

## a Market for EDUCATION



The face of patient care is changing, and with it so too must the way the industry engages with this critical audience. No longer is patient education a static, one-dimensional tool for disseminating health information, it is a dynamic way to engage patients and practitioners to ensure a win-win for all parties — the patient, the practitioner, and the pharmaceutical company manufacturing a therapy.

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he pressure is on to provide as much salient and valuable information as possible during the time the patient is able to spend with his or her physician during an office visit. The time patients and physicians have together is short, and this is when patient education materials can play a role. These patient aids offer an opportunity for all parties to win: the doctor, who is able to respond to the needs of his or her patients; the patient, who receives the information he or she needs; and the pharmaceutical company, which can use the opportunity to provide a value-added service to its customers.

“The doctor has so little time per patient and the patient is given so little time to ask more detailed questions,” says Stanley Wulf, M.D., VP and chief medical officer at InfoMedics. “Often the patient leaves the office not really understanding what he or she needs to do to get better. That’s why education, in relevant forms, is an important supplement to the traditional patient/doctor interaction. Patient education is vital and it’s the one area that can provide a true win-win-win situation for the patient, the doctor, and the pharmaceutical company.”

Engaging patients in their health has become an important way for the pharmaceutical industry to connect with patients, and is regarded as a key tool in the marketing arsenal; after

**The broader aspect of health education is patient empowerment. We speak of patients taking responsibility for their health but without the full services of a healthcare system, which is not the case today, that's a false or hollow hope.**

JOHN SORY



all, patients who are more engaged in managing their disease states are more likely to use a company's products over the longer term.

A study conducted by Yahoo! Search Marketing, titled *Searching for the Cure: The Story of Patients Who Search*, found that over a three-month period 55% of the online population used a search engine for healthcare information, and this connected population is more than three times as likely to view branded pharmaceutical Websites than non-searchers, and more than two times as likely to view health information Websites. (For more information, see charts on page 30.)

Moreover, a company that can offer healthcare providers engaging, informative, and credible sources of educational content to disseminate to their patients tends to strengthen the bond between the practitioner and the company, says Jackie Herr, cofounder and CEO of Ignite Health.

"When a sales representative can provide the doctor or nurse with materials about a company-developed Website that offers information and support about a condition, then the doctor or nurse has something to give the patient, and the patient has something to refer back to," Ms. Herr says. "On so many different levels, patient education — whether it's strengthening the bond between the pharmaceutical company and doctor, or between the patient and the doctor — is an extremely effective tactic."

Jill Balderson, VP of strategic marketing services at HealthEd, says patient-education materials can be valuable marketing tools if the initiatives are creative, engaging, and dynamic.

"Pharmaceutical brand marketing is becoming more educational and patient education is becoming much more exciting and measurable as a marketing activity," she says. "Effective patient education today still has the same critical educational content, but it also has the dynamic feel of a marketing piece — it's evolving into the best of education and marketing."

According to Barri Falk, VP of marketing for endocrinology at Serono Inc., patient education and marketing support one another, particularly in the area of infertility treatments. Patients need to understand what they are

experiencing, what their options are, and how to find available treatment options; ultimately they also may need to know about the types of drugs and procedures that are available.

"Materials start with early-stage education and emotional support through compassionate listening," Ms. Falk says. "And as the patient moves along her journey, she eventually comes to the point where she needs information to understand the products and treatments that will be used so she can be better prepared when the time comes to meet with an infertility specialist. In essence, we offer a spectrum of materials that cover both disease awareness and education, as well as information on treatment options."

### A Healthy DEBATE

Today's consumers have become far more involved in their health. A May 2005 report from the National Center for Policy Analysis, a nonprofit public policy research organization, found that patients are managing their own health in greater numbers for various reasons, including greater access to new technologies, direct-to-consumer advertising, more treatment options, higher healthcare costs as employers expect workers to share more costs, and access to self-diagnostic test kits.

