Bridging the Communication Gap
BETWEEN PHYSICIANS & PATIENTS

New patient education tools and technologies are helping to fill the monstrous gap in patient-physician communications. But even the best tools have to address the need for simple, clear communications for both parties. **PharmaVOICE** taps experts from all sides of the patient education spectrum to find out what they believe make for the most effective interactions between physicians and patients.

The Point-of-Care Problem

At the point of care is probably the worst place for patient education: the physician is time constrained, the patient is nervous, and neither may have enough information to make good decisions concerning the patient's care. Filling this gap becomes the crucial factor in improving patient and physician communications.

DUNCAN. AMYLIN. I believe the most critical time in the patient acceptance/learning phase is when patients find themselves at home after leaving the physician office with a new medication. Even if they received some in-office education, given the demands on physicians —especially those without appropriate support staff — the depth of education is likely limited. If patients don't have an avenue to be in touch with someone or have another information resource to answer new questions or issues that come up at the time of administration, they may very well delay initiating therapy or not start it at all.

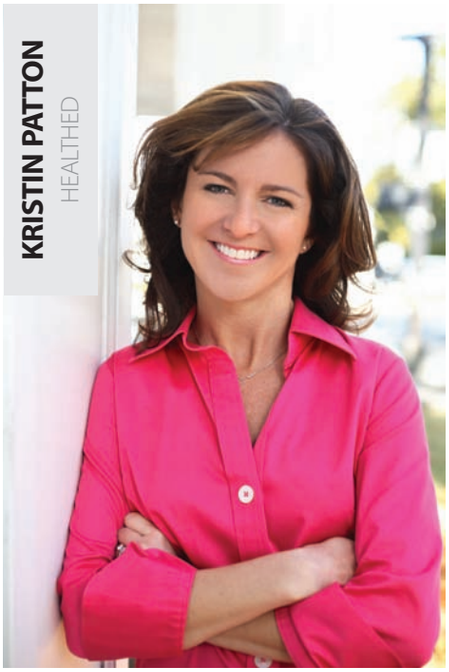
WULF. INFOMEDICS. The limited time the doctor has in direct communication with the patient is an age-old problem, and one that continues to get worse. More than 80% of HMO doctors and more than 50% of small practice physicians have insufficient time to adequately relay all of the information that needs to be given to patients during the regular office visit. Studies show that one-third of the essential information that patients need when they start a new medication is not provided by the doctor during the visit. This is a dangerous situation that can lead to medical errors and worsening patient outcomes.

EASTMAN. CATALINA. In the patient-physician scenario there is only a two-link chain, and maybe what is needed are more links. The physician communicates to the patient in an environment in which the patient doesn't feel well and may be worried about his or her condition. If the physician prescribes a medication, the patient often is not focused on what to ask or how to ask questions. What's often missing is the information they really need to take medicine properly or to understand how it affects them. Physicians may do a good job explaining the condition, diagnosis, and prognosis, but the specifics of how to take the medication, when, what is the best time of day, possible adverse reactions, or whether to take it with other meds, may be lacking. That's the type of info the pharmacist can provide to complement the information from the physician. Almost 80% of prescriptions are filled at a retail pharmacy and maybe this new link should be added. The pharmacist can provide a vehicle, such as printed information or directions of where to go to get additional information, that patients can take home with them and use at a later date.

PATTON. HEALTHED. There are so many time constraints during office

RAJ AMIN HEALTHINATION

Using a visual method is much more effective than using words alone in patient education; today, a video must be part of the process to facilitate the most efficient patient-physician interaction.



KRISTIN PATTON HEALTHED

Since we can't buy them more time, the best we can do is to help physicians with the counseling aspect of the exam by streamlining the dialogue at the point of care.

visits that physicians and patients automatically default to talking about clinical aspects of treatment. What is sacrificed are discussions about the impact of therapy or the condition on a patient's quality of life; any assessment of the patient's likelihood to adhere to treatment; and any support to help the patient to incorporate the medication into daily life. Those are the topics that get pushed aside. It's really incumbent on good, solid patient education to help physicians do that part of the job. Patient education can help through a solid understanding of not just the demographics and psychographics of the patient but also the attitudes and beliefs they have about their condition and treatment, and how it changes during the course of the condition. Then the challenge is to serve up the information in digestible amounts and not try to tell the whole story in one tactic. Instead, it is important to serve up information incrementally so the patient can hear it, understand it, and act on it before moving on to the next step. That takes a holistic view of patients: how they consume information, where they are, how overwhelmed they might be, how they behave at point of diagnosis versus how they react after they have been on treatment, and how to keep them compliant or adherent.

