NEON

AN FCB HEALTH COMPANY

INVEGA TRINZA CARD SORT FINDINGS

March 30, 2017

Background

Card sorting is an Information Architecture and Content Strategy exercise that allows teams to work together with stakeholders **to reorganize and prioritize content** within a site

- We began by auditing **all site content** to create **cards** that represent each content item
- Two Card Sorting exercises were conducted on 2/23/17 at the Neon office and 3/9/17 at the Janssen office. Teams divided into 2-3 groups with each session falling into 2 phases:
    - Phase 1: **The Closed Sort,** placing these content items in pre-determined **categories** arranged on a table, while free to **remove** irrelevant or old content and **add** newly proposed content (even entire categories). The teams discussed their decisions with the group, identifying points of synergy or difference
    - Phase 2: **The Story Sort**, envisioning the order in which different **types of users** may move through the content, and considering how things can be organized to best facilitate this
- The groups again discussed their decisions for the Story Sort, making sure to provide any relevant background in understanding their story flows

SECOND ROUND: INVEGATRINZAHCP.COM

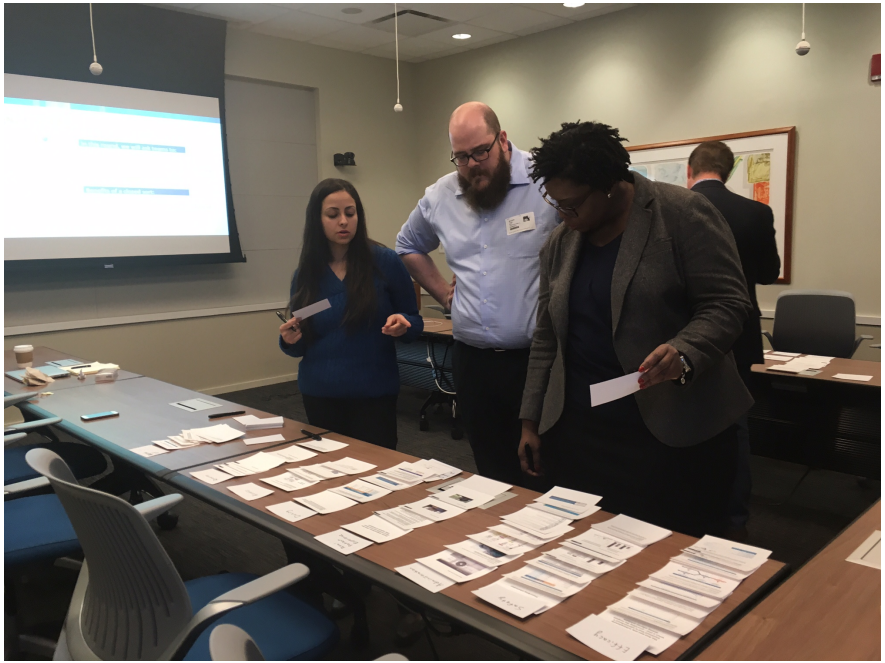
General Observations

- **Teams agreed** on much of the content selection and priority
- All **new** and **Trinza white paper** content proposed for addition was included
- Teams prioritized charts, graphics, and other visual information
- The teams **removed** less content than the Sustenna sorting session (but Sustenna had more content initially)

CLOSED SORT

Closed Sort: Real Patient Experiences

- The teams were in **close alignment** on content for this section
- Both agreed that the section should include the **Patient Profiles Transitioning** copy from Trinza's white paper, in addition to **Justin and Tanara**'s videos (in that order)
- However, team B included the **"greater independence…"** copy from the Trinza HCP site at the beginning and the HCP Treatment Team Video at the end of this section



Closed Sort: Dosing

- Both teams agreed that Dosing should contain the **Particle Size** charts from Sustenna and Trinza
  - Team A envisioned them together in a **module separated by tabbed navigation**
  - Team B felt they should be **linked to the Efficacy section**, where the information would actually live
- Team A created a **Missed Dose** section in Dosing for the **Missed Dose Chart**, something team B placed in their Dosing section as well
- Both teams also agreed that the section should include the **"Switching to extended release"** copy, **Extended release conversion chart**, and **Dosing & Admin guide**, but both handled the information differently:
  - Team A put this info in a **Dosing: Transitioning off Trinza** sub-section
  - Team B **coupled the content** with more on **Transitioning**, but did not create a unique sub-section for this information

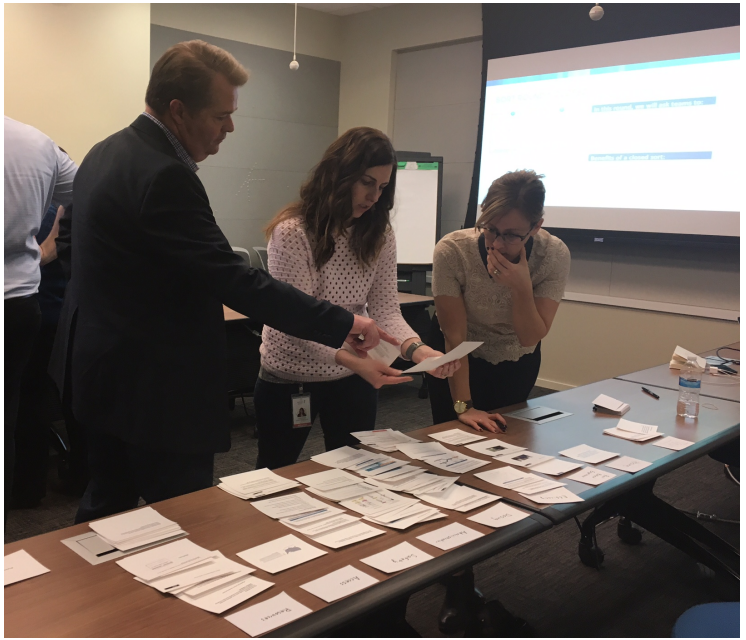
Closed Sort: Administration and Access

For Administration:

- Both teams provided the **Instructions for Use video, Instructions for Use PDF,** and the **"Important: should be administered by a HCP…"** content chunk
- Team A suggested **new Injection Site graphics** for inclusion while team B did not

For Access:

- Teams, again, **aligned completely on content**, only differing slightly in order
    - Both teams showed **Access/Coverage map**, **Medicare Part D** graphic, and **Commercial Insurance** graphic, but team A placed **Janssen Connect** first and Team B placed it at the end



Closed Sort: Efficacy

- Team A created a **significantly shorter** Efficacy section than team B
- Team B started the section with the **"… only schizophrenia treatment that is administered 4 times a year…"** messaging while team A went **directly into charts**
- Team B included, as noted earlier, the **Particle vs. Dosing interval** charts for a second time in this section
- All items that team A included are in team B's selections, but team B went deeper, providing the **Trinza Sustained Plasma Concentration** chart with more detailed info about the **clinical study**:
    - **Median time to relapse** chart
    - **Secondary Endpoint** chart
    - **Relapse definition**
    - **Study Design** chart
    - **Inclusion criteria**
    - **Treatment phases**

Closed Sort: Safety

- Both teams included a robust, detailed Safety section while closely aligning on the following content
  - **Adverse reactions** chart
  - All **prolactin** charts and data
  - **Lipid profile** chart
  - **Fasting Glucose** info
  - **Special Populations** info
  - Detailed **Weight Gain**, **Dyslipidemia**, and **Hyperlactinemia** information
- Team B included 3 additional items that team A did not include
  - **Prescribing** info
  - **Drug interactions** chart
  - **Prolactin: Double-blind phase**

Closed Sort: Resources

- Teams A and B, once again, matched nearly exactly on content, except for the **HCP Treatment Team** video, which team A put in **Resources**, while B placed it in the **Real Patient Experiences** section
- The content that the teams aligned on focused on **tools for better caring for a patient**:
  - **Patient Brochure** download
  - **Dr. Discussion** guide
  - **Treatment Goal Setting** worksheet
  - **Team Independence Referral** kit
  - **Janssen Medical Information Center** info

Closed Sort: Deleted Content

- The teams agreed to remove the following content
  - **“No correlation to clinical effect”** info from **PK**
  - **Seasonal dosing** chart from **PK**
  - **“When patients are ready to transition to Invega Trinza”** bullet list from **Dosing**
  - **Consider Prescribing Invega Trinza** graphic from **Dosing**
  - **Preparation** gif animation from **Administration**
  - **Safety needle and instructional** graphics from **Administration**

Closed Sort: Home Page and Navigation

We finished our exercise by asking teams to consider the content of the Home Page, as well as the order (and hierarchy of the site's main navigation)

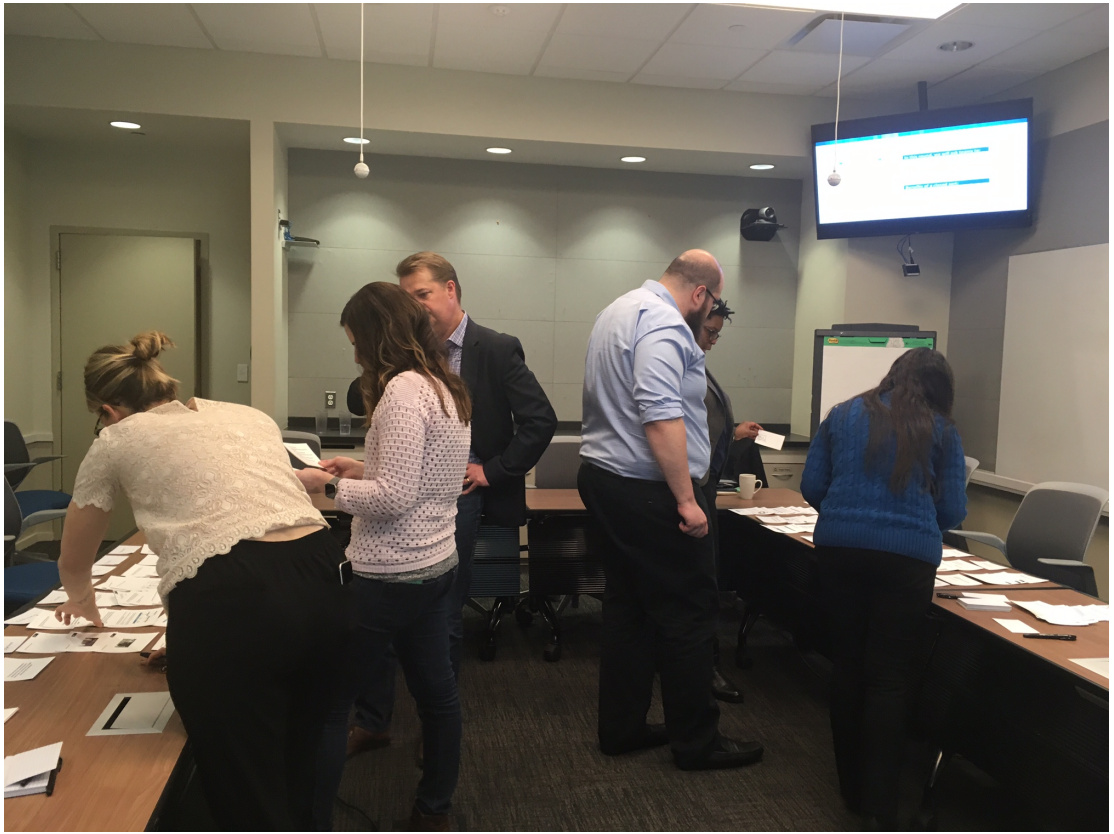
On the Home Page:

- Both teams prioritized **Dosing** as a CTA
- Both teams also showed **Patient-centric content**. Team A showed **Patient Stories**, while team B showed **Real Patient Experiences**
- Both teams placed **Access** and **Team Ind. Referral Kit** on the home page as well, which in unison with **Dosing**, prioritized useful, practical resources

