



Healthcare & Life Sciences

Pharmaceutical uses behavioral science informed design to reduce prescription attrition

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INTELLIGENCE FOR IMAGINATION

The Big Picture

As a manufacturer of a patch-based dopamine agonist used to treat Parkinson's Disease, a major global pharmaceutical was facing a steep attrition rate of 50%, post two months of prescription uptake. The company had tried multiple interventions to mitigate attrition, but results were anemic. Recognizing the complex behavioral nature of the problem, they wanted a more effective understanding of the drivers of treatment behavior, and design concepts by which they could model a new, global on-boarding program.

Client

Global Parkinson's Pharmaceutical Provider

Challenge

Understand and Reduce Prescription Attrition

Solution

Reframed behavioral understanding of attrition, from adherence to preference. Developed Global Onboarding concept to illustrate principles of preference creation and maintenance.

Transformative Solution

At the outset, there were many questions and assumptions regarding the influencers of attrition. What role did the prescribing physician play? Did people understand how to use the patch properly? Were they having adhesion issues? Were they not properly rotating patch placement on a daily basis?

Almost all of the patient-centered behavioral assumptions could be summarized under the heading: "The patient is not using the patch properly. Therefore, they are not getting the clinical benefit. Therefore, they are abandoning the drug."

In the medical community, this class of assumptions are commonly categorized as *adherence* issues. ie. The patient is not adherent with the prescription. When the problem is defined as *adherence* the subsequent orientation to behavior change is generally "outside-in." You exhort the patient, you institute social pressure, you set up reminders, you threaten punishment and loss for failure to adhere.

After extensive qualitative, primary research with patients, caregivers, and physicians it became apparent, from a patient-centric perspective, the issue was not proper use of the drug, but simple preference. Was it perceived to be effective? Was it tolerable? Understanding preference in the context of Parkinson's disease-treatment is extraordinarily complex, as the disease-treatment context is complex.

The Change

Suffice it to say, the resultant reframe of the disease-treatment context, as well as the behavioral problem itself, was extraordinarily powerful in changing the thinking of the business.

A global on-boarding design brief was created that outlined:

1. A modular approach to interventions, by channel
2. A portfolio of design briefs, by objective, for each channel
3. A prototype that reimagined their existing, in-market interventions based on the new thinking

Not only has the new perspective informed tangible interventions, but it has changed the KPIs by which the company tracks success. While attrition is still an important metric, it is a lagging indicator, only. Armed with a new behavioral understanding, they are better equipped to track and measure leading indicators of preference and truly drive behavior change, and treatment outcomes.