

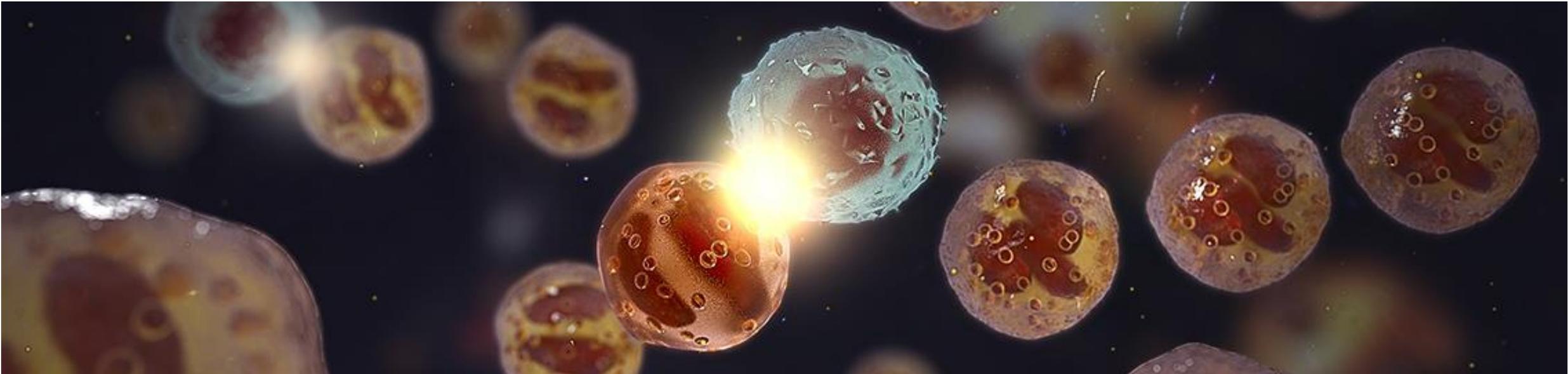
Insights to Bronchial Asthma

Argentina, Mexico, Egypt, Saudi Arabia, UAE and Taiwan

Prepared for International Region

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Business Objectives

Business Questions

To understand the bronchial asthma patients', GPs' and pharmacists' insights to the patient flow, treatment approach, and treatment awareness



Patients:

- What does the BA patient journey look like? What are the key stages? Who is involved?
- What are patients treatment expectations and goals? What influences patients choice as to what treatment they will accept? What 'other' key influences are taken into consideration?
- What are patients' level of disease/treatment awareness and perception?
- What sources of information do patients utilize regarding bronchial asthma?



GPs:

- What does the bronchial patient journey look like from a physician perspective?
- What are the typical treatment objectives and available treatment choices?
- What is the typical maintenance treatment used? Key drivers and barriers to Tx choice?
- How is the asthma patient pathway evolving? i.e. ICS/LABA Tx being prescribed earlier



Pharmacists:

- What is patient bronchial asthma flow in the pharmacy setting?
- What is the role of the pharmacists? Dispensing, education, advice etc.
- To what extent do pharmacist have a role in Tx choice?
- What is the level of awareness of: AstraZeneca (company), brand, disease?
- Level of awareness for when to switch treatment and recommendations? What discussions do / can pharmacists have?
- What are the current perceptions and placement of ICS/LABA class? SABA? Symbicort?



Sample

	 Argentina	 Mexico	 Egypt	 Saudi Arabia	 UAE	 Taiwan	 Total	
 Adult patients	Mild	3	2	2	1	1	2	11
	Moderate	3	3	5	6	4	6	27
	Severe	4	5	3	3	5	2	22
	TOTAL	10	10	10	10	10	10	60
 GPs / PCPs		5	5	5	5	5	5	30
 Pharmacists		5	5	5	5	5	5	30

Criteria:

- Aged 18-60
- Diagnosed with asthma at least 1 year ago
- Previously experienced asthma attack(s)

- Qualified for 3-35 years
- Spend at least 70% time in direct patient care
- Office based or Hospital and Office based
- Mixture of Public and Private
- In the last month, managed at least 5 patients (MX), 10 patients (TW) or 15 patients (all others) with asthma
- ≥70% caseload over 18 years old
- ≥60% caseload on maintenance Tx

- Responsible for discussing and dispensing medication for bronchial asthma (TW only dispensing)
- Sell / dispense >10 inhalers / week (>7 in UAE)
- Argentina: dispense ≥10 ICS/LABA OR SABA units / week
- Dispense a range of medications

60 minute IDIs

- HCPs F2F or via phone
- Patients F2F

Please note: South Korea began fieldwork on 31.01.19 and will be included in country reports



Executive Summary: roles of stakeholders



The asthma diagnosis has a big **impact on patients** – physically and emotionally. It is a lot to come to terms with since it's a lifelong condition which they fear may significantly impact on QoL.

Patients react in different ways – **some are more accepting**, willing to listen to experts and manage their condition as best they can.

Others exhibit **denial of their condition**, due to lack of acceptance of the burden they expect it to have, and sometimes due to the **cultural stigma** associated with condition



GPs play a key role throughout the asthma patient journey, and are decision makers right from diagnosis.

They feel confident in **making the diagnosis**, and will manage the majority of patients through **initial treatment and maintenance** without the need for referral to a specialist, unless they are working with a severe patient or if diagnosis is complex

Specialists are involved when patients present in ER, for complex or uncertain cases, and for severe or persistent patients who fail to respond to 'standard' treatments



The role of the **pharmacist** varies by market, but many see themselves as **educators, supporting patients through device training** / confirmation of dosing – they are the final touchpoint before patients are on their own to take their medication so feel a sense of responsibility.