For the Navigation:

- The teams' nav orders differed in almost every way, only agreeing that **Resources** belongs generally near the end
- Team A broke **Dosing** down into **sub-sections** (Missed dose and Transitioning off Trinza)
- Team A included an FAQ section, with all content from the live site, but was unsure if the section was necessary

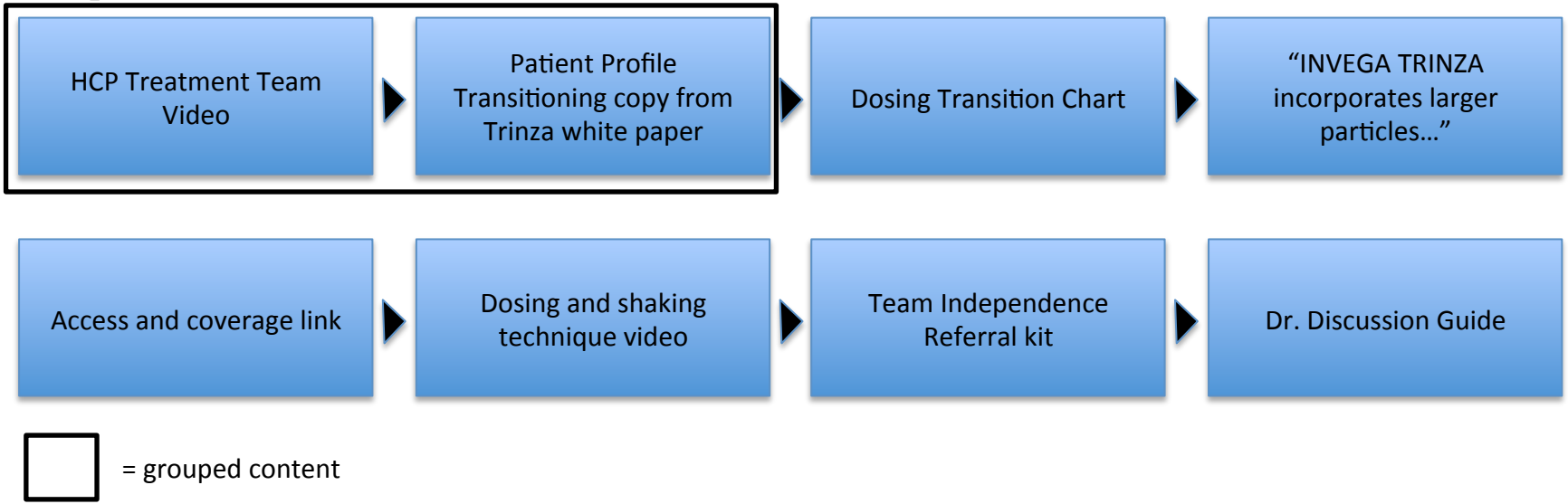
STORY SORT



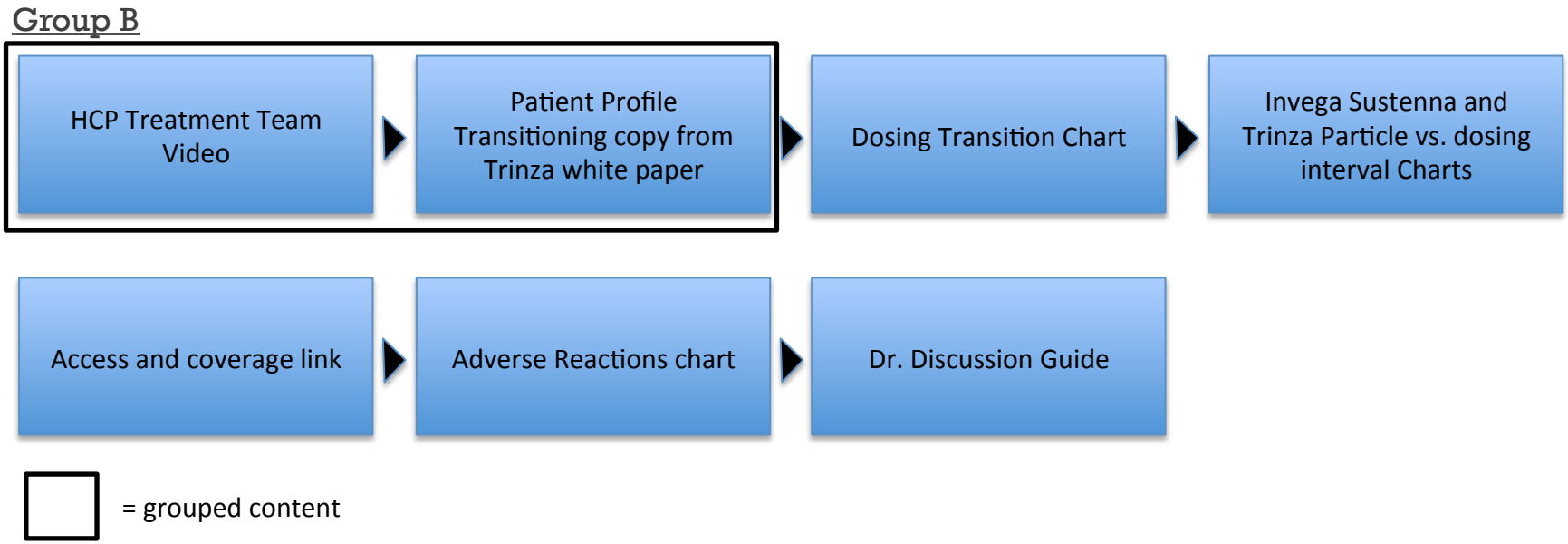
Story Sort: Invega Sustenna Loyalist

Both teams agreed that the **Treatment Team video** belonged at the beginning of the story with the **Patient Profile Transitioning** copy. The teams also agreed that the **Dosing Transition Chart**, **Access and Coverage** info, and the **Dr. Discussion guide** all belong in the flow in that order.

