

Professional Promotion Through Patient Understanding

Patient-feedback programs can go a long way in helping physicians understand which drugs work

Far too often, physicians receive feedback about a medication they are prescribing only when the drug is working poorly or not at all. But what about when a drug is doing its job? How often do doctors hear from their patients about the positive aspects of their treatment? Unless the patient has a follow-up visit already scheduled, the usual answer is never.

So what's the problem? Query a few physicians and you'll generally hear the same refrain: "Well, if I haven't heard from the patient, I assume he's OK" or "Most of the time, the patient will call me if there's a problem." This asymmetry of information is known more colloquially as "no news is good news." And while it may serve physicians reasonably well, this way of thinking does nothing for pharmaceutical companies looking for feedback about their drug promotions.

The Role of Patient Feedback

One solution to this problem is to use patient-feedback programs to deliver key product messages to physicians. Often these approaches are offered as customer-relationship-management programs or other consumer-based initiatives that offer drug manufacturers real-world data about the use of their products. But there is one key problem with this approach: These initiatives almost never provide consumer/patient

feedback to the prescribing physicians. These programs usually include surveys of patients, some educational material, and targeted mailings to patients—but they never make the link back to the person who controls the prescribing.

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Here's how a patient-feedback program should work: Pharma sales reps invite physicians to participate in the program. It is introduced as a hassle-free way to receive direct feedback from their patients about a particular brand of prescribed treatment. Once the physicians have signed up, they are provided with material to distribute to patients. When the medication is first prescribed to a patient, the physician encourages

medication use, symptom assessment, and condition awareness. He then will take one or more follow-up surveys, which assess his experience with the newly prescribed treatment. The design and scheduling of the surveys are aligned to focus on the key attributes of the product. An individual patient report is delivered to the physician immediately and provides the physician with comparative survey responses. Ideally, the report is discussed with the patient at a follow-up appointment—but even if not, the information about the patient's treatment experience has been provided to the physician.

If constructed correctly, a patient-feedback program offers two distinct advantages: First, it leverages the academic detail that reps are providing about the product, thereby extending the influence, and second, it "supercharges"

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the patient to participate in the program and provide feedback about his or her experience. The patient takes a baseline survey to establish his prior

the effect by tying the key product attributes to that physician's own patients—thereby making the product messaging highly personal and relevant.



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A Midcourse Correction

Patient-feedback programs can be implemented at any time during the product life cycle. The following is an example of a feedback program established as part of a midcourse correction.

A manufacturer was having a hard time penetrating a competitive

class within the sphere of central nervous system treatments. The product launched with the expectation that its different mechanism of action would beat the market leader, and indeed, the product had some distinct advantages: faster clearance, no residual effects, and greater flexibility of use. However, it had one major disadvantage—a shorter duration of effect.

Patients and physicians were disappointed with the product's performance and the sales force quickly lost confidence in its selling messages. Consequently, the brand team dove into a repositioning effort that focused on helping physicians identify the right patient type for the product. They accomplished this goal by using a feedback program that incorporated an in-office screening questionnaire designed by physician thought leaders. The screening tools were provided to physicians by sales reps and aided the physicians in identifying the ideal patients for the medication. Physicians then encouraged these patients to participate in surveys about their treatment experience.

Feedback reports informed the physician about the patient's pre- and post-medication experience. Program data were aggregated to show practice-level response information as well as regional and national summaries, and to highlight the different patient experiences for each of the patient types.

Because the reports offered aggregated data in conjunction with individual data, physicians received reinforcement about the product at both the 1-to-1 level and the summary level. As a result, physicians were able to match appropriate patients to the product. After nine months of this correction, the brand team saw a 45 percent lift in new prescriptions (NRx) for the product among physicians who had been engaged in the initiative relative to the unexposed matched control physicians.

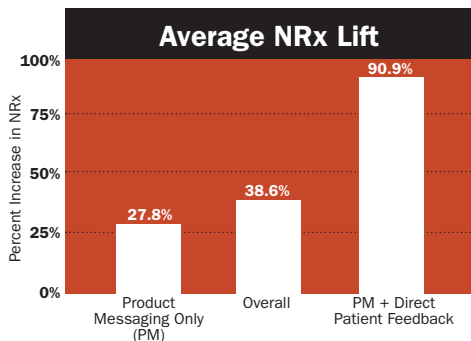
Charting the Course

This example isn't the only proof that patient feedback works. IMS Health recently studied the impact of building product messaging in conjunction with direct feedback programs in a variety of therapeutic classes (see "Average NRx Lift," left). Encompassing more than 20 feedback programs conducted over the past three years and involving more than 150,000 MDs, the study showed that

this approach generates an NRx lift of almost 40 percent overall—incremental to a baseline of unexposed physicians. However, the study revealed even more startling information.

First, consider that 27.8 percent of the NRx lift resulted from the delivery of product messaging only. This statistic represents physicians who are exposed only to the first part of a patient-feedback program, namely the key product messages. For these physicians, the presentation of these messages alone effectively created lift for the product relative to a matched control group of unexposed physicians. In many ways, this is a promotional fail-safe: If a sales rep is not able to encourage a physician to test the product on his or her own patients, the company will still be able to convey and to reinforce the key messages via the feedback program.

However, it is in the circumstance where those key messages get tied directly to an individual patient that the really significant lift develops. The study reported a 90.9 percent lift for physicians exposed to both the direct product messages and the individual feedback. In other words, it doesn't take a lot to shift the demand curve when you marry the potency of the product's key messages with the specificity of an individual patient. PF



Class	NRx Increase*
Allergic Rhinitis	13.8%
IBS	55.2%
Skin Ailments	26.5%
COPD	77.8%
Antidepressant	7.2%
Dry Eye	73.2%
Antidepressant	16.8%
COPD	10.3%
Parkinson's	23.3%
Anti-emesis	97.6%
Seizures	20.3%
IBS	19.5%
Bipolar disorder	9.4%
Osteoporosis	38%
Rheumatoid arthritis	41.2%
Sleep aid	76.5%
Type 2 diabetes	161.9%
Eye allergy	15%
Dyslipidemia	11.4%
Overactive bladder	8%
OVERALL	38.6%

*Analysis independently conducted by IMS Health
SOURCE: InfoMedics

A recent study found that new prescriptions saw a boost when product messaging was combined with patient feedback

People Taylor Search Partners promoted **Mick Shimp** to president.

Awards AstraZeneca, with **Harte-Hanks**, garnered a bronze award in the Physician, Direct Mail category for its "Rhino Reader" campaign to promote Rhinocort Aqua (budesonide) nasal spray at the Medical Marketing Association's 2007 International Awards of Excellence.

Launch Professional marketing firm **Pivot** announced its official entrance into the marketing world with the launch of its new Web site, www.pivotalhealthcare.com.