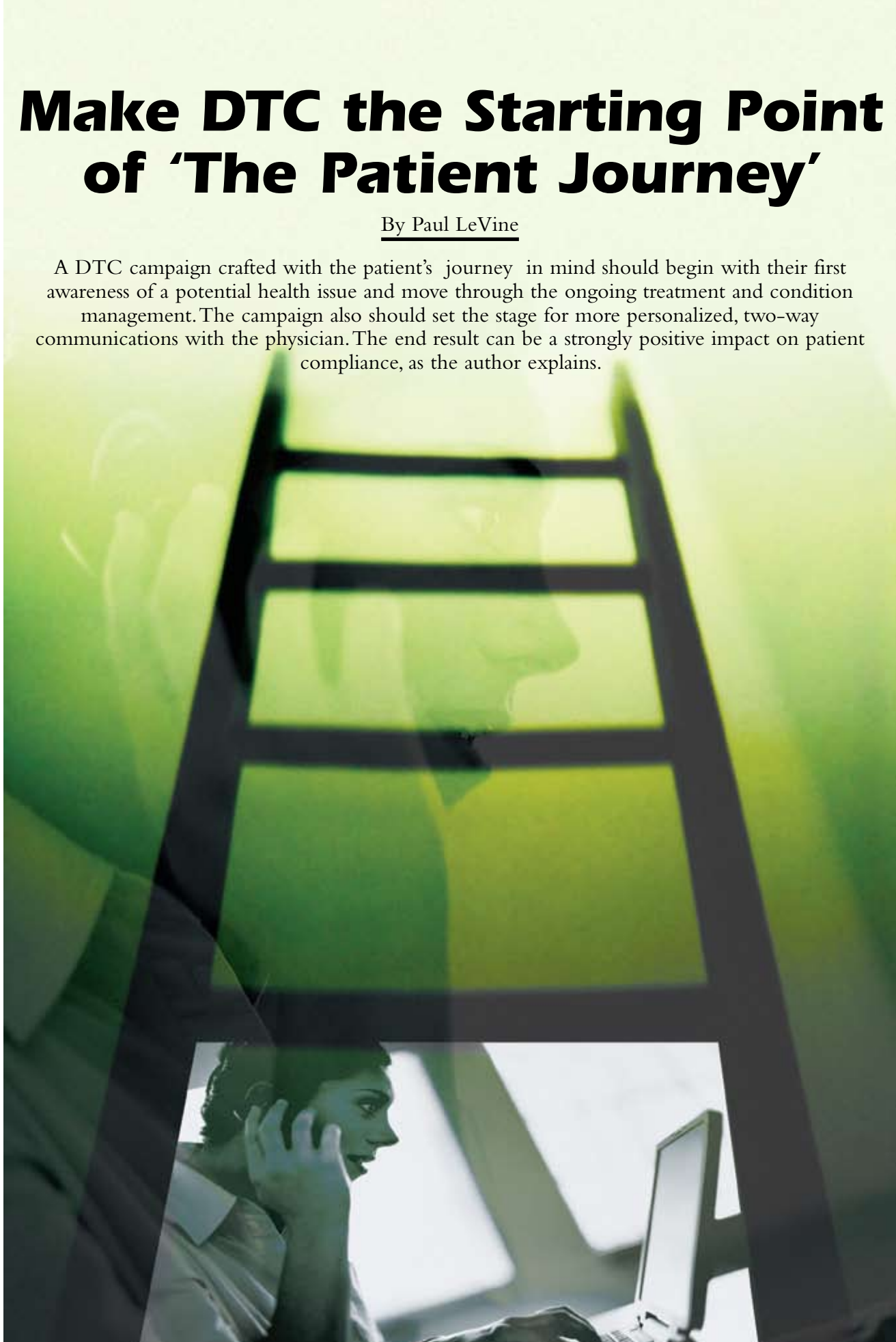
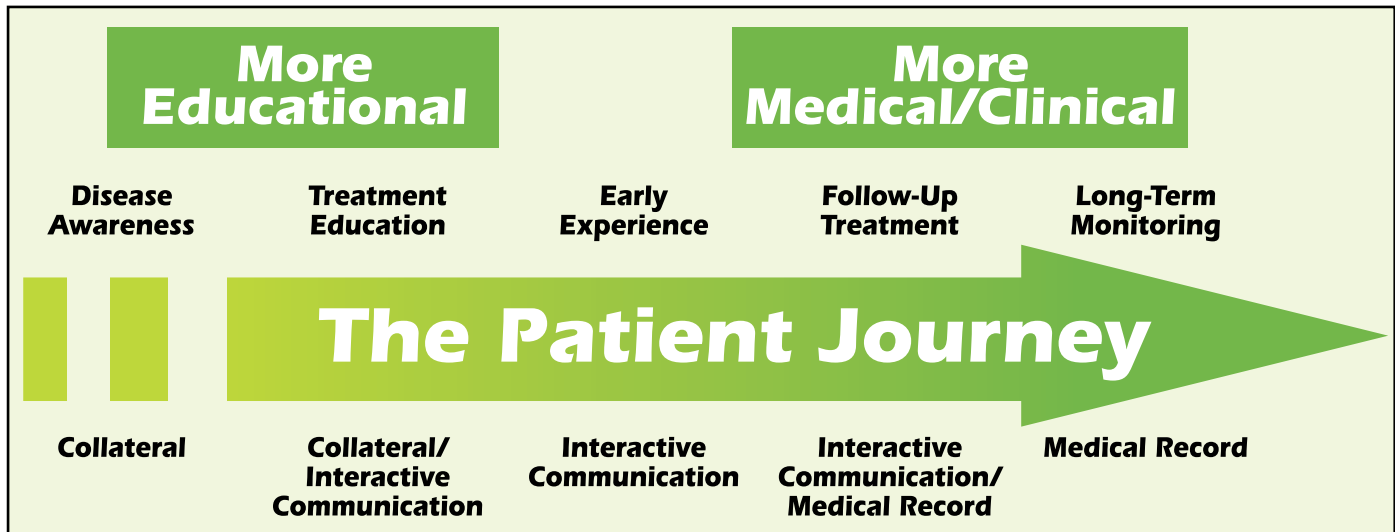