Some GPs recognise the value of this role, and also see the Pharmacist as a useful additional trainer to ensure patients take medication correctly. 

Pharmacists play no role in treatment decisions, mainly due to legal constraints, but some (LatAm) may suggest cheaper alternatives to the prescribed medication



Patients fell broadly into 2 attitudinal groups: those who accept asthma, and those in denial



- Accept asthma as a lifestyle condition and adopt it into their daily routine
- Willing to accept that it is something they will have to live with, happier to share responsibility for managing it



- Want to think about asthma as little as possible, to minimise the impact it has on their daily life, still want to live a 'normal' life



Attitude towards treatments



More aware of its importance, see treatment as a necessary nuisance and **a way to maintain their QoL**

See treatment as something that will **impact on their QoL**, want to relieve symptoms and not have to think about asthma



Impact on behaviour



More likely to remain compliant (not all do), to engage with advice / information, and to build positive, trust-based relationship with their doctor based on good Tx outcomes

More likely to switch doctor to achieve results, will only visit HCP if they really have to, more likely to stop using Tx as soon as symptoms improve, and therefore to 'relapse'



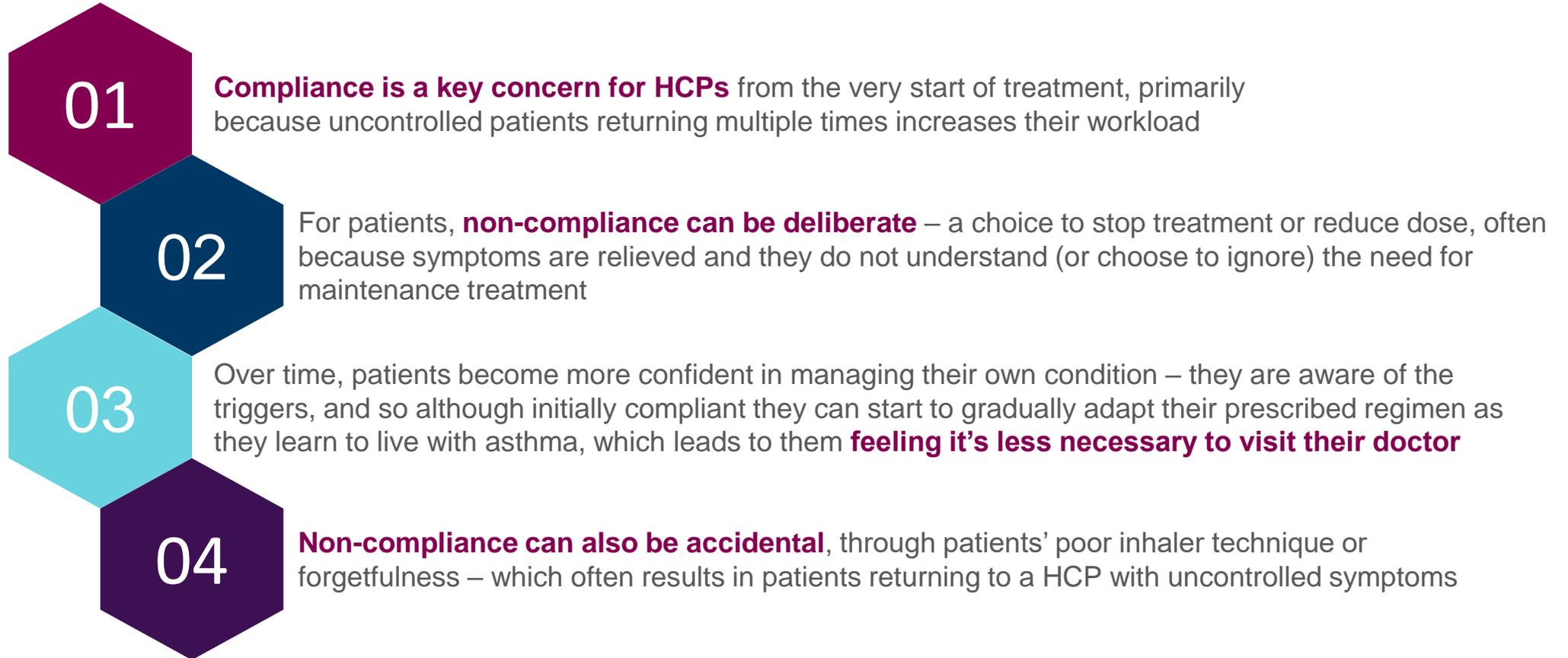
Implications for engaging with them



Both of these groups are keen to minimise the impact asthma has on their daily lives. Across both groups, many prefer to see their physician only when they perceive a need. Alternative forms of contact may be preferable (e.g. via phone, text) to facilitate contact



Key to maintaining compliance is leveraging patients' deeper awareness of how essential it is to living comfortably with asthma



