

Social Media And Patient Education:

Where the Patients Are

From
pharmaceutical
companies to patient
organizations, the industry
taps into the power of
educating patients through
social media channels.

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ith a growing number of patients using social media to manage disease and chronic conditions, the industry is beginning to offer its educational materials via those channels as well.

According to Yolanda Marie Johnson-Moton, strategy consultant, USMD Health Education Development, Eli Lilly and Co., today there are more ways to communicate with patients than ever. Communicating through digital and social media, in addition to more traditional channels, is proving key to supporting patients.

“As healthcare costs continue to increase, it’s important to engage, educate, and empower patients to be an integral part of their healthcare, so they can live longer, healthier, more active lives, which translates to improved patient health outcomes,” Ms. Johnson-Moton says. “Providing information in multiple formats and channels increases the reach to consumers. It’s important to identify opportunities to meet patients where and how they choose to receive information, using multiple channels and formats that they can relate to and understand.”

Ms. Johnson-Moton points to the company’s newly revamped Lilly for Better Health platform — which uses digital, video, e-publishing technology, QR codes, YouTube, and online formats to communi-

cate with patients — as an example of the many different ways patients can be reached.

In these times of competing media noise and message clutter, reaching patients on their terms is more important than ever. Incorporating social marketing strategy into patient education programs allows for dynamic presentation of information based on user need, says Ann Friedman Ryan, senior VP, director of CRM and interactive, Ogilvy CommonHealth Consumer Care. It also allows for the collection of more real-time data, an important element in designing patient education platforms.

“Social marketing has always been an element of patient education efforts,” she says. “What is changing, due to the digital environment, is the speed at which we are able to gather information and gain customer feedback.”

Online patient education efforts work because they can be conducted in real time, with full transparency, and can better illustrate a message, Ms. Ryan says.

“Technology allows us to evolve and per-

sonalize our educational approach,” she says. “Through interactive tools and the use of video, we now not only tell our story, but are able to show and take advantage of multisensory learning patterns.”

According to Karla Anderson, partner, Pharmaceutical & Life Sciences Practice at PwC, patients have more opportunity to get engaged and involved in their healthcare with the availability of online healthcare support systems, but there are many other factors driving the trend of providing patient education on social media channels. For one, she says, it is more difficult for patients to navigate through the healthcare system and the constantly changing healthcare benefit structure, so patients are looking for new ways to become educated in order to make informed decisions. Additionally, they are moving to the Internet for that information and finding peer groups to share their experience with.

“This increased availability and access to others that technology allows is creating more patient groups,” Ms. Anderson says. “Patients with chronic diseases have traditionally sought out support from associations and built networks to help cope with their disease, and now technology enables that at an exponential level.”

Patient groups are developing in disease states that never had this type of community engagement before, she says.

“Social channels are creating a level of pa-

tient empowerment and momentum in the marketplace that hasn't existed before, except in some very controlled pockets," she says.

The rapid increase of patient channels says a lot about patient trends and insights, and potentially about gaps that exist in how patients are reached, Ms. Johnson-Moton says.

"I believe the medium allows the industry to understand in some respects what types of information patients like and dislike, and how they choose to receive it, as participants tend to be willing to share opinions openly," she says. "Also, patients now have more information at their fingertips than ever before, which enables them to have even more meaningful dialogues with their healthcare providers."

Jay Greenberg, Sc.D., senior VP of the National Council on Aging (NCOA), knows firsthand what can be learned through online patient self-management workshops. NCOA is conducting pilots funded by a philanthropic gift from Sanofi to fund further work in the social media/patient self-management area.

"We are learning a ton from these pilots," he says. "We are learning what type of online messages work better for which people; we learned that if somebody has multiple chronic conditions and one of them is diabetes, they respond better to diabetes promotions than they do to multicondition messages. We learned that an image of a man and woman is a better draw for women than an image of a woman. We have learned that 65% to 75% of the people who start Better Choices, Better Health, a six-week online self-management workshop developed by Stanford University, will complete the workshop. These are all examples of what the pilots are allowing us to learn about keeping patients with chronic conditions better engaged."