And the Yahoo! study into the habits of online consumers found that 61% of searchers have visited or plan to visit their doctor after searching for health information online. Once at the doctor's office, 71% of health searchers have pointed conversations with their physician about medications and brands.

But those with experience in patient education say the problem is that the information patients bring to their doctors is not always reliable, forcing doctors to dispel misunderstandings before they can have a good conversation with patients.

"To keep the patient/doctor dialogue focused, the inside of the brochures that we



**Patient-education initiatives are fundamental in developing trusting relationships with the patients and the practitioners. The relationship of trust is not only the brand equity of a product, but also the currency that the doctor and patient use to communicate.**

SHAREN GODWIN

produce for exam rooms is a symptom check list," says Deborah Schnell, president of sales and strategic planning at Healthy Advice Networks. "When reviewing the brochures before seeing the physician, patients focus on questions about their health to improve the dialogue with their physician so the office visit is more efficient."

Given the ease of access to information via the Web, the onus is on pharmaceutical companies to counter negative information or misinformation, as well as to be forthright about the effectiveness of their products in various patient populations and the potential side effects their products might produce.

"The idea that patients are 'tabular rasa,' with little understanding about medications, is mistaken," Dr. Wulf says. "Companies need to recognize that patients are going to be looking for information and will find that information on their own. The question is, how reliable is that information? It makes sense for companies to be straightforward and up front, which then allows for the debunking of the conventional wisdom and some of the myths that do pop up on the Web."

Education comes in many forms and John Sory, VP of Pfizer Health Solutions, says initiatives that help increase awareness, triggered by

## Meeting the Literacy Needs of Patients

**WHEN PUTTING TOGETHER PATIENT-EDUCATION MATERIALS, IT'S IMPORTANT THAT CERTAIN PRINCIPLES AND PRACTICES ARE ADHERED TO SO PATIENTS CAN DERIVE THE MAXIMUM BENEFIT.**

**A**ccording to Barbara A. DeBuono, M.D., M.P.H., senior medical advisor, U.S. Public Health and Policy, at Pfizer Global Pharmaceuticals, one of the most important things to think about when designing a patient-education program is to know and respect the audience.

The second key principle is to work with experts who understand how to write and produce patient-education information that is understandable and actionable.

The third point is that patient-education materials need to be tested and evaluated through focus groups and surveys conducted in clinical settings.

Dr. DeBuono says over the past seven years, Pfizer has learned that the patient-education materials it produces need to be written at a fourth- or fifth-grade reading level, in large print, with information that is understandable, actionable, motivational, and engages the reader.

"In the past, our materials were written at a 10th-grade reading level, and we were therefore missing millions of Americans who don't read at that level," she says.

The issue of health and literacy was again brought to the fore in an August 2006 study published in the *Journal of General Internal Medicine*, which found literacy at less than a ninth-grade level almost doubles the five-year risk of mortality among elderly people, regardless of education, socioeconomic status, or health.

To advance the goals of health literacy, Pfizer created The Partnership for Clear Health Communication, which is now an independent, nonprofit organization.

"The board is made up of about eight or nine organizations, including the AMA, the National Council on Aging, the Association of Nurse Practitioners, Partnership for Prevention, American Public Health Association, and so on," Dr. DeBuono says. "These organizations are committed to advancing health literacy solutions through advocacy, research, and the development of tools and solutions."

Springing from this organization have been initiatives aimed at engaging and motivating patients to get involved with their health. One such initiative is Ask Me 3, which is a patient-education empowerment program focused on the visit with the clinician. Patients are prompted to ask three questions of their healthcare providers: What is my main problem? What do I need to do? And why is this important?

"We had a huge number of hits to the Partnership for Clear Health Communication Website, and more than a mil-

lion pieces of Ask Me 3 materials — from brochures to posters — have been distributed," Dr. DeBuono says. "Ask Me 3 sets the framework for the patient/doctor interaction, and that's key to health literacy. Patients are made to feel comfortable to ask the basic questions so they can get the information they need to take action."

According to Dr. DeBuono, materials that help guide the patient are even more critical in the current healthcare climate.