BA patient journey overview

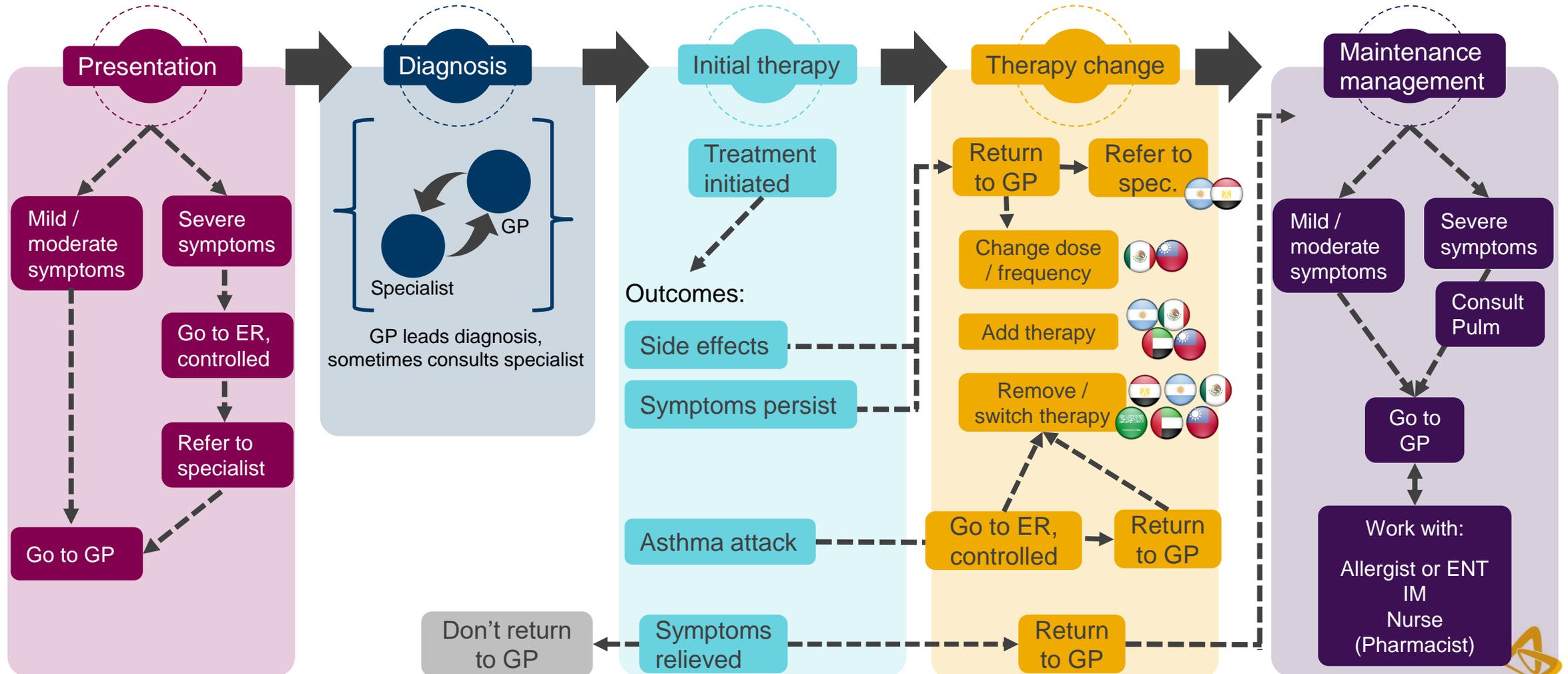
Patients mostly present to the GP when symptoms start to impact life

Diagnosis is rapid and led by the GP with input from specialists if needed

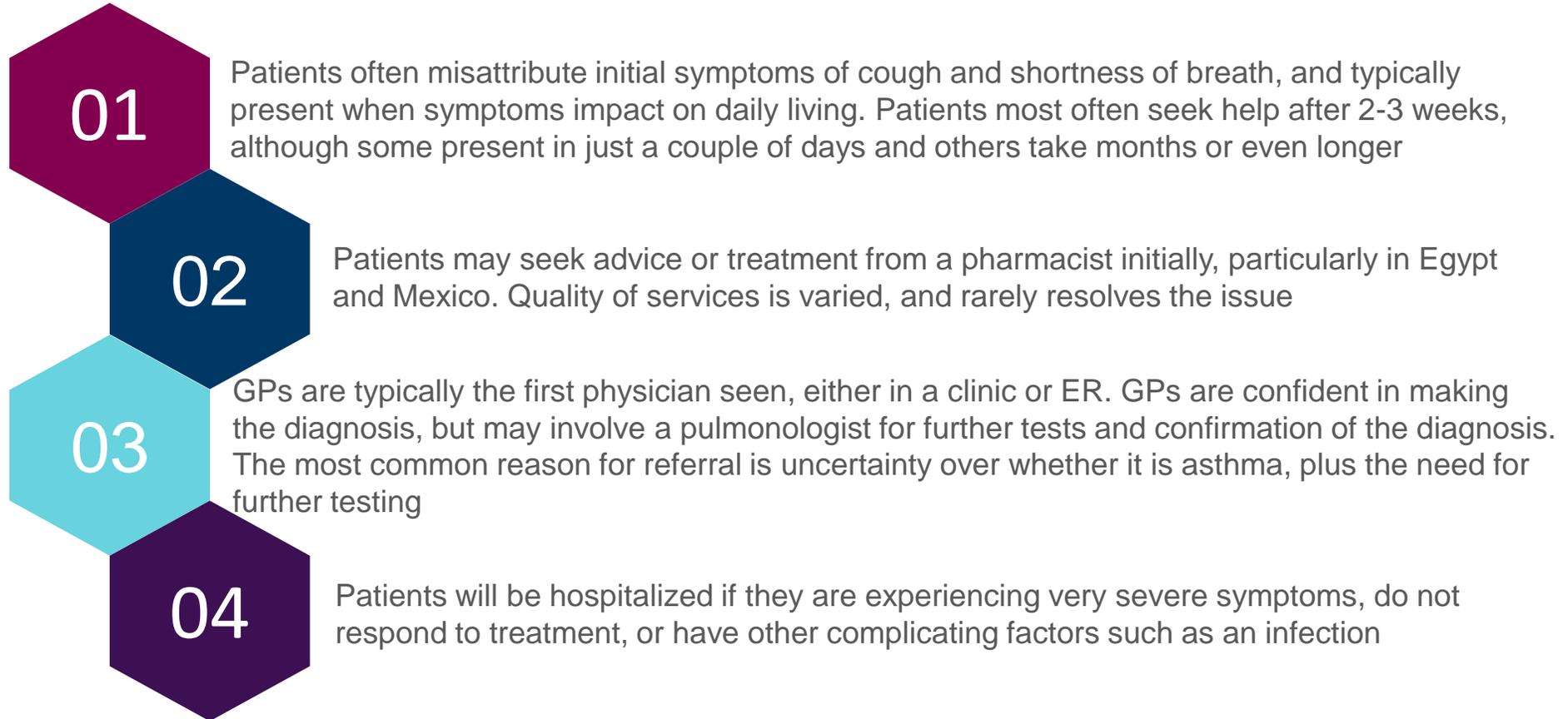
Treatment is initiated early (mainly by GPs) with the goal of relieving symptoms

