TO PATIENT CONCORDANCE

• Update your understanding of its affects on your business sector
• What are the top patient-friendly communications tools – and how can you use them?
• Reaching other key stakeholders – to drive brand engagement

PLUS
• 2 case studies

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Compliance, adherence, concordance?

So, is there a word ‘concordance’, ‘adherence’ or ‘concordance’? Considering which terminology to use is not just a matter of personal preference, it is a binding issue for public health and patients alike. The terminology of ‘compliance’, ‘concordance’, ‘agreement’ and ‘harmony’ all carry with it a sense of ‘cooperation’, so for the purpose of this Guide, we’ll refer to the terminology of ‘compliance’.

In some respects the answer is dependent on your environment, group and disease area and you can use all three and be equally right, it just depends on your perspective. However, unless you are going with concordance as your terminology of choice appears to be the former.

Although the term ‘compliance’ is global and the word ‘concordance’ is more emotive words and currently the word ‘adherence’ is less common to use.

To compound this it has been suggested that 90 per cent of doctors do not discuss their directed therapy. This is easily fixed by teaching them to be more patient and understanding.

The hidden patient: They are willing but may be unpreventable. For example, the asthmatic patient who has a technique which doesn’t fit their device, or the other patient who needs to stop therapy, who may feel the benefits of medication. This may be achieved by teaching them a different technique, but is often identified, so the patient joins statistics as non-concordant.

The unintentionally non-concordant patient: This group have a symptom-less disease, however they may have poor technique when using their devices to deliver the medication, or do not even start their medication.

The conditionally non-concordant patient: This patient has a serious chronic disease and is often a time bomb waiting to happen and due to their ignorance and poor lifestyle choices will develop a serious chronic disease and percentage; these patient is complicated and can be identified, so the patient joins statistics as non-concordant.

The most difficult patient to identify is the middle-aged person who has poor technique when using their devices to deliver their drug may go with a concordant patient: the patient does not have a serious chronic disease the patient has poor technique when using their devices to deliver the drug, or do not even start their medication.

Non-concordant patients can be categorised into three general groups:

1. The older patient: They have a serious chronic disease and are a time bomb waiting to happen. They are willing and may feel the benefit of their medication. This is easily fixed by teaching them a different technique, but is often identified, so the patient joins statistics as non-concordant.

2. The unintentionally non-concordant patient: This group have a symptom-less disease however they may have poor technique when using their devices to deliver the medication, or do not even start their medication.

3. The conditionally non-concordant patient: This patient has a serious chronic disease and is often a time bomb waiting to happen and due to their ignorance and poor lifestyle choices will develop a serious chronic disease and percentage; these patient is complicated and can be identified, so the patient joins statistics as non-concordant.

Addressing concordance issues: The extent to which a person’s behaviour correlates with agreed recommendations from a healthcare provider. It means that we need to understand consumer behaviour.

The pharmaceutical industry is estimated $25bn on the shelf every year from non-concordant patients. Other statistics show that the pharmaceutical industry is losing an estimated £25bn on the shelf every year through lack of patient concordance.

Non-concordance during their consultation with their doctor is associated with increased admissions to hospital, higher overall healthcare costs and ultimately a lowering of life expectancy. For example, poor concordance is associated with poor clinical outcomes, increased admissions to hospital, higher overall healthcare costs and a greater impact on society’s health than drugs themselves.

Some have estimated that an astounding $25bn is lost in revenue drug companies each year from non-concordant patients. Other statistics show that the pharmaceutical industry is losing an estimated $25bn on the shelf every year through lack of patient concordance.

When you provide support to the patient you make a whole lot easier if from the outset you speak their language…

So, is the word ‘concordance’, ‘adherence’ or ‘concordance’? Communicating with stakeholders is made a whole lot easier if from the outset you speak their language…

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AC T I V I T I E S T O E N C O U R A G E C O N C O R D A N C E

How can you begin to build your concordance programme? There are numerous channels available to pharmaceutical companies to improve the statistics. It is important to select the right combination for the patient, their therapy, their health professionals and their disease area. The most effective is a multi-channelled approach, including:

- Face-to-face specialist nurse support – giving clinical support and training.
- Pre- or post-prescription
- Direct mail
- Packaging with calendar and concordance information
- Innovative devices
- SMS prompts
- Internet sites
- Nurse-led call centres
- Motivational techniques (Prochaska’s model of change).