"Over the last several decades, navigating the whole healthcare system has become increasingly difficult, and this is separate from navigating one's own illness or healthcare," she says. "We

have to be careful not to just focus on one part of the issue but understand that a health literate society is one in which the members of that society can fully manage their own health needs; they understand behavior, lifestyle, and the impact of these on their health; they understand how to convey what they need to a healthcare provider; and they understand how to get health information, internalize it, and act on it. The industry can contribute through written communications with patients and communications through advertising and other mediums, but the pharmaceutical industry is one part of a complex system and the other parts need to play their role."

### Key Guidelines to Creating Easy-to-Read Patient-Education Materials

**1. Have a clear understanding of the challenges patients with limited reading skills face. Then use that understanding as a basis for developing easy-to-read materials.**

For example, people who have limited reading skills will skip over uncommon or long words, and may scan a page looking for something that is understandable. As a result, they lose focus and have a hard time grasping the key message. People with limited reading skills often have difficulty interpreting graphs, charts, and tables. Knowing the challenges can help guide the creation of materials to overcome these barriers.

**2. Plan to make materials easy to read from the beginning of the project.**

One key way to improve readability is to lower the reading level by using common words and shorter, simpler sentences. But it's not just about shortening sentences and replacing medical jargon with common words. Other factors that make materials easy to read include, limited content, active voice, conversational tone, images/illustrations that are relevant to the text, appropriate use of color, and use of strategies to engage the reader.

**3. Take a patient-centered approach: Focus on "need to know" and "how to."**

Often healthcare providers apply a medical model to patient education, giving an extensive explanation of what the disease is, how it occurred (pathophysiology), and statistics about prevalence or incidence. Consumers, however, are often more focused on "What do I need to do to feel better?" Therefore, it is important to base the content on consumer needs and focus the content on the "how to" actions.

**4. Make materials look easy to read.**

Providing ample white space (air around text and images), choosing easy-to-read fonts, chunking copy with headers and subheads, limiting distracting or busy visuals, are some of the many ways to visually engage a reader.

**5. Get feedback from the target audience before publishing the materials.**

As a patient-education material developer, even if you think you have applied all the different guidelines to make materials easy to read, the only way to really know if the materials are easy to read and understand is to ask your target audience to review them.

Source: Susan Collins, M.S., R.D., CHES, VP, Health Education, HealthEd, Clark, N.J. For more information, visit [healthed.com](http://healthed.com).

## Sound Bites from the Field

**PHARMAVOICE ASKED PATIENT-EDUCATION EXPERTS WHAT ROLE PATIENT-EDUCATION INITIATIVES WILL PLAY IN ENSURING PATIENTS RECEIVE THE HEALTHCARE INFORMATION THEY NEED, WHILE AT THE SAME TIME HELPING COMPANIES TO BUILD MARKETING RELATIONSHIPS WITH THEIR CLIENTS?**



**BRAD BEDNARZ** is Chief Strategic Officer of Visible Productions, Fort Collins, Colo., which develops visually enhanced patient-education

programs. For more information, visit [visibleproductions.com](http://visibleproductions.com).

“The empowerment of patients through better education and healthcare information is fundamentally changing the dynamics of pharmaceutical marketing. Dollars are shifting from branded ads to more unbranded education/awareness programs with Web components. Much of this is being driven by safety concerns and pressure on drug pricing. A *British Medical Journal* study concluded that Internet users judge the credibility of a site’s information by the authority of the source, the professionalism of its design, the clarity of writing, and any scientific citations. *Prevention Magazine’s* 9th DTC Study indicated almost half (46%) of U.S. physicians give patients brochures or recommend a Website for information. Offering credible patient education programs that physicians feel comfortable recommending closes the marketing loop — reaching patients with information that has the physician’s implicit endorsement while building stronger ties to physicians through programs they feel are of value for their patients.”



