# An Ethnographic Observational Study of the Biologic Initiation Conversation Between Rheumatologists and Biologic Naïve Rheumatoid Arthritis Patients

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# **ABSTRACT**

**Background:** To better understand how rheumatologists communicate the need to initiate biologic treatment and explain the risks and benefits, Janssen Pharmaceuticals initiated an ethnographic market research study. This initiative assessed shared decision making approaches and how modes of administration were presented to RA patients (pts).

**Methods:** Study participants included rheumatologists and their RA pts who were naïve to biologics. Rheumatologists and pts consented to be videotaped during their visits with one another and to be interviewed by a trained ethnographer before and after these medical visits. The study included 16 experienced rheumatologists (>2 yrs in practice and >100 RA pts/month) and 50 RA pts. Eleven rheumatologists had in-office infusion services and 5 did not. Rheumatologists selected pts who were inadequately controlled on DMARD therapy and for whom biologic therapy was being considered. One day of fieldwork by the ethnographer was conducted with each rheumatologist. The 50 videotaped physician-patient conversations were analyzed to determine content, timing and structure of the biologic initiation conversations.

**Results:** The mean duration of the patient visit was approximately 15 minutes, on average, with 5.7 minutes devoted to a discussion of biologic initiation. The specific discussion of mode of administration options (IV, SC, or oral) lasted approximately 30 seconds and the discussion on brands lasted <1.5 minutes. In 37% (13/48) of the patient visits, the option of IV administration was not discussed. When IV therapy was discussed, the frequency of IV administration was mentioned only half of the time (17/35).

Rheumatologists often provided little description of SC or IV therapy and how they differ. When pts knew or learned more about IV therapy, they were more receptive to it. The post-visit interview also showed that many pts were confused or overwhelmed after their conversation with their HCP, including not truly understanding the benefits of initiating a biologic. When rheumatologists presented pts with a choice of biologic products, pts struggled to recall the various products mentioned and to understand their key differences.

**Conclusions:** These ethnographic data revealed that there was limited discussion regarding biologic treatment options, which presents challenges to a shared decision making process. Key aspects of biologic therapy options (modes of administration, dosing frequency, how products differ) were omitted or given cursory explanation. In post-visit interviews, pts also struggled to recall and understand key elements of the discussion, including their different treatment options. There are opportunities for rheumatologists and RA pts to partner more extensively on biologic therapy decisions. Educational tools may not only help rheumatologists explain complex information about biologic therapy options more efficiently, but the tools may give pts more confidence when choosing and starting a biologic therapy.

