

KEEP THEM COMING BACK FOR MORE

Awareness advertising has given way to targeted patient-education and patient-compliance initiatives, opening up a new avenue for improving sales.

BY STEVE NILES

Money spent to research and market a product is wasted if the patient decides not to take the drug. By educating patients on the importance of complying with their prescriptions, pharmaceutical companies can improve their reputations and boost the bottom line. There are many reasons why patients do not adhere to a prescribed drug regimen. Increasingly, pharmaceutical companies are developing patient-education initiatives designed to address those issues. Although a variety of media channels are used to reach patients, the Internet has become most important.

In the past, a pharmaceutical company's equation for success involved adding sales representatives, raising prices, and launching direct-to-consumer marketing. The equation has changed. Pipelines for most pharmaceutical companies are not as strong as they were five years ago, companies are finding diminishing returns in adding to their sales forces, price increases are under more scrutiny, and direct-to-consumer advertising is showing questionable return-on-investment.

Educational programs are becoming one of the first choices of marketing tools because of their cost effectiveness. "What we're seeing now is that most brand managers are trying to do

more with less," says Kerr Holbrook, VP, marketing, **McKesson Specialty** (mckessonspecialty.com). "By that I mean trying to recognize the full lifetime value of the patient, and they do that through these educational adherence-type programs."

Patient-education programs are necessary because most patients forget most of what their doctor tells them less than six minutes after walking out the door, according to the patient-education company **HealthEd**. About 33% of adults frequently fail to follow the treatment regimens for medications they were prescribed. About 50% of all patients do not take medications as directed, resulting in billions of dollars in lost revenue. Patients need more comprehensible education materials. According to HealthEd, about 90 million adults read at or below the eighth-grade level.

"We are at the forefront of a sea change in health marketing," says Roy Broadfoot, president and founder, **HealthEd** (healthed.com). "The industry has recognized the strong need for a shift from communication of information to patient-centered education."

The good news is, pharmaceutical companies are getting better at offering effective compliance programs, according to Elizabeth Boehm, senior analyst, **Forrester Research** Inc. (forrester.com). The pharmaceutical indus-

try is moving away from the awareness-driven focus that relied on television DTC advertising, to embracing the idea of compliance/adherence/persistence and targeting a much smaller audience. "Compliance/adherence/persistence programs have been around for a long time, but there hasn't been a solid platform ... to deliver it on a broad scale inexpensively," she says.

The use of the Internet is allowing companies to target their audiences, according to Eve M. Stern, senior VP, business development and marketing, **NexCura** Inc. (nexcura.com), a health-care information and communications company. These Internet-based, patient-centered education programs arm consumers with evidence-based information and tools they need to make informed choices about their treatment options and side effects. The result is greater compliance and a higher level of patient satisfaction. Adherence programs that are supported by an ongoing relationship with patients are more successful than one-time or even periodic outreach messages,

"The message of such campaigns must be relevant, appropriate, and targeted to patient needs on the continuum of the disease course," Ms. Stern says. "The patient-education information needs to be tailored to the patient's information needs at each critical decision

point as the patient navigates through his or her treatment regimen.”

To create a successful adherence program, Ms. Stern recommends that companies first mount an evidence-based educational e-mail campaign to a targeted, permission-based patient database of registered users. This process builds a trusted relationship.

“Follow that with an invitation to order educational materials, and patients will appreciate and value the information and act on messages that support compliance and follow-up care,” Ms. Stern says.

In another example of effectively using the Internet in compliance programs, physicians can provide patients with an information prescription to log on to a particular Website at the time of diagnosis. After viewing the educational materials specific to their conditions in a relaxed, unbiased environment, patients are much more likely to order additional educational materials, Ms. Stern says. Patients can access information on demand at their own level of readiness. Patients can be given an incentive, such as a rebate or coupon for a product discount, to increase the response rates.

Patients want personalized, individual attention and education, according to Georgianna Donadio, Ph.D., founder and director of the **National Institute of Whole Health** (wholehealtheducation.com). “We must return to relationship-centered medicine and treat our patients the way we would want to be treated if we suddenly found ourselves in a disease or pathology state,” Dr. Donadio says.

The National Institute of Whole Health educates medical professionals and works with insurance and pharmaceutical companies to put Whole Health educators into health and medical practices so that they may educate patients about their health and empower them to change behavior to meet compliance, improve outcomes, and reduce costs.

Ms. Stern believes that some pharmaceutical companies are making great

strides in the area of patient education, but the industry can do far more. Many pharmaceutical companies continue to invest in physician-education and awareness programs and underinvest in targeted consumer-education strategies.

“It is ironic that at a time that pharmaceutical companies are investing in and developing ever more targeted therapies, they seem to be allocating more dollars to broadcast, ‘systemic’ marketing strategies,” Ms. Stern says. “With the continued growth in the consumer movement and consumer-driven health plans forcing patients to become more accountable health-care purchasers, pharma companies would be wise to bolster their patient-education programs to targeted patients in concert with the programs they are doing for health-care providers.”

Good for the bottom line

Consumer Health Information Corp. estimates that 30% to 85% of patients disregard refills and that 10% to 20% of initial prescriptions go unfilled. This means drug brands are losing out on millions of dollars in revenue.