DEBUONO. PFIZER. The biggest gap is often in the dialogue that the patient and physician have about basic instructions regarding what the patient needs to do. The physician-patient exchange requires the patients to absorb a lot of information, and this often occurs while the patient feels intimidated and uncomfortable. The goal of any patient-physician interaction should be that the patient walks away with an understanding of what he or she needs to do and why. There are tools that can be developed that help achieve that goal. At Pfizer, we created a tool called Ask Me 3, which engages patients and physicians in a dialogue about three basic questions: what is my main problem, what do I need to do, and why? The aim is to get patients to feel comfortable in what can be a very intimidating setting by focusing on at least obtaining answers to these three main issues. The National Patient Safety Foundation has incorporated the tool into its activities, and results show that the Ask Me 3 program can be a way to improve adherence by achieving better patient understanding. The program also requires the physician to play an important role in assuring good communications.

PROUNIS. FLASHPOINT MEDICA. The weakest link is the lack of communication skills by both the patient and the physician. The key is that both need to do more: patients need to be more prepared and able to describe their symptoms and the impact on their life, and doctors need to draw out their patients more and ensure they've covered all their concerns. Patients go to their doctor's office all of the time unprepared; they neglect to bring a list of things the doctor might need to properly assess their care. Patients are often too vague in their complaints and don't speak in doctor language — meaning they don't quantify symptoms by severity or frequency. Doctors need more objective info from patients so they can make good decisions and they need to learn how to get it. There are

Thought Leaders

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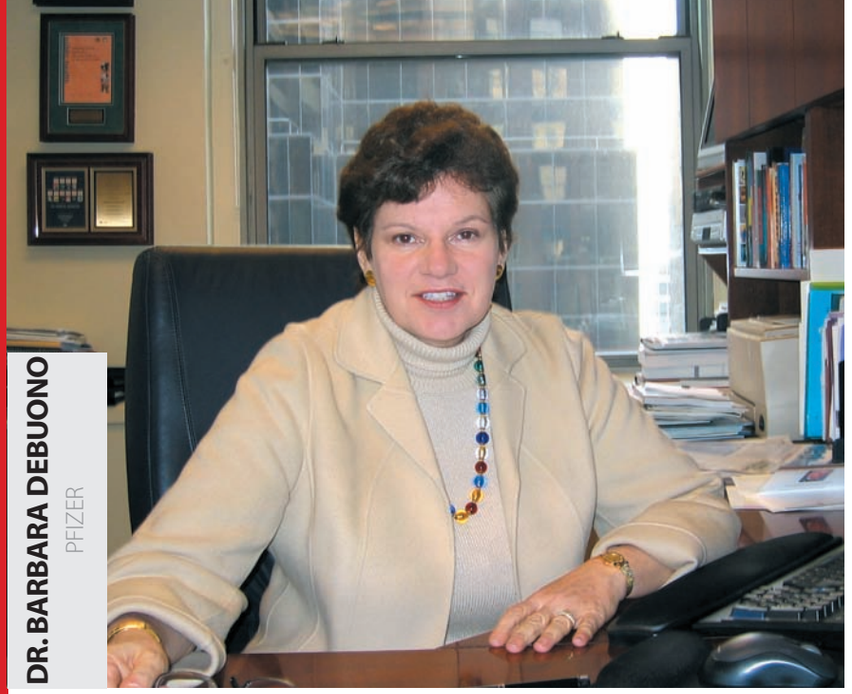


DR. BARBARA DEBUONO PFIZER

The patient should hold the physician and the system accountable to working in partnership to improve the quality of care. The real nexus is: quality, safety, adherence, and health literacy.

The innovation might just be in getting the message out there about what good communication is. There's disease education and product information, but not much on learning how to communicate better.

CHARLENE PROUNIS FLASHPOINT MEDICA

programs available that teach doctors techniques to create better communications skills on the doctor-patient level, such as Kaiser Permanente's published report called The Four Habits Of Highly Effective Doctors. First, establish a rapport quickly. Second, elicit patient perspective by asking about their symptoms and feelings. Third, demonstrate empathy so patients want to talk and won't hold back information. And fourth, provide all of the options and involve the patient in the treatment decision. This is where many doctors fall short. Instead of just giving the patient the diagnosis, now the doctor's role is to provide the options and the risks and benefits involved, which ideally leads to a shared decision-making dynamic between the two. When this happens the patient becomes committed to the care because he or she has been a partner in the decision-making process with the doctor. The weak link occurs when neither performs their roles. Both physicians and patients need to be educated on what each role needs to be.

