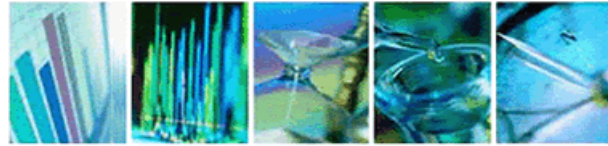




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*Strategic Solutions for Managed Markets*

August 2009

## Methodology Corner: Quantitative Research for Answering Product Utilization Questions

By *Katie Kwan, Senior Analyst*

With new therapies populating disease categories and increasing the competitive landscape, is your organization interested in understanding how your product can maximize access when managed care organizations:

- Choose a benefit design classification for your product (e.g. pharmacy, medical, hybrid cross-benefit, and innovative value based benefit designs)?
- Steer utilization of your product through differential tier placement and specialty tier adoption?
- Mandate preference through treatment guidelines adoption or step edits and prior authorization implementation?
- Enforce prior authorization controls and therapy preference to physicians?
- Select reimbursement methodologies and values, and in order to optimize savings, decrease physician incentives, and obviate a shift in site of care?

If so, conducting quantitative research studies may be an effective way of answering these questions. With quantitative findings, your organization can characterize the payer landscape and develop a strategy for utilization maximization. Benefits include:

**Statistically significant and descriptive analysis:** With a payer sampling of 100 key decision makers from managed care organizations, statistically significant analyses of key drivers in product access can be performed. The ability to accurately predict the access and reimbursement landscape is enhanced through this large sample size.

**Ability to examine multiple stakeholders' perceptions and provide robust comparisons:** In some cases, multiple stakeholders may be needed to test a hypothesis. Large quantitative studies with a variety of respondent types (payers, physicians, distributors etc.) can be implemented in order to complete a comprehensive evaluation of research objectives. Let's use oncology management as an example. A multi-arm approach with, for example 100 payers, 100 oncologists, and 100 practice managers will allow for a thorough investigation into the therapeutic category management goals, perceptions, and policy execution within the oncology access and reimbursement landscape. Additionally, quantitative comparisons can be performed to evaluate convergence and divergence among the three subpopulations.

**Ability to segment respondents according to payer attribute and custom strategy recommendations:** Not only can 100 managed care organizations speak for policies affecting the majority of covered lives, but they also provide for statistical payer segmentation according to plan size or type (national, regional, independent). The ability to cut data along these lines provides greater insights with which to make those strategically impactful segmentation decisions.

Should you have any questions about how best to approach developing a quantitative study for your product, do not hesitate to contact Katie at [KKwan@zitter.com](mailto:KKwan@zitter.com) or 415.547.1010.

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