

## ▶ PATIENT EDUCATION

### Old School Communications **WITH A TWIST**

As the techno-wave continues to roll over and roll up into marketing plans, **PRODUCT MANAGERS STILL NEED TO REACH PATIENTS WITH BRANDED AND NONBRANDED EDUCATIONAL MESSAGES** that resonate on a personal level and connect them with their physicians.

**P**atient education is at the best of times a challenging communications endeavor; creating the right messages, in the right way, for the right patients, requires a great deal of insight and tenacity.

Some argue that the message must be absolutely educational with no promotional overtones; others contend that a mix of the two approaches is the way forward. No matter which side of the chalkboard you come down on, today there are more media options than ever through which patient education communications can be disseminated.

Adding to the complexity is the recently adopted “new” PhRMA code and other regulatory restrictions, which have pharmaceutical marketers and brand leaders rethinking the same-old approaches.

Despite these obstacles, it is imperative that the industry find solutions to work around the impediments and find ways to improve patient compliance and adherence through education. According to some, it truly comes down to the oft-quoted adage: an educated consumer is the best customer.

According to a recent report from AstraZeneca, poor medicine adherence has reached crisis proportions in the United States,

leading to unnecessary disease progression, a lower quality of life, and even death. Studies cited by the National Council on Patient Information and Education show that only about 50% of American patients typically take their medicines as prescribed, resulting in about \$177 billion annually in direct and indirect costs to the U.S. economy.

Affordability concerns and the perceived lack of need for a medicine are the top reasons why patients do not take their medicines as prescribed, according to the recent AstraZeneca survey of more than 200 office-based physicians.

“Physicians play a critical role in emphasizing that patients should follow their medication regimens to experience the full benefits of their medicines,” says Karen Smith, M.D., Ph.D., VP, external medical relations, AstraZeneca. “Pharmaceutical companies that offer prescription savings programs must continue to take an active role in ensuring that patients and physicians know about these programs. A recent survey by AstraZeneca found that one-third of the patients who contacted us about these programs learned about them from their doctors’ offices.”

According to Dr. Smith, one of the ways that

AstraZeneca is making a difference is through its field force.

“AstraZeneca sales representatives provide educational resources to help physicians have more open, frequent discussions with their patients about their medicines, so that patients can get the best treatment for their individual needs and lead healthier lives,” she says.

“Creating opportunities for more effective HCP-patient interaction is essential,” says Nekko Ward Shefferly, VP of client services at Bensussen Deutsch & Associates.

### **THE ROLE OF TARGETED, PERSONALIZED PATIENT COMMUNICATIONS**

According to Liz Kay, VP account services at Cramer, the future of healthcare communications is all about personalization — making communications targeted, personal, and focused on behalf of the patient.

“One key component is aligning communications with the patient journey — delivering targeted messaging that corresponds to the patient’s emotional state in a particular stage of the healthcare journey, such as fear, denial, anger, and acceptance,” she says. “When mes-

#### EXPERTS

**JILL BALDERSON.** Senior VP, Strategic Services, HealthEd, Clark, N.J.; HealthEd specializes in patient education and, along with traditional agency resources, offers access to health educators who have years of field experience working hand-in-hand with patients. For more information, visit [healthed.com](http://healthed.com).

**LIZ KAY.** VP Account Services, Healthcare Practice, Cramer, Norwood, Mass.; Cramer is a digital marketing and event solutions agency that combines creativity and technology to design and execute experiences that move audiences. For more information, visit [crameronline.com](http://crameronline.com).

**KIM LEVY.** Senior VP, MicroMass

Communications Inc., Cary, N.C.; MicroMass combines behavioral science with marketing expertise by identifying the critical factors that influence individual behavior, then integrates those insights into communications programs that build enduring relationships between customers and brands. For more information, visit [micromass.com](http://micromass.com).



◀ **Jill Balderson** *HealthEd*

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◀ **Liz Kay Cramer**

The future of healthcare communications is all about personalization — making communications targeted, personal, and focused on the patient.

saging is created that resonates with patients at key stages in the journey, patients are better supported and they have the tools to help them continue to move along the journey to a better healthcare outcome.”

