clinicians Reported Outcomes (ClinRO)

- EHR notes
- Provider surveys claims-based
- Provider surveys panel-based
- Provider interviews panel-based

Clinical outcomes assessments

Observer Reported Outcomes (ObsRO)

- Caregiver surveys
- Caregiver interviews
- Parent/guardian surveys (<18) claims based

Performance Outcomes (PerfO)

- Tasks or tests performed by patients

Case study:
Gaps in COA Solutions and Application:
Patient and Provider Data Collection with Claims

Patient and physician experience of hypoglycaemia during basal insulin (BI) titration in type 2 diabetes (T2D) in the US

Rationale

For people with T2D initiating BI, treatment adherence and effective titration of their BI are key to achieving optimal glycaemic control. Patient and physician concerns about hypoglycaemia with BI treatment is a known barrier to effective glycaemic control. Gaps exist in understanding the patient experience and providers perspective.

Innovative three-pronged project approach:

- Identify eligible patients T2D who recently initiated BI
- Identify physicians in who had:
  - Initiated BI in people with T2D in the last 6 months and managed T2D patients during the 12-month identification period
- Link survey results back to claims to understand current treatment patterns

Primary Objectives:

- Describe T2D patient experience with BI titration (including HCP interaction during titration).
- To describe provider perspectives on BI titration

Secondary Objectives:

- Describe patient engagement and patient satisfaction of the titration experience
- Describe baseline all-cause and T2D-related healthcare resource utilization
- Assess adherence to BI treatment during the follow-up period by key characteristics of the patient titration experience
- Describe change in HbA1c during the six-month period following BI initiation

Summary

- More than 90% of physicians reported provided training or resources to patients to guide BI titration. However, only 74% of patients reported receiving any training or resources.
- Patients followed their physician’s monitoring instructions most of the time and were confident adjusting their BI dose. However, many physicians were concerned about their patients’ ability to recognize and respond to hypoglycaemic symptoms
- Despite physicians’ confidence around BI titration education and training/resources, nearly half of patients experienced hypoglycaemia. Furthermore, only a third of patients met their FBG target
- These results suggest that improved patient support/tools are needed for effective BI titration

Harris SB, Mohammedi K, Bertolini M, Carlyle M, Walker V, Zhou FL, Anderson JE, Seufert J. Patient and physician perspectives and experiences of basal insulin titration in type 2 diabetes in the United States: Cross-sectional surveys. Diabetes Obes Metab. 2023 Dec;25(12):3478-3489. doi: 10.1111/dom.15240. Epub 2023 Sep 25. PMID: 37749746.

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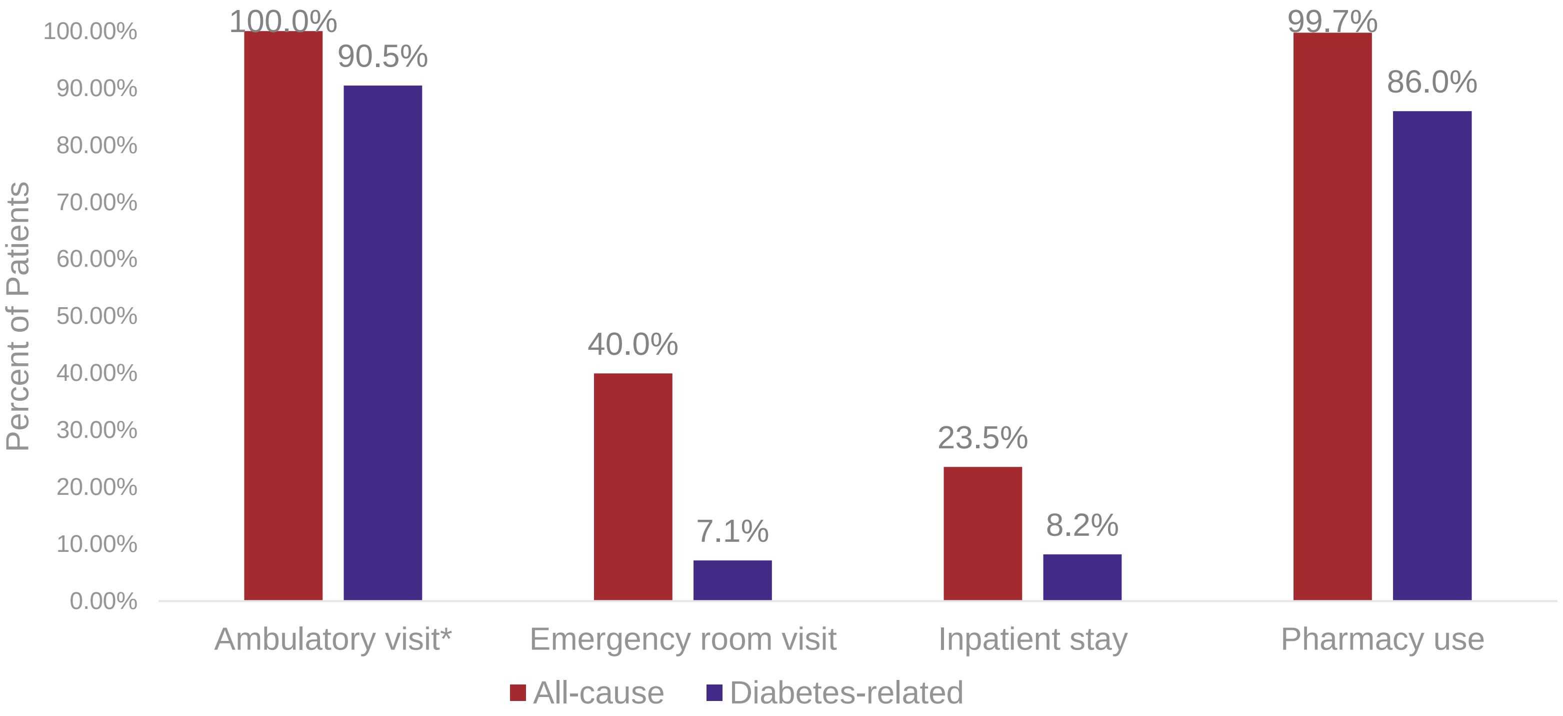
Demographics of study population: Patients offered resources vs patients not offered resources