“If the pharmaceutical company does not provide the patient with the information they need, that pharmaceutical company is never going to reap the benefits of long-term sales for chronic disease medications,” says Dorothy L. Smith, president and CEO of Consumer Health Information (consumerhealth.com).

Patient-education programs increase sales by emphasizing the importance of compliance with a complete course of treatment, which includes taking correct dosages at the right intervals for the optimal period of time. Patients are more apt to go back for refills, complete their full prescriptions, and even just fill their prescriptions in the first place when they understand the implications of noncompliance, according to Eric Bolesh, research team leader, **Cutting Edge In-**

formation (cuttingedgeinfo.com).

“Sales increase with earlier patient participation in the identification of treatment options, adverse effects, and patient-initiated conversations about alternative treatment options and compliance with treatment guidelines,” Ms. Stern says. The ultimate benefit is to the bottom line for product brand teams.

According to Dr. Donadio, in the U.S. statin market alone, one year of non-compliance costs pharmaceutical companies almost \$3.9 billion in revenue. As little as a 5% increase in compliance rates can translate to \$30 million to \$40 million in revenue. “It makes good and profitable business sense to provide support and endowments to health-education organizations who produce models of patient-health education that are proven to affect the compliance statistics, even marginally, as this results in significant revenue increase for the drug companies,” Dr. Donadio says.

Causes of noncompliance

Compliance issues do not spring up gradually. The first prescription to be filled is usually where the initial problem with compliance begins, according to Gene Guselli, CEO and co-founder, **InfoMedics** (infomedics.com). If the patient has any difficulties in understanding why, when, and how to take the medicine, noncompliance will occur, most often by the patient refusing to fill the prescription in the first place.

“If you allow that to continue to occur without a spontaneous type of feedback captured from the patient to the doctor, then it is very difficult to ultimately get those patients to comply,” Mr. Guselli told *Med Ad News*. “It’s almost like practicing prevention for compliance. The best time to catch noncompliance and to do something about it is before it occurs.”

InfoMedics provides information to doctors as to whether the first prescription has been filled. When the doctor re-

ceives feedback from the data collected by InfoMedics that the patient did not fill the prescription, the situation can be corrected before there is an exacerbation from a health-care expenditure standpoint or before the patient is too far down the road of noncompliance.

Mr. Bolesh believes that there are five primary reasons for patient non-compliance. Patients may stop taking their medication too soon, forget to take one or more doses, take medications at the wrong times, fail to fill the initial prescription, or take the incorrect dose.

To address these issues, drug companies already do many things. From a drug-development standpoint, they try to develop products in convenient formulations, Mr. Bolesh says. A daily dose is better than a twice-daily dose, and a weekly dose is better than a daily dose, for example. If there is a delivery device, such as a syringe, companies try to make the device easy to use. Mr. Bolesh cites **Abbott Laboratories'** (abbott.com) arthritis drug **Humira**, which comes in a prefilled injection device with large, easy-to-grip wings, so arthritis sufferers can administer the drug more easily.

Analysts with **Datamonitor Plc.** note that in the area of osteoporosis management and treatment, there is a low level of patient compliance with prescribed drugs. Difficulties here are due to the chronic nature of osteoporosis, requiring long-term treatment that can be costly — particularly to elderly patients who have to pay for their own medications. Many patients fail to take the drugs correctly or stick to the strict dosing requirements associated with some commonly used products, leaving them at greater risk.

“The chronic nature of the disease and the lack of major external warning signs until the disease is advanced and a fracture occurs means that patients cannot appreciate the long-term benefit of the drugs they are taking,” says Victoria Williams, women’s health analyst, **Datamonitor** (datamonitor.com).

To deal with this particular patient-compliance issue, more osteoporosis products are being developed with long-interval, intermittent-dosing regimens. Leading bisphosphonates on the market, including **Merck & Co.’s Fosamax** and **Procter & Gamble Co.’s** (pg.com) and **Sanofi-Aventis'** (sanofi-aventis.com) **Actonel**, can be taken weekly, but newer drugs will offer an even longer gap between doses. For example, **Roche and GlaxoSmithKline’s** (gsk.com) **Boniva** is available in a once-monthly pill formulation, **Amgen Inc.’s** (amgen.com) monoclonal antibody **denosumab** could be offered in a once-every-six-months injection, and **Novartis** (novartis.com) is developing **Aclasta** as an annual I.V. push.

Although the new products may offer only small increases in terms of efficacy, in real terms the increase in patient compliance may see them improve actual outcomes for patients significantly. “Less-frequent dosing is one of the biggest opportunities for effectively treating sufferers of osteoporosis,” Ms. Williams says. “If one takes into account the increase in patient compliance these new drugs may confer, they may ultimately punch well above their weight in terms of efficacy in real-life situations.”

Cost is another factor that marketers can address by distributing coupons, for example. “If you look at health-plan data, one of the fastest ways to influence drug consumption is to change copays,” Ms. Boehm says. “By offering coupon programs, companies can measure and often influence behavior. But the challenge with couponing is if it’s overly broad, you’re simply discounting your product.”

