

Improving Patient-Directed COMMUNICATIONS

New technologies are unlocking **a wide range of options for improving patient-physician communications** at every step along the treatment journey.

Physicians are busy. Patients are anxious. The breakdown in communications in the exam room caused by these two simple factors — and many others — is not new. But more communications tools are being developed to aid the patient-physician interaction. **PharmaVOICE** polled half a dozen leaders involved in improving physician-patient communications to determine the key issues, best practices, and hurdles associated with the new technologies.

Technology Solutions

There are many avenues to take to improve physician-patient communications. Technology solutions must be unobtrusive, quick, and clear, according to our experts. The trick is to determine which tool best fills the needs of the target physician and patient. Our experts discuss some of the newer techniques being employed in and outside the exam room.

HARRELL. SHIRE. We are using a number of avenues to encourage physician-patient dialogues and increase awareness of conditions and treatments. We provide nonbranded support resources in patient-directed communications to supplement the information patients may receive in the exam room. We also use patient advisory board sessions with the help of a third party to engage patients in problem-solving activities. For example, patients helped to design some of the patient-education materials for one of our products,

and in another case helped sketch out the elements of their ideal patient-support Website. This and other forms of research help us align what we create to what patients really want, because those things often don't match up.

KAY. CRAMER. If the public is going to give its trust back to the industry, then the industry has to respond by providing communications in the way that consumers and patients can hear them — and this includes the use of Web 2.0. Without this shift to improve the dialogue, others might sense that the industry is hiding something. The healthcare industry has the opportunity to adjust its communications techniques to incorporate social media and to use it as an awareness-building tool. For example, the online community has done wonders in the areas of breast cancer — there are benefits on the medical side and also in symptom management in terms of helping people live their lives during and after treatment. The industry also needs to be open to

listening to new ideas and how innovations might support patients and physicians, as well as the business. I would suggest that companies start by taking small steps, with the goal to figure out ways to improve the dialogue. Online videos that use a rating tool and that speak to different stages of the treatment journey, as well as managed online blogs, are good first steps.

MACHADO. HEALTH INNOVATION PARTNERS. Some physicians are using in-office data capture tools, as well as tools that enable patients to gather information before they come into the doctor's office. Next-generation patient segmentation tools are also emerging. These will help physicians improve how they interact with patients and improve patient outcomes. For example, mobile and Web portals that allow physicians to monitor patients' health logs would be an improvement over the in-office 'how have you been feeling?' questions. These tools provide a much more longitudinal view of the information and helps the physician to refine the treatment plan as needed. Since the patient is not relying on recall, the information gathered would be more accurate. There are many mobile tools available today that keep track of wellness through direct interaction and data capture. There are also some online tools, which are effective for diseases that don't need to be monitored continuously. Many diseases — like diabetes — benefit from keeping track of health data in



The bottom line is that patients who receive interactive educational tools retain more information about their care and, as a result, are more engaged, informed, and compliant.

RONALD ROTH
Emmi Solutions

There are so many innovative ways to drive communications, yet the industry still holds a very conservative response to these tools.

LIZ KAY Cramer

real time. My guess is that as more innovative mobile health log technologies emerge, the practice of recording health data on paper will be eventually abandoned.

ONOFREY. MBS/VOX. The best strategies for improving physician-patient communications begin with an understanding of how physicians and patients really speak to each other, and this is done by capturing and analyzing naturally occurring dialogues in the office. The next step is creating dialogue strategies that can be tested within the office setting that demonstrate measurable efficacy. This not only produces a better dialogue, but also raises physician and patient satisfaction and improving patient outcomes. Finally, the best strategies target not just the physician or the patient, but both parties simultaneously; this ensures engagement and a mutually satisfying relationship.

