



Paper or Plastic? OR PIXELS?

Patient education is rushing headlong into digital as the medium of choice.

And rightly so, because digital can provide unique benefits, including a sky-high “wow” factor. But, digital is not the ideal medium for every situation. Choice of medium should be an objective, measured decision.

When a healthcare professional engages a patient using a dimensional resource it naturally builds their relationship in a way that handing the patient a QR code cannot.

In patient education, digital is hot right now. Red hot. Pharmaceutical marketers want a sexy digital application that educates patients about a new therapy, reminds them to adhere to their dosing schedules, and looks good doing it. The reasons behind their “everything digital” approach are clear:

- » Portability, making it easier to move content onto multiple platforms
- » Scalability, with the promise of one message being repurposed to multiple devices: laptop, desktop, tablet, and smartphone
- » Interactivity, such as self-paced education, games, and response-based content, each of which customizes a patient’s educational experience
- » Multimedia, integrating multiple visual and audio elements to enhance the user experience
- » Sizzle, with digital perceived as cutting-edge compared with traditional media

Leading the way in digital is an insatiable demand for portable device apps. Apps are an ideal medium for symptom trackers, adherence reminders, appointment reminders, calorie counters, and just about anything else that helps busy people maintain their mobility.

Apps are great, if they’re the right tool for the job. A well-designed app that enables angina patients to record the time and duration of every attack is going to be a huge hit. Patients will love the convenience; healthcare professionals (HCPs) and pharmaceutical product managers will appreciate the reliable data.

On the other hand, a poorly designed app for tracking multiple sclerosis relapses could easily require more dexterity than its users can muster. A negative user experience can quickly damage reputations.

An impressive mechanism of action (MOA) animation is high on every product manager’s wish list because it can open doors for pharma reps and encourage patients to ask for a product by name. But one MOA animation is unlikely to do both jobs well. A high-science MOA animation that resonates with clinical trial researchers

will not be comprehensible to patients who only want to know how a condition affects their body. And to ensure that sharp-eyed HCPs don’t detect anatomical flaws, MOA animations should always be developed by Certified Medical Animators, scientific artists who have advanced science degrees.

Moving beyond the current glamour leaders, apps and animation, digital seems to be everywhere. Disease-state and product websites continue to grow more sophisticated. Clinical trials are increasingly using digital media to recruit and retain patients, while creating stakeholder communities. Interactive PDFs containing embedded multimedia can lessen the drudgery of filling out forms. There are even digital refrigerator magnets that change color to indicate when it’s time to take the next dose.

Digital or Not Digital

So, with the headlong rush to digital, is it now the media of choice for patient education?

It depends.

The choice of media is often dictated by the disease state. For education aimed at peripheral neuropathy patients, a plastic, tactile touchpad can enable users to judge the severity of their disease by how well they detect differences in surface textures. But, education aimed at macular degeneration patients is better suited to digital, where users at a desktop or laptop computer can alter the size of type or zoom in on an image to suit their vision requirements.

Sometimes the choice of media is dictated by more practical concerns. Many clients prefer traditional digital. With paper they don’t have to worry about users randomly clicking through the message. They don’t have to worry about the battery running out or finding a WiFi hot spot. There’s no learning curve to using a piece of paper. Most importantly, when a healthcare professional engages a patient using a dimensional resource it naturally builds their relationship in

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a way that handing the patient a QR code cannot.

So, How Do You Decide: Paper, Plastic, or Pixels?

The choice of medium should be an objective, measured decision. At Artcraft Health Education, we begin by applying our CARE principles to ensure that client messaging is clear, actionable, relevant, and engaging. Next, we provide a focus room where we can observe real patients and how they interact with various educational materials. Then, our staff of nurse educators, certified medical illustrators, designers, and medical writers uses our knowledge of patient behavior to brainstorm ideas for the optimum way to educate a specific audience. Finally, we consider the literacy level and demographics of the intended audience and the competitive landscape of our client’s product. Based on all that information, we can recommend which medium is most likely to deliver a high return on investment. **PV**

Artcraft Health Education is a marketing communications agency specializing in educational solutions for healthcare professionals, patients, and caregivers. Our extensive background with pharmaceuticals, biotechnology, and medical devices enables us to meet most any challenge in health education. Our patient education materials empower patients to better understand their condition and treatment goals and make more informed treatment decisions. Better understanding by patients can help clients achieve their health outcome goals and marketing objectives.

▼ For more information, visit artcraftthealthed.com.



Guided by strategy

Our customized health education solutions ensure that key audiences understand your product and how to use it. We can develop an animation to show mechanism of action. An app to track symptoms. An easel to help healthcare professionals discuss treatment options.

Reinforce your brand with creative solutions based on objective metrics.

Because clear messages work best.



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