The programs that McKesson Specialty runs with its clients are multidimensional. They involve the Internet, paper mailers, nurse calls, and personal contact with a patient. Another element the programs involve, which Mr. Holbrook says is distinct and unique from previous programs, is an element of cost offset to help the patient overcome the

financial barriers. McKesson Specialty has developed a product called **LoyaltyScript**, a card-based product that patients can bring to the pharmacy to get discounts off their co-pay.

“That is just the foundation of a more holistic relationship-marketing program,” Mr. Holbrook told *Med Ad News*. “Because once you get the patient going into the pharmacy and using the card to get the discount, you then can get data from the patient in terms of when they filled their prescription. You can engage in more dialogue with them as they enroll in the card, so you can then meet the patient where they are. If they like to be talked to via the Web or by mail or by phone, you can make a more-specific intervention with the patient using the channel — Web, paper, phone — that’s most impactful to them.”

Another compliance issue is related to drug safety, particularly in the light of the media hype following Merck’s withdrawal of **Vioxx**, according to Destry Sulkes, M.D., managing director, **Med-siteCME** (medsitecme.com), a provider of free online continuing medical education. “Patients are getting very concerned about safety in ways they’ve never been before,” Dr. Sulkes says.

Miscommunication is a common cause of noncompliance. According to Ms. Smith, patient comprehension is different from readability. “Many companies just quit at the readability stage and don’t go to the next step, which is to make sure the information is understandable to the average person,” she says. “A good example is the instruction ‘Do not eat red meat.’ This passes the readability level and is at grade 4, however this instruction is not understood by patients because they think that once they cook the meat it is no longer red and is OK to eat.”

Ms. Smith believes that the only way a company is going to produce materials that patients are going to understand is to ensure that the authors not only know how to translate the materials into appropriate wording but also know how

to apply patient-counseling techniques to the language so that the patients are motivated to take the medication.

“This takes experience in clinical practice, actually counseling patients and knowing what types of answers are needed for common patient questions,” Ms. Smith says. “It also takes expertise in understanding how to develop creative behavior modification strategies that will work at the right stage of the therapy. It depends on whether it is the initial prescription, the first refill, the third or sixth refill, or the 1-year refill.”

Noncompliance is most often a conscious decision, according to Charlene Prounis, CEO of **Flashpoint Medica** LLC (flashpointmedica.com). She believes that the primary reason why patients fall off a drug regimen is because they do not feel like they need the drug.

“The issue is that the therapeutic alliance was not achieved in that doctor/patient encounter,” Ms. Prounis says. “To me, that’s the real crux of it.”

Flashpoint Medica designs programs intended to strengthen that therapeutic alliance. According to Ms. Prounis, there are three things that must happen to make sure the patient goes out and buys the drug and stays on the drug. First, the patient needs to understand and accept the diagnosis, so the doctor must communicate the diagnosis effectively. Second, the patient must agree with the treatment that the doctor is proposing. Third, the patient’s concerns about the medicine and the side effects must be well addressed.

Flashpoint Medica developed a patient program for a client’s anti-anxiety drug with a role for patients and doctors. “If you think of the encounter as two people, the patient has to come in and be a little bit more prepared,” Ms. Prounis says. “That means maybe they’ve done a little research that today’s patient should. Or maybe they at least understand what it is they want to bring up to the doctor. Maybe they haven’t done the Internet research, but

they’ve prepared in their mind the questions that they want to ask. Most people don’t do that. They get in and they wait for the doctor to question them.”

The patient must also know how to talk to the doctor in language that the doctor will appreciate. The patient must be more objective in describing symptoms. The doctor, meanwhile, needs to understand and appreciate the patient’s perspective.

“The last thing patients need when they leave the doctor’s office to get to this better therapeutic alliance are more instructions and a rationale why they have chosen this drug,” Ms. Prounis says.

When writing patient-education materials, the developer must try to predict all the problems that a patient can encounter with a specific sentence. “One thing I have learned after counseling patients and writing patient-education materials for the past 20 years is, if anything can be misinterpreted by a patient, it will be,” Ms. Smith told *Med Ad News*.

The simplest cause of noncompliance with a medication regimen to address is forgetfulness. Marketers need to create a reminder that people will accept. This could be done using a variety of different channels and requires a relatively short message.

Roche (roche.com) established a call center for its obesity drug, **Xenical**, and staffed the center with nurses who were specially trained in metabolism-based conditions. Apart from answering questions, the call center provides dosage and refill reminder calls to subscribers.

Many companies deliver dosage and refill reminders to subscribing patients, Mr. Bolesh says. Some companies provide desktop-reminder tools for download. **Forest** Laboratories Inc. (frx.com) did this with the depression drug **Cellexa**. Merck (merck.com) has an e-mail reminder program for Fosamax, **Pfizer** Inc. for **Lipitor**, and **AstraZeneca** (astrazeneca.com) for the cholesterol drug **Crestor**. Some high-tech drug packag-

ing — such as blister packs for pills — may emit beeps or blinking lights when the time comes for a dose.

Of the many ways the patient-adherence challenge can be addressed, integrating well-designed pharmaceutical packaging is an essential component, according to Steven Palmisano, senior VP/management supervisor, **Interlink Healthcare Communications** (interlinkhc.com).

