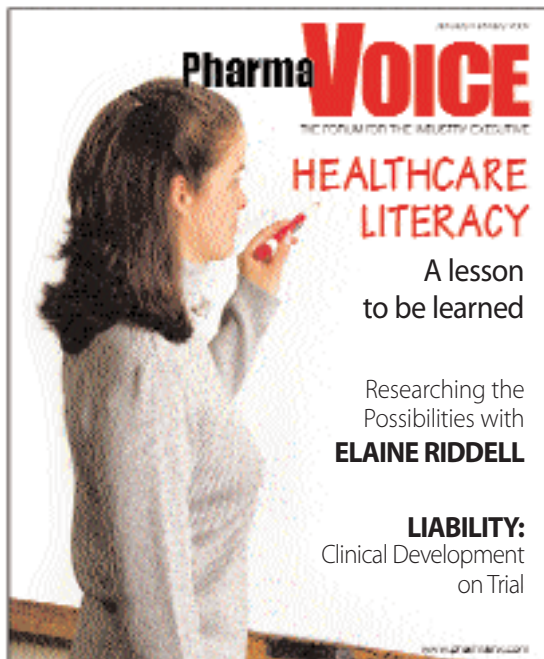


**LETTERS**

# Healthcare Literacy: The First Lesson of Many



Wow! Great! Fantastic! Finally!

— *John Racik*

Wow! Great! Fantastic! Finally!

Over the years I have been championing this message. Leave it to PharmaVOICE to give it the prominence it deserves. Great first step.

Now let's talk about how culture, language, geography, family, age, and gender can impact the understanding of healthcare instructions, compliance, persistence, and adherence.

Let's open discussions within the industry on how we can drive market share, maintain market share, and answer the growing communication needs of a changing and diverse America.

One of Sentrix's founding principals was to build strategic business units that feature integrated expertise, as well as the cultural sensitivities of the client, brand, and markets in which we compete.

Based on the leveraging of this philosophy across many different, but dedicated lines of business, our organization (Y&R) has made it work with the biggest public/private initiative to date — The 2000 U.S. Census.

The numbers generated from the most recent Census are affecting marketing and advertising.

Is it a coincidence that in a time when most media outlets are feeling a tightening of budgets, Hispanic media is expanding? What role did the Census play?

It isn't just about literacy. It is about reaching a diverse America across all lines of communications and languages. Across borders, communities, and families. Across 17 different languages.

The proprietary model is named — The Likelihood Spectrum — and the case study results are eye-opening. Sentrix has adapted this model for use in healthcare.

*John J. Racik*  
GENERAL MANAGER

SENTRIX GLOBAL HEALTH COMMUNICATIONS  
A YOUNG & RUBICAM COMPANY

## What's Your Opinion?

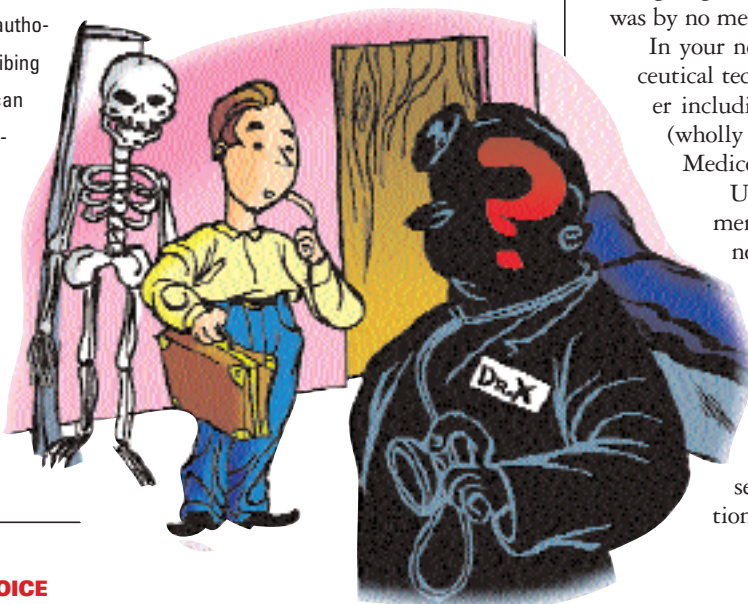
In an attempt to curtail the use of physician prescribing profiles by pharmaceutical company sales representatives, the American Medical Association is considering attaching best practice guidelines to physician data that it licenses to national databases. The guidelines are one of several steps the AMA plans as a means of restricting physician profiling. Individual physicians also are being asked to report aggressive or inappropriate activities by sales representatives to the AMA.