Group A



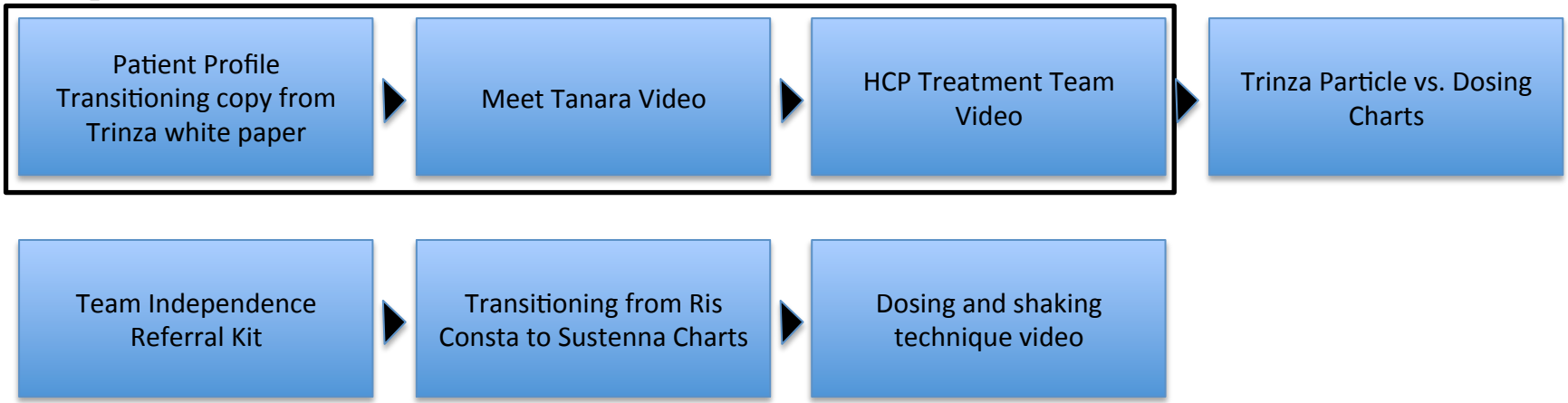
Story Sort: Invega Sustenna Loyalist



Story Sort: Treatment Team

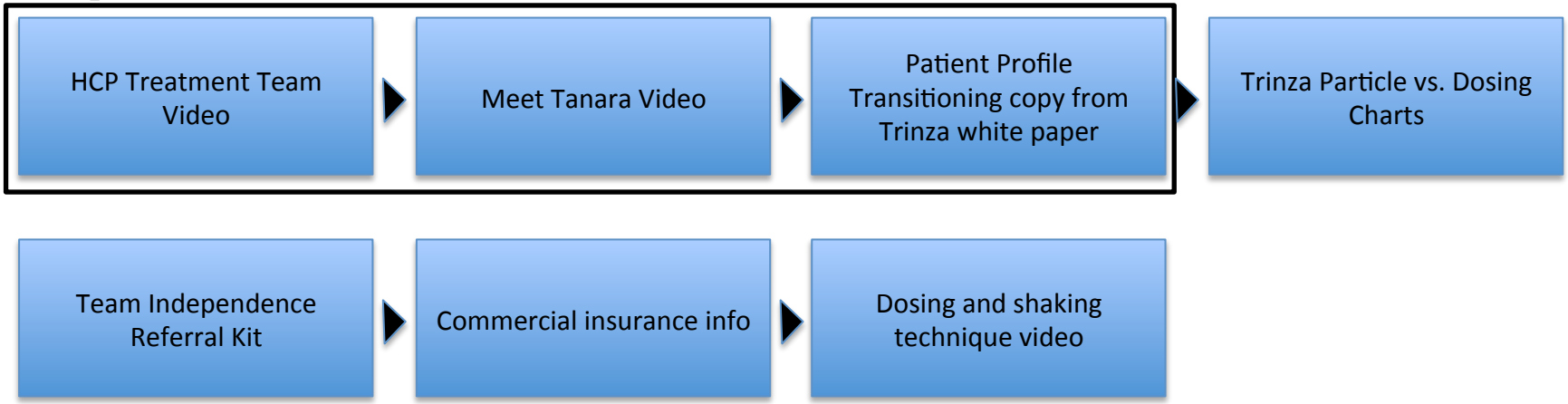
Teams A and B aligned closely for this sort, **almost matching each other completely** in content and order. They both agreed that the **Treatment Team** and **Tanara** videos belong up-front along with the **Patient Profile Transitioning** content. One of the only differences is that team B chose to include **insurance information**.