“Although packaging is only part of what is required, we believe that it is a key element toward improved patient adherence that has received less focus than other alternatives,” Mr. Palmisano told *Med Ad News*. “Pharma companies must research what the core issue is for nonadherence related to their specific brand and then determine how they can resolve it. In most instances, they’ll be able to translate what they learn into a better-designed package to address an important element of this adherence challenge.”

According to Mr. Palmisano, packaging should add value to the brand, not just communicate FDA-required information. To that end, pharmaceutical companies should concentrate on consumer-friendly packaging that offers simple instructions and reminders for patients to properly take their medicine. Unit-of-use packaging with adherence-related reminders should be used wherever possible to control the medication-administration instructions a patient receives from the pharmacy.

“Based on their own marketing research and expertise, ad agencies specializing in pharmaceuticals should understand these challenges and be capable of working with their clients — and sometimes directly with packaging experts — to implement packaging that supports the primary issue that impacts patient adherence with that specific product, to overcome patient compliance hurdles,” Mr. Palmisano says.

Beyond the simple causes of non-compliance, marketers must examine the condition. In support of Lipitor, Pfizer (pfizer.com) is a partner in the

Taking Health to Heart program. The Taking Health to Heart Program is a collaboration between the Atlanta Regional Commission, which is the Atlanta area's agency on aging, and the Fulton County Office of Aging. Pfizer and the agencies focused on heart health after holding many discussions on coronary artery disease data, treatment guidelines, and increases in risk associated with age. The program is designed to improve education around the importance of cholesterol management in the elder population and to evaluate the effect of lifestyle interventions on the level of coronary risk among the participants in the program.

Pfizer mails its "Close to the Heart" cholesterol-management materials to the participants each month. The program augments these educational materials with existing exercise activities and nutritional classes offered at senior centers, as well as with a series of creative, monthly educational programs designed to reinforce the importance of continued participation.

"If you look at the heart-disease market, it's an accepted if not fully proven fact that if you can get somebody involved with their overall lifestyle changes, drug adherence tends to come along with it and not the other way around," Ms. Boehm told *Med Ad News*. "Getting them motivated around fitness and nutrition, etc., often creates more adherent patients."

The physician's role

Patients are savvy, educated, and have access to medical information in books and on the Internet. Educational programs that preach compliance without solid data will be viewed with skepticism, according to Nan Andrews Amish, consultant, **Big Picture Healthcare** (bigpicturehealthcare.com). This will hurt the effectiveness of regimens where completing a program is truly important, for example, with a course of an antibiotic.

"Patients today are seeking partners in their health, and they are becoming more and more frustrated with drug regimens that have side effects and that do not cure a condition," Ms. Amish told *Med Ad News*.

Smart doctors are seeking their own education to improve their relationship-building skills, according to Ms. Amish. "When patients trust their doctors, compliance is not an issue," she says. "When patients do not trust their doctors, or feel they are being overcharged for drugs and/or they are not getting the whole story, then compliance will be a challenge, regardless of educational programs for the patients."

According to HealthEd, less than 5% of pharmaceutical companies' patient-education materials ever reach patients, because doctors are overwhelmed with materials and say they rarely hand out anything not developed or selected themselves. This is one of the reasons HealthEd brings doctors into the process of creating materials. This helps to give physicians ownership of the content that is being developed for their patients.

"The physicians and other health-care professionals are absolutely integral because patient education can serve to amplify the messages that they've already begun with their patients," says Stephanie Mazzeo-Caputo, VP, operations, HealthEd. "In today's health-care climate, where people are responsible themselves for navigating the health-care system, there is such a push for people to go in armed with information to ask questions, to question recommendations that the physician is giving to them. As that paradigm shift is taking place, having the health-care professionals be in a role where they're encouraging it and facilitating it makes all the difference."

According to Ms. Boehm, a successful adherence program does not necessarily require that the physician be a central component. Consumer self care and other caregivers in patients' lives can be instrumental. Having physician endorsement, however, is a good way

to gain public acceptance of these programs.

A single-product-focused program may be more difficult for a physician to embrace, but to the marketer, a program that is not single-product focused may not create the level of differentiation being sought. "It's not one of those situations where, if everyone would just do the right thing, it would work," Ms. Boehm says. "It's complicated because of the fact that compliance itself is a complicated issue."

When the physician is brought into the program, the sales force is instrumental in delivering that message. For older products, the introduction of a compliance program can be used as a fresh angle for the rep to use to gain access to the physician.

Linking patient compliance to educating physicians is critical, according to Maggie Helmig, president, **Eden Communications Group** (edencomgroup.com). "There are data to support that physicians just spending a little more time with the patient actually tremendously increases adherence to treatment," Ms. Helmig says. "Making sure there are no barriers to the patient being compliant are the issues that they don't necessarily know to probe for."

Pharmaceutical companies can provide materials for the doctor to help communicate to the patient, such as checklists, screeners, journals, or diaries. According to Ms. Helmig, the clinical encounter is the opportune time for physicians to educate patients because that is a teachable moment.

In thinking about patient education, the first task is to establish the appropriate communication channels, according to Mr. Guselli. Ultimate compliance will take place when the communication channel between the physician and the patient works.

