

Introduction**The Detail: Hard to Get and Not Relevant****Customizing the Detail:
A New Role for
Patient Experience****Customizing the Detail:
A Patient – Physician Communication Platform Adds Value**

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The warning bells have been ringing for years. “The average rep detail lasts less than 2 minutes¹” and costs “approximately \$150.”² “Some doctors limit details to 30 seconds; others won’t see sales people at all; a few have started charging for detail time.”³ “Drug maker [Wyeth] says it may eliminate 750 sales reps to save money.”⁴

And the word on the street is that Pfizer was considering whether it would even provide live details in support of products under \$1B in revenue. Together with the impact of the Vioxx debacle and increased skittishness about new DTC spends, the year 2005 has been a watershed year in pharmaceutical marketing and promotion. Industry is finally looking for new solutions, for better solutions for some stubborn problems.

While the issues of access and the cost of details are well known, two other problems plague detailing:

- They can be impersonal.
- They seem irrelevant.

Prior to 2002, issues with details not being “personal enough” weren’t terribly significant since there were fewer restrictions on the types of “fly-aways” and “drive aways” that reps were able to use. After 2002 and the PhRMA guidelines, the story changed. Industry reduced the number of these events and the number of “no-see docs” increased dramatically.

With respect to “relevance,” few would argue that offering “something new” (e.g., new agent, new indication, etc.) enables access. But consider the typical situation of a rep detailing a reprint. If the rep actually does get the chance to do so, the degree to which the meaning of the reprint actually sinks in with the physician is unclear. And all too often, a physician will respond: “Well, it certainly looks good. But remember, this is a clinical trial and I don’t follow up with my patients like that.”

That’s the issue of relevance or more accurately, lack of relevance, and it’s precisely this concern that a patient – physician communication program can combat by allowing physicians to observe how a medication actually works on their own patients.

A Patient – Physician Communication Program (PPCP) becomes a method for adding value to the traditional detail by both personalizing the detail – the data is about the physician’s own patients – and by increasing the relevance of the detail – the experience is about real-world experience, not the academic world of clinical trials.

Of course, many pharmaceutical marketers worry about what would happen if the “data are not good.” Will that be counterproductive? But researchers have known for years about the “essential asymmetry” of patient-physician communications. That is, physicians will nearly always hear about a medication failure, but rarely if ever, will they hear about a success. Indeed patient – physician communication programs work because they rely on the likelihood that more often than not, a medication will produce a positive

1 Data Monitor, “Networked Pharma: Innovative Strategies to Overcome Industry Margin Deterioration”

2 Medical Marketing and Media. “Rep Tide: Pulling Back in Magnitude, Pushing Forward in Efficiency.” August 2005.

3 Medical Marketing and Media. “Face-off over face-time: How industry is coping with “no-see” docs.” April 2002

4 Newark Star-Ledger, June 21, 2005

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**Patient Physician
Communication Programs
Generate Increased
Sales from Spillover**

outcome whether that means an actual improvement or just the stabilization of a patient's condition. So at a minimum, these programs help correct this imbalance by providing physicians feedback on some patients who've had positive experiences.

By linking a patient – physician communication program with detailing, pharma marketers don't need to “bet” on the hope that physicians will assume that “silence = affirmation” of a product. Instead, they can rely on the fact that many more physicians will receive “positive brand impressions” on a product than will not.

Because a patient – physician communication program is administered using a sophisticated technology infrastructure it actually creates a linked database of information about patients and physicians. This linkage provides a number of unique opportunities for a new type of marketing: unified patient-physician marketing in which the subject of the promotional effort is the dyad of patient and physician as one. Consider just a few examples:

1. Market research.

With unified patient – physician marketing, it is possible to conduct research with physicians and their own patients – together – on their understanding of the medication experience that they've shared, allowing insight into the choices and beliefs that each party made with regard to the product.

2. Patient education.

Unified patient – physician marketing closes the loop on patient education by providing both the vehicle for educating patients and the confirmation to their physicians about precisely what educational messages were delivered and understood.

3. Compliance/Loyalty.

For compliance and loyalty, continued brand-use follow-up surveys of patients provide notifications of brand termination and inform physicians about their patient's treatment stoppage, thereby allowing the physician to intervene when appropriate.

4. Outcomes Studies.

Unified patient-experience marketing allows researchers to have precise information about new patient starts, length of continuous use, and insight into product use which are exceedingly difficult to gather without access to electronic medical records and claims datasets.

Beyond these areas, the collected patient experience data are considered highly interesting and valuable for specialty conferences and journals and have been used repeatedly to support abstracts, poster presentations, and manuscripts.

Of course, PPCP's would have limited appeal if they were not able to consistently generate increased prescribing of the target brand. And fortunately, the track record for these programs in this regard is impressive. Further, there's an inherent irony: most of the economic benefits that accrue from higher script writing are actually conferred by patients unassociated with the program.

Marketers know this phenomenon by the name of the “spillover effect,” or the positive change in prescribing that results from impressions generated from one patient “spilling over” to other similar patients in that physician's practice.

The following chart shows three examples of recent PPCP's conducted in very different therapeutic classes.

Conclusion

As you can see, 86% of the NRx generated from these programs (i.e., 9,642 / 11,124) were contributed by “spillover patient NRx,” not from the actual program participants as shown in the “PPCP Patient NRx”.

Therapeutic Class	MDs Engaged	PPCP Patient NRx	Spillover Patient NRx	Total Incremental NRx	Total Incremental Annual Revenue
Anti-Depressant	4,644	1,380	5,995	7,375	\$7.2M
COPD	5,936	1,841	17,867	19,707	\$6.2M
Anti-Emetic	1,613	1,225	5,066	6,291	\$2.2M
AVERAGE	4,064	1,482	9,642	11,124	\$5.2M

While these are impressive results – all independently calculated by IMS – the real promise of patient – physician communication programs arise when they are rolled out to larger numbers of high-decile prescribers (i.e., 40-60K). Then the returns get measured in the tens of millions of dollars.

As the environment for pharmaceutical marketing continues to shift, marketing teams must select the best means for generating positive returns for their brands. Patient – physician communication programs, though well-known in the industry and having a demonstrable record of superior financial returns, have been relatively underutilized.

This article argues for increasing the value of traditional detailing by adding real-world, relevant data from a physician's own patients through patient – physician communication programs. With money shifting away from more controversial and less economically sound DTC programs, customized detailing with PPCP's becomes a viable replacement for continuing to generate growth while providing opportunities to leverage patient-experience data for other purposes over time.

Case Study:
The Avelox Patient
Physician Communication
Program

Several years ago, Bayer ran a PEP in support of its new quinolone, Avelox that increased prescribing by 110%. Family physicians provided starter kits of Avelox to appropriate patients in their practices and encouraged patients to report on their experiences using interactive voice response (IVR) or web technology.

Patients were asked to complete two surveys, the first prior to taking the medication and the second after they had finished taking the medication. The surveys themselves asked patients about a number of aspects of their experience using the medication, including:

- Time to onset of action
- Relief of symptoms
- Productivity
- Satisfaction and convenience.

After patients completed their follow-up survey, physicians received a faxed report detailing the patient's responses at both baseline and at follow-up.

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