In a patient survey conducted by the NHS there were four key findings that would help the patient concur with their treatments and their care:

- That it should be available closer to home
- That they be treated ‘as a person’
- That they be a partner in their care
- That they have a choice with their therapy so it fits into their life… and above all for it to be safe.

There are three principles with concordance programmes:

- Simplicity – provide patient information on a need basis
- Clarity – provide information in patient-friendly language.
- Empowerment – the pharma industry to instil trust, thereby enabling healthcare professionals to clarify and endorse the value of the medicine.

S T A R T I N G T H E P R O C E S S

The process for setting up a patient support concordance programme should look something like this.

- Step 1 – Obtain senior management buy-in
- Appoint a dedicated project manager
- Create a cross-functional team for the programme
- Ensure resources
- Establish tactics, with clear briefs to patients and key stakeholders
- Establish continuous 360 feedback
- Define goals and outcomes
- Assess and evaluate effectiveness
- Define and accept any restraints and work with them
- Agree goals and outcomes
- Show positive mid-term effectiveness
- Establish a dedicated team and work with the stakeholder groups
- Local/Regional/country level

The fruits of your efforts and investment in developing a proactive approach to patient concordance should be reinforced by a strong message: “win, win, win”, with reduced patient care costs through increased compliance, and increased revenue for pharma.

Top 10 critical success factors

1. Outsource specialist provision and only choose the ‘Gold Standard’ providers with relevant expertise who will give you added value and continuity.
2. Right people – identify all relevant target audiences, including HCPs, patients and stakeholder groups.
3. Right messages – understand the behaviour and emotional dynamics. Use effective language, eg, “What do you think about this?”
4. Right time – establish when to deliver support.
5. Right medium – listen to needs and design support solutions to match.
6. Agree goals and outcomes – ensure key milestones are in place.
7. Assess and evaluate effectiveness – local/Regional/country level.
8. Define and accept any restraints and work with them.
9. Agree goals and outcomes – local/Regional/country level.
10. Establish a dedicated team and work with the stakeholder groups.

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5th Annual
Patient Compliance & Communication
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FACT!
the role of
Pharma

Be in no doubt, if you don't respond to patient concordance opportunities, someone else will... the pharma competitors may right now be investing in concordance programmes and adding value to their customers and patients.

We're only just beginning to see the affects and implications of patient concordance and although it's a new business area, it's one that creates a very important role for pharma. Here are some of the issues to think about before drawing up a strategy for concordance support.

ASSESS THE CLIMATE

A number of trends have aligned to create a climate for concordance. First, of course, the internet is a highly effective catalyst for more informed and empowered patients. (It can work to disadvantage a brand.)

A second key trend is the NHS policy to give patients greater choice over their treatment. Combined with a shift in emphasis towards primary care, multidisciplinary team working, and the strengthening of the roles of specialist nurses to the extent that in some areas they can prescribe, in theory the climate is more than ready for pharmaceutical companies to help introduce concordance programmes. One factor to take into account is that patients' experience will vary greatly from place to place, doctor to doctor. Think carefully about the customers you may want to give concordance support. How welcome would your support be in these units?

ASSESS HOW CONCORDANCE CAN SUPPORT YOUR BRAND

Consider which of your brands will benefit most from having concordance support in place. As the diagram below shows, investing in concordance can protect and drive sales wherever the brand is in its lifecycle.

For example:

- Differentiate offering versus generic competition
- Manage ultimate migration of patients to other products in portfolio
- Build reputation in therapy area
- Prepare market for product launch
- Including a concordance element in the drug research phase may assist in NICE submissions and meeting other health economic data requirements

Value of concordance support across the lifecycle

- Development and pre-launch
  - Build reputation in therapy area
  - Prepare product for launch
  - Including a concordance element in the drug research phase may assist in NICE submissions and meeting other health economic data requirements

- Launch
  - Maximise concordance and therefore perceived efficacy and value

- Maturity
  - Retain loyal patients and prescribers in face of new entrants

- Decline
  - Maximise sales
  - Maximise patient and prescriber loyalty
  - For example:
    - Maximise patient and prescriber loyalty
    - For example:
Patient Concordance

• Medical education online or printed (eg, …
• Direct mail (eg, for reminders, motivation)
• To talk to, to manage their expectations
• Related publicity and profile to your …
• Need to see how other patients deal with …
• Want to use. The mix could include:
• Seeking alliances with the most relevant …
• Are you absolutely sure you can …
• Direct mail (eg, reminders, education)
• Telephone call centres for patient nursing support, text messaging for reminders and …
• Media and digital online printed (eg, helping them understand their …
creating a strategy

An effective patient concordance programme aims to change attitudes and behaviours in both healthcare providers and patients. So, in order to make an impact on health, you might consider adopting a multi-faceted approach that includes developing a comprehensive strategy. This strategy can be about more than marketing gimmicks that get patients to take their medicine. Behavioural change is a complex and long-term aim, and you may need to engage patients in order to have an impact on the healthcare agenda in recent years.

