



Breaking Down Point-of-Care Communication

Marketers should understand that the HCP's waiting room and exam room offer unique opportunities to reach patients who are ready and willing to receive health information. These messages can be delivered in three areas of the office, but must be relevant to the patient's state of mind. This is really a place where the medium is the message.

BY LIZ O'NEIL

The moment of truth for every brand is when a consumer is prepared to take action. The moment of truth for most prescription brands is in the doctor's office.

A person can be at the doctor's office for a well visit or a sick visit or as a caregiver, but in every type of visit the experience is routine. The patient arrives at the doctor's office, signs in and waits. What are they doing for that 15 to 20 minutes while they await their name being called by the nurse? Are they making calls, checking a BlackBerry, listening to an iPod, reading a magazine, watching TV?

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Point-of-care advertising can augment efforts to get DTC promotional activities into doctor's offices. Interactive wallboards featuring multimedia patient education materials can further enhance such efforts.

BY KEITH M. D'ORIO, MA

Consumers are confused. It's a fact. Choices in prescription therapy are confusing. Online sources of information are cluttered and confusing. Branded messages... unbranded education... prescription... OTC... nutraceuticals... all lead to a state of confusion among consumers. In addition, FDA requirements for fair balance, while probably helping to elucidate risk, make it even more confusing for patients. However, most patients indicate that they do want more information.

A significant challenge for DTC managers is to find the best strategies to get their message out to educate patients and optimize ROI. No single tactic is going to be the answer to any brand manager's planning needs. Print advertising and direct mail can be expensive and have the potential to be left unread. New media is exciting but audiences are fragmented, and tac-

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tics are expensive and still relatively untested. Point-of-care (POC) tactics – the messaging at or just before a patient/physician interaction – have a place as an augmentation to any plan. In fact, most patients indicate that they want educational information featured in their physician’s office. Patient education materials and non-personal promotional tools, in particular, are expected to remain a central tool of DTC marketers, according to 2009 data from Cegedim Dendrite.

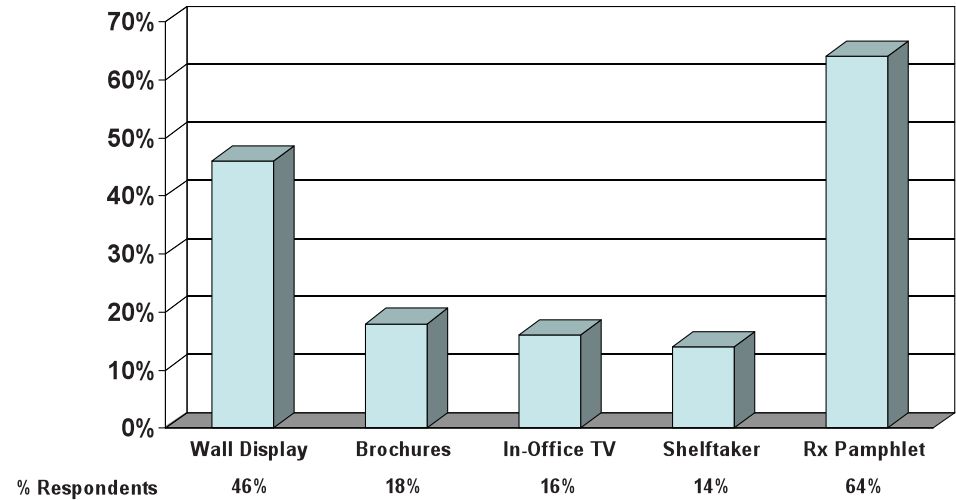
It has become increasingly challenging for DTC marketers to penetrate healthcare provider (HCP) offices at the point of care. Sales rep access is increasingly limited. Among those who do allow representatives access, branded DTC materials are often prohibited, in part because of the belief that industry-developed materials may not provide enough education for patients. However, more than 90 percent of primary care physicians report that patient education materials are important in enhancing patient-physician dialogue. “Effective direct-to-patient educational programs motivate individuals to take a larger role in their own treatment, leading to better compliance and outcomes,” Anthony Komaroff, MD, a professor of medicine at Harvard Medical School and editor-in-chief of the Harvard Health Publications division, noted recently. Data from the Consumer Health Information Corporation have shown that without patient education pharmaceutical brands can lose between 10 percent and 20 percent of prescription sales because people do not want to refill them.