GPs continue to manage treatment switches unless patients are persistent or in acute attack

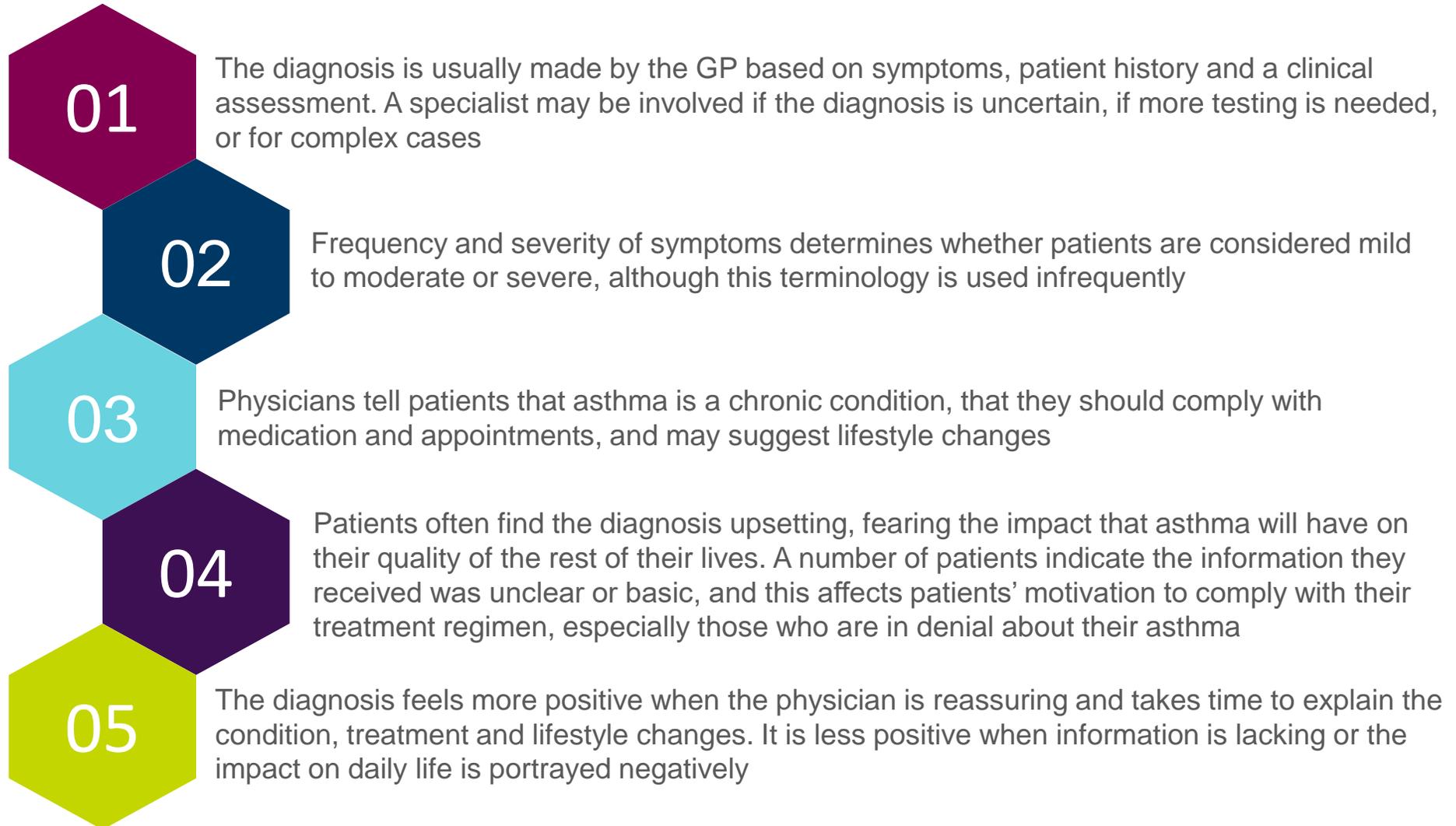
Mild/moderate patients are maintained by GPs, with severe patients often also under care of a specialist