**DENTON CHASE** is a Product Manager at Gilead Sciences, Foster City, Calif., which is a biopharmaceutical company dedicated to discovering, developing, and

commercializing small-molecule therapeutics to advance the care of patients suffering from life-threatening infectious diseases. For more information, visit [gilead.com](http://gilead.com).

“Because of the increasingly complicated legal and regulatory environment in our industry, I believe pharmaceutical companies will move more toward disease-specific educational information, rather than specific product information. This is also in line with what consumers, advocates, and government bodies would like to see.

Companies can build meaningful relationships with both physicians and patients if they provide compelling and meaningful disease-specific educational content to patients. The companies that do the best job at attracting patients in their disease state to their site as their main reference point of seeking information will succeed in best branding their company and thus their product in the minds of patients and physicians.”



**ADAM GALLOWAY** is VP, Sales/Pharmaceutical, GPI Anatomicals, Lake Bluff, Ill., a manufacturer of anatomical models for pharmaceutical companies. For more

information, visit [gpianatomicals.com](http://gpianatomicals.com).

“Patients are more aware of the pros and cons to their prescriptions and are constantly in search of more effective drugs with fewer side effects. The physician-approved brochures, wall charts, or anatomical models positioned in the exam room give the patient ample time to examine the model, read the education cards, and take home information sheets, as well as leave the patient with important information from their trusted physician. Exam-room branded marketing tools are the last and most effective way for a drug to be noticed by the patient. Sales reps or marketers present branded educational tools to physicians to supply patients with information to better understand their condition as well as providing the company with some name recognition.”



**RICHARD GLIKLICH, M.D.**, is President of Outcome, Cambridge, Mass., a provider of strategies and solutions designed to meet the unique needs of the postapproval

market. For more information, visit [outcome.com](http://outcome.com).

“As attention turns to the postapproval phase of drug development and interest is focused on effectiveness and safety, there will be more realization that good outcomes are the result of an active care contract between physicians and patients. Making that contract successful depends on patient education. There are so many parts of care that depend on the patient, from dietary and

other lifestyle modifications to taking medications when and how they are supposed to be taken. In our role with patient registries and postapproval studies, there is a tremendous opportunity for companies to build relationships with their clients through point-of-care patient education. These materials enhance the patient’s knowledge of their condition and enable them to take positive steps to improve their outcomes.”



**HELENE MONAT** is CEO of Marketing Technology Solutions Inc., Edison, N.J., a performance-based, interactive marketing solutions company that

specializes in connecting its clients’ brands with health-conscious consumers. For more information, visit [mtscorp.com](http://mtscorp.com).

“Half of all patients leave their doctor’s office confused about their treatment plans; research indicates that almost 50% of patient noncompliance is driven by prescriber message deficiencies. The Internet is an ideal environment to equip patients with tools and information to help improve the patient/physician dialogue. When patients are provided with condition-specific education and questions to bring to their doctor, their understanding of their condition, as well as their level of compliance and persistency, increases. Companies that offer patient-education programs will benefit by helping to reduce the confusion that currently exists.”



**LOUIS A. MORRIS, PH.D.**, is President of Louis A. Morris & Associates Inc., Dix Hills, N.Y., which identifies, defines, and solves risk communications and “risk” problems. For more

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“Having an active and interested patient is an essential component of an effective patient-education system. Patient-education initiatives can make an important contribution to improving safe and effective medication usage, as well as health outcomes. But for companies

to provide useful information, the material must be scientifically accurate and credible and meet the patient's informational and emotional needs. Patients must be able to understand what is said and why it is important. Integrating promotional information into patient-educational materials will undermine its credibility. Providing risk info will frighten patients unless additional information is provided to inform patients how to control those risks. Finally, patient-education materials should be fully tested to assure that they meet their intended goals."



**MOLLYE RHEA** is President of For Momentum, Atlanta, which designs and implements philanthropic partnership activities that dramatically enhance visibility for both nonprofit and corporate clients. For more information, visit [formomentum.com](http://formomentum.com).

