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TWELVE MINUTES EVERY THREE MONTHS

When we consider marketing a new and/or existing medication, there are two numbers that are worth keeping in mind: 12 and 3 — 12 minutes and three months. In our analysis of thousands of physician-patient exam-room interactions over the past 12 years, we have found the average time of a primary care visit is eight to 12 minutes. The average timing for follow-up visits in many chronic conditions is three months.

These numbers are, in large part, because of the increasing time pressures under which primary-care physicians operate. We all understand this dynamic, but we need to consider all of the effects this dynamic is having on healthcare and marketers' ability to communicate the benefits of their brands. Let's take a closer look.

TIME-TRIAGING

Let's zoom in and consider one 12-minute visit. Most visits begin with some "small talk." For established patients, this is essential to re-establish and maintain rapport. With a new patient, this time is essential to create trust. This small talk typically takes several minutes.

Next, the physician reviews the patient's medications. Usually, this is accomplished by a series of repeated questions, such as: "Are you still taking XYZ?" On average, this takes three to five minutes.

The physician then has about five to six minutes to:

- Establish a visit agenda with the patient.
- Discuss laboratory results and other tests.
- Perform a rudimentary physical examination.
- Review the need for diet and exercise modification, and, if relevant, smoking cessation.
- Discuss progress with chronic disease(s).
- Prescribe, adjust, eliminate medication(s).
- Discuss risk/benefit of new medication(s) if prescribed.
- Surface and address any adherence issues.
- Write prescription, dispense samples, set up additional testing.

MAKING THE 12 MINUTES COUNT

While you can create many programs to "extend the office visit," you cannot be successful in marketing a prescription product without creating the information and momentum needed in the exam room to "spark" a prescription. This presents a formidable challenge, but there are concrete things that marketers can do to increase their opportunities for success.

In an effort to save time, physicians must constantly weigh the relative importance of signs and symptoms and patient input. Often, it is the symptom or concern that is spoken about the most in the visit that will rise to the top of the physician's priorities. Often, marketers can facilitate this dynamic on behalf of the brand by seeding promotion and education materials with important communication bridges and extenders.

When designing messages, marketers need to be sure to communicate the broadest possible context around which a discussion between the physician and the patient should revolve. For example, it would be better if instead of physicians merely asking patients to discuss a singular complaint, such as pain, they encourage and assist patients to communicate the impact the pain is having on their sleep, their ability to perform activities of daily living, and their mood. If the symptom is discussed within a broader context, it is far more likely that physicians will prioritize that symptom and consider prescribing a particular brand.

A common challenge to effective communications between a physician and a patient is overcoming a "conceptual" misunderstanding — that is, the communication of an idea that requires more than just a dictionary definition of a medical term. Often, these concepts attempt to distinguish one treatment strategy from another. When patients lack an understanding of these concepts it can often lead to significant adherence issues. Some common conceptual miscommunications include the difference between "acute" and "chronic," "preventive" and "symptomatic" treatment, "cure" and "management" of a serious illness, and "improvement" and "slowing the progression" of a medical condition.

When marketers are designing their message strategies, they need to pay particular attention to the underlying concepts that provide validation and support for prescribing and taking their brand. And they need to communicate these core concepts through a mix of media, particularly nonbranded and branded online education in which concepts can be explained and tested interactively.

PATIENT EMPOWERMENT EXISTS ON A CONTINUUM

We are all used to speaking about the "empowered" patient. But we need to define our terms and test our assumptions against observed reality. Patient behavior in physician-patient interactions is extremely variable.

In our studies, we have observed patients who will proactively ask their physician about a medication they have seen advertised, but these represent a significant minority of patients. Other patients will actively ask their physicians questions but may or may not feel comfortable asking a physician to repeat information they do not understand. Some patients aid their physician in prioritizing the agenda for their visit; many will not. And there are still many patients who will neither proactively ask questions nor request clarification.

The pressure of time will not get easier for physicians, patients, or marketers. But by understanding the dynamics of the physician-patient interaction, marketers can create communications that break through and spark the behaviors they wish to influence.

Joe Gattuso is Director, Strategic Insight and Account Planning, at CommonHealth, a network of highly specialized healthcare marketing companies, all aligned to build brands that dominate. For more information, visit commonhealth.com.

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