



CASE STUDY

A New Paradigm for Post Partum Depression

Pulse Tracker + Ethnography

Business Objective

ThinkGen's client faced ingrained habits upon postpartum depression (PPD) market entry. The newly launched PPD Brand demonstrated higher efficacy vs. SSRIs. This treatment is administered as in-patient infusion and a PPD diagnosis was required for access.

ThinkGen's goal with this research project was to:

- Identify the drivers and barriers to early adoption and understand how HCPs discuss the Brand with patients and families.
- Among prescribers, the goal was to understand use in specific patient types, and how time to access and patient response to therapy impacts Brand perceptions and future use

The ThinkGen Solution

ThinkGen took a two-pronged approach for this study. Leveraging the PulseTrackerSM methodology, the ThinkGen team conducted monthly qualitative "pulses" with HCPs who treat women experiencing PPD.

ThinkGen additionally conducted an in-office ethnography study with Brand users and non-users.

Results

The ThinkGen research revealed that depression screening is near-universal among postpartum women and is most often performed by an OBGYN. However, there is significant variability when screening takes place and how depression is measured. OBGYNs do acknowledge that stigma (social, cultural, generational) prevents some women from having honest conversations with their providers and complying with oral or talk therapy, but the majority believe that PPD awareness has improved and that women are more likely to discuss how they are feeling. This contrasting dynamic leads to



AT A GLANCE



Methodology

Qualitative; Pulse TrackerSM and Ethnography



Stakeholders Recruited

OBGYNs (and NP/PAs who work in OBGYN practices) and psychiatrists (and NP/PAs who practice psychiatry)



Countries

United States



Therapeutic Area

Mental Health



ThinkGen Client

Pharmaceutical



OBGYNs believing that most PPD is mild and can be successfully managed with a combination of talk therapy and oral SSRIs.

Further, very few women are formally diagnosed with PPD unless their presentation is severe. These women are generally referred to a psychiatrist. However, there are nation-wide shortages of behavioral health specialists and most women with PPD end up being managed by their OBGYN (acutely) or primary care provider, and busy practices and a shortage of staffing hours may leave some women falling through the cracks.

Despite clinical evidence of rapid onset and symptom control, readmission to the hospital and the administrative burden of getting insurance approval are barriers to Brand adoption. As such, nearly all OBGYNs and PSYCHs believe that Brand should be reserved for woman with severe PPD, after she has failed first line treatment.

To improve rates of adoption, ThinkGen recommended:

- Launch a disease-state educational campaign to lessening the stigma associated with PPD
- Provide more opportunities for HCPs to learn about Brand through in-office visits, speaker dinners, and discussions with peers to understand first-hand experiences with the medication and referral process
- Reduce the administrative burden of prescribing by having a representative onsite the first time an HCP completes a start form, message on best practices for getting patients on therapy, and create clear channels of communication to keep both HCP and mom informed while awaiting insurance approvals

Summary

This study combined monthly qualitative “pulses” with HCPs who treat women experiencing PPD and in-office ethnography study with Brand users and non-users, revealing insights that provided impactful actions for the client to deploy including:

- Address HCP misperceptions through more frequent in-office visits and conference attendance
- Have a representative onsite the first time a HCP completes a Brand start form
- Accelerate creation of clinical champions to increase number of sites of care
- Disease-state education and campaigns to activate women to have honest and earlier conversations with providers