Joseph Mastracchio, executive VP, director, business integration, at CommonHealth, concurs with Ms. Kay's assessment that the future of patient education will be one in which communications are more personalized and interactive as patients take a more active role in their healthcare management.

“There will be increased use of all electronic media as patients and caregivers seek reliable, up to date, unbiased disease and health specific information to drive better healthcare decisions,” Mr. Mastracchio says. “Education that empowers them to conduct research on their own, especially given the limitations on how much time healthcare professionals are able to devote to discussing issues relative to disease and appropriate interventions and options, will help encourage greater self-reliance and a personal commitment to achieve a better outcome.”

The ability to communicate effectively with patients requires understanding their behav-

ioral drivers and barriers and understanding the desired behavior change, says Kim Levy, senior VP, MicroMass Communications.

“The breadth of communications to patients ranges from increasing the awareness of a condition to asking for a specific therapy to providing adherence support,” she says. “This has always been an important element of marketing but it is becoming even more important as costs are shifted further to the patient and the conversation between the patient and physician becomes more of a negotiation.”

Communications, particularly those related to DTC, will become increasingly important as pharmaceutical and biotech companies continue to focus on their active role in improving patient outcomes, according to Ms. Ward Shefferly.

“Medical marketers have an opportunity to influence patients directly, helping them to understand and adhere to their treatment program,” she adds. “Companies that find innovative and PhRMA-compliant ways to do so — through tools, such as patient starter kits, merchandise that supports healthy lifestyle choices, and more — will see success in patient-HCP and HCP-salesforce relationships.”

In light of the recent adoption of the PhRMA code, some marketers find themselves without the usual tools in their arsenals to com-

municate with patients, not to mention provide brand reminders to physicians.

“Branded merchandise is a proven solution that educates, informs, and executes on pharmaceutical companies' marketing strategies while providing maximum ROI,” Ms. Ward Shefferly says. “Items such as anatomical models, informational sheets, patient self-assessment and tracking tools, as well as products for adherence to medicine regimens and healthy lifestyles, are all PhRMA-compliant solutions that further advance the education of healthcare professionals, their staff, and ultimately, patients.”

## MESHING EDUCATION AND PROMOTION

Jill Balderson, senior VP, strategic services, HealthEd, believes that for many project managers there will be a further merging of education and promotional strategies.

“If patient education is defined as a process of educating patients, rather than a tactic, then yes there will be a meshing of the two,” she says. “If a brand's target patient plays an active role in the decision to try or continue a therapy, that patient will demand education to support his or her decision. Increasingly, she or he will seek information from a variety of sources — multiple healthcare providers, family members and friends, and social networks of patients with similar experiences. Marketers

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**NEKKO WARD SHEFFERLY.** VP of Client Services,

Bensussen Deutsch & Associates Inc. (BDA), Woodinville, Wash.; BDA provides marketing services and customized branded merchandise to Fortune 500 enterprises, sports leagues, and global entertainment companies. For more information, visit [bdainc.com](http://bdainc.com).

**KAREN SMITH, M.D., PH.D.** VP, External Medical Relations, AstraZeneca, Wilmington

Del.; AstraZeneca discovers new medicines that are designed to improve the health and quality of life of patients around the world — medicines that are innovative, effective, and that offer added benefits such as reduced side effects or better ways of taking the treatment. For more information, visit [astrazeneca.com](http://astrazeneca.com).



▲ **Joseph Mastracchio** *CommonHealth*

The future of patient education is steeped in more personalized, interactive, and electronic communications as patients take a more active role in their healthcare management.

cannot afford to ignore this educational process. They must support it with valuable, credible information, tools, and services. This will ultimately have a greater impact on brand preference and sales than traditional advertising and promotion.”

Ms. Kay says patients today want to be empowered and play a more active role in their own healthcare and well-being.

“More and more consumers are turning to the Web as a primary way to collect information about their health, and they are seeking everything from medical content to peer-generated content, and everything in between,” she says.

Ms. Levy contends that patient education has always held an element of the “marketing mix” in healthcare.

