



CASE STUDY:

DIGITAL ENGAGEMENT & THE PATIENT EXPERIENCE

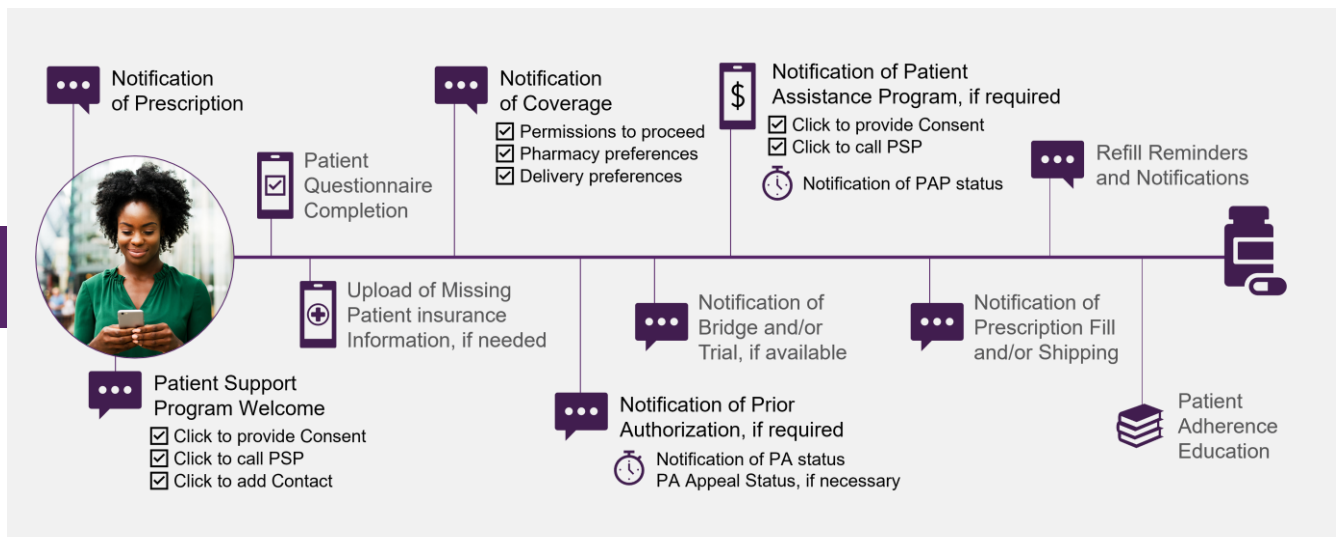
INCREASED PATIENT STARTS, FASTER PATIENT RESPONSE, BETTER PROGRAM ADHERENCE, & REDUCED CASE MANAGER TIME

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SUMMARY:

Our partner, the pharmaceutical manufacturer of a novel therapy for a functional gastrointestinal disorder, desired to ensure the most successful, quickest treatment outcomes possible for their patients upon prescription of therapy. Effective engagement of patients with informed communication using the patient’s preferred method of contact was critical for best treatment outcomes. With a keen eye on their patient demographic, the manufacturer opted to leverage our digital engagement solution as a component of their overall Patient Support Program (PSP) for those patients who desired to opt in.

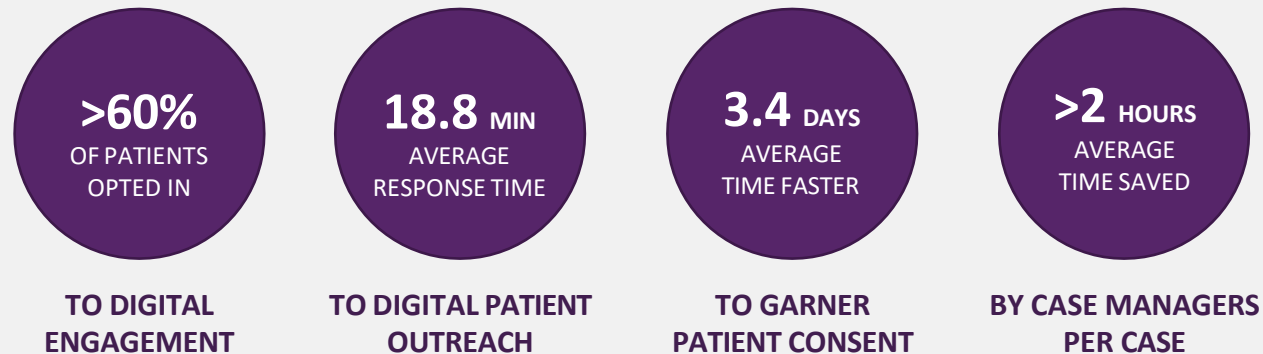


SOLUTION:

Occam’s digital engagement solution connects to the patient through a Short Message Service (SMS) to their mobile device. The SMS contains a secure hyperlink to a custom PSP feed specific to that individual patient. This SMS-to-feed feature is particularly advantageous as it is “no-friction,” removing the necessity for the patient to download an application or remember a password to access their information.

Feeds are a particularly prominent form of digital engagement, representing 75% of all online digital interaction with high familiarity across demographics. Occam leverages a digital engagement solution that offers HIPAA Certified Feed Technology with HITRUST certification as a method of patient engagement specific to the individual patient and for streamlined communication. Patient engagement feeds can be customized to offer onboarding to the PSP, gathering of missing HIPAA consents, therapy education, treatment reminders and confirmations, shipping status and updates, PAP enrollment, refill reminders and updates, and various other options.