# **OBJECTIVE**

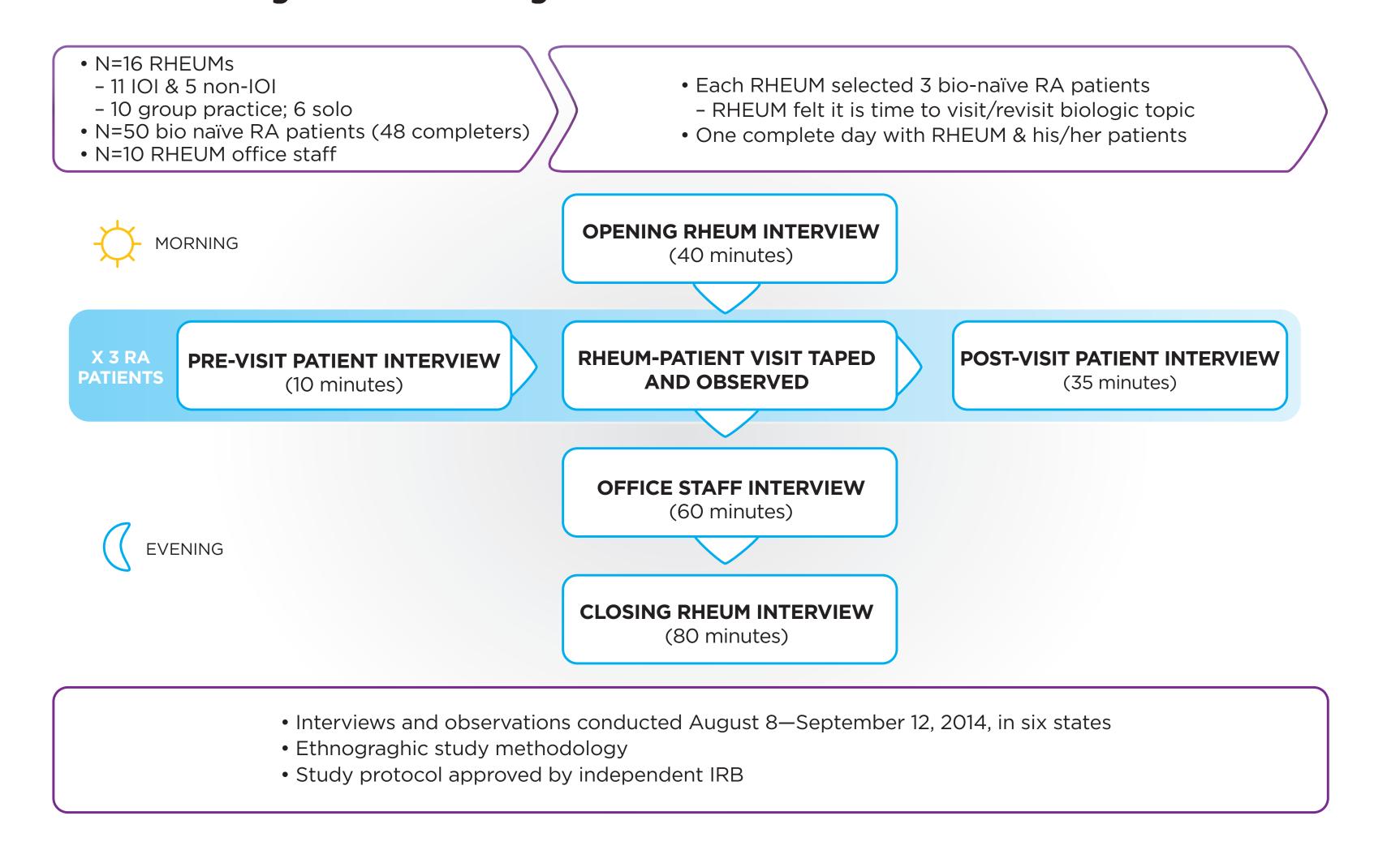
- To better understand how rheumatologists communicate the need to initiate biologic treatment and explain the risks and benefits, Janssen Pharmaceuticals initiated an ethnographic market research study
- This initiative assessed shared decision making approaches and how modes of administration were presented to rheumatoid arthritis (RA) patients

# BACKGROUND/METHODS

- Research was conducted using an ethnographic methodology
- Ethnographic research is a specialized qualitative research method that originated in cultural anthropology
- It involves observing and interviewing people in more naturally occurring settings, in this case physicians' offices
- Ethnographic research enables distinctive methodological advantages over traditional qualitative approaches (e.g., in research facilities), including the ability for the ethnographer to directly observe and record interactions, dialogue, and behavior (vs. relying only on people's reports about their behaviors)
- Study participants included rheumatologists and their RA patients who were naïve to biologics
- Rheumatologists and patients consented to be videotaped during their visits with one another and to be interviewed by a trained ethnographer before and after these medical visits
- The study included 16 experienced rheumatologists (>2 years in practice and >100 RA patients/month)
  and 50 RA patients
- Eleven rheumatologists had in-office infusion services and 5 did not
- Rheumatologists selected patients who were inadequately controlled on DMARD therapy and for whom biologic therapy was being considered