Patient concordance has reached the top of the healthcare agenda in recent years. The National Patient Concordance Development Group – a multi-disciplinary group of experts in medicine, psychology, and public health – has recently issued a report on the topic. The report highlights the importance of patient concordance as a key factor leading to non-concordance.

Patient concordance – where patients adhere to medical advice and medication regimens – is significant. In 2002, the Department of Health officially adopted the principle of concordance. The cost of non-concordance to society and to patient care is estimated to cost the pharma industry £1.3bn a year. In many instances, the patient, in fact, will require the least attention. A good concordance programme will bust the myth that 'prescriber is king' and encourage a dialogue between healthcare practitioners.

Research over the past decade has clearly shown that poor communication is a major factor leading to non-concordance. Patient concordance programmes will need to address these issues. Your objective might be to enhance the knowledge of patients and healthcare professionals on the disease or condition and the range of treatment options available. If so, we can help.

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Appointing a medical education agency will be the first step in a patient concordance programme. Appointing an agency with experience in patient concordance programmes will have a major benefit for your strategy. The involvement of external specialists can be engaged in your programme, and the range of stakeholder groups that you can engage will vary around the nation.

Bringing in external experts such as patient advocates and groups would differ vastly in their programmes – potentially leading to more patients taking their medication and following medical advice. The development of a strategy for a patient concordance programme is a logical process, along the following steps:

1. **STEP ONE: APPOINT EXPERTS**
   - Appointing an agency with experience in patient concordance programmes will have a major benefit for your strategy.
   - If, on the other hand, you were running a patient concordance programme for mental health, your objective might be to enhance the knowledge of patients and healthcare professionals on the disease or condition and the range of treatment options available. If so, we can help.

2. **MAKE YOUR OBJECTIVES CLEAR**
   - Your objective might be to enhance the knowledge of patients and healthcare professionals on the disease or condition and the range of treatment options available. If so, we can help.

3. **IDENTIFY OBJECTIVES**
   - Your objective might be to enhance the knowledge of patients and healthcare professionals on the disease or condition and the range of treatment options available. If so, we can help.

4. **ENGAGE IN DIALOGUE**
   - Your objective might be to enhance the knowledge of patients and healthcare professionals on the disease or condition and the range of treatment options available. If so, we can help.

When choosing medical education agencies, you must choose an agency that will need to work with all parties involved in the patient concordance programme. If you don't have a clear plan, it is important to have a clear plan. If you don't choose an educational agency, you will need to work with all parties involved in the patient concordance programme.
Patient Concordance

11

• Pharmacy professional bodies, or local
• Patient interest groups and other
• Healthcare providers from
• Medical and nursing practitioners

Although the following is not an
bodies, patient groups and academia.
practitioners, pharmacy professional
stakeholders: medical and nursing
involve all stakeholders

STEP TWO: IDENTIFY AND

In any patient concordance programme,
involve all stakeholders

STEP THREE: GROUP BUY-IN

You will also need to establish a stakeholder

STEP FOUR: TACTICS

Step four: tactics

STEP FIVE: EVALUATE

Measuring the success of your campaign

So, in order to ask in order to make sure your audience to make

Do you have enough information on the reasons for non-concordance in your

What are the other treatment options available?

The following list for clear, targeted objectives

Some questions to ask in order to make sure your audience to make

One thing you can do

Remember, your stakeholders have this

Don’t let all your hard work fail at this stage.

Are you targeting a specific geographical area or a particular demographic group?

Some of these campaigns

Are you targeting a specific geographical area or a particular demographic group?

You must deliver what you

If you have secured involvement

You will need to use their

What is the best way to ensure

Now that you have secured the involvement

Total concur concordance

• Advocates for the patient, and between all stakeholders

Don’t let all your hard work fail at this stage.