ROOTH. EMMI SOLUTIONS. It has always been important for physicians to establish a rapport with patients and explain conditions and care with empathy. Now, many physicians are

adopting new technologies that allow them to communicate more effectively with patients at their level of understanding. Physicians are using interactive audio-visual tools to inform and engage patients all along the continuum of care — both in the clinical setting and at

home. Engaging patients can have a positive impact on clinical and financial outcomes. Studies show that for some conditions, the quality of physician-patient communications alone can determine medication adherence. Likewise, improving patient communication can have a dramatic effect on patient loyalty,

Thought Leaders

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PAULO MACHADO. CEO, Founder, Health Innovation Partners LLC, a company that is committed to identifying, developing, introducing, and expediting the adoption of innovative business solutions that align healthcare stakeholders and exceed client expectations. For more information, visit healthinnovationpartners.com.

MEAGHAN ONOFREY. President, MBS/Vox, part of CommonHealth, a research-based consultancy that specializes in reality-based approaches to marketing insight based on dialogue between physicians and patients, patients

and patients, physicians and physicians, and other healthcare interactions. For more information, visit commonhealth.com/mbsvox.

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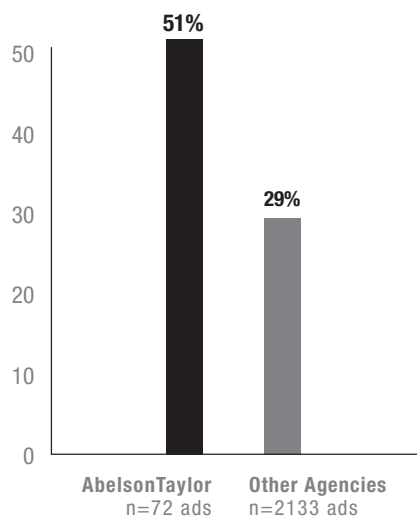
STANLEY WULF, M.D. VP and Chief Medical Officer, InfoMedics, a pharmaceutical services provider that delivers clear, actionable patient feedback to physicians about their patients' treatment experience. For more information, visit infomedics.com.



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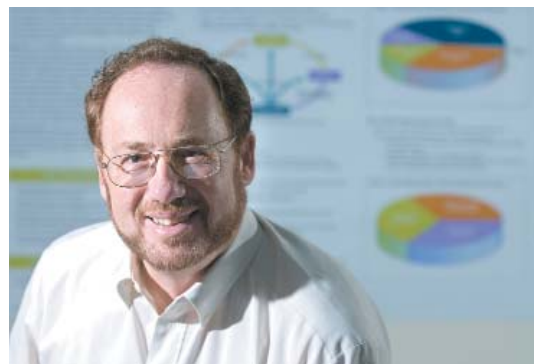
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which in turn can result in repeat visits and referrals.

SULLIVAN. MICROSOFT. The best techniques involve meeting patients on their own terms, whether through different modes of communication or different technologies that patients use in their day-to-day lives. There has been success with unified communications tech-

nologies, which use the power of software to deliver complete communications — messaging, voice, and video — across the applications and devices that people use every day. These technologies bring great possibilities for virtual visits, follow-up visits, medication checks, home care, wound checks, chronic disease management, patient education, and more. For instance, live meeting software allows patients and physicians to communicate more efficiently before and after office visits, for patient education, post-treatment counseling, and other applications. Combined with other communication software, it can also be used to help patients prepare for surgery or review care plans. The ultimate goal, of course, is to improve patient satisfaction and quality of care, while lowering costs.

WULF. INFOMEDICS. In today's busy exam rooms doctors are so pressed for time they are often not providing all of the essential elements about prescriptions to patients. This results in a significant number of patients leaving the office ill-equipped to follow and understand the regimen. What is needed is a solution that supports the physician while not adding to the time/commitment burden that they are under, and that gets some of the missing pieces of information to the patients. While the Web is an effective tool for communicating this information, not all patients can be reached in this manner. Online communications must be supplemented using what some consider the "second-best" method: the telephone. The humble phone is still the way that many people prefer to communicate. Whether via phone or online, surveys can discern where the information gaps are, then, fill them in with tailored education, support and monitoring of the patient's treatment experience.



