



# Using novel data collection methods to understand a difficult-to-study condition

## Understanding a patient's experience

Claims and electronic health records (EHR) frequently tell only part of the story. These gaps in the patient's journey become even more evident when it comes to socially sensitive conditions or when the most common treatment involves over-the-counter medicines. Both challenges stood in the way of 2 pharmaceutical companies co-developing a new drug to treat 2 prevalent constipation-related disorders – chronic idiopathic constipation (CIC) and irritable bowel syndrome with constipation (IBS-C). They needed to better understand the patient burden and any unmet needs.

## Generating new data with Voice-to-Claim™ research

To build a more complete picture of the patient burden, the Optum® Health Economics and Outcomes Research (HEOR) team uses a proprietary methodology, called **Voice-to-Claim™** research, that investigates patients' experiences with their treatment journey through surveys, one-on-one interviews and medical chart abstraction.

The collaboration between Optum and the manufacturers introduced the first real-world, longitudinal research platform in IBS-C and CIC to capture the chronic symptom burden associated with these conditions. The platform enriches available claims data with patient-reported outcomes and provides the researchers with the data to understand the treatment's full effects – enabling them to ultimately fill unmet needs and improve patient satisfaction.



Optum researchers use our Voice-to-Claim™ methodology to better understand the attitudes and behaviors of patients and physicians and their effects on cost and utilization.

## Linking the patient voice

To uncover the patients' experiences, study participants were asked to complete:

- A patient-reported outcome (PRO) survey at baseline
- A follow-up PRO survey each quarter over 12 months
- Monthly medication updates that captured new and discontinued treatments
- A 7-day daily condition experience diary at baseline and at month 12, which was a particularly novel way to gather descriptions of symptoms in the patients' own words

After the survey or interview, we link their responses back to their deidentified claims data, all while maintaining patient privacy. The Optum HEOR team never sees identifiable data, protecting the interests of both the patient and the sponsor.

## Discovering the need

Patients were grateful to be listened to, and this [Voice-to-Claim™](#) research effort led to [discoveries](#) that would not have otherwise been found:

- Patients were investigating everything from over-the-counter medications to homemade remedies and other alternatives found online.
- Many patients were treating their symptoms for years on their own before seeking treatment from a physician.
- What had previously been seen as a negative side effect, diarrhea, was found to be a relief to many patients.

## Using the evidence

The robust, new repository of data helped researchers:

- Make decisions with confidence with new proof points of higher levels of patient satisfaction
- Communicate more meaningful benefit messaging to patients
- Demonstrate the drug's real-world effectiveness matched up well with clinical trial efficacy, allowing them to prove its value to payers and physicians
- Catalyze innovation through the generation of new hypotheses, based on analyses conducted within the platform

An understanding of the factors affecting patient treatment preferences is critical for ensuring patient satisfaction. That understanding can also help providers enhance patient care, treatment adherence and health outcomes – and provide life sciences companies the evidence they need to propel health care forward.



Thanks to the Voice-to-Claim™ research methodology, researchers can better understand condition history, treatment patterns, patient attitudes, condition-related outcomes, quality of life, health care utilization and cost among patients.

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**Tap into our connections and expertise to demonstrate the value of your treatment to payers and regulators in a more comprehensive way.**

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