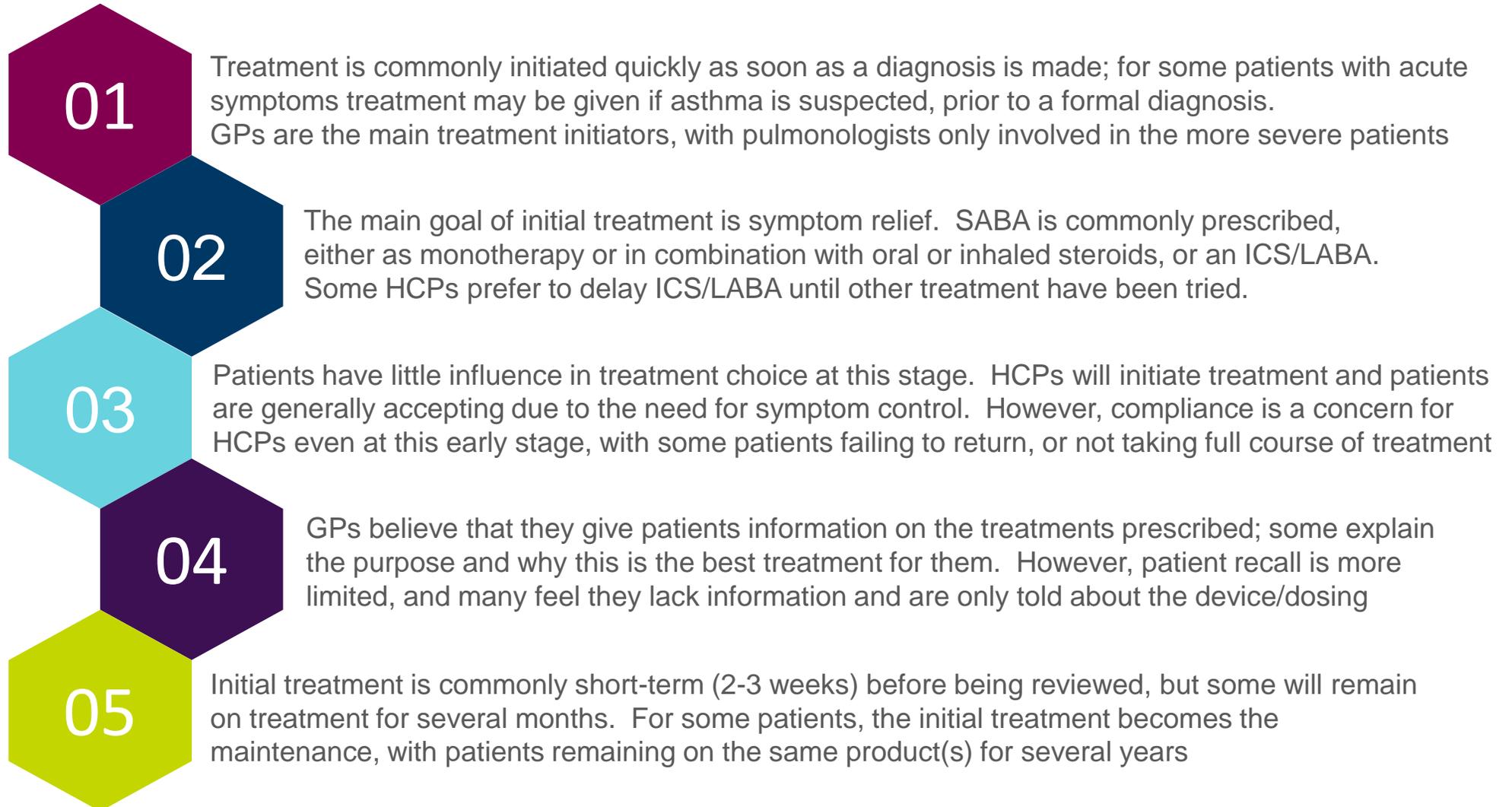
Presentation and referral – section summary



Diagnosis – section summary



Initial treatment – section summary



Treatment change and asthma attacks – section summary

01

An asthma attack is usually a distressing experience for patients, raising anxiety and panic. Patients' no.1 priority is to relieve the symptoms and they will in most cases reach for SABA, or go to whichever HCP is closest to acquire relief therapy (decided by HCP, not asked for by Patient)

02

GPs and Specialists have established, accepted approaches to dealing with asthma attacks and assessing the need to adapt therapy. Specialists are more likely to be consulted and have an influence in the Middle East