DIGITAL PATIENT ENGAGEMENT METRICS



FINDINGS:

Faster Patient Response, Faster Consent, Reduced Case Manager Time

To determine the effectiveness of implementing digital patient engagement as a means of patient communication and its impact on treatment outcomes in our partner's PSP, we compared (1) the percent of patients who opted to use digital engagement over traditional engagement, and (2) how quickly patient consent was garnered for enrollment into the PSP. We found that most patients (>60%) elected to use digital engagement, which is particularly significant as current industry standard for patient digital engagement use across platforms is between 30-40%. Furthermore, we found that patients who opted to use our digital engagement solution provided consent an average of 3.4 days faster compared to patients who opted for communication via traditional means.

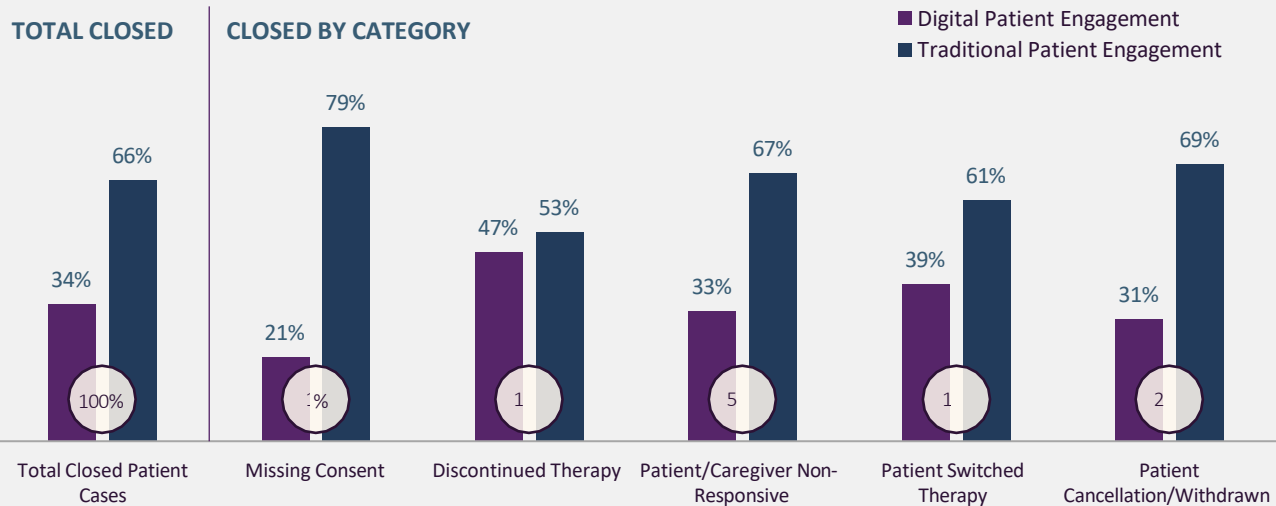
We then examined the average response time of patients who opted into digital engagement and the average case manager (CM) time saved utilizing digital patient engagement instead of traditional communication. We found that that average patient response time to a digital engagement prompt was 18.8 min. Strikingly, we found that the average CM time saved, per case, was 127.5 minutes.

Taken together, these data indicate using our digital patient engagement solution as a component of the overall PSP increased patient responsiveness, decreased time to enrollment, and saved case manager time, indicating significant economies of scale cost savings over the lifetime of the PSP.

Next, we questioned if using digital patient engagement had any effect on a patient's ability to successfully receive therapy after enrollment in the PSP. We examined the total number of unsuccessfully closed patient cases (where the patient did not receive therapy), first examining what percent of total closed cases where patient did not receive therapy were comprised of digital engagement users, then further analyzing by the reason for case closure when the patient did not receive therapy.

Considering that >60% of patients in the PSP opted to use digital engagement, one could expect that if digital engagement had no effect on a patient's successful receipt of therapy, >60% of unsuccessfully closed cases would be comprised of digital engagement users. In fact, what we discovered was that only 34% of cases, where a patient did not receive therapy, were from digital patient engagement users, preliminarily indicating that digital engagement increases the likelihood of a patient successfully receiving therapy through the PSP.

ANALYSIS OF CLOSED PATIENT CASES WITHOUT RECEIPT OF THERAPY



We found that the reasons for case closure where patients did not receive therapy fell into five categories: (1) patient consent was not received, (2) the patient opted to discontinue therapy, (3) the patient, or caregiver, was not responsive to outreach, (4) the patient elected to switch to a different therapy, or (5) the patient cancelled or withdrew from the PSP.

Better Program Adherence, Better Outcomes

We found that most unsuccessfully closed cases were due to the patient, or caregiver, being non-responsive to outreach, accounting for 52% of unsuccessfully closed cases. Of that 52%, a large majority (67%) utilized traditional engagement, indicating that digital engagement increases patient/caregiver responsiveness. The second most prominent reason for unsuccessful case closure was that the patient cancelled or withdrew from the PSP (24%), where 69% of those cases utilized traditional engagement, indicating that digital engagement increases program adherence through the PSP. The third and fourth most prominent reasons for case closure were that the patient either discontinued therapy (12%) or switched therapy (11%). Digital patient engagement did not show a significant effect on those patients that discontinued therapy but did seem to influence those that switched therapy, where 61% of those unsuccessfully closed cases used traditional engagement. This provides further indication of a positive correlation between digital patient engagement and program adherence outcomes. Finally, in the small percent of cases that were unsuccessfully closed due to missing patient consent (1%), we saw the most drastic influence of digital engagement, where only 21% used digital engagement.

These data indicate that implementing Occam’s digital engagement solution as a patient communication strategy speeds enrollment into the PSP, increases patient responsiveness and increases program adherence, ensuring more patients successfully receive therapy, and saves PSP case manager time, resulting in reduced overall PSP expenses.