"Boomers, like no generation before them, want to take charge of their health and healthcare choices. They are information hungry and are turning to a wide variety of resources to expand their knowledge. According to the 2006 Kaiser Health Poll Report, the vast majority of adults (90%) have seen or heard ads for prescription medications, but many are skeptical of the information provided. Further, the study finds that fewer than two in 10 (18%) say they can trust what pharmaceutical companies say in their ads 'most of the time.' These trends have resulted in more companies turning to their nonprofit colleagues to help reach consumers who need patient education. Nonprofit organizations can play a vital role in helping the patient understand key medical information, including medication options, from an unbiased perspective as a part of an overall health regimen."



**ANDREW SCHORR** is Founder and VP of Strategic Alliances of HealthTalk, Seattle, a trusted, respected information resource for patients and caregivers facing serious diseases and health conditions and the medical professionals who treat them. For more information, visit [healthtalk.com](http://healthtalk.com).

"For pharmaceutical companies with sound products, a smarter patient is their best friend. By actively providing ongoing patient education and actively promoting it, the company becomes a leader in helping patients get over the shock of a diagnosis and moves them efficiently to a position of knowledge and a feeling of control. Educational materials can also help them sort out what's significant from what is "noise" or just plain "baloney" about treatment options.

By pharma companies connecting patients with well-respected experts there's a confidence the information is accurate and empowering and, over time, can supersede less credible sources."



**GANESH VEDARAJAN** is Principal of ZS Associates, New York, a global management consulting firm specializing in sales and marketing strategy, operations, and execution. For more information, visit [zsassociates.com](http://zsassociates.com).

"Patient education is crucial, not just for diagnosis and treatment initiation, but also for motivating patients to continue on treatment. Given the high patient drop-out rates in many therapeutic categories, patient education is not a one-time event, but a sequence of activities coordinated through various channels, including physicians. Physicians have repeatedly told us that they need appropriate materials to use with their patients, and that they look toward drug manufacturers to help them in this regard. This may be a win-win for all parties, if manufacturers can figure out the right set of educational tools, based on a given physician's preferences and patient mix."



**KEVIN WILDENHAUS, PH.D.**, is Director of Science at HealthMedia Inc., Ann Arbor, Mich., a technology and health-management company that builds and delivers

individualized, one-to-one solutions for the pharmaceutical and medical-device market, the healthcare market, and organizations focused on disease management. For more information, visit [healthmedia.com](http://healthmedia.com).

"As patients are increasingly asked to take personal responsibility for managing their own health, companies have a greater opportunity to help them in living longer, healthier lives. To do this, pharma companies must go beyond a tradition of just imparting basic condition and treatment information to patients — they need to begin understanding patients on a personal level. Through tailoring technologies and science-based behavior change models, companies can offer patients individualized self-management programs to assist them in overcoming barriers to change and developing intrinsic motivation that helps build confidence in their ability to successfully manage their condition."

what might be considered marketing but that can also be considered education, are valuable as preventive tools and have been proven to spread the word about risk factors.

"One of the great challenges we have in healthcare is to quickly disseminate information about new innovations; the way new ideas are promoted across the healthcare community is too slow, and so if marketing, sales, publications, and so on can help drive awareness and appropriate use, those vehicles should be used to improve the quality of care," Mr. Sory says.

These new innovations can add to the pressures doctors face to keep current.

"Today's practitioners have more demands on their time to keep current with and knowledgeable about global healthcare findings and, increasingly, alternative treatments and therapies," says Sharen Godwin, VP of patient messaging solutions at Ateb Inc. "Best practices include efforts that help the health practitioner stay informed of the latest research and product and disease information. Different modalities, such as Podcasts, targeted messaging, Websites, and Webinars are just a few approaches that improve the communication and enable the knowledge transfer that enhances the entire custody chain of healthcare."

Once the patient leaves the office, there is a need to continue to support and reinforce the doctor's recommendations.

Pfizer Health Solutions (PHS) has devised several ways to support health practitioners in caring for their patients. The first is to provide the patient with another form of support, often a care manager who works with a patient to reinforce the doctor's advice. The second is health-education materials with information about what the patient needs to do to get better.