Technology and Time

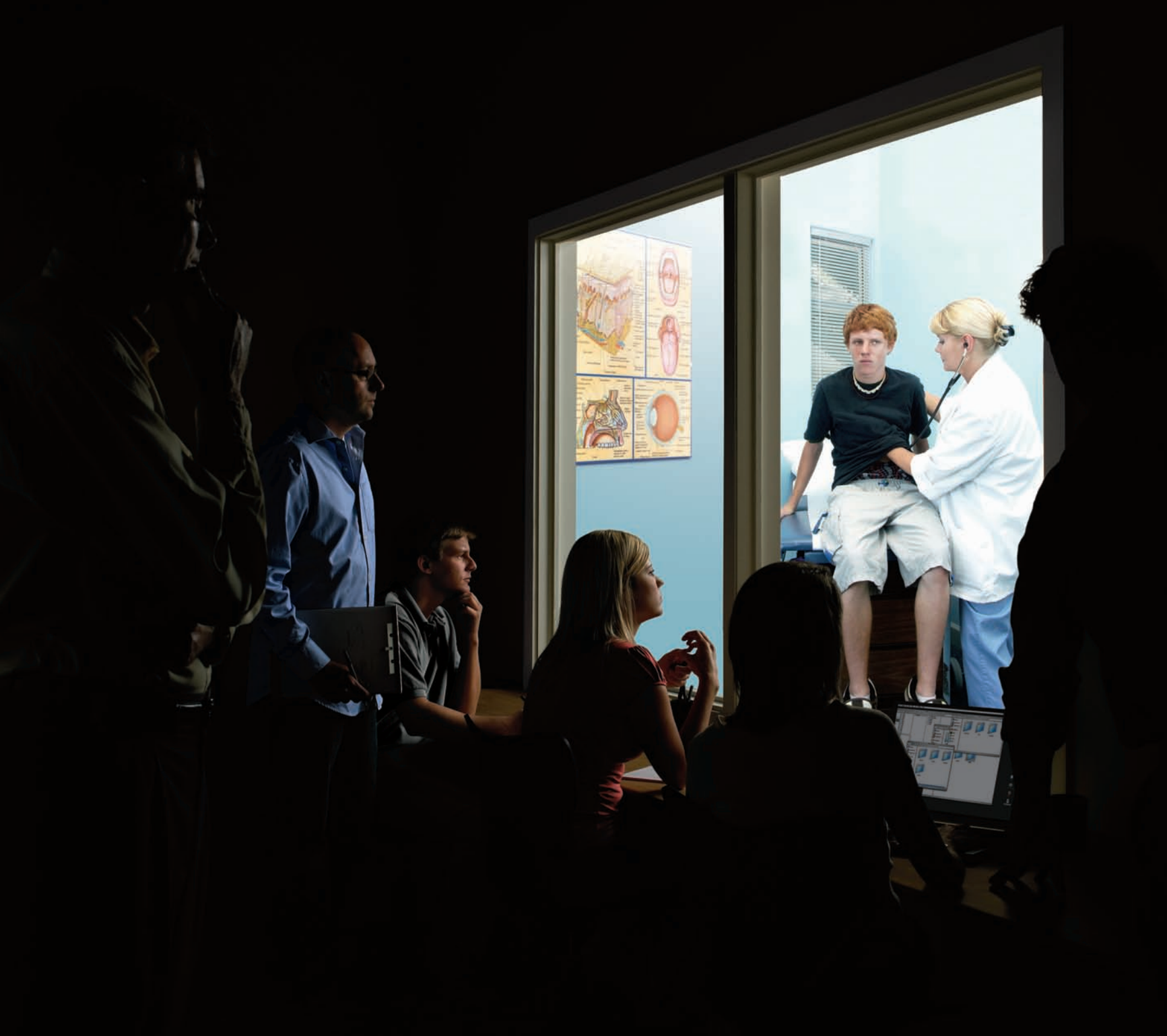
Technology advances, time constraints, patient demands, DTC, PhRMA guidelines, managed care, and more complicated therapies are all drivers for the push for better patient education.

AMIN. HEALTHINATION. Patient education has been an increasing focus for 10 to 15 years, but now we have the technology platforms and levels of adoption that allow us to serve a large consumer audience. In just the past 18 months, the content on the Web has changed from being mostly text to an immersive video-driven experience. The YouTube generation has influenced the rest of the world and video viewing has become a common online activity. According to eMarketer, 72% of all Internet users watched at least one video a month in 2007. And as a result, visual communication has become a key part of the patient-education process. Explaining diabetes is very difficult, but showing someone a 30-second video on how glucose and insulin interact inside the body in a simple and easy-to-understand way works better than just words. Patient stories can be used to communicate inspiration to motivate action, and also give emotional support. These are great tools to help support the educational process.

DUNCAN. AMYLIN. Patient education has always been very important. But over the past number of years, time spent between the patient and the HCP in the office has become very limited, and patients are not directly receiving the education they used to from their caregiver. For this reason, as well as the wealth of general — and sometimes wrong — information available on the Web, the responsibility of education has shifted to the industry to ensure both needed and correct educational content is provided.