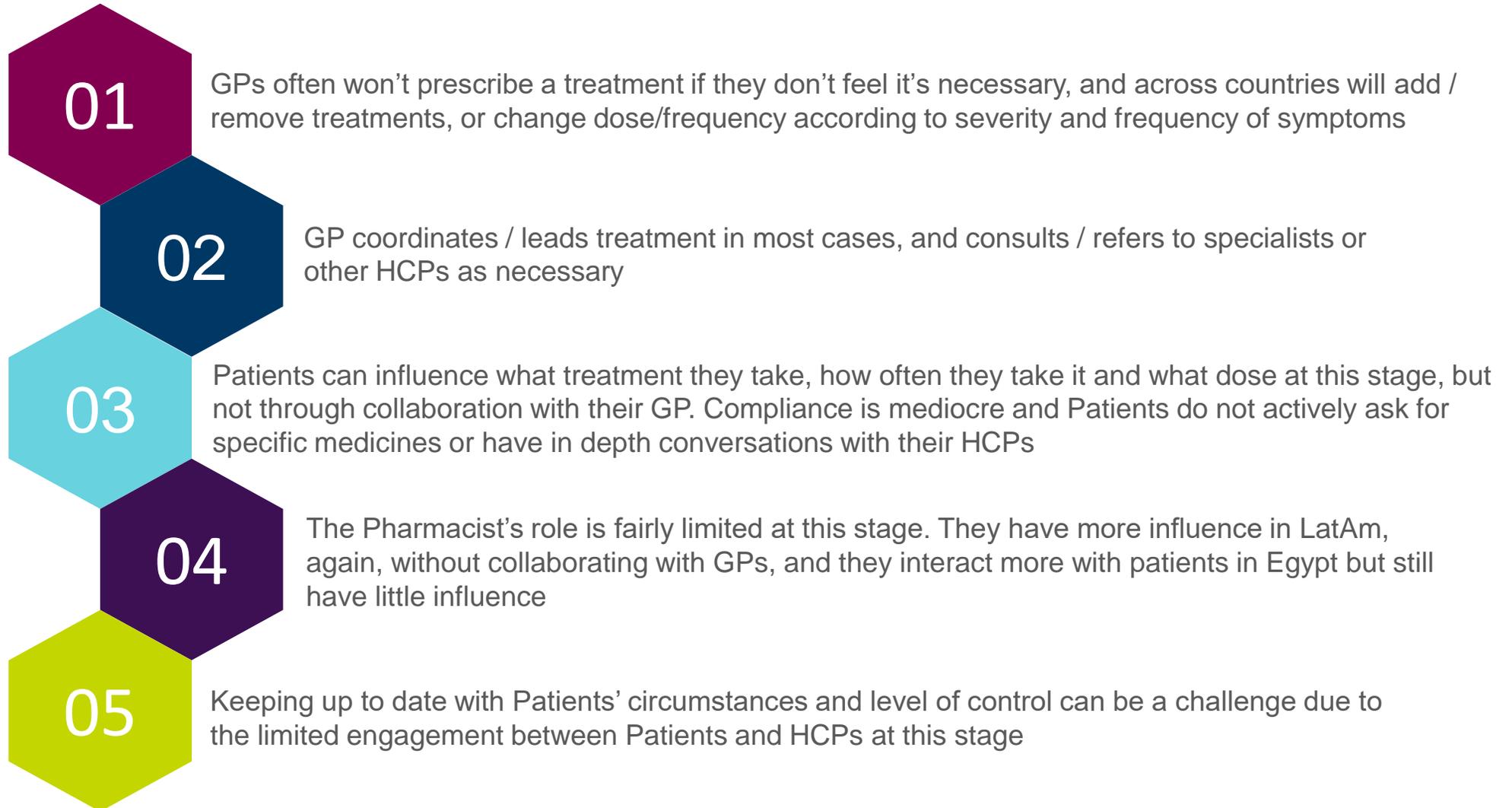
03

There is a distance between GPs and Patients – it's often a one-way conversation, in which the patient could be a) consulted and b) consoled more. It's an opportunity to build more trust, a more positive experience for the patient and ultimately encourage more compliance, which is being missed

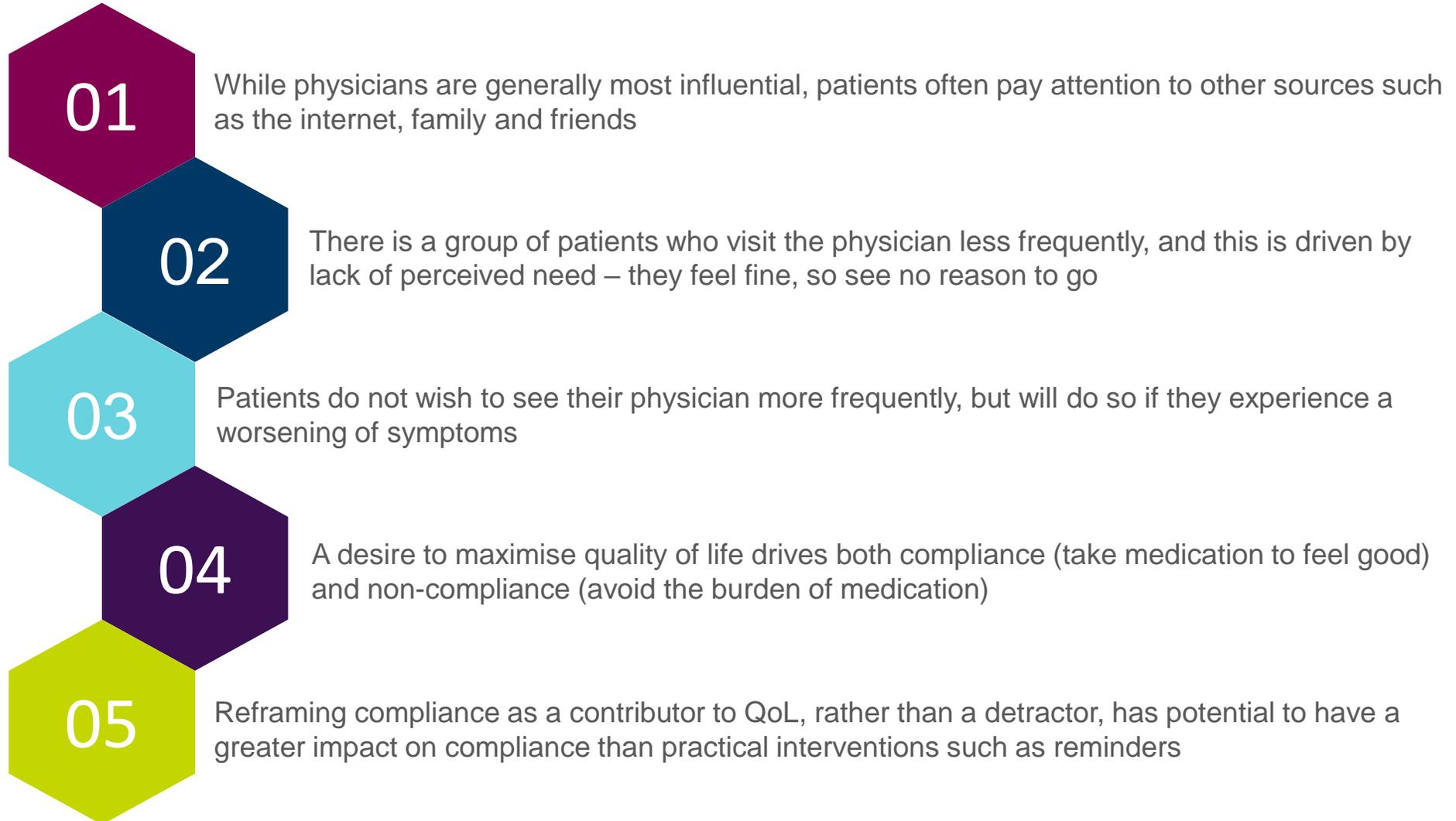
GPs and Patients have contrasting priorities at this stage. Patients' priorities are founded on strong emotions, and they derive enormous relief from being able to live a normal life and do even mundane tasks without discomfort, whereas GPs are mostly focused on the technical goal of relieving symptoms