"A lot of the efforts around compliance, which I believe is why they have not been successful, is that people have just tried to communicate directly with the patient," Mr. Guselli says. "Independent organizations, whether they be ef-

forts of managed care or independent compliance vendors, or pharmaceutical companies, get a hold of these patients and try to take them through the rigors of staying on their medication. The important loop that they're missing is to make sure that they're facilitating the relationship between the patient and the physician around issues of compliance. You have to envision yourself in more of a supportive role around that relationship."

Health-care providers can be introduced to patient-education programs via continuing-medical-education events. According to Dr. Sulkes, continuing-medical-education programs and promotional-dinner programs that are being funded and implemented throughout the course of the year need to have communication on the patient-education program's role.

For example, MedsiteCME developed a CME program on behalf of Pfizer that brought together a roundtable of different specialists, including rheumatologists, cardiologists, and primary-care physicians. The physicians discussed their perspectives on how their patients should be thinking about their pain medications.

"By having the doctor and then the staff sending this on to the patient, all in one big loop, that's where you'll start to see some behavioral change and some impact," Dr. Sulkes says.

Continuing-medical-education events can create a train-the-trainer scenario, according to Marsha Meyer, senior VP, clinical information, CME LLC (cmellc.com), an accredited medical-education provider.

"We have heard time and time again from our physician audience that they look at medical education as an opportunity where they become educated, and they in turn have the opportunity to educate their patients," Ms. Meyer told *Med Ad News*. "The physicians also have told us over time that while there may be a lot of promotional materials from pharmaceutical companies, a deficit in that information is that it is usually one-sid-

ed, and the physician has no sense of security that it's going to be representing the whole picture to the patient."

According to Ms. Meyer, physicians require material that they believe is a continuation of what they have just learned professionally. When patients leave the physicians' office with a diagnosis, they are going to have many questions once they get over the initial shock and begin talking with their family members or friends. Physicians want to be sure the information that they give to the patient in their absence is going to be the same philosophically as they would use personally, one-to-one.

Once the communication channels have been established and expectations for physicians and patients are put in place, monitoring and intervention techniques must be used to specifically address where people are in that education and expectation realm.

InfoMedics worked with a pharmaceutical company that found patients were not complying with their cholesterol-medication regimen. High cholesterol is a condition with common compliance issues because the condition is largely asymptomatic. In this instance, although the drug had enormous potential in the marketplace and was proven effective, a side effect associated with the early course of the medication produced symptoms that turned patients off of the drug. The side effect was not serious and went away in the first 30 days to 45 days on the medication.

About 4,000 physicians and more than 13,000 patients participated in the program InfoMedics set up. "It was designed to support physicians' efforts to educate patients about high cholesterol and the medication they've prescribed to manage it, as well as create some expectations in the patient's mind about what they needed to go through to get to the promised land of the ultimate effectiveness of this medication," Mr. Guselli says. "We gauged people's understanding, tested their comprehension and knowledge of the medication, and established firmly in their mind that this

was going to be a side effect associated with the drug that should not be alarming to them."

InfoMedics was able to show a 71% improvement in compliance during a six-month period versus all other statins in that class. After a six-month period, the company showed that about 73% of patients in this particular program were still on the drug, compared with less than 20% of statin patients in general in class on average because of these early side effects.

"What that improvement in adherence translated into was just about for every dollar that they invested in that program, they got back more than two-and-a-half bucks," Mr. Guselli says.

Beyond just the physician, Dr. Sulkes believes that the entire office staff should be brought into the industry's effort to provide compliance education to patients. "You've got community-outreach programming going on, you've got print materials in doctors' offices, you've got 800-numbers, you've got all these different tactics that the pharma companies are behind and supporting," Dr. Sulkes says. "But if the doctors and the staff are not educated on how to implement them and how to use them, then patients have a 1-in-10 chance of using that material relative to a coordinated effort."

The pharmacy and the pharmacy-benefit manager are other opportunities for reaching patients.

"If you are on a drug that gets to be mail order, there are opportunities through that mail-order program with whoever the benefit manager is," Ms. Helmig says. "A lot of times health plans are looking at who's got those high-risk diseases and who do we need to be targeting to make sure they're compliant because they've got diabetes, hypertension, or high cholesterol. Medicare reform is going to be an enormous opportunity with helping older adults, because they usually have more multiple risk factors and are in a generation that is not necessarily proactive about its health."

Partner with advocacy groups

Pharmaceutical companies that underwrite patient-education programs produced by trusted sources, including patient-advocacy groups, gain respect and trust by the association, according to Ms. Stern.

In November, AstraZeneca partnered with WomenHeart: The National Coalition for Women with Heart Disease and the Association of Black Cardiologists Inc. to launch the GOAL Standard. This national education campaign is designed to highlight the importance of setting a cholesterol goal; promote better overall cholesterol management; and provide tools to enhance communication between doctors and patients, including those already receiving cholesterol-lowering treatment.

The GOAL Standard campaign will provide tools for men and women to work with their health-care providers to identify target cholesterol goals and plans to successfully reach and maintain them. Consumers can learn more about the campaign by logging on to GOAL-standard.com. Informational resources available through the GOAL Standard include a fact sheet about understanding cholesterol and setting a treatment goal, a downloadable brochure, additional survey findings, and an interactive cholesterol calculator that can help facilitate patient-physician dialogue about the condition.

