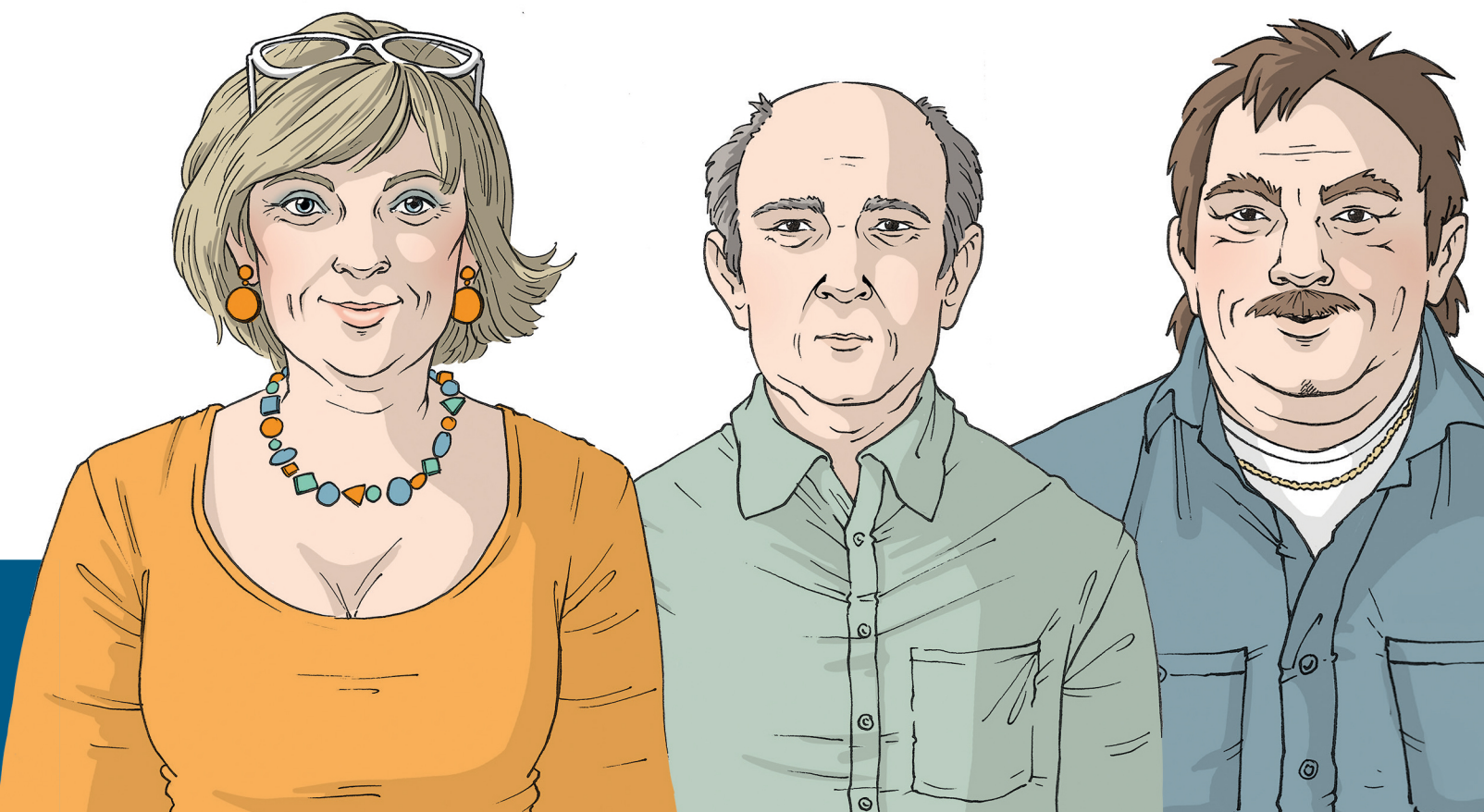




GIM | GESELLSCHAFT FÜR
INNOVATIVE MARKTFORSCHUNG



GIM Patient Journey





GIM Patient Journey

"We need to get a handle on the patient journey" – this is something we often hear from our clients. It hardly comes as a surprise, considering how the patient journey enables us to see the world through the eyes of the patient while paving the way for a rich understanding of the market and the discovery of new opportunities. Although the term 'patient journey' is apt in terms of being patient-centric, it doesn't actually go far enough: there's no such thing as THE patient, they don't 'travel' alone, and the approach used to research and process each patient journey may vary.

GIM Patient Journey thus sets out to explore the complex correlations between different patients regarding the course of their disease, the HCPs involved, and other influencing factors such as family or internet. It then condenses the findings into made-to-measure tangible insights for our clients.

'GIM Patient Journey' – benefits at a glance



360° perspective: involvement of protagonists key to the respective indication over the course of time, for example patients, HCPs and relatives



Tangible results: a summary poster of findings, complete with illustrations; a podcast providing coverage or a video documentation for quick communication within the company or as material for workshops



Made-to-measure & modular approach: zooming in on pre-defined sub-aspects, using methods especially selected for the respective target groups and issues at stake



Typing & segmentation: development of significant patient types and decision-making types, along with journey curves, all open to quantification.



