



## OVERVIEW

Vennli partnered with a pharmaceutical company that is a global enterprise with core competencies in the Life Science fields of healthcare and agriculture. Its products and services are designed to benefit people and improve their quality of life. At the same time, the group aims to create value through innovation, growth, and high earning power. The company is committed to the principles of sustainable development and to its social and ethical responsibilities as a corporate citizen.

## CHALLENGE

Within the US healthcare system, screening rates of type 2 diabetics for early evidence of kidney disease remains unacceptably low. Today, within a standalone clinic, between 30-60% of type 2 diabetics are being screened annually.

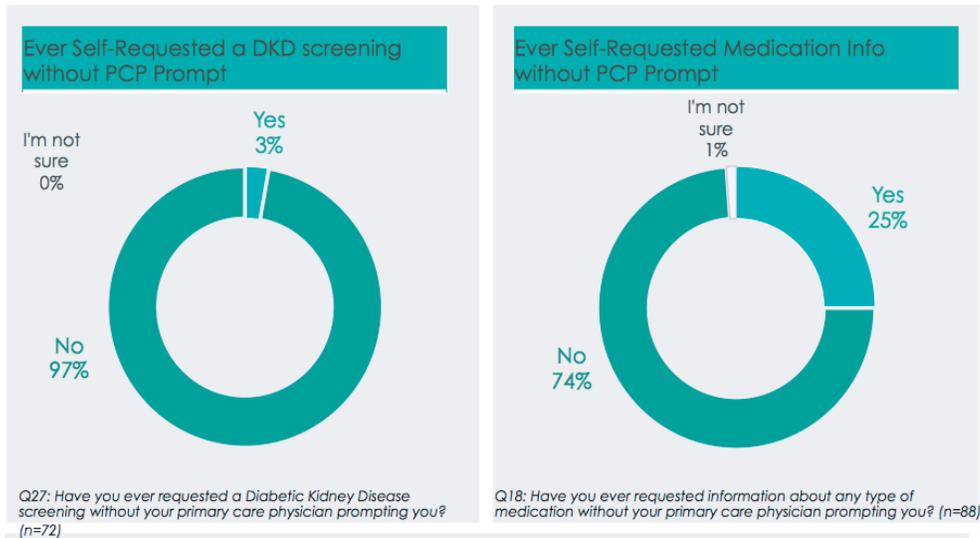
The pharmaceutical company wants to engage, activate, and motivate patients with type 2 diabetes (and potentially diabetic kidney disease) to 'ask for the test' (uACR) and ultimately 'own' an evidence-based screening program.

While most patients know their cholesterol levels and last blood pressure, many don't realize that uACR should be tested at the time of Type 2 DM diagnosis as well, as it is a potent risk marker for both cardiovascular disease as well as kidney disease progression.

## SOLUTION

Vennli, whose software and services help businesses improve decision-making by making it easy to understand how patients and healthcare providers make choices. Using the integrated platform, the pharmaceutical client easily gathered real-time insights about what is most important and how they choose between alternatives. Intuitive data visualization quickly led to decisions aligned with needs.

# CHOICE ANALYTICS TO DRIVE BETTER DECISIONS



Reasons to recommend a particular type of urine screening test for patients with Type II Diabetes

| Benefits Analysis   | Urine (Dipstick) | Urine (uACR) | Blood (Serum Creatinine) |
|---|------------------|--------------|--------------------------|
| Don't Use   | 36%              | 15%          | 2%                       |
| Use as part of routine, following guidelines, or no specific reason given | 6%               | 41%          | 40%                      |
| Use test and list one or more reasons:                                    | 58%              | 44%          | 58%                      |
| • Medical benefit   | 22%              | 37%          | 55%                      |
| • Convenience/patient compliance  | 29%              | 14%          | 15%                      |
| • Low cost  | 17%              | 7%           | 5%                       |

## RESULTS

The Vennli insights team enabled their client to understand T2D patient and primary care physician perceptions about T2D, DKD, and uACR screenings. The data showed that T2D patients have a low propensity for self-advocacy, instead trusting their primary care physicians to direct them to relevant T2D screenings and routine care. The data also showed that many physicians consider uACR to be a routine annual test for all T2D patients, and that there is a potential that physicians consider GFR screenings to be a superior early detection method over uACR. The client determined that their strategy of a campaign to stimulate patient-led self-advocacy for early detection via uACR would likely have significant barriers and have paused on making the investment into that intervention. They are currently in talks with the KHI to determine a best go-forward plan.