EASTMAN. CATALINA. When I started as a pharmacist, we didn't tell the patient anything. The physician provided the prescription, the pharmacist administered the meds, and no questions were asked. Nobody knew what was going on and everyone accepted that. Today therapies are more complicated and more patients are taking multiple therapies prescribed by multiple physicians, all of which can result in adverse events. Plus, the move to DTC drove drug manufacturers to put brand awareness or product information in magazines, TV, radio, billboards, and now they have an obligation to provide additional info to patients to explain why this particular medication is appropriate, and patients are demanding this information too. There is so much third-party intervention these days patients have a lot of questions around changing therapies because of formulary restrictions. Communication is necessary to prevent errors and to make sure that patients understand and take their meds properly.

PATTON. HEALTHED. A pervasive opinion in the industry is that patient education became much more important right around the time the PhRMA Guidelines were implemented. While this is true from an acquisition perspective, this view does not recognize that patient education has always been critical to patient adherence and compliance. The guidelines have been implemented by the healthcare industry to police itself, shifting from promotional marketing to more informational marketing. And it has worked to some extent. But information is not the same as education. Information is just the first step — it does not change action but it does drive awareness. True patient education is designed to affect behavior change, so the program has to be built on a foundation of behavioral science; it has to incorporate adult learning principals and health literacy for effective writing and design. As the industry is shifting more toward compliance and adherence, we continue to look for the right expertise to drive patient behavior. The key is in the content, not in just sending more mail or more e-mail or



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Sound Bites from the Field

PHARMAVOICE ASKED EXPERTS IN THE FIELD TO IDENTIFY WHAT THEY BELIEVE TO BE THE BEST PRACTICES FOR, OR SUCCESSFUL EXAMPLES OF, PATIENT EDUCATION CAMPAIGNS THAT IMPROVE THE COMMUNICATION BETWEEN PHYSICIAN AND PATIENT.

JEFF KOZLOFF is Founder and President of Verilogue, Fort Washington, Pa., which uses patent-pending technology to capture and analyze live, in-office physician-patient dialogue used by the healthcare industry to further enhance its understanding of the numerous diseases that face society today. For more information, visit verilogue.com.

"One best practice is actually listening to what physicians and patients are discussing in their natural environment. There are technologies available on the market today that capture live, in-office physician-patient conversations. These dialogues identify critical information conveyed by physicians, key concerns presented by patients, and the absence of essential information assumed to be discussed during office visits.

Effective pharmaceutical brand marketers now use the customer's own voice — or lack of voice — to create targeted patient education materials that improve disease understanding and management."

TOM MCDONNELL is the Product Director for Vyvanse Marketing at Shire, which is a global specialty biopharmaceutical company marketing products to defined customer groups. For more information, visit shire.com.

"The Vyvanse New Start Program has been one of the most extensive and innovative patient-physician communication tools that we have introduced into the market.

The current environment presents a challenge for time-strapped physicians to hold detailed treatment discussions with their patients.

Our solution was to implement a patient-feedback marketing system. This method engaged patients — and in this case, their parents — in providing treatment feedback to the children's doctors.

In return, parents received educational reports on their children's progress. Both parents and physicians learned from the feedback process, gaining greater understanding and awareness of their ADHD condition and Vyvanse. This significantly increased the physicians' tendencies to prescribe the brand to other eligible patients.

This patient-feedback program has allowed us to ensure that patients using Vyvanse are effectively connected with their physicians while simultaneously delivering our product's key messages — the result of a truly innovative solution."

DEBORAH SCHNELL is President of Sales and Strategic Planning for Healthy Advice Networks, Cincinnati, which helps consumers and healthcare professionals make more informed health decisions by providing trusted, relevant, and easy-to-understand health information when and where they need it. For more information, visit healthyadvicenetworks.com.

"I believe that targeting the message is the key to successful communication between a patient and a physician. This requires an in-depth understanding of the 'customer' to ensure the right message is delivered.

A great example of this is when the brand team for an allergy product used digital technology to customize its message down to the office level. Looking at the prescribing behaviors of the physicians helped them define the patient profile and the type of education and messaging best suited for the office. Working in collaboration with the field salesforce, they encouraged patients to ask for a starter kit.

Additionally, since allergy products are seasonal, they customized their messages on a geographic basis, enabling the brand to educate patients about mold and pollen counts often before symptoms even began, getting the patients on therapy sooner and relief faster. This type of targeted communication speaks to the needs of the patients and ultimately translates into a win for the patient and a win for the brand."