Group A



Story Sort: Treatment Team

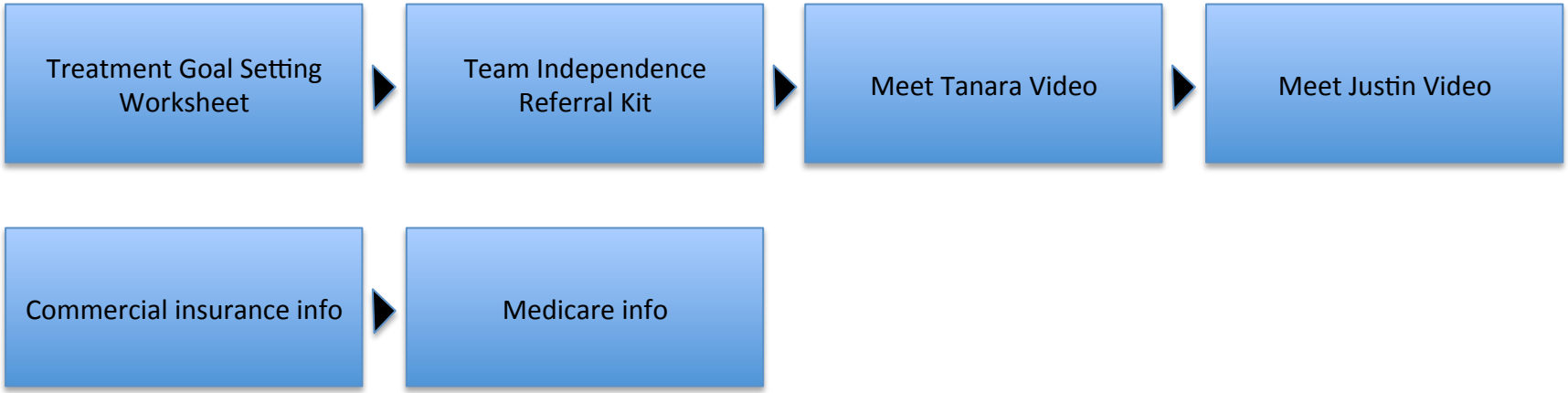
Group B



Story Sort: Case Worker with Potential Patient in Mind

Group B had time to perform an additional sort that Group A did not, for a Case Worker researching for their patient. The flow envisioned Case Workers seeing useful treatment material that can be applied to their specific scenario, before presenting **testimonials** to convince and **insurance information** to answer any access questions they may have.

Group B



CARD SORT IMPLICATIONS

Card Sort Implications

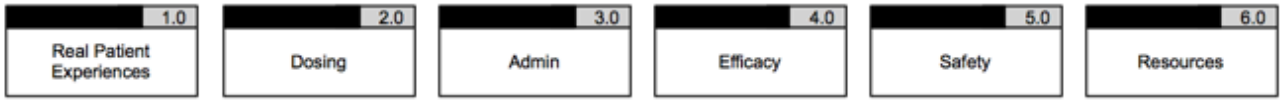
Based on our findings across both sessions of card sorting, the following implications for the Invega Sustenna and Trinza sites emerged:

- Explore **streamlining the FAQ,** working with other departments to determine which questions are really being asked by HCPs. Teams included much of this content in their relevant sections instead of grouped in an FAQ
- Multiple opportunities to **streamline content** and **create engaging story paths** for HCPs were surfaced
- Elevate prominence of **easy to read charts** and visual information
- Keep Administration section focused, prioritizing tools like **instructional PDFs and video clips** Create a **patient-focused section** to elevate relatable testimonial content
- Ensure the **HCP Treatment Team video** is easy to access
- Prioritize **Molecule/particle data**
- Utilize CTAs to guide a story flow that facilitates **transitioning** from Trinza to Sustenna
- Expand on **Dosing** section while dividing into logical secondary navigation

Proposed Main Navigation

For both Sustenna and Trinza, we are proposing two options for main navigation; one with a single nav for both sites, and one that highlights the Molecule story on the Sustenna site:

Option 1:
Same nav for both sites

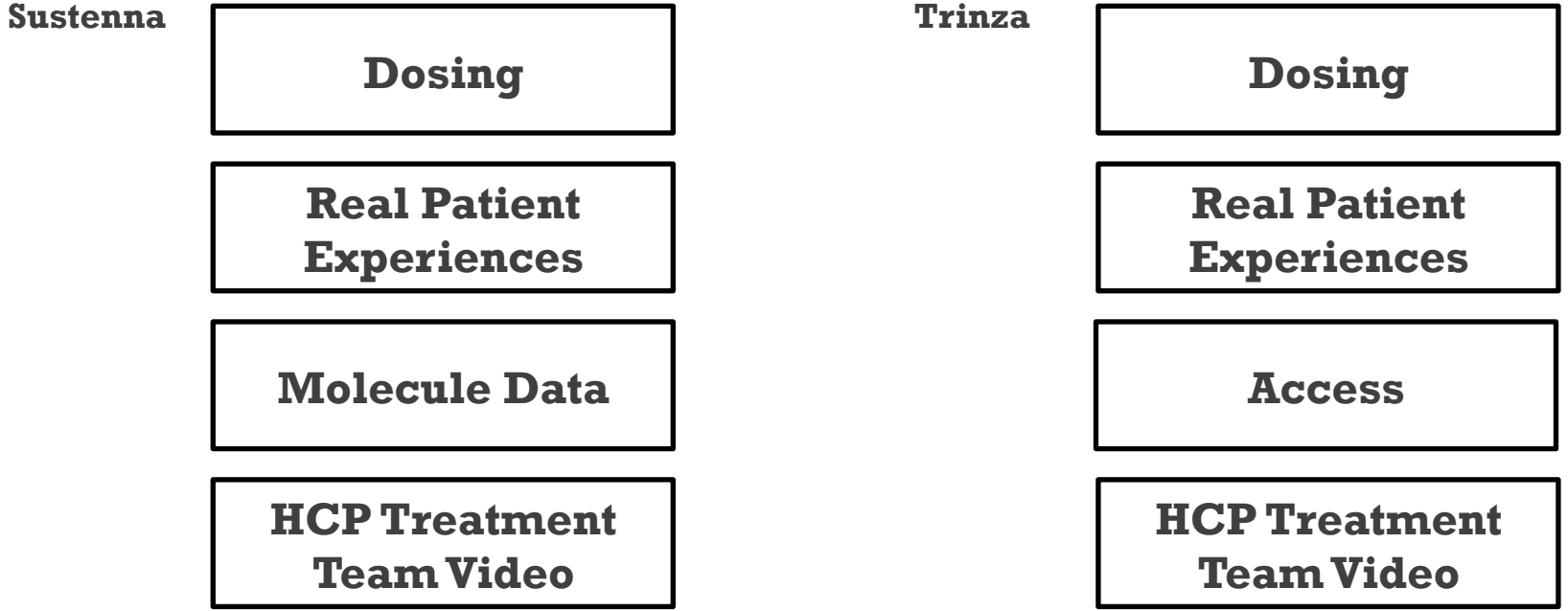


Option 2:
Sustenna

Trinza

Proposed Home Page CTAs

For Sustenna and Trinza, we are proposing the following home page CTAs:



APPENDIX: ROUND 1 FINDINGS

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INVEGA SUSTENNA CARD SORT FINDINGS