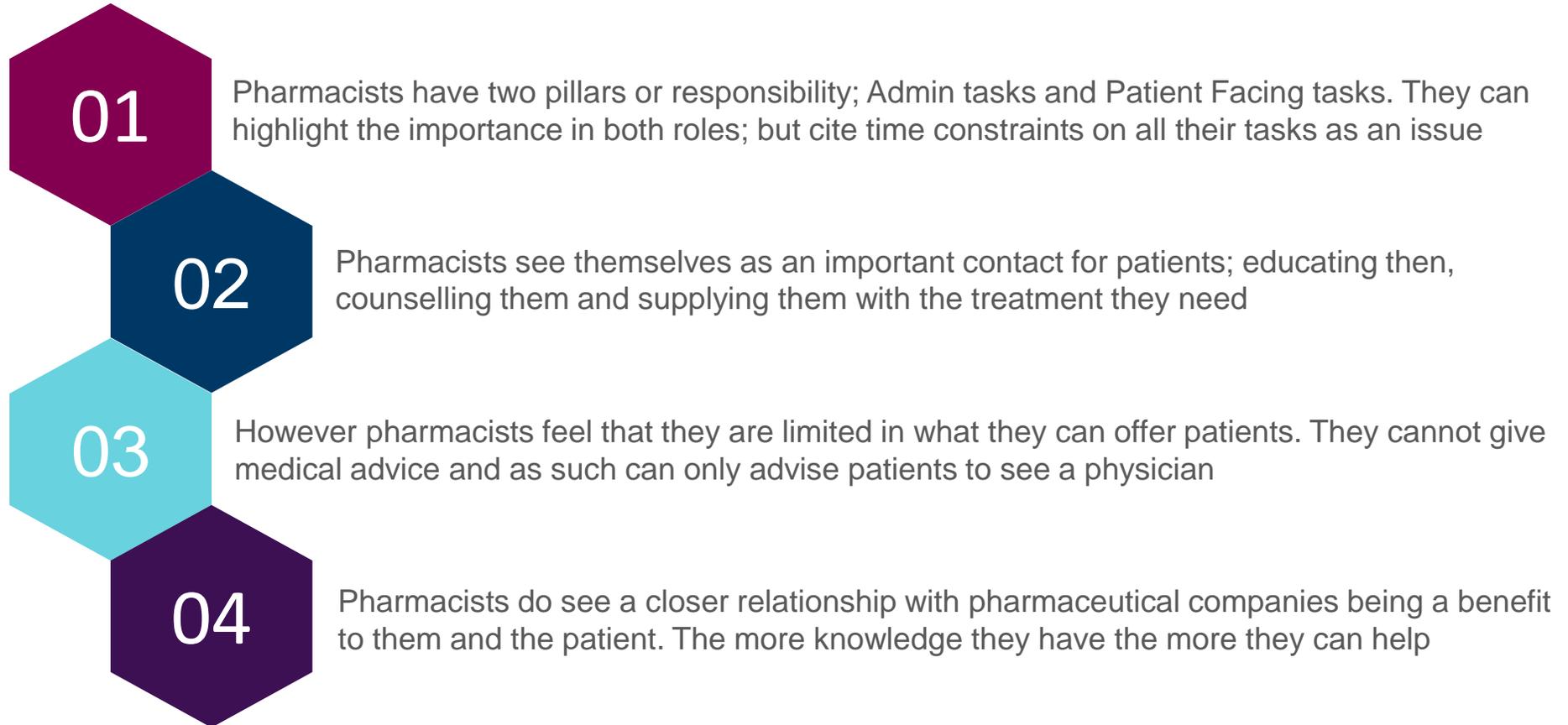
Maintenance treatment – section summary



Maintaining compliance – section summary



Pharmacists role– section summary



To conclude...