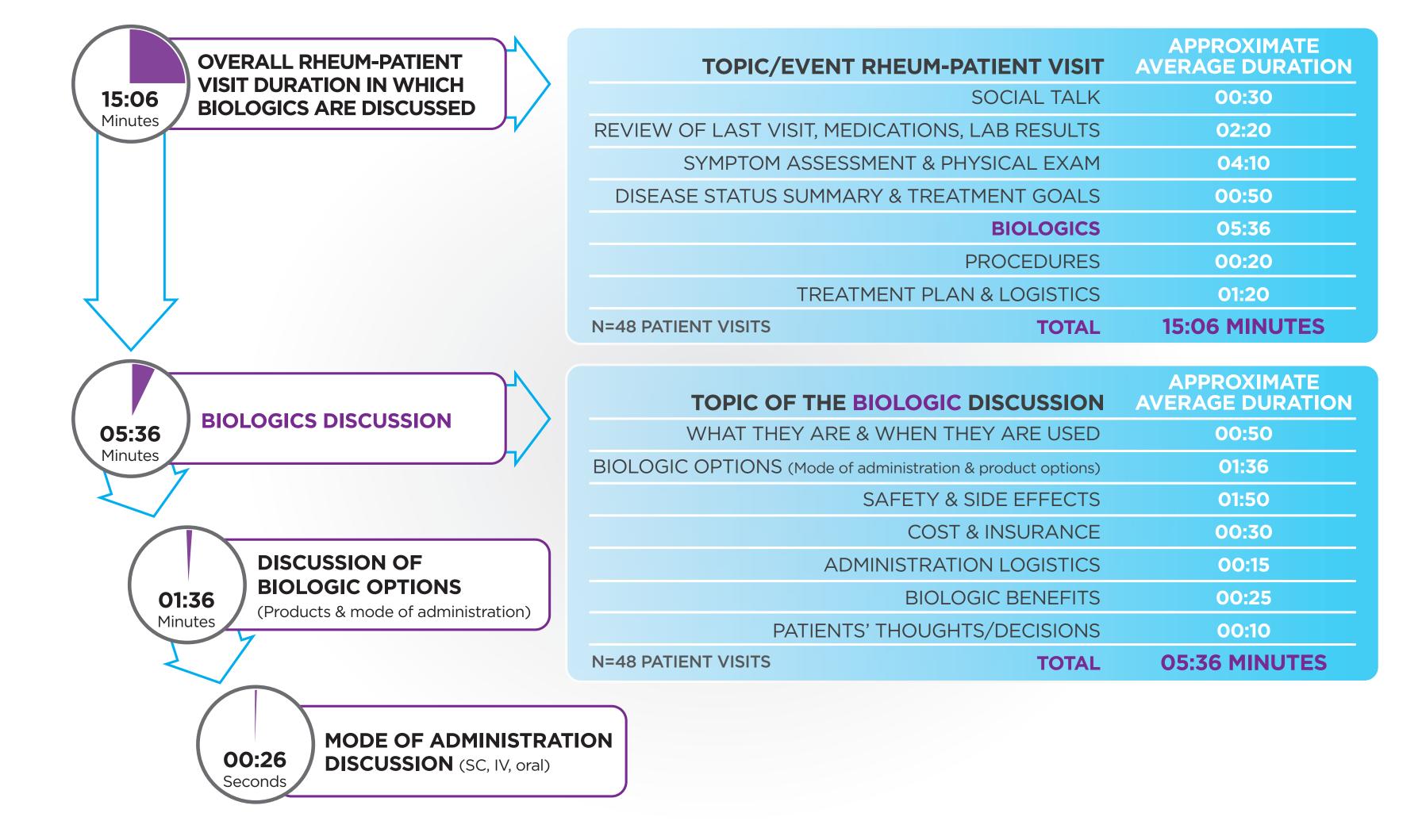
- One day of fieldwork by the ethnographer was conducted with each rheumatologist in his or her office
- The 50 videotaped physician-patient conversations were analyzed to determine content, timing and structure of the biologic initiation conversations

## Figure 1. Research Design & Methodological Flow



## RESULTS

Figure 2. Discussion of Biologic Mode of Administration Options (SC, IV, oral) Occurs Briefly



### Overall Time Allotment

- The mean duration of the patient visit was approximately 15 minutes
- 5.6 minutes of the visit was, on average, allocated to discussing biologic therapy

- The specific discussion of patients' options/choices for biologic therapy occurred over 1 minute and 36 seconds
  - 70 seconds discussing biologic product options
- 26 seconds discussing biologic mode of administration options (SC, IV or oral)

### **Mode of Administration Discussion Results**

- In 37% (13/48) of the patient visits, the option of IV administration was not discussed
- Rheumatologists often provided little description of SC or IV therapy and how they differ
- When IV therapy was discussed, the frequency of IV administration was mentioned only half of the time (17/35)