Make DTC the Starting Point of 'The Patient Journey'

By Paul LeVine

A DTC campaign crafted with the patient's journey in mind should begin with their first awareness of a potential health issue and move through the ongoing treatment and condition management. The campaign also should set the stage for more personalized, two-way communications with the physician. The end result can be a strongly positive impact on patient compliance, as the author explains.





It is well documented that direct-to-consumer (DTC) campaigns can make a positive contribution to healthcare decision making. Research has shown that a DTC message can actually drive patients—especially those who might not ordinarily be aware of a potential health issue or who wouldn't have taken action to contact their physician—to make that first appointment to inquire about a suspected condition or concern.^[1]

While the immediate impact is positive, the DTC campaign also should be planned with the patient's longer journey—the time period beginning with the patient's first awareness of a potential health issue through to ongoing treatment and management of their condition—in mind. It should set the stage for more personalized, two-way communications. If the patient is prepared for that first visit with their physician with credible condition information in hand, tailored to their particular health situation, it will help both patient and physician have a more focused and relevant discussion.

In fact, by building a campaign with an eye toward the patient journey, the components of the campaign naturally change and become both more comprehensive and extensive. In this model, the campaign doesn't end with the first prescription, it begins with it.

The start of the journey

When a patient is faced with a potential health problem, the road ahead can be a bewildering, frightening experience. Prior to treatment, a patient will have many questions that veer from the scientific to the personal, from the fearful to the embarrassing. These questions may include:

What is this condition?

¹ Men's Health, Prevention, Women's Health. (2007). 10th Annual National Survey on Consumer Reaction to DTC Advertising of Prescription Medicines.

What could happen to me?

What is the best treatment for me?

What will treatment be like?

How will I know that my treatment worked and I'm healed?

Will I have to be on this treatment for the rest of my life?

What will my life be like after treatment?

A lot of these questions are answered well by traditional DTC, most specifically: What is this condition? and What are my treatment options? But, many of the questions also go unanswered during this period of patient introduction, yet still prey on the patient's mind.

So where does the patient go? To friends and family. To general medical sites on the Web. To some branded sites.

DTC campaigns often stop before focusing on the interaction and communication that occurs between patient and physician, which is where one key problem arises: physicians do not primarily think of themselves as educators.

And while more and more patients have begun managing their health more actively by gathering the information they need, processing it and making informed decisions, we shouldn't assume that these patients are the norm. Just going to www.tellmeaboutmydiabetes.com won't work for everyone.

Few educational messages are conveyed

Instead, for many patients, the place for gaining understanding of their condition and their treatment options remains with their physicians. Traditionally, DTC campaigns have stopped before focusing on the interaction and communication that occurs between patient and physician, which is where one of the key problems arises: physicians do not primarily think of themselves as educators. They are diagnosticians, clinicians, even technicians, but, despite a few notable exceptions (oncology, for example) detailed education and counseling are not necessarily their strong suits. So while nearly all physicians are asked to fill this role, the combination of their natural penchant, reimbursement limits and time constraints, often prevents even primary educational messages from being conveyed.

