



Medical affairs rapid critical issue resolution

Using critical thinking, audience needs and behavior change to distil actionable insights as a foundation for focused ideation and solutions

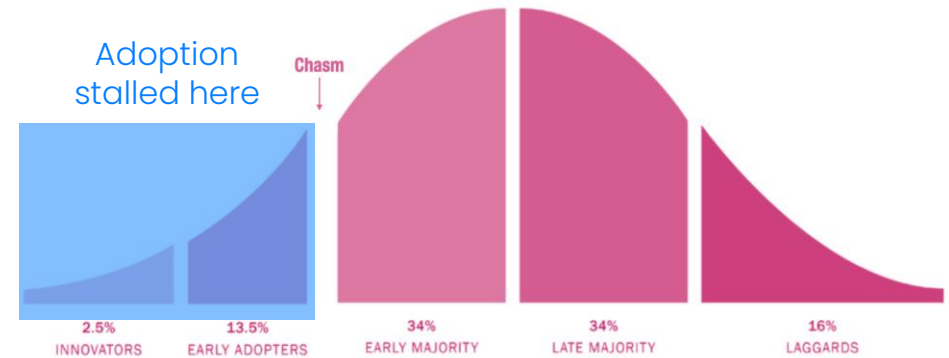
Critical issue resolution: Sub-optimal treatment adoption

Challenge

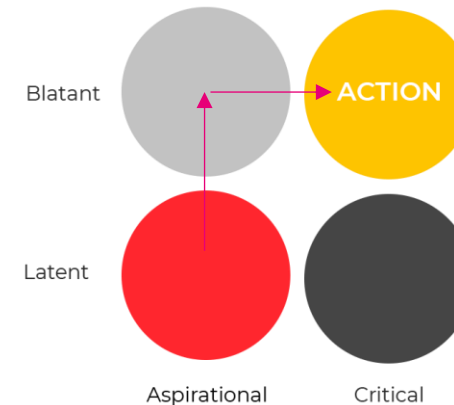
- Global Medical Affairs client had successfully launched a novel treatment X for disease Z (disease Z: chronic, genetic, potentially life-threatening and affects QoL)
- However, despite X having significantly better efficacy, safety, convenience and QoL compared with the standard-of care Y – there was sub-optimal adoption of X
- Treatment X had essentially fallen into an innovators and early adoption chasm

Approach and solution

- We designed a process, together with the client, to rapidly ascertain the root cause(s) of the sub-optimal adoption of X, which comprised a blend of interactive multi-stakeholder internal workshops and surveys
- Using our critical thinking skills and root-cause analyses we were able to explore various initial hypotheses and then distil and validate key actionable insights, which formed the foundation of our solution ideation (see next slide for a simplified depiction)
- The critical/root issue identified was that unmet need for X, was not blatant + critical for the prescriber majority – our solution was focused on addressing this directly



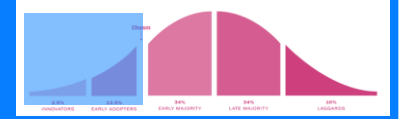
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Strategy and solution creation: Case study

CHALLENGE

Sub-optimal switching to novel treatment X from Y, although X has significantly better efficacy, safety, convenience and QoL (disease Z: chronic, genetic, potentially life-threatening and affects QoL)



HYPOTHESES

Lack of HCP awareness of X's compelling data

HCPs satisfied with familiar Y (lack of compelling unmet need)

Lack of differentiation in clinical meaningful improvement of X vs Y

Patients with Z are satisfied with Y

Access and/or cost of X vs Y, despite approvals

ROOT-CAUSE ANALYSIS

No – high awareness

80%

No – clear superiority

20%

In some markets (out of scope)

HCPs hear from their patients that they are satisfied with Y, so they don't see the need to switch treatment to X

Patients seem indifferent and/or reluctant to try something different

Because they don't have time/inclination to explore how the patients are really doing...in their minds they don't want to 'rock the boat'...and perhaps want to 'save' treatment X for severe patients

Do no harm at forefront of their minds – if patients say they are OK, then don't change

Because they are mostly interested in preventing acute incidents of Z...and if this isn't happening then this is success for them

Because they do not realize, or want to admit, how Z affects them psychologically – they are used to it and have lived with it for so long (accept status quo)... 'this is my normal'...or based on my family experience, etc.

Because they lack awareness and/or belief/trust that it will work

Because they lack awareness/appreciation of the traumatic psychological aspects of having Z and its effects on QoL (life between acute incidents)

Mental health and depression, effects on whole family

Because they fear change and admitting that they are not OK

Patients do not want to feel/show vulnerability and that they are not in control of their lives

HCPs may not realize that when patients say they are 'fine/OK', it may really mean that the patient has just learnt to cope with fear and living sub-optimally

Patient videos and testimonials depicting freedom (including psychological) offered by X

KEY INSIGHT

TARGETED SOLUTION

Emotive QoL campaign focused on patient stories around normal life + QoL tools

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