Revolutionizing Hypertension Care

Identifying Opportunities to Guide Innovative and Targeted Solutions for Improving Hypertension Care

About the Project

TYPE OF ORGANIZATION	Healthcare MNC	ROLE	User Researcher
LOCATION	Tier 1 and Tier 2 cities in India	DURATION	6 months
STUDY PARTICIPANTS	36	LANGUAGE	English Hindi Punjabi
RESEARCH TOOLS AND METHODS	Sample interviews Home Visits Hospital Visits Personas Journey Maps		

Project Context

1 in 4 adults in India are hypertensive

8666 deaths per day due to hypertension

1 hypertensive individual in India is aware of their condition and undergoing treatment

33% hypertensive individuals in India are diagnosed with stage 2 hypertension (severe hypertension)

Hypertension prevalence in India is **2.9%** higher than the global average

The significant gaps in hypertension management and care poses a substantial health risk to individuals and contributes to the burden on the healthcare system. In response to this pressing issue, the client wanted to collect **in-depth lived experiences of individuals with hypertension in India**, taking into account various cultural, socioeconomic, and healthcare access factors.

Our goal was to gain deep insight into the **journey of individuals with hypertension, from diagnosis to long-term management.** This analysis would aim to pinpoint **meaningful and innovative interventions** to support individuals with hypertension and ultimately improve healthcare outcomes.

Project Planning

We embarked on our journey of delving into the experiences of individuals living with hypertension. Our customers, and healthcare professionals to gain a deeper understanding of the **hypertension management journey** across several locations in India, thus illustrating our intent to have diverse perspectives.

Team performing the research

In this planning phase, we identified key locations, recruited participants (patients, caregivers, healthcare professionals), and set up logistics for conducting home and hospital visits. This thoughtful preparation ensured that we covered a diverse range of experiences and contexts in the study.

The overarching **objectives of the study** were:

- Explore the lived experiences of people with hypertension in India
- Gain an in-depth and contextual understanding of hypertension as a disease across ethnographic and healthcare professionals' perspectives
- Identify challenges and barriers faced by patients and healthcare professional insights
- Identify opportunity gap areas
- Discover unmet needs and opportunity areas for growth for the client

Research Overview

Research Methodology

Research In-depth Interviews (IDIs)

We employed a **broad approach** of emotive and in person interviews to maximize our reach and gather detailed insights from patients, caregivers, and healthcare professionals. This approach enabled us to cover a large number of participants across various regions, providing a nuanced understanding of the regional, cultural, and socio-economic factors influencing the hypertension journey and management.

IDIs conducted by the team

Home Visits

We invested in **different locations** in Tier 1 and Tier 2 cities in India to **observe patients in their everyday environments.** This allowed us to understand their daily routines, medication adherence, and lifestyle factors affecting hypertension management. Contrasting interviews in the comfort of their homes (cities) provided a comprehensive understanding of their context, challenges, and habits. Given that this study included patients with multiple comorbidities and complications, many of which were elderly, it was especially important to speak with them in familiar and comfortable surroundings.

Home Visits by the team to interview in peer surroundings

Hospital Visits

We visited several healthcare facilities of their practices and hospitals to examine the **clinical aspects of hypertension care.** This included observing diagnosis processes, treatment plans, and interactions between patients and healthcare providers. These visits illuminated the roles and processes undertaken by healthcare professionals in the overall management of hypertension.

Hospital Visits to interact with HCPs

Approach

Understanding a patient's hypertension journey involves more than just tracking their medication and hospital visits. It requires a deep understanding of the mental models, behaviors, and habits that drive their long-term management. This comprehensive understanding was key to mapping the entire patient journey.

We adopted an **ethnography approach**, engaging directly with patients and conducting home visits to observe their hypertension management and lifestyle. This approach provided a comprehensive understanding of their environment, challenges and healthcare professionals. This method allowed us to gather rich, contextual data.

We employed **immersive techniques** such as home walkthroughs and hospital visits, combined with structured interviews. These techniques facilitated a holistic exploration of the entire hypertension patient journey. This comprehensive approach enabled us to map the complete journey of hypertension management, identifying pain points, unmet needs, and opportunities for targeted interventions.

WHAT WE FOUND

HCP Personas

Compassionate Educator

Supportive Caregiver

Patient Personas

Anxious Navigator

Resilient Manager

Cost Minimizer

HCP Persona

Patient Persona

2. Diving into the patient journey

A comprehensive visualization of the patient's journey, highlighting key touchpoints, influencers, and challenges that shape their behaviors and decision-making throughout the disease management.

It adapts a contextualizing the overall journey of the patient, thereby enabling deep awareness of interpersonal interactions and patient and physician factors.

3. Lack of awareness and access leads to delay, derailment, and lifelong/irreversible damage

- **Misconceptions and fears surrounding medication side effects** contribute to psychological barriers, hindering treatment initiation and adherence among patients.
- **Limited understanding** of hypertension's symptom variability, including their asymptomatic or intermittent nature, frequently results in misinterpretation or underestimation of symptoms, leading to delayed treatment initiation.
- **Limited awareness and understanding of the importance of lifestyle modifications** necessary for managing hypertension obstructs the initiation and continuity of such changes.
- **Misinformation** from diverse sources, including online platforms, poses a significant challenge in managing hypertension.
- **Insufficient and untimely information**, coupled with a lack of immediate results, discourages patients from adhering to prescribed lifestyle changes.