Consider a recent study by Tarn et al out of UCLA. In this study, the investigators reviewed transcripts of actual physician visits in order to understand what information was being conveyed to patients about the medications they were being prescribed. The findings were startling:

Medication Communication Index (MCI)^[2]

	Not Communicated
Name of medication	26%
Purpose	13%
Duration	66%
Dosage – amount	45%
Dosage – frequency	42%
Adverse Events	65%

Overall, Dr. Tarn found that 38 percent of the essential elements about these medications were not being communicated. Remember, these physicians knew they were being audiotaped and so presumably were more conscious of the content of the conversations with their patients!

Going beyond the advertisements

So how can the pharmaceutical industry help? Unfair though it may be, pharma's credibility with the American public is extremely low. One method of combating this perception is for the industry to play a role in supporting

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Pharma companies can assist physicians by providing them with a platform that facilitates an informed, two-way discussion and helps their patients understand why they are being prescribed new medications, what they can expect during treatment, and what the risks and side effects are, as well as providing easy-to-use methods of keeping their physicians informed of their progress every step of the way.

One example of just such a platform was created for a pharmaceutical manufacturer for its cholesterol-lowering product. The product was niacin-based and consequently it produced a well-known, upsetting, though transient side effect – flushing (a tingling, redness in the face, a sudden warm feeling all over). The manufacturer was aware of the significant challenge produced by this side effect – even though the medication was quite effective in lowering cholesterol – given that 45 percent of patients starting on the medication dropped off after only one month. Furthermore, the natural response of patients experiencing this troubling side effect was to call the physician – often in the middle of the night. In turn, the natural response of physicians was to think twice before prescribing the medication.

To the manufacturer's credit, they made a conscious decision to focus on the flushing issues, rather than ignoring patient and physician concerns about the side effect, by discussing the product's strengths. The approach involved educating patients about the side effect as early as possible – in fact, even before they took their first pill. The program offered patients a voucher for a free 30-day supply of the medication, but required that they dial a special phone number to activate that voucher. When the number was called, each patient received specific information and education about flushing and was offered some helpful tips on how to manage through it.

² Tarn DM et al. Physician Communication when prescribing new medications. Arch Intern Med 2006; 166: 1855-1862.

Once the patient had been engaged and educated about what to expect, the dialogue continued throughout the critical first six months of their treatment journey. They received refill reminders, educational information tailored to suit their particular concerns and barriers to being adherent, and general support. At the same time, physicians received information about their patients' progress and what educational information they were receiving, as well as how their treatment journeys were progressing.

The results?

After one month, the drop-off rate had been reduced from 45 percent to 20 percent;

Patients reported that the educational information they'd received was helpful and 95 percent indicated that it helped them know how to manage their flushing;

Calls to physicians' offices with patients complaining about flushing had been dramatically reduced;

Most intriguingly of all, several physicians decided to set up teleconferences for their patients being prescribed the product just so they would hear the educational information provided during that initial activation call. They believed the proactive education would be helpful to their patients, and presumably offered a value beyond the 30-day free product voucher.

With all that is known about poor patient compliance in many chronic and particularly asymptomatic therapeutic classes, these results are rather stunning. There seems to have been a bit of a Zen effect here: these compliance improvements resulted from a large-scale educational campaign, rather than a solely compliance-focused effort.

Enhancing communication lines

Viewing each patient's treatment as a journey provides pharmaceutical companies with an opportunity to provide a meaningful service to physicians and patients. The result is an open line of communication among all three audiences, as the pharmaceutical company can help the busy physician

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and the overwhelmed patient all along the way. Starting with the DTC campaign, through to diagnosis and on to the long-term treatment plan, there is an opportunity to enhance communications between patients and physicians. Furthermore, by using interactive tools that allow for the provision of more sophisticated, personalized and tailored information, DTC campaigns can really contribute to better patient care.

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Most important of all, the journey must offer ways to keep the patient and physician linked. No program will succeed if it is a one-way one-size-fits-all solution that leaves out the patient's physician. When pharmaceutical companies offer this type of credible and truly helpful support, they will see their brand awareness, prescribing and loyalty improve all the while helping to resuscitate the image of the pharmaceutical industry. And what's not to like about that? ■

Paul LeVine is vice president of analytic services for InfoMedics Inc. (www.infomedics.com), a pharmaceutical services company based in Woburn, Mass., that develops programs for improving the physician-patient relationship. Levine can be reached by e-mail at plevine@infomedics.com, or by telephone at (215) 893-0298.