Challenges: Reach, Comprehension, Regulations

The benefits of educating patients through social media channels, however, do not come without hurdles.

While many patients are engaging in pa-

tient education online, most of these programs do not have a strong evidence base. There are tens of millions of patients with chronic conditions who have yet to connect to online programs that have proven efficiency. Dr. Greenberg says one of the biggest challenges facing the industry and the nation is how to make these programs available to not just thousands of patients, but to millions. To help spread the awareness, NCOA is continually seeking partnerships with organizations that are interested in learning how these programs positively impact health outcomes, reduce costs, and increase adherence to medications, and these efforts include conversations with pharmaceutical companies. In addition to working with several foundations, NCOA is currently working with several U.S. states; the part of British Health Service responsible for self-management; Canadian government agencies in British Columbia, Alberta, and

“ Social media is enabling us to educate and inspire in a way that we weren't able to before. ”

YOLANDA MARIE JOHNSON-MOTON

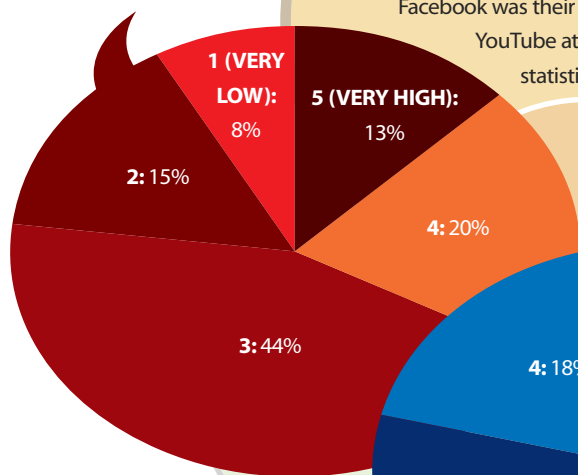
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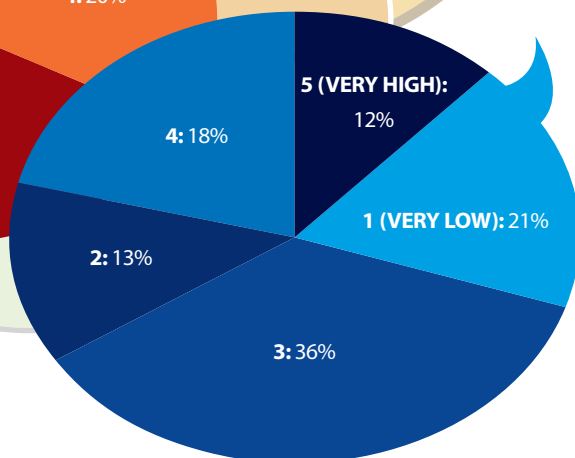
Social Media and Health Information

National Research Corp. surveyed more than 22,000 Americans and found that almost 16% use social media sites as a source of healthcare information. Of those, 94% said Facebook was their preferred source, followed by YouTube at 32%, and Twitter at 18%. Other statistics from the survey include:

Level of trust in social media:



Likelihood of social media to influence healthcare decisions:



Source: National Research Corp. For more information, visit nationalresearch.com.

SOUND BITES FROM THE FIELD ▶▶

There are multiple channels available for patient education these days, and pharma marketers need to be sure they are reaching the right patient at the right time through the right channel. Patient education experts share their best practices on how to accomplish that goal.



MATT BARKER is Director of Marketing at TeleHealth Services, a provider of integrated technology and communications solutions for the healthcare market. For more information, visit telehealth.com.

“The true benefit to interactive patient engagement systems is the delivery of the materials. On-demand delivery ensures patients or caregivers are able to receive these pieces at the optimal teachable moment. On-demand video leveraged as an educational medium is a powerful tool that healthcare providers can implement to engage patients and their families in their customized patient care plans. The interactive nature of the on-demand tool puts patients at the center of their care, allowing them to control their educational sessions and empowering them to retain more information and ask questions along the way.”



MARK BECKER, M.D., is President of Vivacare, a provider of patient education tools that enable medical professionals to share health information with their patients. For more information, visit informationrx.com.