Centred around and close to the patient: diving into the respective lifeworlds. The client team can observe broad sections of the qualitative research 'live'



Pointers for a variety of corporate decisions: communications development, product positioning, target-group definition, sales force strategy, media planning



Diverse and yet tangible results?

This is how we proceed:



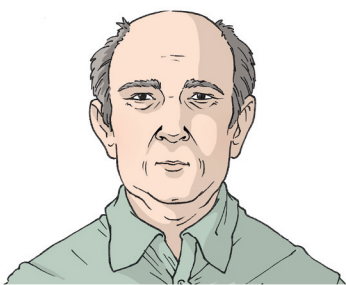












The core of 'GIM Patient Journey' is qualitative in nature, as this is the only way for researcher and manufacturer to really 'get up close' and uncover deeper-rooted structures, emotions and needs. Biographical narrative interviewing is just as vital to our 'trade' as for example ethnographic tools or preliminary diaries (whether in paper-pencil form, online or as a smartphone app). Whichever method lends itself best to the respective target group and their journey, one thing is clear: we observe the protagonists and allow them to talk! By diving into their lifeworlds in this way, we acquire the most realistic image possible of all the events, turning points and emotions in the course of their illness.

We aspire to a 360° approach, in which not only the patients but other stakeholders such as relatives and HCPs have their say. This provides us with complementary findings on patterns of interaction and communication, and pointers for therapy decisions. For us, as in the world of medicine, the case history is just the starting point.

"During the subsequent analytical phase, we consolidate the complex data into basic behavioural structures, sequences, processes and correlations. Our aim here is to record a kind of screenshot (for example in poster form) of the 'big picture along with the main parameters, turning points and emotions."

This visual analysis presents the medical history as a palpable, true-to-life journey through emotional moments and decision-making situations – in a form that's easy to grasp and to distribute throughout your company. The basic data and facts are provided separately as a classic report.

And yet qualitative data is not always enough when it comes to making far-reaching decisions. This is why we also offer quantification of the structures ascertained via qualitative research: from isolated facts down to complex processes such as decision-making or information behaviour over the course of time. Efficient dovetailing of qualitative depth with quantitative significance means that 'GIM Patient Journey' can offer you a sound basis for your decision-making, for example in developing communications and positioning, for your basic research in the field of typing and segmentations, and for strategy questions, whether local or global. A one-stop service!

	IVO IGNORER	ANGELA ACTIV	EDWARD ERRATIC
			
	<ul style="list-style-type: none"> ▶ 56 years old, married ▶ Early retirement, before: long-distance lorry driver ▶ Robust lad, always with a witty word on his lips ▶ Has smoked since his youth ▶ Diagnosed COPD 7 years ago, in constant need of oxygen by now 	<ul style="list-style-type: none"> ▶ 52 years old, married ▶ Housewife and temping as a PA ▶ Open personality, large circle of friends ▶ Smoked regularly for 10 years, but not any longer ▶ Diagnosed 4 years ago, uses bronchodilator 	<ul style="list-style-type: none"> ▶ 62 years old, single ▶ Retired higher civil servant ▶ Understated, reserved personality ▶ Has smoked for the past 30 years, by now occasional smoker ▶ Diagnosed with COPD 8 years ago, uses bronchodilator
ACCEPT-ANCE	<ul style="list-style-type: none"> ▶ Suppresses COPD on the outside and plays it down ▶ BUT: very panic-stricken in acute phases – fear of suffocation! 	<ul style="list-style-type: none"> ▶ After an initial struggle with the diagnosis she started to explore disease actively ▶ Tries to arrange herself with COPD 	<ul style="list-style-type: none"> ▶ Struggles in coping with the disease ▶ Acceptance depends very much on current state of health
			
COM-PLIANCE	<ul style="list-style-type: none"> ▶ Continues to smoke ▶ Views therapy as the solution – not his own behaviour 	<ul style="list-style-type: none"> ▶ Has stopped smoking ▶ Successful therapy helps her cope with fear of recurring attacks of shortness of breath / exacerbations 	<ul style="list-style-type: none"> ▶ Avoids smoking after acute attacks and takes his medication regularly ▶ Suppresses disease in 'good' phases and falls back into old habit and routines of smoking!
			
RELATION-SHIP TO PHYSICIAN	<ul style="list-style-type: none"> ▶ Avoids visits at physician as he doesn't feel understood ▶ Emergency unit in clinic frequent contact point during acute attacks 	<ul style="list-style-type: none"> ▶ Pulmologist constitutes most central touch point: stable relationship of trust 	<ul style="list-style-type: none"> ▶ Rather functional relationship to Pulmologist: limited time and attention ▶ GP important reference point BUT: no expert for COPD
			
INFOR-MATION NEEDS	<ul style="list-style-type: none"> ▶ Limited level of information on disease ▶ Very limited interest in additional information ▶ BUT: his worried wife reads up about it on the internet 	<ul style="list-style-type: none"> ▶ Exchanges a lot of information with acquaintances from support groups ▶ Internet search on therapy options 	<ul style="list-style-type: none"> ▶ Inadequate level of information ▶ Internet constitutes most central source of information, especially after acute attacks
			
EMOTIONAL STATE	