March 9, 2017

Background

Card sorting is an Information Architecture and Content Strategy exercise that allows teams to work together with stakeholders **to reorganize and prioritize content** within a site

- We began by auditing **all site content** to create **cards** that represent each content item
- A Card Sorting exercise was conducted on 2/23/17 at the Neon office. Teams divided into 3 groups with the exercise falling into 2 phases:
    - Phase 1: **The Closed Sort,** placing these content items in pre-determined **categories** arranged on a table, while free to **remove** irrelevant or old content and **add** newly proposed content (even entire categories). The teams discussed their decisions with the group, identifying points of synergy or difference
    - Phase 2: **The Story Sort**, envisioning the order in which different **types of users** may move through the content, and considering how things can be organized to best facilitate this
- The groups again discussed their decisions for the Story Sort, making sure to provide any relevant background in understanding their story flows

General Observations

- All groups focused on **removing unnecessary content** to streamline the HCP path to relevant information
  - **Group 1** placed emphasis on the **science of Sustenna**, prioritizing **Molecule** and **Efficacy** content
  - **Group 2** was most concerned with the **Dosing and Administration** section, placing their focus on reorganizing that content into **logical sub-sections**
  - **Group 3** focused on **future messaging**, updating images, and **rethinking the story flow**

CLOSED SORT

Closed Sort: Unanimous decisions

- All groups **prioritized PANSS content** within the **Efficacy** section; with all groups showing mostly or exclusively PANSS related content in this category
- Each team included nearly all of the **Sustenna White paper content** proposed for addition to the site
- A few items were unanimously chosen by all teams to be removed from the site. These include, but are not limited to:
  - **Abbreviated Study Design** chart from Efficacy page
  - **Median Time To Relapse: IT vs. Placebo** chart from Efficacy page
  - **Fasting Glucose** data from Safety page
  - **Lipid Profile** chart and **Dyslipidemia** data from Safety page
  - **EPS data observed** chart from Safety page
  - **Clinically Important Drug Interaction** chart from FAQ (even the group that included FAQ removed this chart)
  - **Secondary Endpoint: Change in Mean PANSS…** chart from Efficacy page
  - **"Significant efficacy resulted in early termination"** data from Clinical Study page
  - **"Relapse was defined as emergence…"** data from Clinical Study page
  - **Treatment Phase** information from Clinical Study page
  - **"Prepare for Injection"** graphic and step by step illustrated administration section from Administration page
  - **"Doses per Year"** seasonal dosing chart from Pharmacokinetics page
  - **Medicare part D** info from Resources page

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Closed Sort: Unique Pages

- Group 2 was the only group to create a **Franchise** section to house information about the **STEP program**, other Franchise White paper content, and some Prescribing/Patient Profiling materials
- Group 1 was the only group to include a **Molecule Story** section, providing paliperidone and STEP information (which group 2 shows in *their* unique category, Franchise)
- Group 1 **created a PK section** to display a single content item, the Plasma Levels chart, something groups 2 and 3 chose to remove from their content
- Group 3 **outline the Home page contents**, prioritizing Molecule Story, Dosing, Real Patient Stories, and Sustenna's approval statement

Closed Sort: Safety

- All groups prioritized **charts and graphic information** within the **Safety** section, with the **“Safety in Schizophrenia – Short term”** chart appearing within the top 5 content items for each group (and the top 2 items for 2 of 3 groups)
- Additionally, in **Safety**, all groups opted to utilize **White paper content** for this section, with only two of the groups (1 & 3) choosing to include the chart that appears in this section on the current live site, **“Most Common Adverse Events…”**

Closed Sort: Dosing & Administration

- Group 1 included **Patient Profiling** in the main Dosing and Admin section before breaking it down into **sub-nav** items (Addressing Missed Doses, Transitioning, and Special Populations)
- Group 2 chose not to include a 'Main' Dosing and Admin page, presenting all of its D&A content in **categories slightly different from Group 1** (Transitioning, Special Populations, Missed Dose, Admin)
- Group 3 kept the section short, drawing a lot of **new content** from the brands white papers

Closed Sort: Patient Content

- Groups 2 & 3 created **Patient-focused content buckets**, "Patient ID" and "Patient Experience", respectively:
  - Both house content related to patient profiling (content group 1 placed with "Dosing and Admin")
  - Group 3's "Patient Experience" page focused more on testimonial content
  - Group 1 called this section **"Real Experiences"**, allowing it to acknowledge both the patient AND the caregiver communities with testimonials
- Group 1 created a **Patient Support** section to provide information about obtaining medication, while groups 2 & 3 opted to include that within the **Access** section

Closed Sort: FAQ

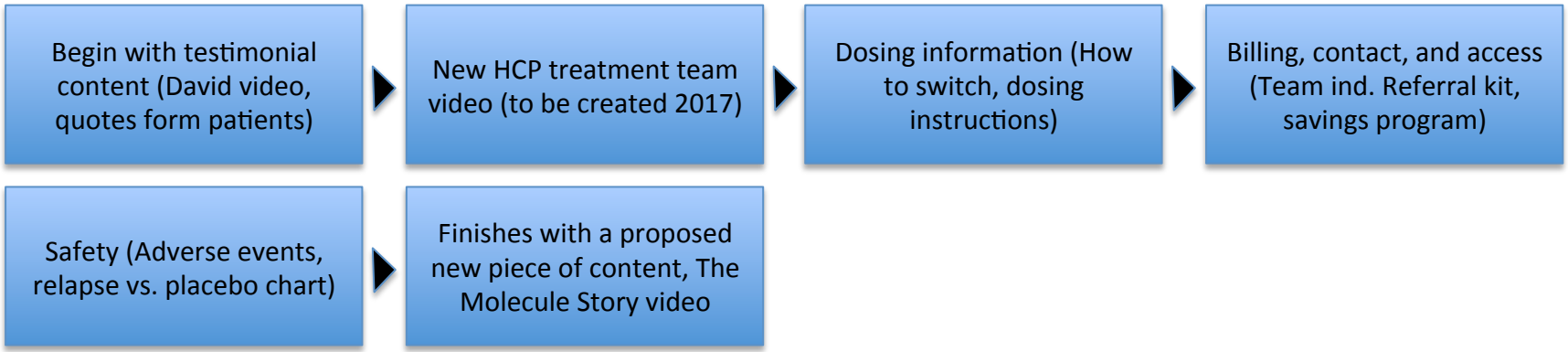
- Group 1 **removed the FAQ**, but created a more robust Patient Support page, including contact, billing, and access information that was previously in the FAQ
- Group 2 **also removed the FAQ**, keeping only a small selection of referral and contact information in a Resources section
- Group 3 **Kept their FAQ largely intact** and combined it with helpful links to create a Resources & FAQ section