“Physicians remain the most trusted source for health information. Patient education delivered through the medical practice or the doctor’s own website reaches the right patient — those seeking treatment — at the right time — when medications are prescribed — from the right source — the patient’s own doctor. Physicians recognize the value of patient education, but usually lack the time and resources necessary to communicate effectively and consistently to every patient. Pharmaceutical firms have the

opportunity to partner with physicians to help educate patients about their diagnosis and treatment, and deliver programs that improve adherence.”



LEO FRANCIS, PH.D., is President, Publicis Medical Education Group, part of Publicis Healthcare Communications Group, is a partner in creating value in healthcare communications. For more information, visit publicishealthcare.com.

“Historically, patient interactions have consisted of the biopharma, marketing, and medical communities giving patients what they believe patients need, often without a real dialogue to validate those needs with the very patient communities companies are aiming to serve. Today, patients could be considered social influencers who have a valuable and essential contribution to help define the health and wellness landscape. Healthcare marketers need to have a deeper understanding of the patient’s ecosystem. Only by understanding the illness/experience, the condition/disease, and most importantly, the perspective through the patients’ eyes, can marketers identify and fully respond to the needs of people living with an illness. Our role in this equation is to then translate scientific understanding and evidence-based medicine into something relevant and meaningful within that patient ecosystem. In this way, today’s winning patient education mix — the right message via the right channel at the right time — is individualized for each disease state and patient community, and involves listening as much as it does taking action.”



BRIAN LOEW is Co-founder and CEO of Inspire, which builds online communities for patients and

caregivers and helps life-sciences organizations connect with them. For more information, visit corp.inspire.com.

“Patients are impatient. They’re not sitting at home waiting for doctors to return their telephone calls. They are joining online patient communities, asking everyone they know for answers, and actively researching online. To pharma companies, I would say: the right time is all the time. The right patient is looking for you, so be ready. And the right channels are authentic and noisy, where patients have conversations with one another and pharma companies don’t control 100% of the message. Companies don’t have to use social media to educate patients, but if they do, they shouldn’t treat social media like other one-way advertising outlets.”



CHRIS MUTKOSKI is President and Founder of Axon Communications Inc., which creates proprietary professional promotion and patient education tactics that address unmet market needs. For more information, visit axonrx.com or email chris@axonrx.com.

“Studies show that the most trusted source for patient education is the patient’s own physician. For example, when patients hear from their own physician how, when, and why to take their prescribed medication, they are much more adherent. Patient education programs that help physicians educate their patients in an understandable and engaging way are always the most successful. Physicians desire better patient education initiatives, and when we respond with unique tools that add value to the physician-patient dialogue, brands end up surpassing their goals. This is a clear win for everyone.”

New Brunswick; and several U.S.-based healthcare providers, including Group Health of Puget Sound, Humana, and WellMed.

“There is strong evidence that Stanford’s Better Choices, Better Health online workshops improve patient health and confidence,” Dr. Greenberg says. “Several recent small studies suggest that the workshops

might also improve adherence to prescription drugs and reduce healthcare costs. NCOA is interested in uncovering stronger evidence that self-management results in higher adherence to appropriately prescribed drugs and reduces cost. Partnerships with pharmaceutical companies and health systems would allow us to assess not only how strong the impacts on adherence and cost reduction

would be, but also the affect on ROI to the respective partners.”

Another challenge is designing programs for patients who have low health literacy. To try to mitigate this issue, the FDA recently released a new risk communication guide, and two chapters address the aspects of health literacy and readability comprehension in patient messages, according to Ms. Johnson-Moton.

“Social marketing provides an opportunity to educate patients with authenticity.”

ANN FRIEDMAN RYAN

Ogilvy CommonHealth Consumer Care



“Many times, the information available is difficult for patients to read and understand because it doesn’t consider the patients’ literacy levels,” she says. “This can be addressed by intentionally developing patient content that adheres to health literacy principles, including sixth-grade or below reading levels, graphic placement, use of spacing, and the like.”

Appropriately sharing information on social channels in such a tightly regulated environment is also a challenge for life-sciences companies. Most pharmaceutical companies are cautiously engaging in platforms that allow two-way interactions or not engaging at all. At Lilly, the company recently launched the Lilly Health Channel on YouTube. According to Ms. Johnson-Moton, the company wants to begin using social media as a way to stay connected to the patient and provide positive customer experiences.