"So, for example, if the patient is a diabetic and the doctor wants this patient's hemoglobin A1c level to be 7.0 versus 9.0, the patient needs to know the significance of the numbers as well as what hemoglobin A1c is," Mr. Sory says.

A third approach PHS takes is to bring additional resources from the community into the care of individual patients.

"There are many local services available that are not easily accessible by patients," Mr. Sory says. "We try to find ways to partner with community organizations that can work with a patient to reinforce what the doctor is trying to do. This might mean changing behaviors, such as smoking, or connecting the patient with a group of people who also suffer from, or are trying to deal with the same type of illness. The bottom line is to help the patient get healthier



and help the doctor by reinforcing a prescription or behavior advice.”

In the case of infertility, Ms. Falk says because the condition isn't chronic and new patients are continually being diagnosed, there is a need to take a different approach in regard to patient education. While about 6 million couples may experience infertility annually, only about 10% to 12% seek treatment for their infertility, and more than 50% never even receive treatment at the primary-care level. Another issue is that many patients don't have insurance coverage for infertility treatments.

“We start with consumer-level education about issues such as the connection between age and infertility, possible risks of infertility, and suggested questions patients can pose to their doctors,” she says. “Then we help them to understand that infertility is treatable and the majority of patients who complete treatment eventually succeed in having a child.”

### Delivering the MESSAGE

Today, the avenues open to providers of health education are vast — from the tried and true, such as the telephone or print, to more interactive methods, such as the Internet and video and audio interactions, to face-to-face interactions, such as visiting nurse educational programs.

PHS reaches patients through four separate channels: the telephone, which is the most common method because of its broad availability; the Internet, which makes use of health content and care plans available through the Web; written formats, which are delivered through the mail; and in-person visits to the patient by a care manager, social worker, or community worker.

“It's often said that healthcare is local, so it's important to provide local solutions,” Mr. Sory says. “While a number of care providers may be available in a community, there is no glue that binds them together, so our programs provide that glue, that coordination, and that support that the healthcare system fails to provide.”

As part of a program the organization is working on with the Medicaid population in Florida, PHS assesses, for example, whether asthmatics are able to use their peak-flow meter better than before, or if heart patients are measuring their daily weight to ensure they are not retaining fluids.

“When we started, 13% of heart patients

were measuring or monitoring their daily weight, and through our program that number more than tripled to 46%,” Mr. Sory says. “This improvement results from patients being educated and having somebody to coach or support them, which is something the healthcare system typically doesn't offer.”

The Internet is gaining increased acceptance and support as a channel for reaching patients. Ms. Herr says technology-driven solutions, such as Web-based initiatives or CD-ROMs and DVDs, create an experience for the patient that they can relate to because of the use of sight, sound, and motion.

“We recently launched livewithit.com, an online animated series that deals with HIV,” she says. “The point was to tell the story of several different patients at different stages of their disease through an animated cartoon-like series. We've found that many people come to the Website and spend between 10 and 15 minutes engaging with the different virtual characters, writing on the message board, and reading the blogs, and from these communications we can tell that the series has been really helpful and supportive. These virtual experiences, presented in a way that people can relate to, provide patients with the motivation and support they're looking for.”

Ms. Falk says Serono has found it needs to cast a wide net to reach infertility patients.

“Many of our successful approaches have included disease awareness-based TV advertising, a strong online and Web focus, as well as some targeted print advertising in women's health magazines,” she says.

The advertising directs patients to a 24/7 education and support service, Fertility LifeLines, and its partner Website, fertilitylife-

**Everyone wants the best outcome for patients and while companies do have sales goals, their goal is to ensure that the right patients for their drugs are getting their drugs.**

JILL BALDERSON

lines.com, for information. Fertility LifeLines is anticipating its 100,000th caller before the end of this year, Ms. Falk says. And the Website has received more than 1 million unique visitors since the beginning of 2005,

when it was revamped to be directed more specifically at patients and consumers.

