

WE KNOW WHAT IS HOLDING CV RISK BACK. AND WE KNOW HOW TO MOVE IT.

The challenge is not simply giving clinicians another treatment. It is breaking through the mindset that existing foundation therapy is already enough.

We have worked across cardiovascular, renal and metabolic disease to understand why residual risk remains despite established therapies and what gives clinicians the confidence to recognise when control is not good enough and act.

Our work decodes the clinical, behavioural and system barriers that sit between evidence and treatment intensification, identifying the moments that can move patients from established therapy towards better control.

INSIGHT. STRATEGY. ACTIVATION. IMPACT.

JOINED-UP
THINKING
FOR A HEALTHIER
TOMORROW.



01

DECODE

Understand why acceptable control becomes accepted risk

We investigate how hypertension and cardiovascular risk are managed in real practice. We explore how blood pressure is assessed, how clinicians interpret inadequate control, what happens after repeated elevated readings and why treatment intensification can stall.

We identify where confidence in existing therapy becomes inertia and where concerns about adherence, tolerability and patient readiness make both clinicians and patients reluctant to go further.

EXPERIENCE INCLUDES:

- HCP and patient research
- Hypertension and CV risk pathway mapping
- Mapping treatment escalation and clinical inertia
- Understanding perceptions of good enough control
- Launch access scenarios
- Identification of decision points and moments that matter
- Exploring adherence, tolerability and patient resistance
- Mapping responsibility across primary and specialist care
- Cross-market comparison of guidelines and clinical practice



02

DESIGN

Identify what creates confidence to intensify

We translate pathway understanding into a practical strategy for behaviour change. We define the patients, signals and clinical situations that make residual risk visible and intervention feel both necessary and achievable.

The objective is to move the conversation from another treatment towards a clearer understanding of which patients remain at risk despite foundation therapy and why that risk persists, and when a different mechanism should be considered.

EXPERIENCE INCLUDES:

- Development of actionable patient profiles
- Identification of escalation triggers
- Behavioural segmentation of clinicians
- Definition of clinical decision moments
- Evidence and value narrative development
- KOL and expert co-creation
- Market archotyping
- Localisation against differing guidelines and systems
- Medical, commercial and access alignment



03

DEPLOY

Create the conditions for action

We use these insights to shape how a new mechanism enters clinical thinking before and around launch. We build understanding of the unmet need, create confidence in when to act and help teams translate one global strategy into locally relevant implementation.

This includes establishing the engagement, content, field and omnichannel architecture needed to embed a new treatment choice into an already crowded therapeutic pathway.

EXPERIENCE INCLUDES:

- Expert advisory boards
- Launch symposia and events
- Consensus and white papers on residual risk
- Scientific and medical communications
- Disease awareness and education
- HCP and expert engagement
- Omnichannel planning and activation
- Modular content development
- Field force tools and behavioural triggers
- Local market launch playbooks
- Cross functional launch orchestration
- KPIs and measurement frameworks

Residual Risk

Beachhead Patients

Urgency

Sequencing

Intensification

FROM CLINICAL INERTIA TO CONFIDENT ESCALATION.

Find where control stalls. Decode why clinicians hesitate. Define the patients who remain at risk. Create the confidence to act.

