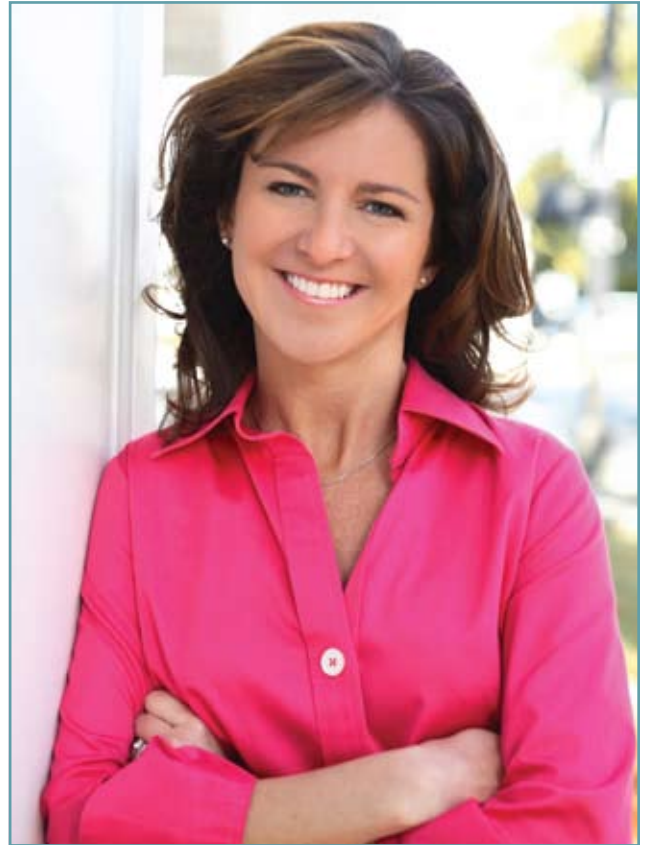


# Tailoring Patient Education for a Perfect Fit

Kristin Patton was recently named president of HealthEd Group, comprised of HealthEd and its newly created sister agency, HealthEd Encore. She joined HealthEd in 2005 and held the post of senior vice president of strategic services until her recent promotion. In this interview with DTC Perspectives magazine, she discusses some of the ongoing trends in patient education.



## DTC Perspectives: How has patient education changed in the past five to 10 years?

**Kristin Patton:** In some cases patient education hasn't changed very much. The vast majority of patient education is still a bit of an after thought compared to the focus on mass campaigns. True, mass DTC has become more informational by nature. But the true, dedicated patient education tactics – the interventions that happen at point of care or the content you get at the pharmacy – have not changed as much as they should. They tend to be further extensions of the promotional campaign versus teaching consumers to become compliant patients.

## DTC Perspectives: It seems the overall direction of general awareness DTC is to be more "informational." Is that good for patient education efforts?

**Patton:** Absolutely, but that's only the first step in effective patient education. True education yields a behavior change. It requires an approach that is grounded in learning principles, behavioral science, health literacy [and] design for learning. It takes a specialized expertise beyond promotional marketing. So yes, DTC has become much more informational. It is doing a better job of building the

appropriate awareness, but it is not a substitute for effective education. Effective education is virtually impossible to achieve in a 30-second TV spot no matter how sophisticated the patient is.

## DTC Perspectives: Do you see changes to the informational tactics used by marketers?

**Patton:** They are absolutely changing. It's all the rage right now to talk about Web 2.0. There is a lot of room for us to leverage social networking and blogging if we can figure out the way to do it responsibly as an industry. We are absolutely

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right, I think, to get ahead of that technology curve. When you look at the demographic shifts, it's clear patients are going to rely more on technology for healthcare information as the population ages.

### DTC Perspectives: What are the characteristics of a patient education effort done well?

**Patton:** First, to be done well, patient ed should be campaignable – not a one-off tactic. It must be developed appropriately for the patient, based on their age, their ethnicity, their level of health literacy and their cultural beliefs. Patient education done well also has been developed with the delivery channel in mind. That is to say in today's world you can't take content from a patient education brochure and put it on a Web site. It needs to be adapted and tailored for the Web. It also can have more impact when it's optimized for whether the target is a kinesthetic learner versus a visual learner versus an auditory learner. And of course, any effort should be measured against its quantitative and qualitative objectives, and optimized over time.

### DTC Perspectives: What kind of impact has the Internet had on patient education methods?

**Patton:** It's smart to look at Web 2.0, webcasting, podcasting and videocasting as education options. Can I say that the right place for pharma is MySpace because Nike is doing it or Starbucks is doing it? Maybe, if it is the right channel for reaching the target audience and if we are going after a certain demographic segment. But we don't want to do it for the sake of doing it because it's Web 2.0 or because that's where packaged goods are. There are specific tactics – such as podcasting and videocasting – that will be better for pharma because of the aging baby boomers that are so critical to the industry, and who are tech-savvier by the day. And those are going to be the go-to channels that we refer to as our generation ages, much more so than television, broadcast or radio.

The Internet is also really changing how effectively pharma can prime the market prior to a product launch by increasing condition awareness, soliciting “hand raisers” and generating interest in a product before it becomes commercially available.