Patient education backed by advocacy groups can improve the perception of the industry. "The key to improving corporate reputation is to partner with advocacy groups and not have a branded agenda," says Tracy Doyle, president, **Phoenix Group Holdings**. Phoenix Group Holdings is a holding company that includes **Phoenix Marketing Solutions** (phoenixmsolutions.com), a medical-education company.

When putting together patient-education programs for pharmaceutical company clients, Phoenix first identifies the disease state and researches the grass-

roots advocacy groups working in that area. The company will initially partner with the national organization, which will then introduce Phoenix to the local grassroots program coordinators.

To design an educational program for an attention-deficit hyperactivity disorder drug, Phoenix partnered with the **National Children and Adults with ADD Association** based in Washington.

"A number of people thought it was, in fact, a commercial or infomercial, and we had to assure them that it was all disease-state information and there was absolutely no commercial whatsoever," Ms. Doyle told *Med Ad News*. "The part that addressed medication was a fair-balance review of all the medication options so the consumer can make the right choices for themselves."

To attract people to the all-day conference, Phoenix used e-mail, telerecruiting, and a word-of-mouth campaign. Phoenix had support from the client's PR company, which pitched the program to the local media. In addition, pharmaceutical reps introduced the program to physicians and provided posters and information that could be given to the patient base.

"It's a foot in the door for the rep," Ms. Doyle says. "And in terms of improving corporate reputation, when the physicians saw what we're doing is national conference caliber in a local community and because it's fair and it's balanced and disease-state specific, the corporate reputation increased significantly in that given community. That's what was reported by the district managers and the field sales representatives."

According to Ms. Doyle, companies can tackle the industry perception problem city by city.

"If they partner with the advocacy groups, they're able to put something together that really gives pharma fair check-and-balance because the advocacy group will always want to see the material and make sure that it's not slighted in any way," Ms. Doyle says. "It's giving back to the community in a way that the community now appreciates pharma

for what they do."

HealthEd frequently collaborates with advocacy groups in developing patient-education programs for clients. Often, the pharmaceutical company gives an educational grant to the nonprofit organization. HealthEd then joins as the third party to create and develop the material. Other times, when HealthEd is directly working with a pharmaceutical client, the agency will bring in the nonprofit group to be on the advisory board.

"Advocacy group marketing is a strategy that is not consistently leveraged by the pharmaceutical manufacturers," says Kristin Patton, VP, strategic planning, HealthEd. "Some of them are very savvy at it, and they've been doing it a long time. Some are not. And some have basically pushed that job down to an associate manager or a product manager who has significant other responsibilities as well. There are agencies, and we're one of them, where a significant portion of our staff has worked at advocacy groups. It's a niche specialization that our clients are becoming more reliant on us for."

HealthEd was chosen by Novartis to create all of the collateral materials in a patient-education program to support the chronic myeloid leukemia drug, **Gleevec**. Through an unrestricted grant to the Leukemia and Lymphoma Society, a series of teleconferences were made available to patients living with chronic myeloid leukemia, their family members, and the health-care professionals treating them.

Registered patients for the teleconference received announcement cards of upcoming sessions as well as other supportive materials such as educational booklets and newsletters. The collateral materials of patient booklets and newsletters helped to reinforce the key issues and topics covered during the live teleconferences. Each teleconference was moderated by an expert or key opinion leader most knowledgeable on the topic. Each of the teleconferences are archived on the CML Links Website so

new patients being diagnosed can download and listen to the topics of interest to them.

The overall program continues with 14 topics having been completed. In one control study of participants in the CML Links program versus patients who were not actively participating, 88% of the participants said the materials in the non-branded CML Links program were valuable in helping them make medical choices; 67% of the patients said they would ask more detailed questions of their oncologists as a result of participating in the program; 46% of patients became more active in managing their treatment plan versus patients who did not participate; and 97% said they would recommend the program to others.

Patient education goes online

Mr. Bolesh believes that the Internet is an increasingly important part of any patient-outreach program. The Internet allows for secure, anonymous, customized interactions among patients, medical professionals, and the drug companies themselves. Beyond these compliance reminders, there are disease-management programs that seek to create a deeper relationship with patients, Mr. Bolesh says. Many such programs run by drug companies are Web-based, and they bring people to Websites to provide information, access to certain services, health diaries, communication with peers, contact with medical professionals, and other offerings.

Getting the appropriate content to the patient at the most appropriate time is important, and this is the advantage of the online channel. The expansion of interactive technology has created a new set of opportunities to improve the delivery of patient education, according to Stephen Wray, president and CEO, **Cadient** Group (cadient.com), an interactive marketing agency serving the health-care industry.

“While pharma has historically

lagged in the use of online applications, it’s very evident to all of us that the shift is now on,” Mr. Wray told *Med Ad News*.

The more serious or life-threatening the condition, the more patients seek unbiased, evidence-based information sources, according to Ms. Stern. People seeking relief from a non-serious, acute condition such as toenail fungus, however, are perfectly comfortable viewing information on a company-sponsored Website.