# Figure 3. Information About IV Biologic Therapy That Is and Is Not Discussed

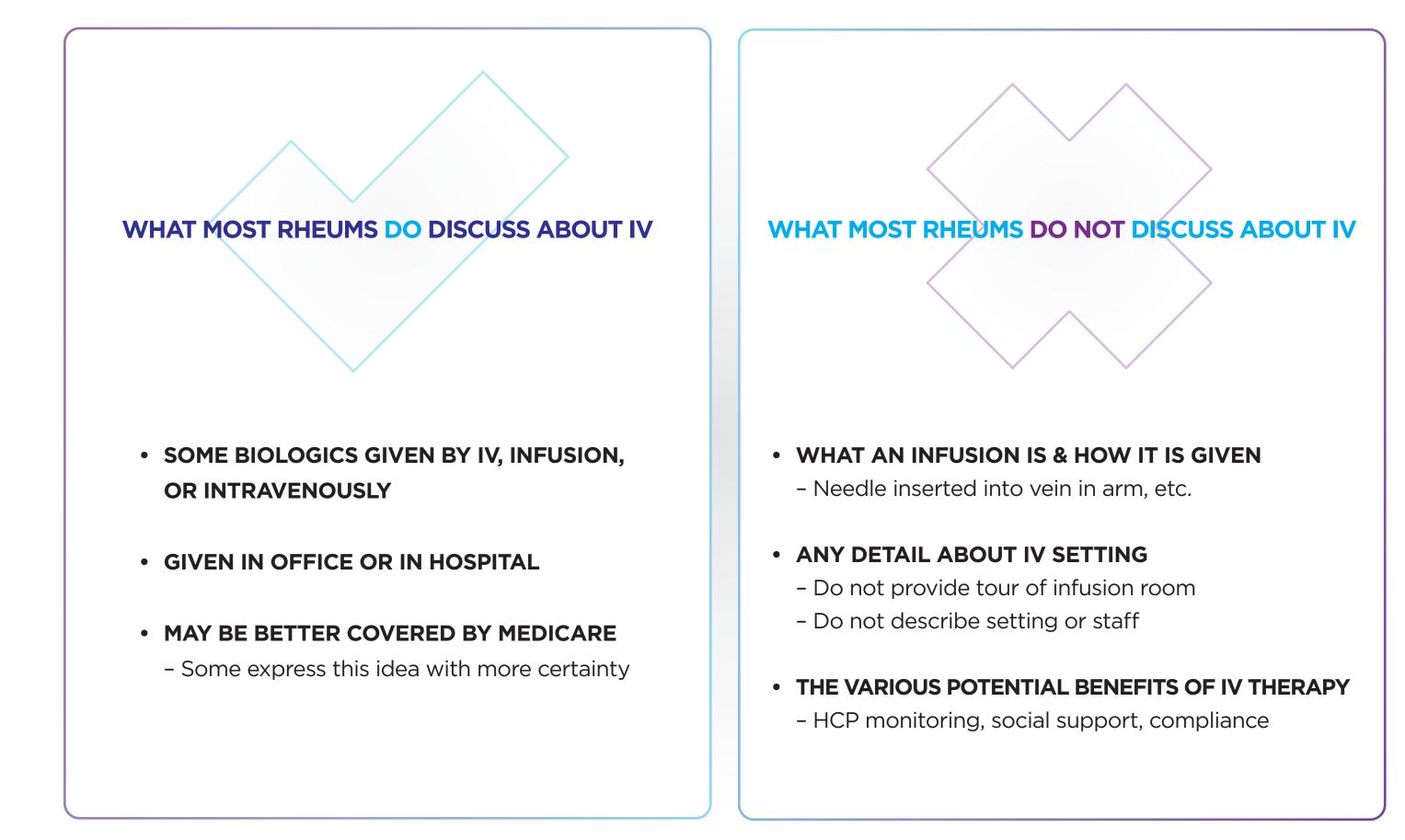


Figure 4. The More Patients Learned About IV Therapy, the More Receptive They Were to Infusion Therapy