“Social media allows us to educate and inspire in ways we couldn’t before,” Ms. Johnson-Moton says.

Win-Win-Win

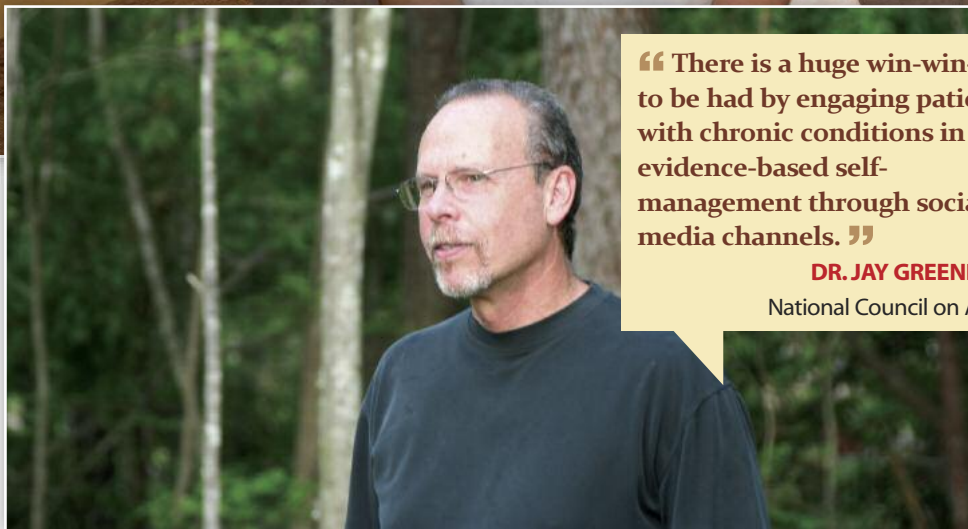
“The only way our country is going to be able to successfully solve its chronic disease crisis is to make improved self-management one of the central pillars of healthcare,” Dr. Greenberg says. “I would strongly encourage the pharmaceutical industry to get heavily involved in evidence-based programs for self-management. I would suggest that in addition to improving health outcomes and reducing healthcare costs, these programs are likely to improve adherence to pharmaceuticals.”

“The bottom line is that our country is moving away from the concept of more visits and pills and toward the purchase of better health outcomes at lower cost,” Dr. Greenberg continues. “Pharmaceutical companies that start investing in better self-management for patients with chronic conditions will have a much stronger value proposition.” ^{PV}

“There is a huge win-win-win to be had by engaging patients with chronic conditions in evidence-based self-management through social media channels.”

DR. JAY GREENBERG

National Council on Aging



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services to proprietary, generic, and specialty drug manufacturers, medical device and instrumentation suppliers, biotechnology companies, wholesalers, pharmacy benefit managers, contract research organizations, and industry associations. For more information, visit pwc.com.



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Getting to **KNOW** the **Patient**

Among the many benefits of using social media, understanding patients and their behaviors rises to the top.

There are myriad benefits to using social media for patient education. For one, social media efforts broaden awareness and increase access to non-product-branded health education information for patients. Second, if the industry uses multiple channels, this allows more opportunities to engage patients at their point of need

and in multiple formats, thus increasing the opportunity to help improve patient care.

Yolanda Marie Johnson-Moton, strategy consultant, USMD health education development, Eli Lilly and Co., says the greatest reward, however, is better patient outcomes.

“Being able to reach and educate patients who are willing to take action to improve their own care will help create communities of people who will become more active, be healthier, and live longer,” Ms. Johnson-Moton says.

It is through these communities that the industry can get to know its consumers and begin to have a long-term, trusting relationship with them, experts say.

Social media can be viewed as an extension of the focus group but with more opportunities for learning about the patient. Traditionally, the industry uses information collected from patient focus groups to learn about patient behavior.

Today, social media can serve as an ongoing focus group that results in more real-time patient information.

