LAST Word

Helping Patients Be **Adherent**

Ben Kramer, M.D., VP of U.S. Medical Affairs, Immunology and Infectious Diseases, at Genentech, talks about patient education and adherence.

PV: What do you think makes for a successful patient education program?

KRAMER: Patients need to be well-informed about their disease, and the information has to be presented in a way that can be understood. Patients often don't know what kinds of questions to ask their physicians or healthcare providers. We also need to help patients articulate questions and give them tips on how to process the information. Sometimes patients may be nervous or overwhelmed by the experience at the doctor.

It is also important for patients to understand their treatment options and what is different about each of the options and the associated side effects.

They also need to understand the long-term outcome of their condition, both with and without the treatment.

PV: What should be part of a patient education program?

KRAMER: I am a firm believer in multiple communication vehicles because there is a lot of information for patients to understand. Nothing should substitute the doctor-patient conversation, and it is important for doctors to spend time with their patients to help them understand their condition and their treatment options and address any concerns that they have. But having said that, because there is so much information, repetition is important. That is why there needs to be a variety of different communication vehicles.

We started RheumatoidArthritis.com five years ago to give patients, caregivers, and healthcare providers first-hand information about arthritis from other patients and advocacy groups. This year, we added animated videos, called Raise Your Voice, to bring patient journeys to life Later this year, the site will launch a series of guest blogs from advocates and others who are well known within the RA community who want to share their story on our platform.

Treatment brochures also are certainly important so patients can read about the information at their leisure, as are medication guides that explain the treatments and the side effects in a way that patients can easily understand.

One communication vehicle is not sufficient. There needs to be a comprehensive approach with multiple avenues for providing information. This can only benefit the patient in the end.

PV: Is adherence a challenge in rheumatoid arthritis?

KRAMER: Unfortunately, adherence is a challenge everywhere, and arthritis is no different. Adherence is a challenge for any chronic disease where treatment has to be administered on an ongoing

Adherence is a very complicated concept, and there are multiple reasons why. There could be emotional reasons; some patients don't want to accept the fact that they need to be on treatment. Some patient may easily forget to take their medications if they don't get themselves into a routine. Patients may have other conditions or diseases as well, which requires them to take multiple medications for these different conditions.

In the case of rheumatoid arthritis, we know that patients with rheumatoid arthritis are at increased risk for cardiovascular disease, including high blood pressure and heart disease. Many may also have high cholesterol. They are also at increased risk for diabetes. So, they could easily be taking other medications in addition to their rheumatoid arthritis treatment.

We have to understand the patients comprehensively and holistically and realize they will have other diseases or conditions that they are receiving treatment for as well. We have to understand if patients have any concerns or fears about taking medication and what these are. For example patients may be afraid about having to take medications for long periods of time.

There needs to an honest conversation about the advantages and disadvantages of medications, as well as the long-term prognosis if they decide they don't want to take medication. There needs to be a conversation about the medication being



prescribed and asking patients how they are going to keep up with the schedule, and what things they are going to need.

We need to have these conversations, which are the most important piece because this will determine a patient's willingness to take treatment and be successful with his or her medication regimen.

PV: What role can pharmaceutical companies play in adherence and compliance?

KRAMER: Pharmaceutical companies contribute a lot. First and foremost, if patients can't get the medication, they're not going to adhere. Genentech has launched Access Solutions, which helps patients to get access to medications through their insurance plans. This division of 250 people helps patients through the benefit and prior authorization process, and can assist with appeals if benefits are denied. Through Access Solutions we can also provide patient assistance.

The next step is information. The more educated patients are, the more likely they are going to adhere to their therapy. Having different information vehicles where they can access information whether through brochures or the Internet makes a huge difference.

Additionally, patients need options about their therapy, which can actually help them be adherent as well.

For example, Genentech's Actemra is available as an intravenous and as a subcutaneous injection formulation for moderate to severe rheumatoid arthritis. It recently received approval for juvenile idiopathic arthritis (PJIA) or active systemic juvenile idiopathic arthritis (SJIA). There are some patients who would rather receive a subcutaneous injection and others who would prefer to get an infusion.

Creating options for people and providing a format for patients and caregivers to have discussions with their health provider can help to ensure that patients will be adherent to treatment because they will be able to choose the option that works best for them.

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