STORY SORT

Story Sort: Treatment Team

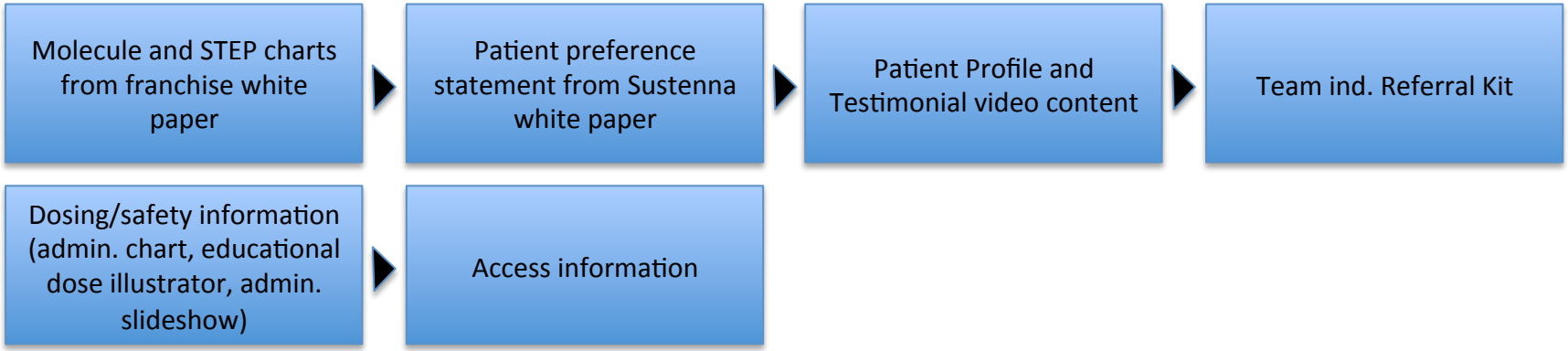
While all groups agreed that **Dosing** content belonged in this story, they all placed it at different points in the timeline.

Group 1



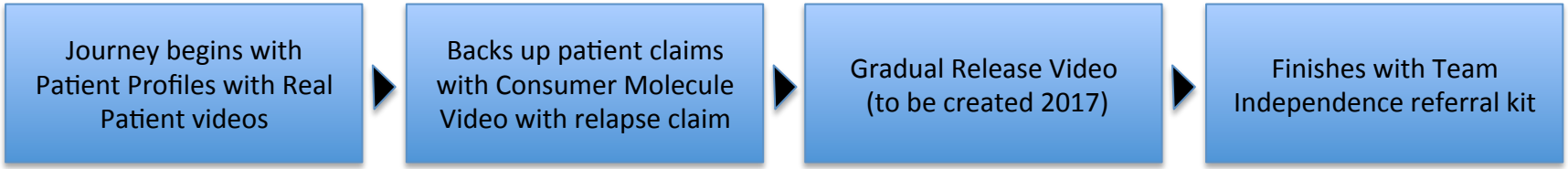
Story Sort: Treatment Team

Group 2



Story Sort: Treatment Team

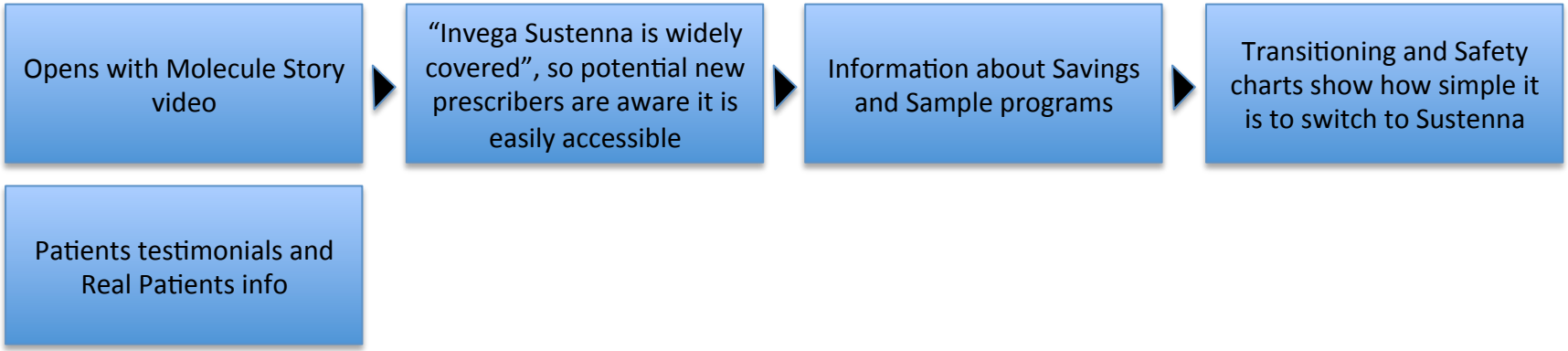
Group 3



Story Sort: Risperdal Consta Loyalists / Broad Reach

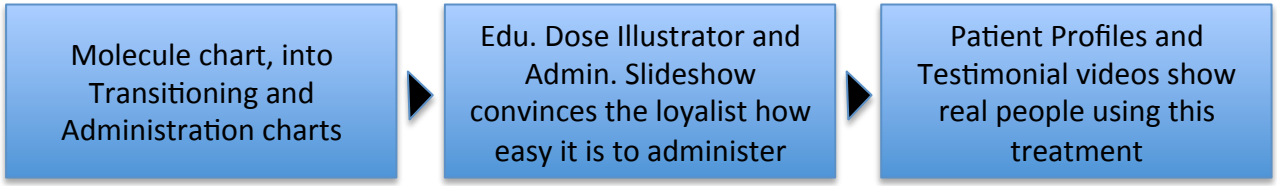
All teams agree that Ris Consta loyalists should see **Molecule** content first, with **Dosing** and **Safety** coming later in the journey.