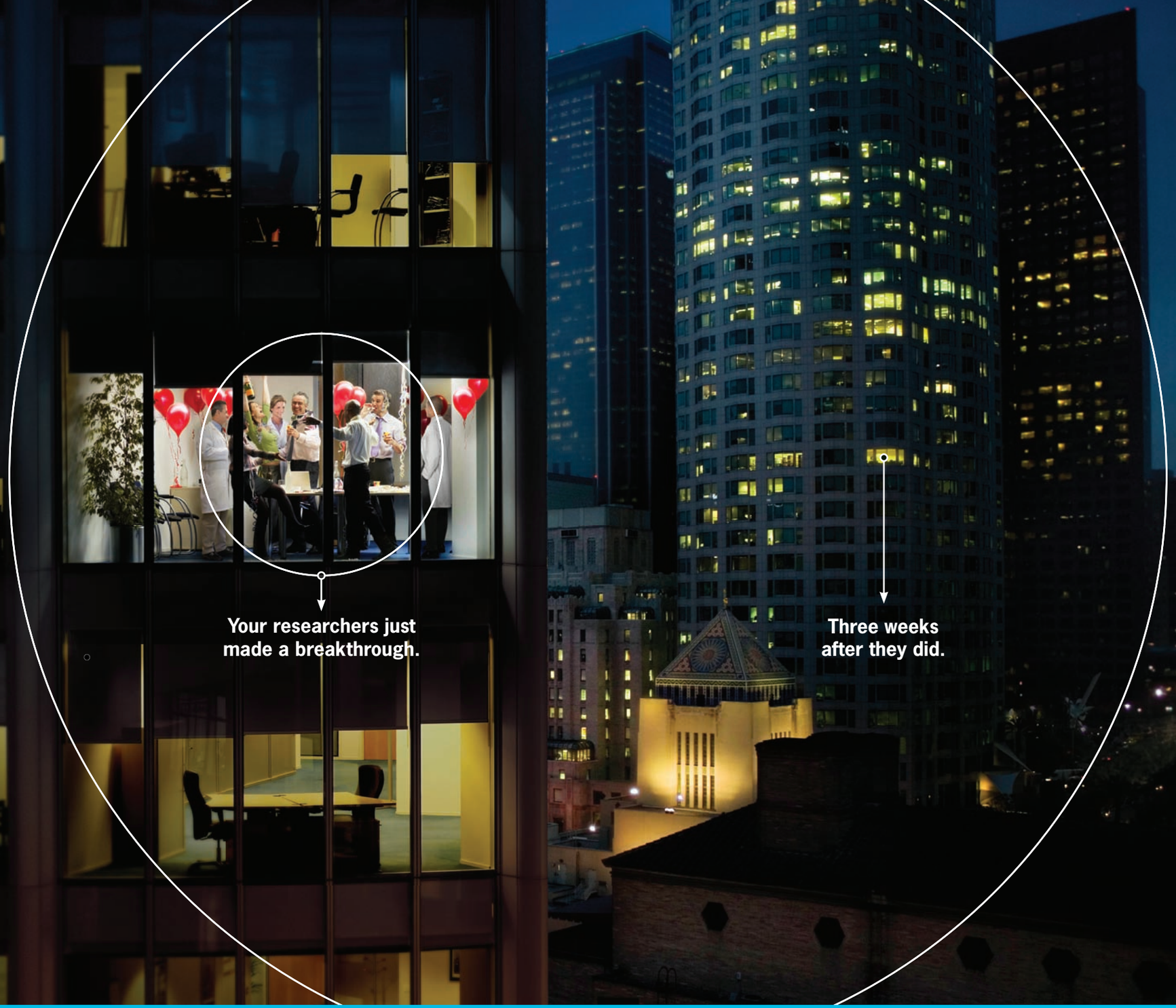
setting up a call center. If the content in those channels isn't usable, it's not worth spending money on.

DEBUONO. PFIZER. The driving factor behind patient education is to get patients to a place where they feel much more secure and confident in managing their own healthcare needs, which includes everything from making the appointment with a doctor, to ordering a test, to understanding the impact of diet and exercise, to knowing what to ask. The patient should hold the physician and the system accountable to working in partnership to improve quality of care and health outcomes. The real nexus is: quality, safety, adherence, and health literacy. Health literacy is linked to challenges with cultural communication, cultural norms and expectations, limited physician time with patients, and/or not making the best use of that time to communicate effectively with patients. For one, physicians are not trained to speak in a language that is accessible to patients. Instead of the word vertigo, they should say "dizzy" or ask if the room is spinning. Instead of sequelae, they should say "side effects" or "bad outcomes;" instead of hypertension, they might want to say "high blood pressure." Physicians need to relearn layperson's language to effectively communicate with patients. It is also important that doctors and providers get rewarded for the time they spend on patient education. If there is some financial incentive for physicians to communicate better and to measure outcomes, physicians will be more likely to do so.

PROUNIS. FLASHPOINT MEDICA. Research finds that patients forget half of what the doctor says as soon as they leave the office and 46% of people think they don't need the medicine that the doctor prescribed for them. Those are pretty powerful facts that prove there is not a real engagement between physician and patient. Physicians interrupt patients 18 seconds into the encounter — no wonder there is not a good connection. Physicians need to be more skilled in asking the right questions to connect with patients. Good communications lead to increased patient satisfaction, and therefore better health outcomes.