“The difference now is that education must provide broader context and real value as patients are more informed and see through efforts that lead them to a very specific requested action, like asking for Brand X,” she says. “Patients are asking to be treated more like healthcare professionals and are using education to make decisions.”

Mr. Mastracchio’s assertion is that the blending of education and promotion will depend on the therapeutic category and options available to the patient.

“The increased use of biologics to treat high-cost, chronic diseases will drive the need for more education, as well as a closer associa-

tion with the company marketing that particular product,” he says. “There will need to be more open communications between patients, healthcare providers, caregivers, and payers. As a result, there will be increased interactions with marketing groups and support functions within companies to help effectively manage the dialogue between all stakeholders.”

Ms. Ward Shefferly believes that because of the revised PhRMA code that requires promotional merchandise to be educational in nature, there certainly will be an overlap between marketing and education.

“These marketing tools — regardless of whether the targeted audience is patients or healthcare professionals — must help to advance disease or treatment education,” she says “Pens and coffee mugs are no longer acceptable marketing vehicles. Rather, pharmaceutical companies can provide patients with educational tools that will help enhance the patient’s use of the prescribed drug — products like an injection ball that diabetes patients can use to practice the correct way to use an insulin pen.”

### **BRIDGING THE GAP BETWEEN PHYSICIANS AND PATIENTS**

“Marketers need to communicate to patients and physicians differently, but in a way that improves the dialogue between the two,” Ms. Levy says. “The process starts with understand-



▲ **Kim Levy** *MicroMass Communications*

Marketers need to communicate to patients and physicians differently, but in a way that improves the dialogue between the two.

ing the behavioral drivers and barriers as well as the desired behavior change and then uncovering the mutual need. Tools that enable and accelerate conversations between patients and their physicians provide a common language to assess progress from both perspectives.”

To bridge the gap between physicians and patients, Ms. Ward Shefferly suggests that one best practice is the use of educational tools that truly create an understanding between physicians and patients.

“Educational tools, such as anatomical models and other 3D visuals that explain the disease state and treatment program, will make the physician-patient interaction more useful,” she says. “Also, providing tools directly to the patient, like a patient-starter kit, helps to fill in the information gaps a physician might have overlooked during a 15-minute appointment, such as the specifics of the treatment program and more detailed disease-state information.”

Ms. Kay believes it’s important to provide tools that help create a better dialogue between patient and physician, supporting the patient when he or she is in the doctor’s office as well as when he or she is in between visits. It is also essential to create mechanisms that support patient-to-patient dialogue.

“The goal is to give patients an ongoing voice in their healthcare that can be heard, understood, and acted upon by their healthcare



◀ **Nekko Ward Shefferly** *Bensussen Deutsch & Associates Inc.*

Meshing of patient education and marketing is especially apparent in light of the revised PhRMA code that requires promotional merchandise to be educational in nature. These marketing tools — regardless of whether the targeted audience is patients or healthcare professionals — must help to advance disease or treatment education.

team,” she says. “Best practices include creating online tools for symptoms management, including treatment journals, checklists, or time charts for example. Educational content can include more than simply disease state 101 information and treatment options; it can also cover how to manage symptoms, navigate financial and insurance challenges, build better

communications skills with healthcare providers, create a support network, and learn about lifestyle factors that can influence health and well-being.”

Mr. Mastracchio says if the goal is to increase education and interaction with mid-level healthcare providers — for example nurse practitioners, physician assistants, and community-based pharmacists — then it’s vital to keep the flow of information available in the maximum number of venues.

“Push-pull programs provide education directly to patients through their managed-care plans and a feedback mechanism to ensure that the information is on target based upon patient need,” he says. “There need to be increased

interactions with employers and patient advocacy groups to drive more disease-specific education and information. We should be promoting the use of patient incentives, for example loyalty cards — co-pay reduction — packaged with education to improve compliance and persistence in chronic disease categories. By more effectively managing the dialogue between patients, physicians, healthcare providers, and payers, we can expect greater personal responsibility for one’s healthcare and, in the end, improved outcomes.” ♦

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