The American Medical Association's California Delegation released a resolution that would limit access to physician prescribing habits. According to the delegation, "The pharmaceutical industry apparently has a mechanism by which they can obtain every physician's prescribing patterns and know exactly how much and how often a physician is prescribing a certain drug; and whereas, such practices are an invasion of privacy; and whereas, effective safeguards need to be in place to protect physicians against the unauthorized use or disclosure of physician prescribing data; therefore be it resolved, that our American Medical Association take necessary regulatory and legislative actions to prohibit profiling of physician prescribing habits."

PharmaVOICE wants to know what impact would restricting physician profiling have on your marketing, research, and sales efforts?

### WHAT'S YOUR OPINION?

Please e-mail your comments to  
[feedback@pharmalinx.com](mailto:feedback@pharmalinx.com).



## Information Technology: Going Deeper

I read your very informative and well-written feature, Information Technology (PharmaVOICE, November/December 2001) with great interest. Your article included an intriguing diversity of technology voices, but was by no means all-encompassing.

In your next similar roundup of pharmaceutical technology, we hope you'll consider including our company, Phone Screen (wholly owned subsidiary of American Mediconnect Inc.).

Unlike many of the companies mentioned in your article, we are not a new venture. Established in 1985 as a healthcare call center, we have leveraged technology and human capital to become a niche provider to the pharmaceutical industry.

Phone Screen offers what is likely the most complete tool set of patient recruitment, retention, and compliance services in the

clinical trials patient-recruitment field. Ours is an efficient and cost-effective system to screen potential study subjects and keep them compliant throughout the study.

Using integrated state-of-the-art telecommunications and computer technology, Phone Screen's health-care trained recruitment specialists pre-qualify callers according to study inclusion/exclusion criteria. Calls are answered from prospective study subjects 24 hours a day, 365 days a year.

We are playing an industry role along the same lines as George Laszlo (partner and director of Life Sciences Solutions, Healthcare Group, a division of Computer Sciences Corp.), quoted in your article, who says "IT professionals help clients get past the natural resistance to change." Phone Screen has been showing the pharmaceutical industry that centralized patient recruitment services cut the length of the drug-development cycle.

In the past two years, 87% of Phone Screen's patient-recruitment projects were completed on time or ahead of schedule, nearly inverting the typical ratio of on-time project performance in clinical trials.

A major factor contributing to this success has been our development of Online Reporting, which debuted in 2000. For just the past year (2001), the early/on-time completion ratio for projects using Online Reporting was

23% greater than for projects not taking advantage of the technology.

Online Reporting provides a way for the media partner in clinical trials patient recruitment to limit unnecessary spending while making mid-stream changes to media buys in order to create a smooth, effective flow of patients into clinical trials without overloading sites and over or underspending in markets and unproductive media. This is just the type of metric addressed by Ian Cross (CEO and founder of I-SITE), who touches on the need for effective measurements of return on investment.

This well-thought out approach to partnering with our project collaborators enables Phone Screen to deliver unsurpassed savings in media buys and proven reduction in patient recruitment time frames when clients use the on-line reports religiously.

Our approach with a hosted enterprise product for multiple campus organizations will permit entry into global trials in multiple languages using different call centers throughout the world.

I believe that the pharmaceutical industry will increasingly turn to small, niche providers such as Phone Screen for packaged, turnkey solutions to their most vexing patient-recruitment challenges.

And we'll be ready with the best marriage

of technology, human capital, and creative solutions.

Many thanks for a most interesting and thought-provoking article. We look forward to each issue of PharmaVOICE, and we most certainly invite your future coverage of this important industry topic.

*Joseph S. Sameh*  
PRESIDENT  
PHONE SCREEN

## Delivering Quality

Congratulations on the continuing high quality of your publication. I know personally, as well as through many of our clients, that it is very well-received.

*Susan K. Hempstead*  
PRINCIPAL, ACCOUNT SERVICES  
STRATAGEM HEALTHCARE COMMUNICATIONS

## Letters

Send your letters to [feedback@pharmalinx.com](mailto:feedback@pharmalinx.com). Please include your name, title, company, and business phone number. Letters chosen for publication may be edited for length and clarity. All submissions become the property of PharmaLinx LLC.