Responsibility Lies With Pharma, Physicians and Patients

Both patients and physicians need to play a more



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TNS Survey Shows Increased Value Put on Patient Education

A recent TNS survey of U.S. general practitioners (GPs) investigated the types of activities and services they valued the most from pharmaceutical companies. The survey also measured the level of performance of various pharmaceutical companies in delivering these activities and services.


Andrew Brana

When asked which services they would value in their relationship with a pharmaceutical company, 66% of the survey participants identified patient management, education, and support programs as having value to them. This is up noticeably from a similar survey in 2007 when 55% of respondents selected patient programs as important to them. Of the GPs that selected patient programs as valuable to them in the current 2008 survey, 55% of them said it was among the top three most valuable things they would want to get from a pharmaceutical company.

The survey also asked physicians if they saw an increase in the level of service from pharmaceutical companies on patient management, education, and support programs during the last 12 months; 80% of physicians stated they have seen a positive change, with 29% of physicians saying it was a significant or very significant increase in service.

The survey then asked the GPs to score 15 top pharmaceutical companies on their patient management, education, and support programs. The scores received ranged between average and good. No company received a score approaching the excellent range.

It should be noted that the survey asked the GPs to rate the companies' performance overall, not by individual brands or franchise areas (e.g., cardiovascular, diabetes, etc.) within the company.

Key conclusions from the survey regarding patient management, education, and support programs, included:

- They are seen as a valuable part of the brand services mix for two-thirds of GPs.
- GPs are seeing an increase in the level of service in this area from pharmaceutical companies.
- GPs rate the existing patient programs of leading U.S. pharmaceutical companies between average and good, with no company standing out in the GPs' minds as having excellent or far superior patient support programs. There appears to be significant room for pharmaceutical companies to improve the patient programs that they offer to support their brands.

The survey also asked about Internet-based services for patients and how valuable these are to GPs; 35% of GPs find value in Internet information services for patients. While relatively low, this is a significant increase compared with 2007 when 28% of GPs rated this as important to them. As many as 69% of physicians reported some level of increase in service on Internet-based information services for patients, with 31% of physicians rating it a significant or very significant increase in service.

When asked to rate individual companies on Internet-based information services, company scores ranged just slightly above the average level, noticeably lower than patient management, education and support programs overall.

Source: Andrew Brana, Senior Global Consultant, Sales Performance Optimization, TNS Healthcare, New York. For more information, visit tnsglobal.com.

active role in their own education and it is the industry's responsibility to make sure the information needed is available.

DUNCAN. AMYLIN. First, we can't always just refer to the physician as the administrator of education. We must not forget that others often administer education in the office, for example, MAs, nurses, DEs in the case of diabetes, PAs, and others. We cannot rely on the physician as the sole dictator of necessary patient education. While they should always be a part of any educational offering, pharma must look well beyond the physician as the delivery mechanism of patient education. Obviously, it is up to the pharmaceutical companies to provide the necessary education for their products, but the ever-growing area of education in which the industry is becoming a bigger player is nonaccredited, nonbranded disease state patient education. This both heightens the general understanding of disease conditions and also establishes a more informed patient or consumer to seek out the most appropriate treatment options.

WULF. INFOMEDICS. On the physician side, the most important element for a successful program is that it has to be turnkey and not absorb the physician's time. The maximum time it can take is 30 seconds to 1 minute out of the office visit. Most of the programs involve activities outside of the doctor's office but always close the loop back with the doctor to keep him or her informed. Not only do these programs build confidence in the brand, they can actually result in a 30% increase in new prescription writing. This results from pharma establishing a presence in a supportive role that positively influences the doctor. If a patient-feedback report is generated regarding the patient's satisfaction and sent to the doctor as a follow up, new prescription writing jumps to between 50% and 60%. When programs are branded with drug-specific feedback to the prescribing doctor, the prescription writing goes up to 100%. In this way, the industry can provide positive support to the physician-patient dialogue and still make money.

Technology, Techniques, Training Help Bridge the Gap

Technology is making it easier to close the disconnect between physician and patient.