	Total (N=375)	**Resources offered (n=297)**	**No resources offered (n=78)**	***p*-value**
Male, n (%)	184 (49.1)	144 (48.5)	40 (51.3)	0.70
Mean age (SD)	70 (9.4)	70.1 (9.5)	69.9 (9.3)	0.82
Baseline cardiovascular comorbidities, n (%)				
Diseases of the heart	217 (57.9)	166 (55.9)	51 (65.4)	0.16
Diseases of the arteries	144 (38.4)	104 (35.0)	40 (51.3)	**0.13**

12-Month Baseline All-Cause and Diabetes-related Health Care Resource Utilization (Claims)

Almost half of the patients in this study had to been to the ER in the previous 12 months and about 25% had an inpatient stay



*Includes outpatient and office visits

Patient Satisfaction with Basal Insulin Titration Support from Health Care Providers

About 67% of patients reported being extremely or very satisfied with their provider regarding the BI titration support

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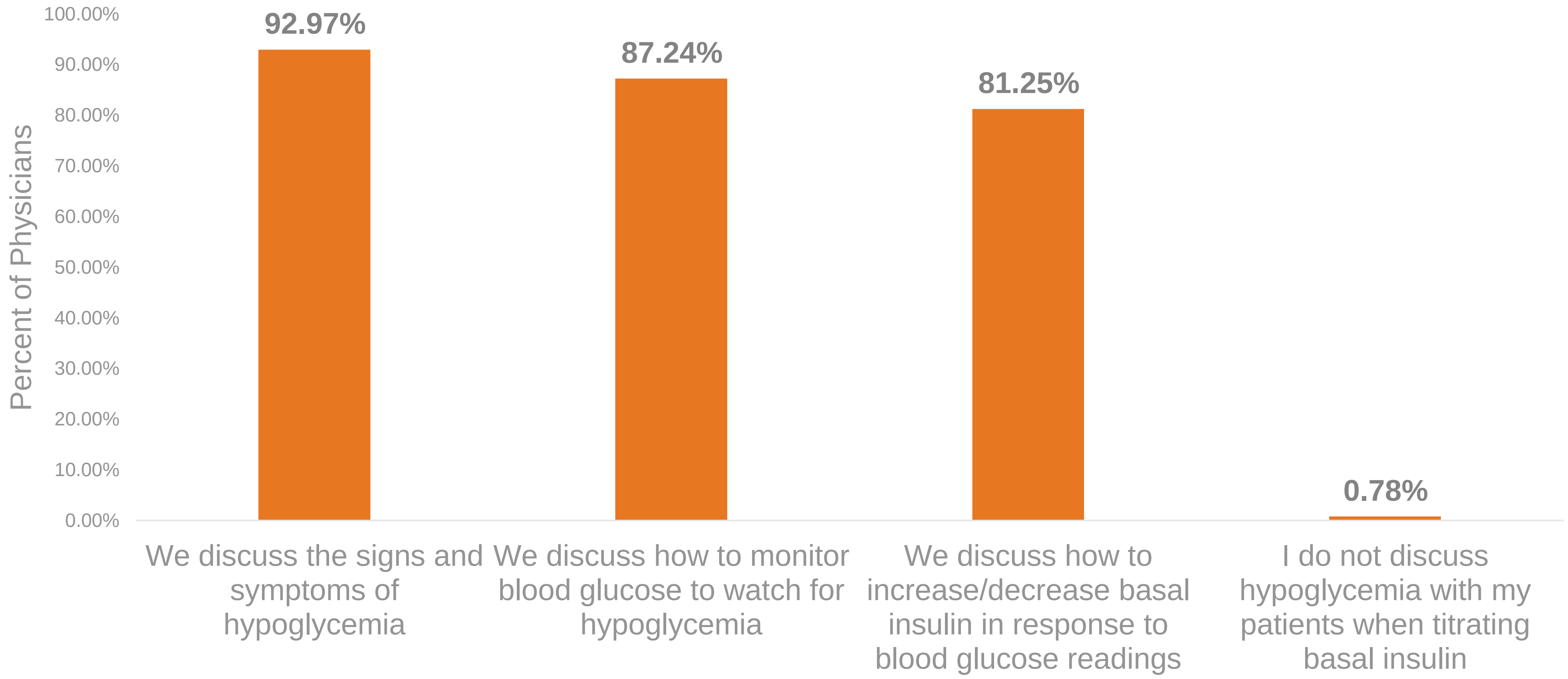
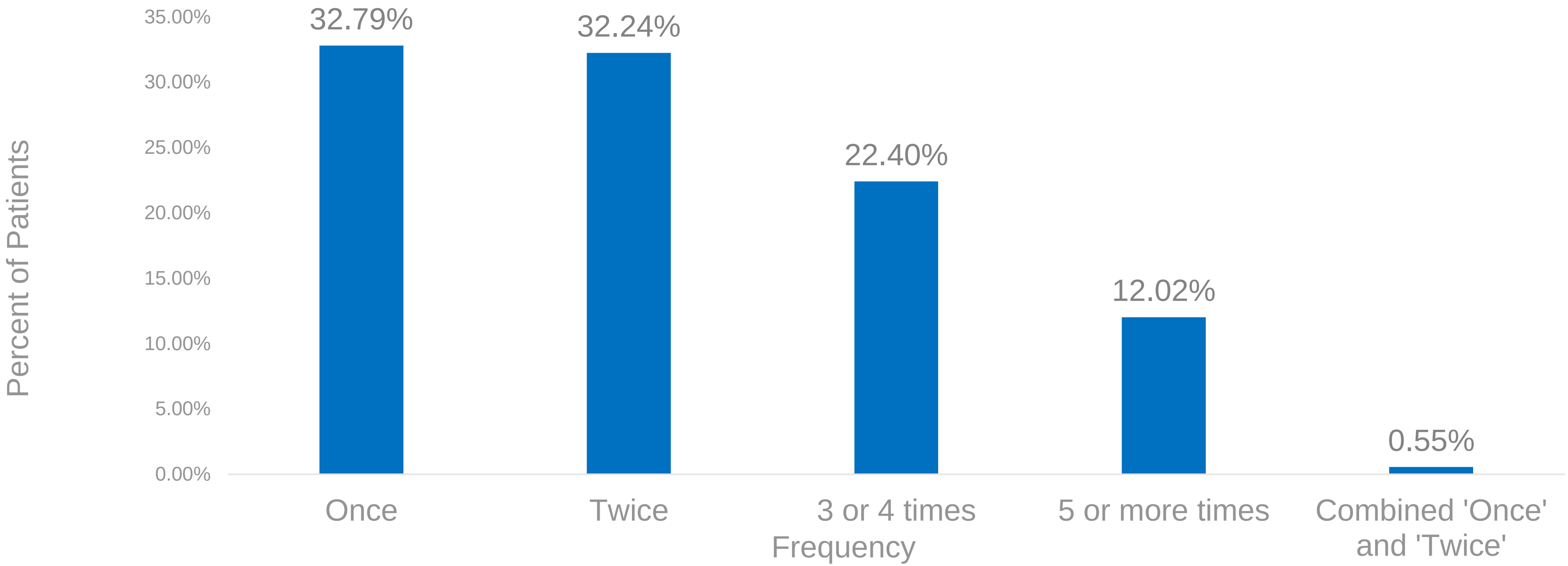
Physician-reported discussion on hypoglycemia with patients

Most physicians reported providing information to patients regarding monitoring their blood sugar



Patient Self-reported experience of hypoglycemia in one month during BI titration (patients who experienced hypoglycemia - 49%)

About half of all patients in the study experienced hypoglycemia in a month during BI titration. About a third of those patient had 3+ experiences.



