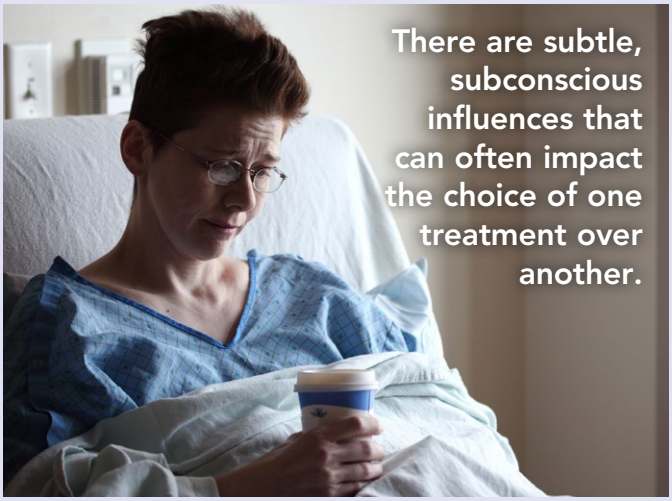
The Importance of 'Combined User Experience': The Third Dimension in Understanding Potential Pharmaceutical Product Uptake



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When evaluating a pharmaceutical treatment during standard clinical trials, there are typically two initial assessment parameters:

1. **Is the drug efficacious?**
2. **Is the drug safe?**

However, because there are subtle, subconscious influences that can often impact the choice of one treatment over another, by either the physician, the patient, or both combined, a third dimension – the combined user experience – should also be assessed when reviewing the potential uptake of a pharmaceutical product:

3. **The combined user experience:**

- The doctor's experience in prescribing the drug: How difficult will it be for a doctor to prescribe the treatment? How much experience does the doctor have with this drug? Will the doctor feel confident that this treatment is the best fit for her patient and his needs? Will the doctor's patient lose confidence in the doctor if the treatment doesn't work?
- The patient's experience in taking the drug: Is it a pill, an injection, an IV? Will the needle hurt/can they swallow the pill? Will it taste bad, smell bad, feel bad going into the patient's body? Will the patient have a hard time opening the bottle/mixing the medication/injecting herself? How long will it take to work? Will the side effects keep the patient from living his life the way he wants to live it?

Also

- Are the side effects worth the ultimate outcome? Can the patient cope with painful peeling skin for a period of time, to ultimately limit severe acne? Or, in a more serious situation involving an increasingly difficult decision-making process, will a cancer patient want to live longer, even if it means dealing with daily significant side effects related to the treatment?

More so than ever before, these third-dimension treatment decisions are often made by doctors together with patients, due in part to:

- The changing landscape of technology which has allowed patients to be more informed about treatments
- The increasing numbers of physicians who are now accustomed to patients arriving armed with some degree of knowledge based on their own research
- A broader array of treatment options available in many therapy areas.

It's true that discontinuation rates can help us understand the numbers behind the third-dimension user experience, however the numbers do not reflect the sometimes very difficult thought processes behind the decisions users make.

While efficacy and safety are still the 'big guns' during standard clinical trials, the 'combined user experience' is important as it involves these subtle, subconscious influencers and difficult thought-processes that play into treatment decisions.

Bridging the gap with the 'combined user experience'

For pharmaceutical marketing researchers, pharmaceutical companies, or anyone who is evaluating a treatment and its impact (new, or existing in a newly competitive marketplace), we must ask the following question:

- How do we best understand the user experience (or even the perceived, anticipated user experience), evaluate its importance relative to the standard, more important parameters, and assess its impact on the potential uptake of a new treatment?

We also need to remember that the perceived user experience can be impacted by educational, cultural, lifestyle, and a myriad of other psychographic factors which can differ even in two very clinically similar patients, or two very similarly trained physicians.

Moreover, the user experience of the patient and the doctor are inextricably tied together, and helping the physician better understand the perceived user experience of the patient is likely to lead to an improved user experience for the physician.

How do we do this?

Social psychologists often espouse that we are "poor witnesses to our own behavior." Thus, sticking with traditional research by asking "why do you think or feel this way?" is too safe, and doesn't always help us get to the core of the user experience. It often delves into the situations that are easiest for respondents to discuss, rather than the most challenging, emotional ones.

Finding unique ways to help patients describe the complete and personal, emotional, and sometimes difficult processes of their treatment, and access their own subconscious thoughts and feelings about their disease, has often been a core component of patient research; pairing this with their anticipated user experience related to their treatment adds a dimension.

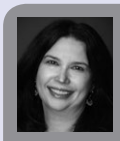
Interestingly, the best way to get a true 360-degree view of the patient experience may be to combine highly personal research with the opportunity for patients to anonymize their inputs. For example, in-depth, personalized ethnography in the patient's own environment, where the patient is surrounded by the comforts and familiarities of their daily life, will allow the patient to better tap into their deepest concerns about their treatment. At the same time, participation in an online platform allows the patient to share their deepest hopes and fears behind a screen, where they may feel less emotionally vulnerable. Each platform generates a better understanding of the patient experience.

While getting to physicians' perceived user experience can be more challenging, research that is designed to bridge the gap between the patient and physician in a way that allows the physician to fully understand the patient experience, can lead to further insights regarding the physician's own subconscious feelings about treatment.

For example, allowing physicians to 'listen in' when patients discuss their personal feelings about their disease and treatment to an impartial listener (rather than their doctor), may allow the physician to better understand the patient frame of reference and be able to tap into their own subconscious thoughts about treatment options. Technology now provides us with a myriad of ways to share patient experiences with physicians to gauge whether physicians are experiencing the same level of patient engagement and dialogue in the office with their own patients, and to help us understand how to bridge that gap where it exists.

Providing a complete picture for potential product uptake

Understanding the visceral thoughts of the physician and the patient can be a key indicator in understanding the potential uptake of a new treatment, or loyalty to an existing one in the context of new category entrants. Of course, the treatment must still be efficacious, and AEs need to be manageable, but the third dimension of assessing the combined user experience provides the most complete picture possible and can allow for actionable changes to improve that experience, in a world where changes to efficacy and safety parameters are often not possible.



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