The time available within the exam room is so restricted that solutions for better communications need to take place outside the office and in a way that helps better connect the patient and physician.

DR. STANLEY WULF
InfoMedics

For example, electronic medical records can give physicians access to better information, but can also minimize rapport-building, indirectly encouraging less eye contact, improper body language, and long, awkward pauses in the conversation. However, when used appropriately to supplement face-to-face conversation, technology can be extremely helpful and save valuable office time. One example is a pre-visit questionnaire that patients download and complete in the comfort of their homes. These help physicians assess symptoms and side effects in less time, with greater precision.

ROOTH. EMMI SOLUTIONS. Physicians have a limited amount of time to spend engaging with and providing information to patients. Patients, meanwhile, are stressed and unfamiliar with medical jargon. The result is that physician-patient consultations are short and most of the information covered is forgotten immediately. Thankfully, technology can greatly improve this situation. For example, there are platforms that provide trustworthy, interactive health information to patients that can be accessed online when patients are ready to learn about their condition and care. And, clinicians can track whether their patients received the information, if they had questions, and whether they've shared it with friends or family members. This makes for more efficient and effective consultations. The bottom line is that patients who receive inter-

Study Assesses the Quality of Physician Communication

FIGURES ARE DERIVED FROM AN OBSERVATIONAL STUDY THAT COMBINED PATIENT AND PHYSICIAN SURVEYS FROM 185 OUTPATIENT ENCOUNTERS IN WHICH 243 NEW MEDICATIONS WERE PRESCRIBED. THE RESULTS SHOW THAT EVEN FOR THE MOST WELL-MEANING PHYSICIANS, COMMUNICATION CAN BE PROBLEMATIC. WHEN INITIATING NEW MEDICATIONS, PHYSICIANS OFTEN FAIL TO COMMUNICATE CRITICAL ELEMENTS OF MEDICATION USE.

	NOT COMMUNICATED
Name of Medication	26%
Purpose	13%
Duration	66%
Dosage (amount/frequency)	45%/42%
Adverse Events	65%

RESULT
38% of essential elements not communicated to patient by physician

Source: Tarn DM et al. Physician communication when prescribing new medications. Arch Intern Med 2006;166:1855-1862

83% of family physicians in HMO settings needed more time per patient visit

54% of family physicians in small group practices needed more time

Source: Linzer M et al. Managed care, time pressure, and physician job satisfaction. J Gen Intern Med 2000;15:441-450

Technology is But a Tool: Best Practices to Improve Outcomes

Technology can enable better patient-physician communication but only if done correctly, our experts say.

ONOFREY. MBS/VOX. Technology itself cannot ensure a better physician-patient dialogue. In fact, when not used appropriately, technology can even inhibit successful communications.

The best strategies target not just the physician or the patient, but both parties simultaneously.

MEAGHAN ONOFREY MBS/Vox



active educational tools retain more information about their care. Studies show they are more satisfied with their procedures and they are almost twice as likely to have their chronic conditions controlled after one year than those who receive standard education.

MACHADO. HEALTH INNOVATION PARTNERS. There are many technologies being developed for virtual coaching. Diabetes patients could benefit from this type of technology. The communication might look like: if your sugars are 'x,' then you may want to consider doing 'y'. Some tools have been developed that keep track of how the patients manage their disease, and based on their behaviors, provide education that is appropriate in other words, a customized education algorithm. This is a very positive step forward from the current mass audience communications. All of this helps with physician-patient communications from the perspective of keeping the patient better informed about what's going on with his or her own health. The physician would then have the ability to refine the treatment plan based on patient behaviors. Virtual office visits are being slowly adopted — the physician looks at a patient's health log online and uses e-mails, teleconferences, or video conferences to communicate with the patient.