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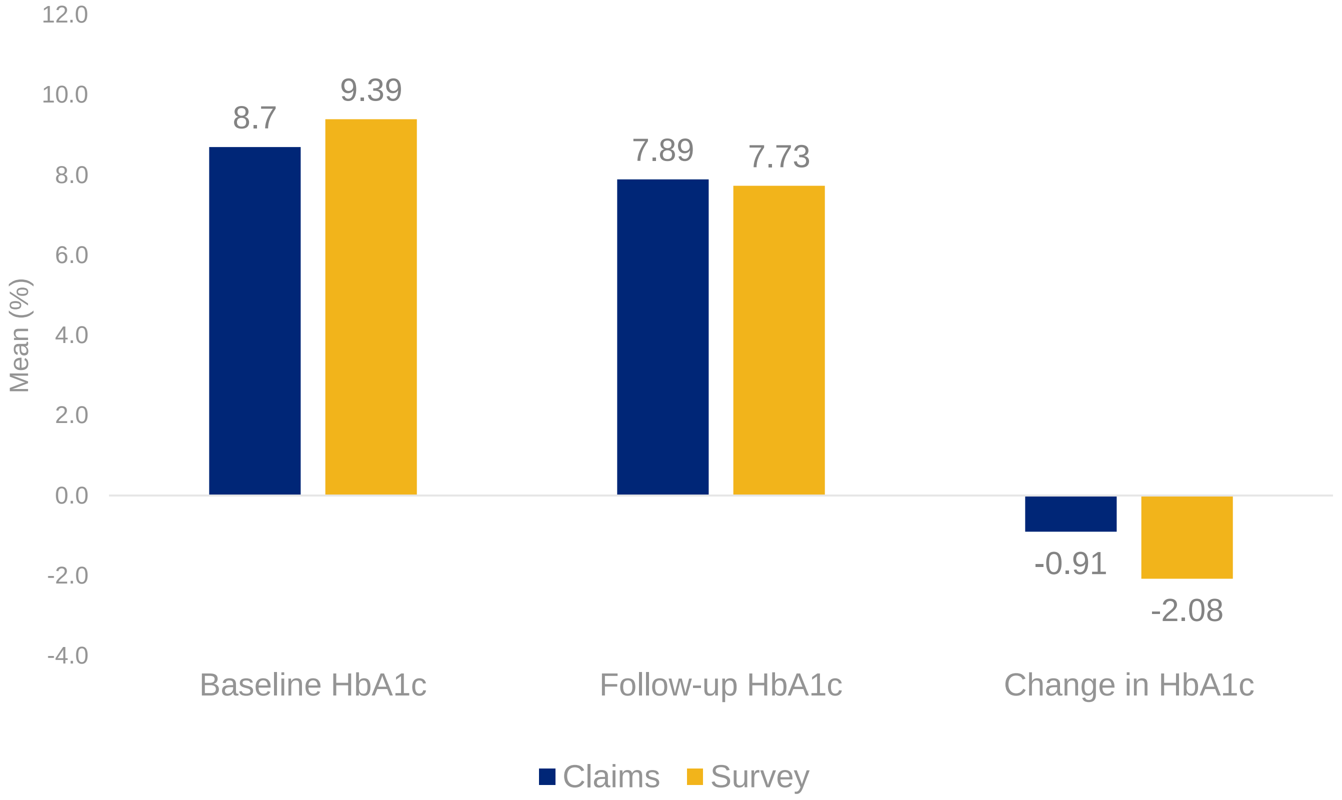
Claims Data: HBA$_{1C}$ outcomes

There were no changes in A1c levels for patients (claims and self-report) pre-BI titration and post BI titration.



Baseline sample size: claims n = 260; survey n = 45
Follow-up sample size: claims n = 210; survey n = 38
Change in A1c sample size: claims n = 187; survey n = 17

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Self-Report Data and RWE

The patient journey is complex and may require the use of multiple data sources to generate meaningful RWD.

The use of clinical outcomes assessments can provide additional insight into patient decision making, adherence and outcomes.

The use of of self-report data to generate RWE can help researchers, clinicians, and decision makers help to improve patient care

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