DUNCAN. AMYLIN. Better education in terms of content is resulting from a greater under-

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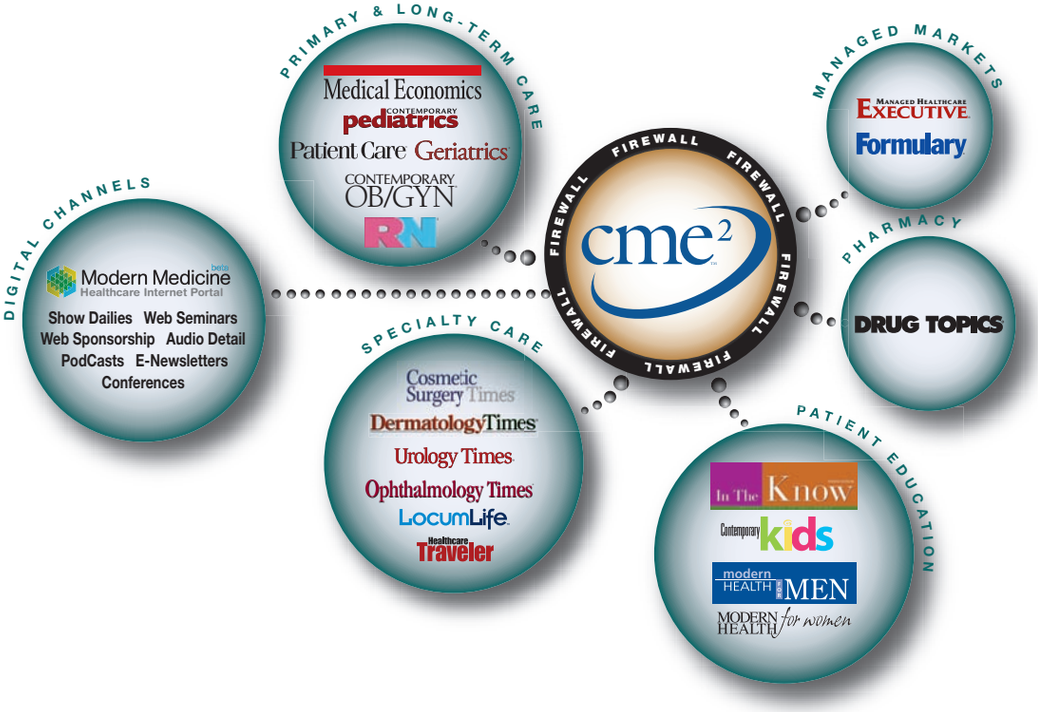

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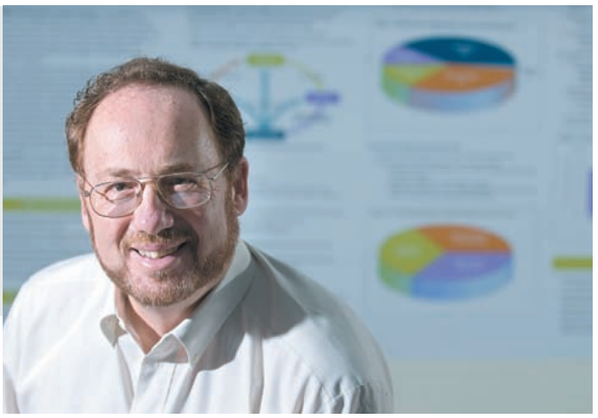

DR. STANLEY WULF INFOMEDICS

Writing content for a thousand different patients in a way that they all find valuable is an art as opposed to the science of a patient education program.

SUZANNE EASTMAN CATALINA HEALTH RESOURCE

Adding the pharmacist to the patient-education chain provides another place for the patient to get information, and certainly this connection builds relationships, and, therefore, improves adherence.

standing of patient needs via market research, direct patient feedback, etc., and a more sophisticated approach to executing educational programs with the help of agencies that specialize in the area. The innovations related to delivery of the content that are making better patient education possible are also leading to an abundance of information, which is making for a very noisy marketplace. The Internet is an endless source of information both good and bad. But other media like specialty programming, localized networks of caregivers and patients, and opt-in programs offering individualized education have become integral parts of effective education delivery.

WULF. INFOMEDICS. Technology will have to be used to educate large populations, and it must be something that is commonly available. If a handheld device has downloading capabilities that only one in a thousand people may know how to use, that's not going to work. To reach large populations, we have to use the lowest common denominator. Therefore, the phone and the Web are the two technology avenues best suited to educate patients. Cell phones have been a great advance in patient education, giving the patient the ability to have that privacy they may not have on a home phone or work line. We are still in the cowboy days of Web information, however. There is an influx of independent sources of information on the Web that is not specific or tailored to the individual patient. Technology solutions have to be intelligent solutions that are interactive, support diverse patient needs, and supply tailored information to the patient and then find out if the patient understands what he or she is reading. The technology must be capable of robust real-time evaluations.

EASTMAN. CATALINA. Many of the techniques being discussed involve delivering info to patients via electronic media or handheld devices, which might be appropriate for small populations. Most people that are using prescription drug therapy have relationships with their retail pharmacy, so we feel print material from that source is still well received.