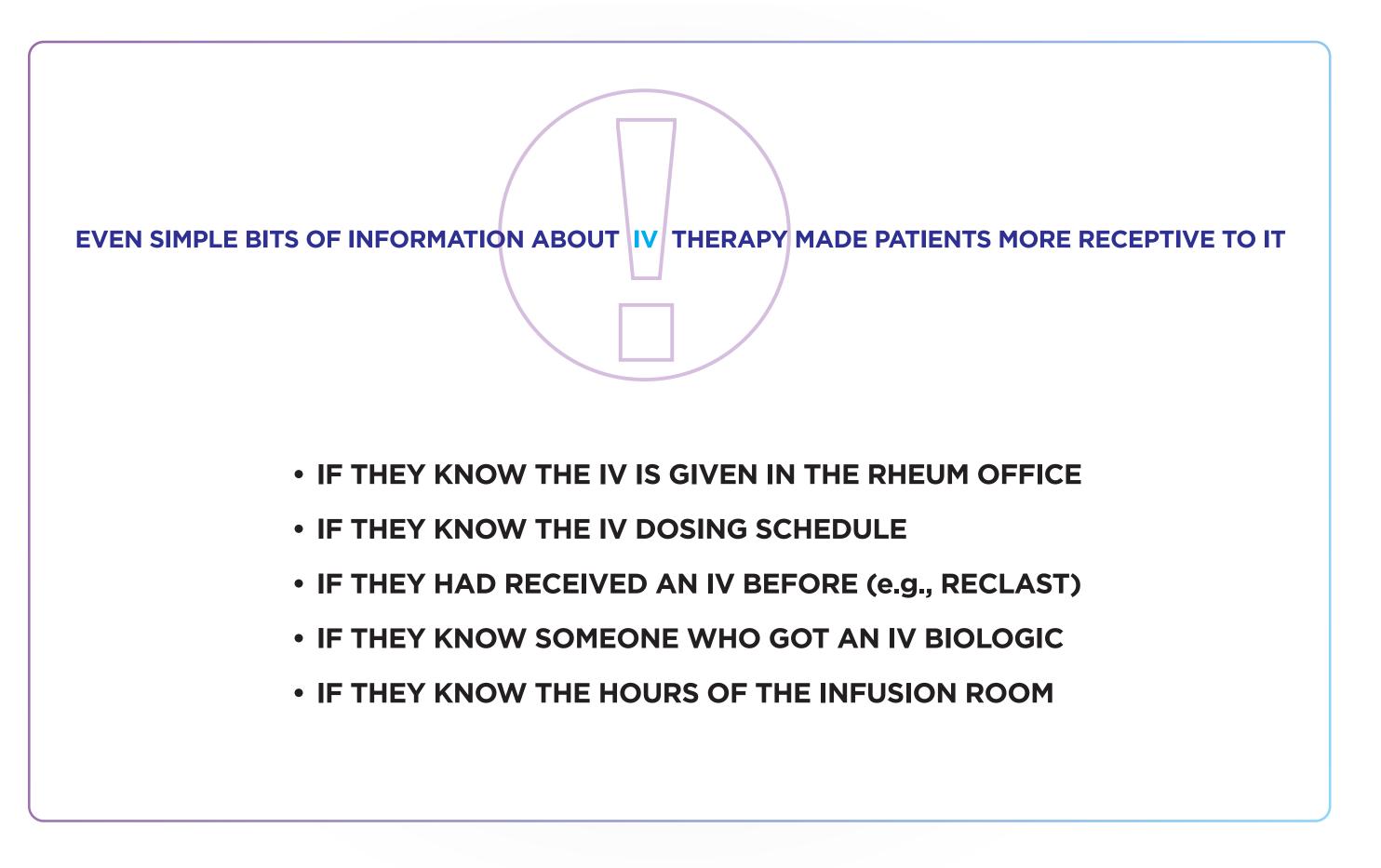
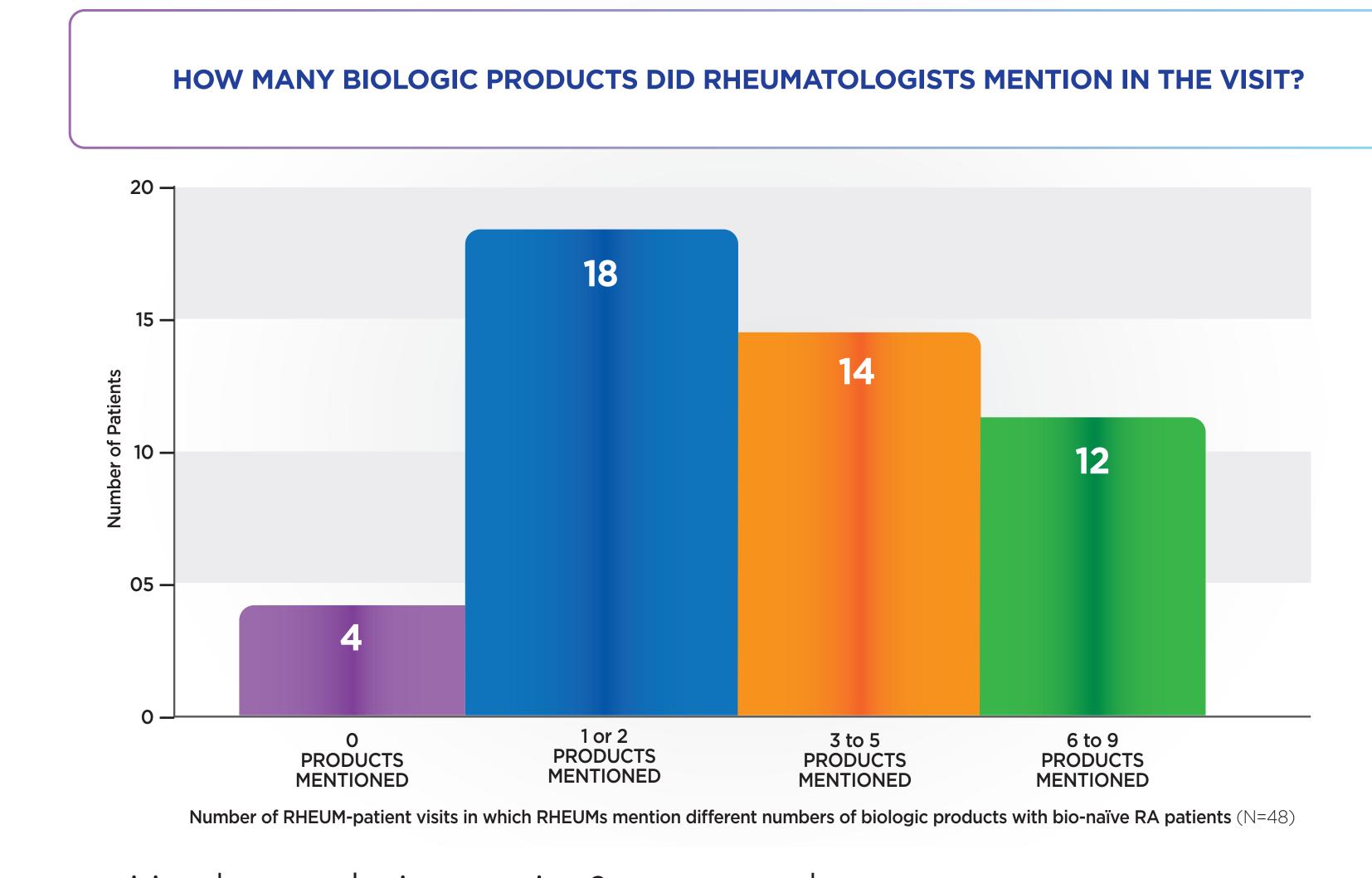