“Any educational program needs to zero in on providing the information the patient needs at the moment in time that he or she needs it,” Ms. Stern says. “The vast potential of the Internet is its ability to provide, highly targeted, relevant, and specific information precisely to the consumers seeking just that information. Companies that are able to deliver highly targeted patient-specific information to consumers will be in a position to provide the most-efficient conduit for educational messages that can impact patient decisions.”

Print materials or e-mail efforts have many limitations. There is only so much that can be achieved with a brochure. With the onset of digital technology, however, companies can create a dynamic interface with the patient.

“Giving a brochure in a doctor’s office isn’t going to inform you about what the patient’s specific needs are,” Mr. Wray says. “The online channel has a clear advantage in helping you to have an exchange of information early on in the process so that the education that patient receives is much more individual and much more relevant.”

Mr. Wray says the types of initiatives that support patient education are self-diagnostic screening tools, patient access to an expert panel, peer-support networks, and symptom-tracking diaries. Patients also are asking for compilations of resources, in which resources are evaluated and put on one site.

According to Mr. Wray, increasingly doctors recognize that their own learning and information gathering is best done

online, so they are becoming much more aware of the fact that this is a better way to educate their patients. Physicians are beginning to prescribe Websites along with a prescription as a resource for patients to better understand the condition, why the doctor prescribed the drug, and how the patient can continue to get support over time.

Ms. Boehm says online programs can create community, support, and milestones that help patients stick to treatment. To support its chronic hepatitis C drugs **Pegasys** and **Copegus**, Roche launched its Pegassist program.

In most cases, taking hepatitis C therapy requires a year-long commitment. Through the Website Pegassist.com, Roche provides private, personalized, interactive support to patients with chronic hepatitis C who are receiving treatment with Pegasys alone or in combination with Copegus. Pegassist.com provides patients with tools and motivation to help them manage the physical and emotional challenges they may experience during treatment.

Pegassist.com features a personalized, interactive calendar-based progress log, a voluntary member directory that acts as a “buddy system” by connecting patients with other registered users who can share their experiences, and a personal folder where patients can store information, motivational tips, and questions for their health-care providers

A new company, **Vivacare**, was founded in 2005 to provide Internet-based tools for physicians designed to improve patient knowledge and medication compliance. The company creates and manages online, customized patient-care center sites, which deliver educational services and compliance-enhancing messages to patients from doctors.

According to Vivacare (vivacare.com), 81% of physicians have difficulty providing appropriate paper-based handouts about care and medications to their patients during office visits. Through Vivacare’s service, patients receive personalized health information about their diagnosis and a doctor-recommended

Information Prescription. The Information Prescription directs patients to the physician's online Patient Care Center and Education Library, where information about conditions can be found. Patients also have the opportunity to receive personalized messages via e-mail and online Medication Kits that provide information about their prescribed medication.

Pharmaceutical companies are provided the opportunity to enhance Medication Kits with product-branded content and services, such as links to product Websites or rebate coupons. This information is delivered to patients who have been prescribed the medication and enrolled for the service. Vivacare does not provide access to individually identifiable patient data.

According to Dr. Sulkes, a major benefit of online programs is their trackability. "We can actually find out who will be using these tools and what they'll be doing over time with the tools," he says. "Who comes and takes a look at the program, who stays for five minutes, who completes the program, who comes back to the program again and takes the next program. Those are the things you can track online, and that can then be tied back to what kind of impact the program is having on a regional or national basis."

Although the Internet is becoming a more popular medium, direct mail still has certain advantages. "The Web is a great resource, but it depends on the age of the patient," Ms. Helmig says. "If you have patients on the lower socioeconomic scale, they might not have access to that as well. Thus, it is looking at who your patient is that you are trying to reach and what the best way to get there is."

Measuring the ROI

Masuring the return on investment of patient-education programs is difficult, according to Mr. Bolesh. "A lot of patients

are anonymous in these programs, therefore it is tough to know if you're actually driving improved compliance or increased prescription volume," he says.

In determining the value of an adherence program, marketers must consider the trade-offs between the cost of the communication medium, its reach, its level of influence, and its immediacy. "All of those things will play into putting together the right program, because ultimately they are still geared toward ROI," Ms. Boehm says. "You have to create both effectiveness and cost-effectiveness."

There are several approaches companies can take to measure ROI. These range from self-reported data from participants or simple participation data to working through pharmacy benefit managers to cross-match databases and gauge changes in prescription behavior. The higher-level analysis, however, can be expensive to conduct. "If you're going to spend a lot measuring ROI, you by definition decrease it," Ms. Boehm says. "Oftentimes those [high-level analyses] are saved for initial evaluations or periodic evaluations as opposed to ongoing measurements."

With a successful educational campaign that establishes a relationship, patients are often willing to participate in program, product, or service evaluations, according to Ms. Stern. Pharmaceutical companies can invest in pre-market and postmarket research surveys to measure the impact of the educational programs. Ms. Stern believes that market research that assesses awareness levels of treatment options, treatment understanding, and physician conversations before and after an educational campaign is much more feasible using Internet technology than previous means of gathering such high-quality marketing intelligence.

Other return-on-investment analyses can consist of measuring the impact of the patient population who received the educational campaign against an eligible control group that did not receive the educational program. "A follow-up survey with specific questions can accu-

rately evaluate the ROI based on patients who have been prescribed the medication as a direct result of the campaign," Ms. Stern says. "The incremental new sales can be calculated relative to the pharma investment in the educational program to calculate an ROI."