### DTC Perspectives: How should marketers combine patient education with broader DTC efforts to get the best effect?

**Patton:** Any brand that is not trying to deliver a consistent message and reinforce its equity at every touch point is doing itself a disservice. It's really a matter of carving out very clear communication objectives for each tactic. Rather than try to have the mass campaign deliver on three or four

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different goals, let the mass campaign solely drive awareness and direct prospective patients to an appropriate resource. Leverage the equity of that campaign and keep consistency in the creative strategy while delivering more detailed care direction in a patient starter kit, for example.

### DTC Perspectives: What are some of the details a point-of-care piece should deliver?

**Patton:** At point of care, you want a patient to: 1) recalibrate their tolerance for living with any issues impacting their health or their quality of life; 2) know which questions they should ask when they enter the exam room and 3) understand how to go about having an effective discussion with their physician – in real world terms. In the end, it should drive your brand, if you have done a good job with the patient education. Often, we just try to put too many objectives into every tactic.

### DTC Perspectives: Should the mass campaign and patient education campaign align by using the same characters or similar scenes?

**Patton:** Absolutely. This is what makes you recognizable as a brand. Look at the Lunestas of the world. Look at Rozerem. Their campaigns are held together by iconography. Did they spend a lot of money to do that? Yes, but there is just no replacement for having that kind of consistent awareness in the marketplace. And the reality is, physicians are people. They watch TV, too. The really good brands are the ones that are out there linking their professional and patient campaigns, as well as experiential marketing efforts. They are all tied together, no matter who your stakeholder is and where you touch them.

### DTC Perspectives: How many brands are doing patient education well?

**Patton:** I would say probably 10 to 12. You can tell where there is a buy-in at the organization's senior management level. They have made it an objective to deliver upon and they are executing against it.

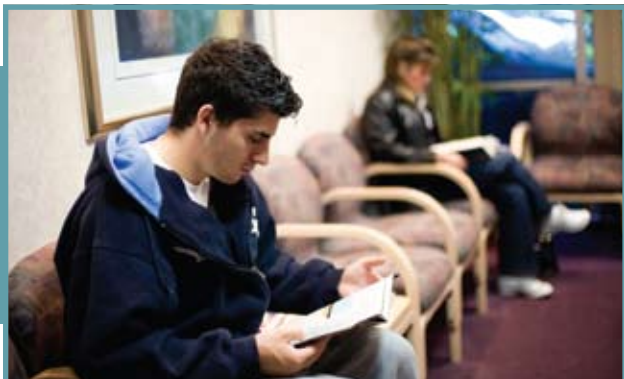
What patient education does well is help patients through a decision tree as they self assess.

### DTC Perspectives: Are there reliable ways to measure ROI in patient education?

**Patton:** The ROI absolutely is and should be measurable. Patient education has gotten a reputation for not being measurable. However, if clients are hearing that, they should really ask more of their agencies. You can measure ROI in many ways, from a distribution of surveys to ongoing evaluation of patient behavior tied to CRM efforts. For example, when we deliver patient education, we tie it back to script-level data. It absolutely can be done and should be done. Patient education as a practice is not bought into at the corporate level that it should be because not enough ROI measurement is being done.

### DTC Perspectives: How do you think CRM ties in with patient education?

**Patton:** There have been interesting developments with the two. Traditionally, CRM agencies have been purchased because they have the infrastructure to support ongoing, customizable campaigns. They have behavioral models at their foundation, they can develop on-demand letters and they can handle fulfillment. However, their offering is a bit one-size-fits-all and what most traditional CRM agencies don't do well was content. The offering to patients isn't grounded in clinical guidelines; it doesn't account for the impact of attitudes and beliefs, health literacy or learning principles. So it becomes an extension of promotional DTC marketing translated to the Web or direct mail. You need specialized training in educational content development and design. Patient education is not a commodity, it's an expertise.



### DTC Perspectives: What kind of effect does the shift towards education have on patients?

**Patton:** The first step is to make the patient aware that he or she might have a condition, and prompt that person to visit a doctor, or a Web site, or make a phone call. DTC does that very well. What patient education does well is help patients through a decision tree as they self assess. It helps set the appropriate expectations for treatment. Patient education also helps the patient have a more effective dialogue with their healthcare provider, and to better articulate the impact of a condition on their quality of life. Patient education must take the awareness that's built from the DTC campaign and follow it through to drive a more effective dialogue and ultimately, a more effective treatment regimen.

### DTC Perspectives: With the recent negative publicity surrounding TV advertising, does that prompt marketers to take a harder look at the point-of-care channel?

**Patton:** Negative publicity is certainly driving an increase in demand for effective patient education, and potentially forcing marketers to think about more targeted channels to deliver it. Certainly point of care, including the pharmacy, is one of these channels. I see great growth potential there; the trick is to be able to deliver dynamic and effective content, and to avoid having everything in it becoming white noise.

### DTC Perspectives: Many think that patient education is for big pharma companies with big budgets. How do small companies do it with small budgets?

**Patton:** Mid-sized and smaller companies [often] can't do mass DTC campaigns and they turn to patient education to be their DTC. We have one client that actually has a DTC restriction. Their entire patient-facing communication strategy is the education campaign. This client spends very smartly, making sure everything a patient might see is absolutely optimized to drive toward one objective – ensuring a successful start to therapy. They are very focused in their message, and very targeted in where they touch patients. ■

True patient education requires an approach that is grounded in learning principles, behavioral science, health literacy and design for learning.