WULF. INFOMEDICS. Patients are increasingly turning to the Web for their healthcare education, in some cases filling out surveys to receive tailored information. It is critical to make sure the information that the patient gives — and receives — online is summarized and fed back to their prescribing physicians. This allows the physician to be involved on an ongoing basis. Following the initial recommendation of an appropriate treatment program, the physician can receive patient feedback on that program at regular intervals. Many programs that supplement the initial office visit do not reconnect the patient back to the prescribing physician; it's important that the patient knows his or her doctor is

being informed and is knowledgeable about the patient's response to treatment over time. This service allows medical practices to monitor and evaluate a physician's own patients' experiences with a prescription medication.

SULLIVAN. MICROSOFT. Technology has great potential to enable better communications, and while healthcare organizations and vendors are starting to innovate in this area, the industry still has a long way to go. A good example of positive change in this area is Texas Health Resources, which is building a new application. Currently in the proof-of-concept stage, the technology allows doctors to share digital content with patients on a touchscreen computer, including images such as MRIs, X-rays, and EKGs. Or they can share streaming media content, such as a video of a coronary angiogram procedure. By using their fingertips to manipulate these images, doctors can better explain and demonstrate conditions, procedures, care instructions, and more to patients. Patients then walk away with a visual image rather than a verbal recollection.

Overcoming the Hurdles

Challenges to improving patient-physician communications range from too conservative approaches to getting physicians on board with emerging technologies.

KAY. CRAMER. Web 2.0 — the social networking piece — remains a large obstacle. Marketers are still having trouble receiving approvals from their medical and legal review teams to allow them to speak to patient communities publicly online about treatment and medicines. Almost 90% of patients are online



Increasing financial pressure is driving some physicians to increase their use of technology. At the same time, physicians are trying to find ways to squeeze more patients into the same hour.

PAULO MACHADO

Health Innovation Partners

looking for information, and they want to speak to each other. This is where pharma companies can step in and provide support and information about the disease state in a safe and comfortable sharing environment.

MACHADO. HEALTH INNOVATION PARTNERS. There is increasing interest by patients to participate and share information with their physicians, but many physicians are concerned about liability issues that might surface by having regular, daily, or even hourly access to patient information. They are unsure of their level of responsibility to respond to patient queries. There is also the question of billing; some insurance companies will pay for 'virtual' interactions and some won't. The inconsistency of reimbursement will slow the adoption of the innovations that would increase physician efficiency and improve patient outcomes. Increasing financial pressures have driven physicians toward finding ways to be more efficient.

Some physicians are adopting new technologies, but many are simply trying to squeeze seeing more patients into the day because that's the easiest action to take in the short term.

ONOFREY. *MBS/VOX.* Physicians tend to automatically assume that a better dialogue necessitates a longer dialogue. It can be extremely difficult to convince physicians that the best dialogue strategies will often reduce time spent

with each patient, because when properly employed, these strategies will lead to more effective and efficient interactions. What's more, physicians and patients will both be more satisfied, because they have achieved a

Sound Bites from the Field

ARE YOU GETTING READY TO TACKLE MORE EFFICIENT WAYS TO EMPLOY PATIENT-DIRECT COMMUNICATIONS IN 2009? OUR EXPERTS GIVE SOME ADVICE ON TAKING THAT CRUCIAL FIRST STEP.



KATHLEEN BONETTI is VP of Marketing at Rx Edge, which provides a broad array of retail marketing solutions. For more information, visit leveragepointmedia.com.

“The first step is to leave no stone unturned in thinking about how the communication fits into the entire awareness-to-treatment experience. Before becoming a ‘patient,’ a consumer must embark on an odyssey of sorts, from initial awareness of a condition to gathering information to finally seeking treatment, as well as ideally staying on that treatment for a successful outcome. Outlining this process can stimulate strategic questions: what is the consumer likely to be thinking or doing at a particular stage? When — and where — are healthcare concerns top of mind? What kinds of interactions are occurring with healthcare professionals? Patients typically don't migrate sequentially from one stage to the next, but understanding the full experience will illuminate the opportunities that exist to connect with and educate all key constituencies: patient, caregiver, physician, and pharmacist.”