Direct-to-consumer or targeted patient messaging at the pharmacy are methods Ateb employs to reach patients.

“Whether it is an inbound call to refill a prescription or an outbound courtesy call to remind a patient that their medication is ready for pickup,” Ms. Godwin says. “We insert carefully scripted, real-time messages to educate the patient about a product, lab test preparation, an upcoming site visit, obtain lifestyle survey information, or encouragement to speak with their practitioner with any concerns about their health.”

Careful consideration must also be given to how best to engage and educate the patient. Dry, overly scientific material, such as those produced for the disease-management programs of the past, have a limited appeal.

“Many patient-education initiatives in the past have been off-shoots of medical-education initiatives and professional-education initiatives, where they are very much science-based and drug-based, really focusing on trial data, mechanisms of action, side-effect profiles, and what physicians need to know when they're trying to treat a condition,” Ms. Balderson says. “This is not necessarily what most patients want to know; their needs are more fundamental.”

Dr. Wulf maintains that it's important to be flexible when it comes to creating programs to ensure they meet the various needs of patients.

“For example, the interaction might start with a postcard drop off at the doctor's office,” he says. “Once patients get home, they might use the Web to learn more, or they may want to pick up the phone. All of these methods need to be accommodated so there is true flex-

ibility depending on how the patient prefers to receive information.”

Through one of its programs, InfoMedics boosted persistency of a cholesterol-reducing medication from a 55% drop-off rate after one month to 80% use into the second month. The company was approached by a client to come up with a solution for a difficult problem: a large number of patients on the medication had developed flushing, waking up in the middle of the night hot and sweaty with a feeling that they were having a heart attack.

While the symptoms were frightening, they were benign. The challenge was to convey that information. To do so, the company used a

treatment-education approach to prospectively educate patients about the side effects.

“This illustrates that if a company is proactive rather than being reactive and trying to bury the negative information, it can defang the negativity that surrounds the downside of taking a drug,” Dr. Wulf says. “The better that pharmaceutical companies can get at conveying these types of issues, the greater the trust that will be engendered in patients.”

Healthy Advice Networks takes a dual approach to patient education. The company provides print-based brochures that are used in the exam room and that doctors can give out to their patients. In addition, educational content is presented through digital screen programs in high-traffic doctors’ waiting rooms.

“The power of digital technology delivers effective, targeted marketing down to the office level,” Ms. Schnell says.

Ignite Health also put together an online, educational game on behalf of a client for children with Type 1 diabetes, which provides information about insulin pump therapy. For the most part, the campaign was unbranded. While the client had a specific product, there were many other products in the category and the game did not discuss any particular product.

Ms. Schnell says one area in which the industry has been less than effective is in building the bond between the patient, doctor, and manufacturer.

“Companies have the most impact when they stop focusing on their own marketing objectives and focus their energies on what’s important to their customers — the doctor and the patient,” she says. “The salesforce is the greatest single asset a pharmaceutical company has. High-quality in-office patient education allows them to leverage the content and more effectively serve the total practice.”

### Avoiding BIAS

When patient-education materials are designed to address clear and documented patient needs, even branded programs are well received by healthcare professionals.

“Ultimately, healthcare professionals want programs that will help them do their jobs, which is to provide the best patient care they can,” Ms. Balderson says. “Sometimes that means a branded program is appropriate



**Education programs need to be tailored to the patient, because if the program is not germane to them, they’ll click off the Website or put down the telephone.**

DR. STANLEY WULF

because a physician is prescribing a particular brand, which has specific considerations, whether titration requirements, drug-drug interactions, or a certain side effect profile. At other times, unbranded educational materials are appropriate because in addition to prescribing a drug, the treating physician also wants to offer patients information about a condition and how to cope with it.”

One such example is with the early stages of Alzheimer’s disease, where in addition to drug therapy, patients and their families often need specific support for coping with the symptoms of the disease, Ms. Balderson says.