Group 1



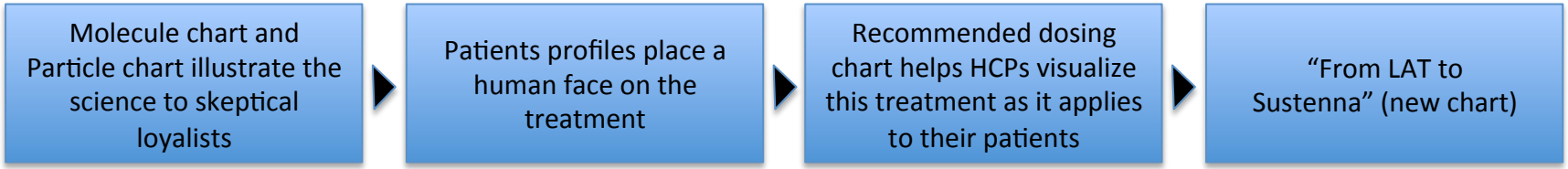
Story Sort: Risperdal Consta Loyalists / Broad Reach

Group 2



Story Sort: Risperdal Consta Loyalists / Broad Reach

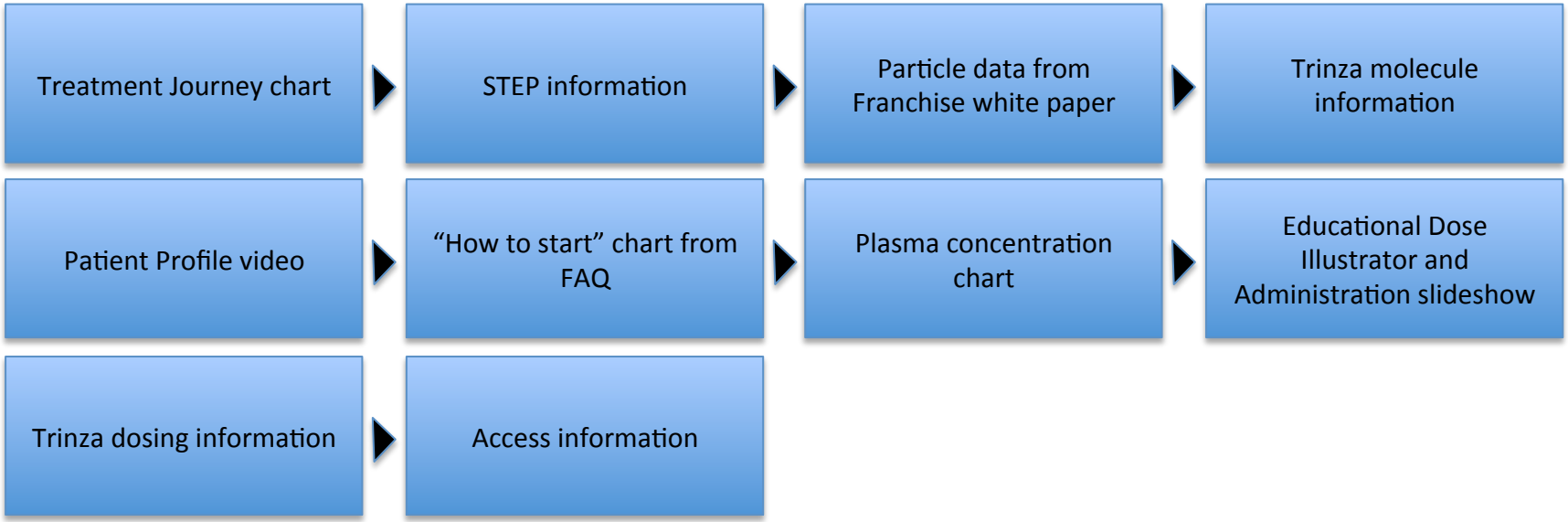
Group 3



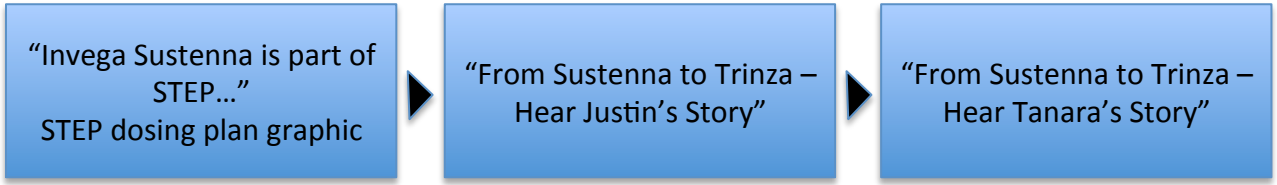
Story Sort: Invega Sustenna Loyalist / Trinza Dabbler

Group 2 and 3 completed the Invega Sustenna Loyalist story sort. Group 2 shows **Trinza and Sustenna data in harmony**, while placing slight **emphasis on Trinza content** to show how seamless the **transition** can be. Group 3 opts to focus on testimonial content, envisioning loyalists viewing **STEP information** before being convinced by **Justin and Tanara's** treatment stories.

Group 2



Story Sort: Invega Sustenna Loyalist / Trinza Dabbler

Group 3 opts to focus on testimonial content, envisioning loyalists viewing **STEP information** before being convinced by **Justin and Tanara's** treatment stories.

Group 3