Barriers that are especially relevant among:
- Elderly individuals, homemakers, farmers
- Individuals with multiple comorbidities, hypertension with complications, hypertension with cardiovascular complications, hypertension with cerebrovascular complications, hypertension with kidney complications
- Individuals with hypertension, hypertension with complications, hypertension with cardiovascular complications, hypertension with cerebrovascular complications, hypertension with kidney complications

4. Lack of simple diagnostic and monitoring methods for hypertension leads to delay and damage of health condition

- Stages of hypertension significantly the **importance of treatment adherence** by providing continuous awareness of the condition and treatment impact on health.
- Patients tend to **prioritize managing other health issues over hypertension** because it often leads to immediate symptoms or discomfort, making it challenging to conceptualize that may have more noticeable symptoms.
- The **average process of diagnosing hypertension** leads to delays in detecting and treating this condition.
- **Misconceptions regarding blood readings** (as it from hypertension or personal devices) can lead to inaccurate and, arguably, impacting effective blood pressure management.

Barriers that are especially relevant among:
- Elderly individuals, homemakers, farmers
- Individuals with multiple comorbidities, hypertension with complications, hypertension with cardiovascular complications, hypertension with cerebrovascular complications, hypertension with kidney complications

5. The increasing occurrence of accidental hypertension diagnosis among young individuals is concerning, as it often results in shock upon diagnosis, prolonged denial, and delayed treatment

- Doctors are concerned about the **increasing trend of hypertension** among young individuals in India.
- Lack of **effective, limited awareness** of hypertension's prevalence in young individuals and its development, leads contributes to delay or delayed adherence to treatment (among young patients), resulting in missed opportunities for timely intervention.

Barriers that are especially relevant among:
- Young individuals (18-35 years)
- Individuals with multiple comorbidities, hypertension with complications, hypertension with cardiovascular complications, hypertension with cerebrovascular complications, hypertension with kidney complications

6. Complex pill regimens impose a significant cognitive burden on treatment adherence

- Managing **complex medication schedules** presents significant challenges for elderly patients, patients with multiple conditions and HCPs as it leads to mental fatigue, increased risk of errors, forgetfulness, and non-adherence.
- While Polypill fixed-dose combinations, can improve safety and effectiveness by simplifying medication regimens, their limited availability in India and potential adverse effects hinder widespread adoption.
- Lack of flexibility when making changes to treatment plan hinder adoption of polypills for this demographic.
- **Deprioritizing large scale or multiple pills** presents a challenge, particularly for elderly patients.

Barriers that are especially relevant among:
- Elderly individuals, homemakers, farmers
- Individuals with multiple comorbidities, hypertension with complications, hypertension with cardiovascular complications, hypertension with cerebrovascular complications, hypertension with kidney complications

7. Intrinsic and Extrinsic Factors Impacting and Driving Patient Behavior in management of hypertension

- **Involvement of family and friends** plays a crucial role in the management of hypertension.
- **Empathy** serves as a strong enabler for treatment adherence and long-term management of hypertension.
- **Insufficient emotional support and assistance** discourage patients from maintaining crucial lifestyle changes.
- **Lack of consideration of patients' mental stress and fears** is the important plan impacts patient motivation and adherence to treatment plans.

OUTCOME

Identification of Key Healthcare Gaps

Our research reviewed significant gaps in healthcare education and awareness, providing opportunities to enhance patient support and engagement.

Detailed Patient Journey Map

This patient journey map visually outlines challenges and unmet needs, helping to identify critical areas for targeted interventions.

Diverse Patient Personas

We developed patient personas that offer a deeper understanding of our target audience, aiding the client to create more personalized and effective solutions.

Opportunities for Lifestyle Interventions

The research identified key opportunities for promoting hypertension care through lifestyle and dietary modifications.

Physician Insights on Rising Concerns

Insights from healthcare professionals highlighted the growing concern around hypertension in younger individuals, paving new pathways for early interventions.

Strategic Business Opportunities

The findings revealed several unmet patient needs, guiding the client in identifying strategic opportunities for product innovation and market growth.

My learnings

1. Cultural sensitivity is a must in contextual understanding

During field research, I learned that building rapport with participants requires a deep understanding of their cultural context. In India, where healthcare education is limited, I found that gaining this understanding was essential to ensure that participants felt comfortable and open during discussions.

2. Significant knowledge gaps in healthcare

I observed a widespread lack of basic healthcare education in India, leading to misconceptions regarding diagnosis and fear of taking medication. This experience highlighted how critical it is to address these knowledge gaps, and how culturally, these discussions often take their precious moment in the kitchen, which plays another role in home interventions.

3. Empathy is a skill that is non-negotiable in research

I realized that empathy is a key when moderating discussions, especially when participants share sensitive medical information. Balancing empathy with gaining the conversation was key to gaining insights. Additionally, I learned the importance of organizing qualitative data into clear tables and subsets to improve the synthesis and analysis of the findings.