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New technologies

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• New technologies

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STEP SIX: EVALUATE

Measuring the success of your campaign

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New technologies
Mental healthcare concordance – the specific challenges and stakeholder parties

In 2009, mental healthcare accounted for 5.5 per cent of the NHS budget, or approximately £6.7bn a year (£2bn direct costs/£4.7bn indirect costs). A study by Mangalore and Knapp in 2006 (Compendium of Health Statistics 2007. Office of Health Economics) estimated that the total health and social care costs in England for schizophrenia amounted to around £6.7bn a year (£2bn direct costs/£4.7bn indirect costs).

Mental health services are provided in hospitals, surgeries, and community settings. The costs of hospital and community services are estimated to be £10.5bn a year. In 2006, the biggest budget category was NICE specialist services, which accounted for £8.5bn – that’s 73 per cent of the budget (2007). In England, 74 per cent of all mental healthcare costs are spent on acute mental health services, which are hospital-based. It is estimated that about £8.5bn – that’s 14.2 per cent of the budget – is spent in hospital. Mental health trusts should be fostering a clear and open dialogue with the acute sector and primary care trusts. Mental health trusts need to have a say in mental healthcare, and have to provide a picture of what is happening in mental health patients have support once they are discharged, and need a full picture of the disease. Mental health trusts need to provide a programme that is disease-specific and takes into account the needs of the patient.

How can your programme facilitate this dialogue at a local and national level?

So what stakeholders would you involve in developing a concordance programme for schizophrenia? There are a number of stakeholders that could provide valuable input.

• Academics – there has been a wide range of academic interest in the area of mental healthcare concordance.
• Patients’ interest groups and other advocacy groups – organisations like SANE and Mind could all provide valuable input on the impact of mental health outside the primary care setting.
• Healthcare providers from the primary care sector – GPs will need to have a clear understanding of the differences between the atypical antipsychotics on the market.
• Medical and nursing practitioners from the acute sector – help with the education of patients on the differences between the atypical antipsychotics on the market.
• Carers – carers have a particularly important role to play in mental healthcare.
• Patients’ interest groups and other advocacy groups – organisations like SANE and Mind could all provide valuable input on the impact of mental health outside the primary care setting.

The behaviour of mental patients is largely unpredictable. Their treatment options are variable, and the long-term outcomes are not always certain. Therefore, the education programme should aim to educate stakeholders on the potential treatment options available to patients, and the long-term outcomes. It would be useful to have a clear understanding of the differences in the range of treatment options available. A clinical audit of outcomes would be a useful way to assess the success of the programme.

Providing patients with choice

Finally, on this checklist, there is a check to ensure that patients have access to a range of different treatment options, and that they are informed about the potential benefits and risks of each option. If patients are to be given a choice, they need to have access to credible, plain English information on the range of treatment options available, and both their benefits and their risks.

A strong patient education campaign can make it easier for patients to receive and understand this information.
Communicating with your key audiences

Clinical researchers estimate that, with most conditions, patient concordance rates are 50-60 per cent, but with some conditions they drop as low as 10-20 per cent. Whichever end of the scale your customers sit, the reasons for non-concordance are often varied, but contributory factors include:

- Unwanted side effects
- The complexity of the regimen
- The patients' view of their illness and treatment
- Confusion or physical difficulties.

According to a 2003 study by the Medicines Partnership (an initiative of the Department of Health), effective ways of improving concordance rates involve the complementary use of educative, practical, and emotionally and behaviourally supportive interventions. The study also showed that, regardless of the specific knowledge imparted, self-management programmes, which help to raise people's sense of self-efficacy and confidence, promote better medicine taking.

Our experience has shown that involving patients in the management of their condition can have a considerable impact on their ability to comply with their treatment and make lifestyle changes. DO RESEARCH ON YOUR PATIENTS

Every patient contact is an opportunity to understand why patients don't concur with their treatment. Qualitative patient research will provide you with valuable insights into what impact the condition has on the patients – physically and emotionally – and give you a deeper understanding of their lifestyles and when they're most likely to require support. Setting up a concordance campaign with this information will ensure you deliver the right message and at the appropriate time.

The decision to use focus groups or individual in-depth interviews will depend on the stigma attached to the condition. The type of qualitative research that is open to you to conduct will depend on whether you're looking to get a forum to vocalise their common experiences.

Don't be afraid to conduct focus groups or separate interviews. There's no reason you can't get the patients' view of the condition, or even a new medication, across to them.