Opportunities to promote compliance and positive relationship between patients and HCPs exist across the treatment pathway



Pre-presentation:

1. **Public information/ education** – encourage Patients to present to Dr if have persistent symptoms
2. **Reinforce in pharmacies** – posters, etc. – to highlight common symptoms and encourage Patients to present to Dr
3. **Additional training for Pharmacists** to recognise potential asthma patients and advise Patients to visit their GP
4. Assist Pharmacies in establishing systems for **recording and flagging frequent visitors / purchasers of SABA or other treatment** for asthma-like symptoms

Current misalignment between GPs' perception of advice given and patient recall – support HCPs in providing Patients with:

1. **Simple, consistent information** on asthma symptoms, how to manage it, and on asthma treatments
2. **Emotional support – reassurance** that asthma does not have to disrupt their lives if accepted and managed well

Potential **role for pharmacists** to support Patients via **training on device use, dosing and the benefits of maintaining compliance, even when symptoms improve** – opportunity to reinforce same communication from Dr and nurse (see below)

GPs need to be more aware of **criteria/ GINA guidelines for initiation of ICS/LABA** – they need **help to differentiate between mild and moderate** patients to ensure patients are stepped up appropriately

Need for **consistent messaging across the pathway** – from GP, to nurse, to pharmacist, to patient support info (online, printed), on how asthma can be managed and when to return to the Dr

Patients are **underestimating the severity** of their condition, and adapting to and accepting symptoms. Important to make clear that symptoms are not “normal” – potential for **testimonials from other patients or public figures** to show examples of how asthma can be managed and doesn't limit their daily life



Opportunities and recommendations from a Patient point of view

Patients are more compliant when they understand their condition and treatment and **there is a general lack of reliable, consistent information** available for them

Reassurance at diagnosis/ treatment initiation would encourage Patients to **accept the condition, manage it more proactively** and overall have a more positive experience. 4 key messages to share with Patients are:

- ✓ Asthma is normal
- ✓ Yes it can be treated/ managed
- ✓ There are treatment options – it may just take some time to find the right one for you
- ✓ You can still live a normal life – these are things you can still do (rather than focusing on what the limitations are)
 - Hearing testimonials from other patients may reinforce this (e.g. how they have integrated treatment into their lives), since peer-to-peer information can be influential. Potential to utilize **social media or public figures** to support education

Recommendations:

Provide **patient information materials** for HCPs to use to provide **reliable and consistent information** on the condition and treatments, supporting their communication with patients – Patients cannot absorb everything they are told, particularly at diagnosis, and HCPs lack the time in consultations to explain fully.

Within these materials, or via professional education, coach HCPs to focus as much on Patients' emotional needs and sharing these 4 key messages to help Patients have a positive, engaged experience with asthma



Opportunities and recommendations from a Patient point of view

- Patients typically have **poor understanding of the role of maintenance treatment** – they fail to understand the need to keep taking it regularly in order to maintain control and not to have attacks. Tendency for Patients to self-manage and stop or reduce dose when symptoms are relieved
- Better understanding will **help patients to understand that it is not 'normal' to rely on a reliever** – Patients are accepting a certain level of symptoms but still consider their condition to be less serious than their clinical symptoms would indicate
- If Patients continue to be non-compliant then **potentially use stronger, more alarming messages** – risk of death/ serious complications could have a greater impact on life if Patients do not take control of their condition

Recommendation:

Consider supporting **public health campaigns/ direct to consumer education** (online or via other media channels) to highlight the potential symptoms of asthma to **encourage patients to present to their GP if they have persistent symptoms, rather than delaying presentation to acute stage, or when symptoms are more severe.**



Opportunities and recommendations from a GP point of view

- GPs offer an opportunity to increase the proportion of patients receiving ICS/LABA. **Some do not see the immediate need to start patients on long-term treatment** and prefer to treat the short term symptoms and review, or to step up patients gradually
- GPs may also need **greater clarity of criteria for identification** of patients eligible for ICS/LABA and do not always clearly distinguish between mild and moderate patients
- Whilst GPs recognize Mild/ Moderate/ Severe categories, in practice when presented with a patient they are **more likely to think in terms of control** ('Is this patient controlled or **do I need to change anything?**')
- Tendency of **patients to underestimate their severity** means they may also be under-representing symptoms to their Doctor – patients adapt to having symptoms and managing these (with SABA) and this becomes accepted as 'normal'. Consequently patients may be under-treated

Recommendations:

Communicate benefits of earlier ICS/LABA to GPs:

- For **patients**: stabilization and ability to return to **normal** life. Avoids reliance on reliever medication
- For **GPs**: better **control** avoids 'revolving door' patients who keep returning due to ongoing symptoms

Greater awareness/ communication of GINA guidelines – as part of the drive for more consistent information and approach in the therapy area – may help with this

Establish clear criteria with HCPs to categorise Patients based on frequency of symptoms, frequency of medication use, and reinforce the need and overall benefits of raising treatment intensity when appropriate



Opportunities and recommendations from a Pharmacist point of view

Recommendations:

Potential for pharmacist to **play a wider role** than they currently do. They have reasonable understanding of asthma and the treatments available and **are willing to engage with patients to a greater degree**. Pharmacists may be the first point of presentation for patients with mild (or moderate) symptoms (especially in Middle East)

HCPs have limited time in consultations and are trying to provide patients with a lot of information – having the **Pharmacists as a second source of information for patients** (with consistent messages to the HCPs) will reinforce dosing information, clearer understanding of asthma, and improve compliance

- This can minimise the number patients who are failing on treatment due to poor technique (accidental non-compliance), improve patient persistence and duration of treatment
- This could also reduce potential inappropriate switching recommendations from Pharmacists (e.g. in Mexico)

Education for pharmacists on **how to recognise potential asthma** when patients come in for cough medicine or similar would enable them to make clearer recommendations to patients of when they should present to a doctor – this would support earlier diagnosis and management

There may also be value in **offering training/communicating directly to Pharmacists** to demonstrate devices so that they can correctly advise/ instruct patients when dispensing inhalers

Equally, online resources that are consistent with information given at various HCP points of contact (GP, Pharmacist, Nurse) can aid clearer understanding of asthma