Getting the word out

Patient-education programs depend on doctors, advertising, health-care organizations, and word of mouth to get the message out about what the programs offer. Ms. Helmig believes that companies are getting patient-education programs out to the market, but she is not sure that physicians are understanding how to use the programs or are seeing the benefit of the programs.

"Sometimes, when it's product focused, the doctors feel like it's too self-serving," Ms. Helmig says. "I'd like to step back to the disease focus. Because at the end of the day, all this material isn't causing huge increases in compliance. And we've still got a long way to go with it. But we're starting to chip away at it a little better than we have."

According to Ms. Prounis, companies are spending more money than ever on patient-education programs, but doctors do not really appreciate the depths and the resources that are going into them. Pharmaceutical companies have an opportunity to let the doctors know what they are investing and what goes on behind the scenes when the patient leaves their office.

"It has to be done through PR, through a third-party person that's going to release the information and have it filtered through their eyes, whether it's a news channel or newspaper," Ms. Prounis says. "It probably should be a consolidated effort from pharma. Companies should see this as an opportunity to clean up their image."

To be sure the adherence programs have the most impact, Dr. Sulkes believes that development of the program and the strategy behind the program are

well-thought-out before the program is launched. “Pharma actually is doing a very good job when it comes to getting the word out, getting the pamphlets in doctor’s offices, getting the ads in newspapers,” Dr. Sulkes says. “What could be better executed is thinking about the strategy first and making sure it all ties together so that when it starts to get implemented, you still have that great visibility and transparency that pharma can drive.”

Consumer Health Information is working with more product teams starting in Phase III to develop customized patient-compliance strategies that can be integrated into the marketing plans for specific products. Ms. Smith believes that a product team that rushes in and spends millions of dollars on a patient-education program for a product is putting the pharmaceutical company at huge risk if the team does not first identify all the potential patient-compliance problems that can be expected due to the specific disease, specific drug, and needs of the specific target patient population.

“You need to identify the problem areas based on the patient-education research and then develop creative strategies to address each of these problem areas so that all the patient-education materials developed for a product address these problems,” Ms. Smith says. “If you do not do this, you are taking a huge risk that your patient-education program will just not work, and instead of increasing your ROI, you will just be spending money on pretty pamphlets.”

The role of DTC in patient education

According to Ms. Boehm, a patient-compliance program can also be introduced through the same mass advertising used in traditional direct-to-consumer communication.

According to S. Kent Stephan, CEO, **Princeton Brand Econometrics**, di-

rect-to-consumer advertising may be the most-effective tool for dealing with the compliance crisis. Princeton Brand Econometrics (pbeco.com) is a marketing/engineering company.

Princeton Brand Econometrics conducted an experiment among asthma sufferers to see how well two different print ads could affect the use of a drug that prevents attacks. The brand had a compliance rate at the time that hovered around 50%.

The company surveyed a large list of brand users to take a baseline measurement of brand usage during the previous two days. One-third of the patients on the list were sent a magazine that had one of two test ads inserted. They were told that the magazine was a free trial offer and received no other information or instructions. Another third of the list received the same magazine with a different test ad, and a control group received the magazine with no test ad at all.

The following week, all the survey participants were asked how often they had used their asthma medicine in the previous two days. The results from the control group were almost the same as the baseline measurement, but both the test groups showed statistically significant increases in product usage.

“It is also worth noting that those who saw the test ads expressed a significantly greater likelihood of staying with the brand the next time they needed a prescription,” Mr. Stephan says. “DTC advertising clearly has the capacity to increase patient compliance for the advertised brand. And, interestingly, this can be achieved without directly addressing compliance. An ad does not have to say, ‘Remember to take your medicine as directed.’ It’s more important to effectively reinforce the reasons why they are taking the medication.”

Not every DTC ad can affect compliance or even do anything positive for the advertised brand, according to Mr. Stephan. Unless DTC advertising

is carefully test marketed or simulated through a well-validated methodology, the impact can only be speculated.

Programs can build a good reputation

The change in focus from awareness advertising to education may help to repair the public’s perception of pharmaceutical companies, assuming the programs can be executed properly. “The execution of a program geared toward the betterment of someone’s health often means moving beyond the medication to lifestyle support and things that pharma companies, for good reason, can be very uncomfortable in addressing, and in some cases, for labeling reasons, cannot get at,” Ms. Boehm told *Med Ad News*.

Patients and doctors that witness the benefits of education programs tend to think positively of the companies behind those campaigns, according to Mr. Bolesh. He considers the best programs to be those that improve overall quality of care by making patients more aware of their own health needs and that safeguard and improve patient health, without being an inconvenience.

“Such programs build a compliance triangle that links patients, physicians, and drug companies,” Mr. Bolesh says. “In doing so, they become an active, trusted part of the patient’s health-care system.”

Pharmaceutical companies can develop a trusted and valued relationship by being there for patients from the beginning and continuing through follow-up. Ms. Stern believes that pharmaceutical companies can raise the public’s perception of their interest in improving the overall health of consumers by providing programs that serve patient needs for credible, timely information that is specific and relevant to them. □

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