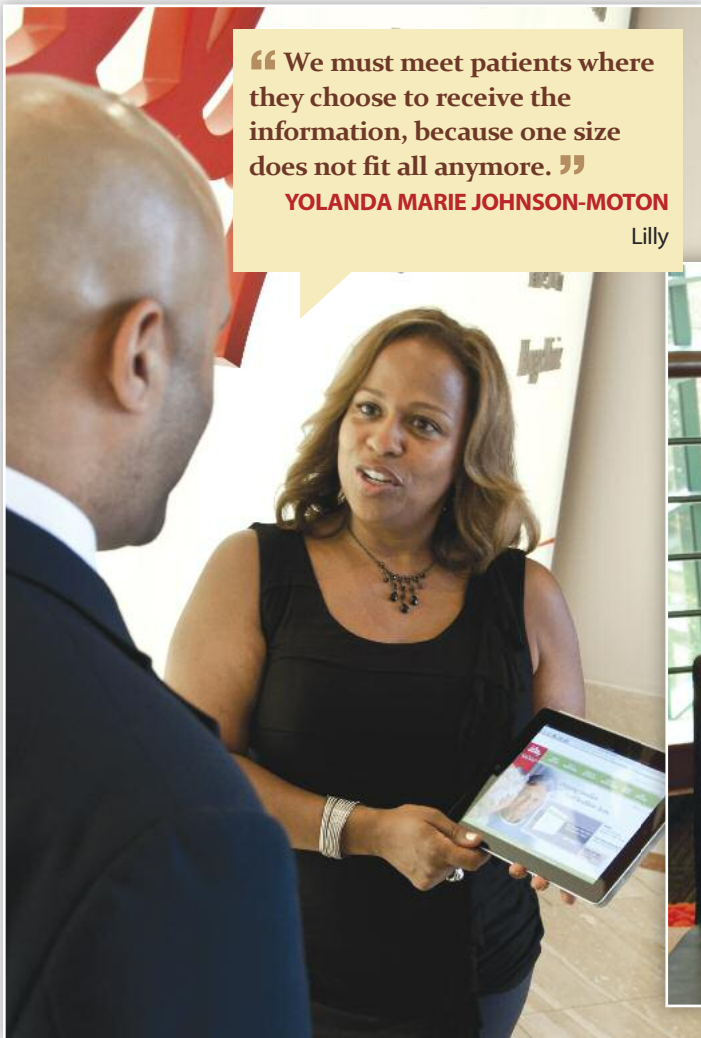
“Social channels present the opportunity to have a longer-term relationship with patients and start to understand how they assimilate new information beyond how they answer questions in a one-time event,” says Karla Anderson, partner, Pharmaceutical & Life Sciences Practice, PwC.

Ms. Anderson says social channels repre-

“ We must meet patients where they choose to receive the information, because one size does not fit all anymore. ”

YOLANDA MARIE JOHNSON-MOTON

Lilly



“ Patient education through social marketing should not be based on the brand’s needs, but on the user’s needs. ”

ANN FRIEDMAN RYAN

Ogilvy CommonHealth Consumer Care





“ Research is being done to determine a correlation between the amount of time spent on a program and health outcomes. ”

DR. JAY GREENBERG / NCOA

sent a huge opportunity for the industry to increase the level of understanding from a con-

sumer's point of view. Insights can determine the factors that influence decision-making; the evolution of the decision-making process; and the impact influences inserted into conversations have on patient behavior.

Ms. Anderson also adds that pilot programs have shown that the insights are much deeper and sustainable and much more predictable.

“In the new social media model, there is more precision, which allows us to make more definitive decisions based on customer insight because the data are not as homogenized,” she says.

Ms. Johnson-Moton agrees.

“When we look at the many ways patients can receive information these days, we cannot apply a cookie-cutter approach,” she says. “Rather, we must meet patients where they choose to receive the information, because a one-size-fits-all approach does not fit anymore.”

According to Ms. Johnson-Moton, patient channels provide information in two directions; for marketers, they act as a window into



“ Social channels present the opportunity to have a longer-term relationship with patients. ”

KARLA ANDERSON / PwC

the preferences, behaviors, and choices of patients, while providing valuable health information to patients.