“This is the type of situation where any of the companies that make Alzheimer’s drugs have an opportunity to support that physician in providing patient care,” she says. “It’s a very time-sensitive issue for these people, and they need clear, easy-to-understand materials that provide practical advice in a compassionate manner. In these types of situations, it’s appropriate to have disease-state information in addition to product-specific information.”

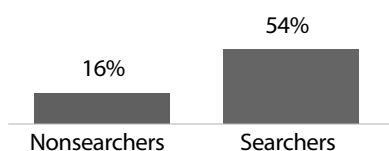
Industry experts say the very aggressive marketing tactics that sometimes occur in the healthcare marketplace can lead to overuse of care delivery options. Therefore it is important to appropriately determine the clinical studies that demonstrate both value and impact.

“If promotion is done under the guise of

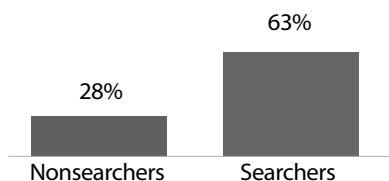
### Online Consumers are Open to Marketing Messages

- 20% of consumers were driven to search online because they saw an advertisement and wanted more information.
- Searchers are 130% more likely to have seen an online display ad and view it as informational.
- 70% of searchers will question their doctor if they are prescribed a brand different from what they searched for online.

#### Searchers are more than three times likely to view branded Websites



#### Searchers are more than two times likely to view health information Websites



Base (Went Online to look for Health Information in Past 3 Months); Did not use a Search Engine (2511); Used a Search Engine (3107)  
Source: Yahoo! Search Marketing, Sunnyvale, Calif.  
For more information visit [searchmarketing.yahoo.com](http://searchmarketing.yahoo.com).



**The more relevant a program is to a patient and the more it relates to that person's experiences, the higher the uptake of information.**

JACKIE HERR

Accusations of bias and inappropriate marketing practices in recent years have increased regulatory scrutiny of all forms of pharmaceutical communications, including patient-education materials. Such scrutiny could make some companies nervous about providing any patient communications beyond the approved package insert, with notoriously small type sizes and language that is incomprehensible to most lay people.

"This is a shame because there is often a gap in patients' understanding of their condition and how to deal with it, and pharmaceutical companies have a desire to help peo-

ple engage with a therapy and have a positive outcome," Ms. Balderson says. "It's definitely a challenge to develop materials that can stand up to the more rigorous regulatory standards, but it's worth the extra effort when you can really change people's lives." ♦

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To access a FREE Podcast on this topic, featuring Dr. Stanley Wulf, go to [pharmavoice.com/podcasts](http://pharmavoice.com/podcasts).

helping a patient, but turns into being a product promotion, the company loses credibility," Mr. Sory says. "We focus on health-improvement programs that can progress the healthcare reform agenda. To do so, we work with the doctor; it's not about prescribing a Pfizer drug but about making sure we create a plan that drives to positive patient outcomes. There would be no integrity to a health-education program if it was a drug pull-through program."

Effective though such initiatives can be, educational marketers need to ensure a patient-education campaign doesn't tip over into unsubstantiated bias. A potentially gray area for a company can be disease-awareness campaigns. Some criticize the industry for "marketing diseases," and make accusations that pharma companies are trying to artificially create demand for their products.

"While disease-awareness campaigns may benefit companies, there is also a clear need to educate the public," Ms. Balderson says. "For example, Merck is doing a wonderful awareness campaign around the connection between HPV and cervical cancer. Merck is underwriting this campaign because of Gardasil, but also there is a huge gap in our collective societal knowledge that the medical community has recognized, and so the company is spending significant dollars to raise awareness about the connection."

When a pharmaceutical company-sponsored information program about a disease state leads off with unbranded information, sourced from independent third parties, it makes the physician comfortable with handing information to the patient and provides the patient with something that is actionable, experts say.

"While patients and physicians understand that the company may have a drug for that disease state, they have a whole level of respect for the pharmaceutical company that is providing the information and not putting their drug name up front," Ms. Schnell says.

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