Figure 5. Rheumatologists Often Mention Multiple Product Options, Which Can Contribute to Patient Confusion



- In most visits, rheumatologists mention 3 or more products
- After the visit, many patients reported feeling confused or overwhelmed
- Could not remember product names & how they are different (dosing)
- Patients were likely to recall the 1 or 2 products already seen on TV
- Several patients expressed the need for visual aids or summary sheets of key points
- Only a few rheumatologists used a visual aid during the conversation

# CONCLUSIONS

- These ethnographic data revealed that there was limited discussion regarding biologic treatment options. This presents challenges to a shared decision making process in which physicians and patients collaborate in choosing a treatment that integrates an understanding of medical evidence with a consideration of patients' goals and preferences for care.<sup>1,2</sup>
- Key aspects of biologic therapy options (modes of administration, dosing frequency, how products differ) were omitted or given cursory explanation
- In post-visit interviews, patients also struggled to recall and understand key elements of the discussion, including their different treatment options
- There are opportunities for rheumatologists and RA patients to partner more extensively on biologic therapy decisions
- Educational tools may not only help rheumatologists explain complex information about biologic therapy options more efficiently, but the tools may also give patients more confidence when choosing and starting a biologic therapy

# REFERENCES

Shafir A, Rosenthal J. National Academy for State Health Policy website.
 Joosten EAG, et al. Psychother Psychosom. 2008;77:219-226.