PATTON. HEALTHED. There's room for technology to be used as long as the technology is a match for the target audience and how they consume their patient education. Web 2.0 is really starting to gain traction but I can't say at this point it's effectively harnessed. It's trendy now, cutting edge. This is when we start to get into trouble because it is such a highly regulated environment, that we owe it to each other to execute programs with new technology platforms credibly, honestly, and with integrity. There is change afoot and technology is helping drive it. Podcasting and videocasting could be leveraged much more strongly as an education tactic.

DEBUONO. PFIZER. The Newest Vital Sign, or NVS, is a five-minute screening tool doctors can use to assess the health literacy of patients. The NVS tool tests patients on their comprehension of a food label. This is an easy tool for doctors to use with their patients to determine where a patient is limited in understanding health information. If 30% to 40% of a physician's patient population is struggling with health literacy, the physician will have to address how to effectively communicate instructions and directions in his or her patient communications and interactions. Accompanying the Newest Vital Sign is a tip sheet for effective physician communication and information about Ask Me 3. As a pharmaceutical company, we care about adherence to medication and the safe and proper use of medicines. Pfizer has a strong belief in clearly communicating to the patient how to use our medication, whether it is in written or verbal form. It is up to the nurses, pharmacists — in essence, everyone on the healthcare team, to make a concerted effort to communicate medication information clearly to patients.

PROUNIS. FLASHPOINT MEDICA. Pharmaceutical companies can help by synthesizing all the research done in healthcare communications and bring that to doctors and patients in educational venues to increase awareness of this topic. Another best practice is using interactive workshops that help physicians direct the conversation, such as: drawing out a patient's true concerns and identifying which ones to address first, asking what else, sitting down and communicating with patients at eye level, and not having a hand on the door while talking. Another innovative idea is empathy marketing, where physicians sit in a simulator and experience what it is like to have heart disease or fatigue. After that experience, the doctor can appreciate what it's like to have heart failure, for example. Kaiser Permanente mandates that all new physicians on their plan participate in a clinical physician communication program. The company recognizes that there is a direct link between better health outcomes and patient satisfaction, with communication being the No. 1 driver.

We cannot rely on the physician to be the sole provider of the necessary patient education.

CHRIS DUNCAN
AMYLIN PHARMACEUTICALS

What's on the Horizon

Physician patient communication programs are gaining traction and have no where but up to go in terms of implementation and utilization.

AMIN. HEALTHINATION. We've seen video viewing growth of 400% in the last four months alone. Ten years from now, we'll see video available in many more places, especially in mobile environments. There are amazing quality videos on BlackBerrys and the iPhone and iPod, and it will continue to get easier to deliver videos to these devices. Video is everywhere and we'll continue to embrace these platforms as consumers do.

DUNCAN. AMYLIN. I believe the methods by which the industry promotes and educates will look completely different in five years. Regulations, physician access, and patient demand will shift much of today's professional promotion dollars to patient-based education and promotion.

WULF. INFOMEDICS. Genome projects that allow the identification of genetic markers for diseases and allow greater tailoring of medications will increase the need to shape patient education content. For example, since we discovered the existence of positive and negative markers in breast cancer patients, we can individualize their treatments. If the patient has four out of five markers, they fall into a specific group, and a patient with three out of five would be in a different group. Today, those two patients are treated in the same way. In the future, those patients will be treated, and educated, differently.

EASTMAN. CATALINA. For doctor-patient information to continue to improve there are three things that need to take place. One, consideration must be given to the information and relevance of the medium used. How relevant is it to the patient to read content in a magazine or newspaper ad? Does that general information really apply to the individual patient? The more relevant the info is to an individual patient, the better received it is. Two, with electronic concerns about protecting patient privacy, we need to make sure that health info is protected. And three, getting health info to patients costs money and manufacturers are in a good position to support patient education programs that result in positive, compliance-persistent patients. Manufacturers will benefit in the long run and they will be able to realize that there is a benefit to their program.

PATTON. HEALTHED. There will be an increased focus on combining the best practices from CRM and patient education. As the industry tends to focus on the importance of adherence we will begin to harness the power of Web 2.0. I expect there will be more edu-tainment, such as edu-gaming online, which will help people understand complicated disease states and therapies. There also will be an increased focus on caregivers as key stakeholders. These are the ancillary stakeholders who really will affect change at the end of the day. The role of caregiver will become much more important as marketers realize the power of the sandwich generation: people who are trying to manage the health of their children, themselves, and their parents.

DEBUONO. PFIZER. The patient education movement is really under way and there is a lot of attention now being paid to electronic health records, and access to useful and current health information via the Internet and other mediums. There will be some opportunities to link health literacy, improved health communication, and the streamlining of information for and about patients. I believe that this is an important next step. It is amazing that when patients understand what to do, why they need to do it, and have been given clear instructions and directions — in other words, when an effort has been made to engage them in the process — their outcomes, particularly regarding self awareness, self efficacy, and chronic disease management, are improved. ✦

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

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