A good research discussion guide would include questions about the patients' experience of:

- The disease pathway
- When they require the most support
- How they feel before they go on treatment and during treatment?
- Who they ask for support?
- Who they would like to be supporting them?
- Do they feel worse before they feel better (side effects)?
- Whether their view of the treatment alters as they start to feel better?
- The preferential communications methods:
- Personal support through nurses?
- Text messages?
As patients feel better, consider stopping treatment. Why do I need this anymore?

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As patients feel better, consider stopping treatment. Why do I need this anymore?
Summary – key points to remember

- Put the patient at the heart of the programme – what do they really need?
- Set appropriate objectives for evaluation
- Get the field force engaged in the programme
- Design a patient programme based on their journey
- Consider non-compliance interventions and materials
- Nurse-led support can help patients to avert hospitalisation
- Set up a telephone support service which patients to access
- Use technology to support concordance

A well-designed and well-managed patient concordance programme should engage the HCP and provide an easy method for them to engage the patient. It will then work to improve compliance and concordance.

PUTTING IT INTO PRACTICE

When engaging with HCPs, you need to remember that they have limited space to store information, and once communications have been made, these may be difficult to be followed up. Programme management, communication and education – hard copies of DL leaflets and sofas, are more attractive to patients who already have use of these devices. SMS reminders are more effective than those via phone call, as they require a greater effort. Provided that the patients have received this reminder, they are more likely to answer the telephone when it rings.

A strong HCP programme will engage the HCP, providing the patient with an approachable and having more time to discuss the patient’s condition. However patients with mental health concerns may continue to take medication, but this time the patient finds themselves.

When devising materials for the HCP, remember to consider what they need, how they have time in handling general queries from patients, and what information they need to provide. When designing the programme, key messages are reinforced through telephone contact with patients, and responses about the condition and treatment. They are also very easy to use, as they can be incorporated into the programme.

Web-based concordance programmes are more attractive to patients who already spend more than 10 hours a week online. These patients may also respond favourably to SMS reminders (because of the 160 character limit). Concordance campaigns that provide education, counselling and support can be very useful, for patients who are discontinuing medication in the course of their treatment.

In summary – key points to remember

- Consider a variety of interventions, from materials mailings at crucial points throughout
- Get the field force engaged in the programme
- Set appropriate objectives for evaluation
- Design a patient programme based on their journey
- Consider non-compliance interventions and materials
- Nurse-led support can help patients to avert hospitalisation
- Set up a telephone support service which patients to access

The programmes involve regular, proactive contact patients to provide information, advice and encouragement throughout the course of their treatment.

SOS provide education, counselling and support to patients through teams of qualified health professionals. These HCPs are also very easy to use, as they can be incorporated into the programme.

.email to nurse-led telephone support

Author:

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Putting the patient into patient compliance

At 90TEN, we develop compliance programmes with the patient in mind, building programmes that understand the patient journey and when patients most require support.

To find out more, call Paul Tanner or Carole North on 020 7627 0990 or email paul.tanner@90ten.co.uk

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Patients.
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Without the right advice, too many patients fail to take their medicines properly. Most usually the pharmacist is the last step in the sequence of healthcare professionals to see the patient. With the right information to hand, the pharmacist is perfectly placed to advise the patient about how they should take their medicine correctly.

With this particular example, we were given the brief to improve concordance for patients using bronchodilators.

**Challenges**

There were several reasons why patients were not being fully concordant with their asthma medication. Research had shown that there was a high incidence of patients not using their bronchodilators correctly, which impacted on the improvement in their symptoms. This, in turn, led to poor patient motivation to continue treatment and either intermittent use or even the patient discarding their medication altogether.

**Solution**

From our experience we knew that there was an opportunity for pharmacies and pharmaceutical companies to collaborate and improve information flow to the patient. By establishing a direct IT-enabled communications service that operates at the point of dispensing, we could provide timely prompts and information (see below) from the pharmacy source, at the time the patient is about to collect their prescription.

**Results**

The activities we put in place were measurable – we were able to evaluate the effect on patient care and concordance, and provide feedback to both the pharma company and participating pharmacists. By seeking advice from an independent pharmacy panel when developing the programme, we were able to ensure that the information provided would be relevant and improve concordance and patient care.

**Below: An example of a prompt received by the pharmacist**

Reaching patients through pharmacists

Alison Williams is vice president, marketing and communications, at Aegate Ltd. She can be contacted at alison.williams@aegate.com or on 01763 285339

Author: Alison Williams
There are better ways to improve compliance.

You know what non-compliance can do to both clinical and business outcomes: on average, only 1/3 of patients take all their medicine; 1/3 take some; 1/3 none at all.

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