“The medium allows the industry to understand in some respects what types of information patients like and dislike, and how they choose to receive education; participants tend to be willing to share their opinions openly,”

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she says. “Also, patients now have more information at their fingertips than ever before, which enables them to have even more meaningful dialogues with their healthcare providers.”

Stanford University collects this type of data from its study program participants to determine what is most effective for the participants. Patient demographic information, along with engagement levels, program choices, amount of time spent with the programs, and resulting health outcomes are all collected in the hopes of shedding light on what works best. All of the data are being reviewed by Stanford University Patient Education Center, and one of its more recent studies is to determine if there is any correlation between better health outcomes and how much time a patient spent engaged in an online program.

“There also are data on how engaged patients were, how many hours they stayed online, and what parts of the program they focused on the most,” says Jay Greenberg, Sc.D., a senior VP at the National Council on Aging (NCOA). “Stanford is doing research on whether the level of engagement matters, because more time spent on a program does not necessarily equate to better health results.”

This type of information is important to know because patient education on social channels is more than just about the technology and using an innovative approach. The patient needs to be at the center of the mission at all times, says Ann Friedman Ryan, senior VP, director of CRM and interactive, Ogilvy CommonHealth Consumer Care Group.

“It is important to construct patient education using social marketing based not on the brand’s needs, but on the user’s needs to make an informed decision,” she says. “Interactivity can fuel a user’s interaction to further engage and pull users into an experience that addresses their needs.”

Programs should be designed so that technology is used to overcome customer’s barriers during the patient journey, Ms. Friedman Ryan says.

“Social marketing provides an opportunity to educate patients with authenticity,” she says. “The strategy lends itself to talking with consumers in their language, and with a tone that is empathetic to their situation. The key to succeeding within the evolving paradigm is complete transparency. As an industry, we have conditioned customers to expect fair and balanced language within our communications, but patients want to understand what it means within the context of their lives.” **PV**

Digital Patient Education: A Case Study

The Stanford Patient Education Research Center, part of the Department of Medicine at the Stanford University School of Medicine, has spent the past 24 years developing, testing, and evaluating self-management programs for English- and Spanish-speaking patients with chronic health problems. The research center has conducted many studies that prove the viability of digital patient education.

“The work done at the Stanford Education Research Center is substantial,” says Jay Greenberg, Sc.D., senior VP, National Council on Aging (NCOA). “The center has done more in terms of giving patients self-management skills than any other group. It has the strongest, most widely used evidence-based programs for improving self-management in the world.”

NCOA uses the center’s digital and traditional disease management workshops for educating adults with chronic conditions directly and by partnering with organizations throughout the United States and internationally.

NCOA uses many of the online programs that Stanford has developed, including online self-management programs for arthritis, multiple chronic conditions, diabetes, cancer, and a program designed to help alleviate the burdens of being a caregiver to patients with dementia and traumatic brain injuries.

Out of more than 3,000 people who have

participated in these online programs, 65% to 75% completed the six-week program. The average age of the online participant is about 55, and the average age of a traditional (face-to-face) workshop participant is about 65.

“The online workshops are highly interactive with discussion boards, and typically participants log in two to three times a week and spend one to two hours on them,” Dr. Greenberg says.

Studies by Stanford show that participating in an online program improved patient ability to perform self-management, as well as improved health behaviors, lowered emergency room visits, and reduced depression of the patients enrolled in the program. The online diabetes program (Better Choices, Better Health – Diabetes) significantly reduced hemoglobin A1c levels in research trials.

The face-to-face workshop versions of these online offerings are equally successful and have been around for many years; however, the face-to-face workshops are not for everyone. Due to time constraints and schedules, it can be difficult for patients to attend a standing meeting once a week for six consecutive weeks, and there is also the issue of privacy in a face-to-face group setting.

“There is potentially a huge win-win-win to be had,” Dr. Greenberg says. “The evidence is pretty clear that patients who take medicines that are appropriately prescribed do better than patients who don’t.”

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services to proprietary, generic, and specialty drug manufacturers, medical device and instrumentation suppliers, biotechnology companies, wholesalers, pharmacy benefit managers, contract research organizations, and industry associations. For more information, visit pwc.com.



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