CHRIS CRESSWELL is General Manager, Innovative Partner Solutions, at United BioSource Corp., which delivers science-based solutions to support the development and commercialization of pharmaceutical, biotechnology, and medical-device

products. For more information, visit unitedbiosource.com.

“First, it's important to start with easing the burden on providers. Clinicians need easy, cost-effective ways to inform and engage patients. They also need tools that empower patients to take an active role in their health, from the first office or hospital visit to long after they leave the clinical setting; this enhances communications, ultimately improving outcomes.”



CHRIS DELANEY is CEO at Insignia Health, which offers a suite of products that work together, beginning with measurement, to enable greater consumer health activation. For more information, visit insigniahealth.com.

“Communications must reflect an individual's self-management competency. Measurement starts the process by identifying a patient's level of activation. Low-activation consumers are overwhelmed, show strong negative affect, are poor self-managers, and struggle with medications. High-activation consumers are goal-oriented, seek information, and are good self-managers. These different personas require very different approaches to communication and resource allocation.”

TOM MCDONNELL is Product Director, Vyvance Marketing, Shire, a global specialty biopharmaceutical company that markets



products to defined customer groups. For more information, visit shire.com.

“The first step in meeting the ongoing challenges facing patient-centric communication is to know the audience. In particular, know the specific challenges inherent to the disease or condition and who beyond the patient is involved in the treatment, for example, caregivers of children. Tailoring all educational materials and offering feedback mechanisms are the keys to successful patient-centric communications.”



KIRSTEN YORK is VP of Return on Focus, an evidence-based marketing company that offers a number of services to assess and augment the level of evidence (LOE) supporting the communication framework and investment mix for both premarket and on-market brands. For more information, visit returnonfocus.com.

“Doctors are no longer solely driving the conversation. Pharma marketers need to identify patients who are most likely to take a proactive role in their care — actionable segmentation — and develop communication strategies to meet these engaged patients wherever they are in their treatment path.”

better connection and accomplished more of their goals. For this reason, it is critical to be able to prove to physicians that the specific strategy they are being asked to implement will not make visits longer. This can be achieved by testing dialogue strategies in real-world practice settings using linguistic techniques.

ROOTH. EMMI SOLUTIONS. The biggest challenge is fitting improved communications techniques into established workflows — both for physicians and their staff — without being disruptive. We have found physicians and their staffs are very interested in techniques they can use to inform and engage patients as long as they are no more difficult than the click of a button, or better yet, if they're automated. A very easy plug-and-play technology is more likely to be embraced by physicians and their staffs than solutions that require difficult, long, or drawn-out implementations.

HARRELL. SHIRE. In addition to the legal and regulatory considerations, one of the biggest

The biggest challenge in patient-directed communication is determining whether a sufficient value equation for both the brand and the patients can be delivered.

BOB HARRELL Shire Pharmaceuticals

challenges is determining whether the company has the fortitude to develop resources that will provide real and sustained value — and thus access — to patients. It costs a lot of money and takes a lot of energy to generate sufficient content to engage patients on a continual basis. Also, patients want support that addresses their total treatment situation, not just a myopic view around a particular drug. If a company cannot deliver on these needs, there may not be a sufficient value equation for both the brand and the patients. This can lead to poor uptake, so companies may need to rethink either their approach or their investment in such patient-directed tactics.

SULLIVAN. MICROSOFT. Consumers are increasingly using these interactive technologies in their day-to-day lives, so the biggest challenge is physician acceptance. But while consumers may be comfortable with the technology, there's still some reluctance to sharing their health information in this manner. Most households today have a computer and Internet connection, and families are used to banking online, for example. The key is driving consumer awareness to the importance of managing their health in a similar way. ♦

PharmaVOICE welcomes comments about this article. E-mail us at feedback@pharmavoice.com.

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