Advantages of point-of-care marketing

POC marketing supports responsible DTC advertising because patients can immediately consult with physicians about

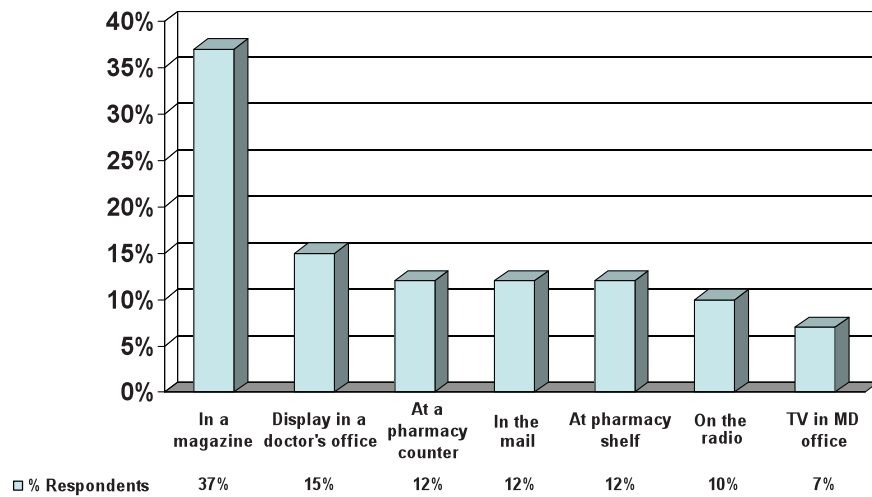
signs and symptoms of medical conditions, drugs that treat those conditions, and side effects, in addition to other important information. POC marketing also has been shown to create positive brand experiences, improve customer loyalty, and increase revenue. Data from a recent Harris Interactive poll demonstrated that POC channels, including wallboard displays, have surprising reach (see Figures 1 and 2, above). Patients are

Figure 1: Recognition High for Most POC Channels



Source: Adapted from: Harris Interactive Communications. April 11, 2007.
Available at: <http://www.contextmediainc.com/storage/Harris%20Interactive%20POC%20Study%200407.pdf>.

Figure 2: Source of Advertising Awareness



Source: Adapted from: Harris Interactive Communications. April 11, 2007.
Available at: <http://www.contextmediainc.com/storage/Harris%20Interactive%20POC%20Study%200407.pdf>.

almost twice as likely to take action if they see POC media in a doctor’s office when compared with those who do not see POC media. About 1 in 5 patients (21 percent) who saw a brochure with a wall display took the brochure home to read it. The survey also showed that POC marketing has greater patient recognition than direct mail, pharmacy programs, and radio.

By helping patients understand their condition and the importance of compliance with their medications, patient education at the point of care plays an increasingly significant role in efficient use of the physician’s time and treatment outcome. Dr. Komaroff noted that “when patients take the time to learn about their condition and symptoms before meeting with me, we have a more effective discussion and my time is better utilized.” The immediacy of POC strategies drives specific actions that precede and prepare patients to make a brand request at a far greater rate than DTC advertising.

A positive experience

Patients exposed to education at the point of care were more likely to consider brands promoted in these venues as an appropriate fit for their condition, resulting in positive feelings for the brand. In fact, POC promotion generated significant follow through with more than half of patients likely to discuss a condition with their HCP (see related table). Importantly for brand managers, patients were more likely to discuss a specific drug brand with their HCP with POC advertising.

Published clinical studies have shown that patients retain as little as 20 percent of the information provided by their physician when they were assessed immediately following the encounter. William F. Jessee, MD, president and chief executive of the Medical Group Management Association, stated in a Physician’s Weekly article that many patients are anxious during physician visits. As such, he recommends that greater effort be paid towards helping patients gain an understanding of their illness and the medications used to treat that illness. More poignantly with regards to DTC, he says it is clear “that this knowledge needs to be made available in times and at places where that anxiety is not present.”

Considering the well-publicized healthcare literacy issue that currently plagues Americans, educational materials that are written at a fairly basic reading level and provided using multiple delivery vehicles – including the printed word, an interactive Web site and patient education brochures – can help physicians capitalize on the “teachable moment.” Dr. Jessee pointed out that “this teachable moment is not, quite frankly, the time when the patient is in the examination room.” Compounding the issue is that throughput pressures in primary care leaves the average patient just two minutes to talk about the primary reason for their visit. Meanwhile, the average physician interrupts the patient after about 50 seconds. Trying to educate patients during time-pressed office visits is often futile. As such, Dr.

Table 1

- **52%** who see an ad at the POC take action (eg, discussing information with physicians)
- **22%** reference materials from POC materials when talking to physicians about their condition
- **21%** who see an advertorial wall display take the brochure from them
- **28%** discussed POC brochures with their physician
- **33%** discussed their disease state with their physician
- **28%** did an online search about the featured product
- **31%** discussed products or brands or interest with their physician

Source: Adapted from: Harris Interactive Communications. April 11, 2007. Available at: <http://www.contextmediainc.com/storage/Harris%20Interactive%20POC%20Study%200407.pdf>.

Jessee notes that it is critical for HCPs to have other collateral channels for accomplishing effective patient education.

A choice of media channels

TV, radio and print advertising, as well as office-delivered magazines and other media options, have flooded HCP offices. One other approach is interactive, multimedia wallboard displays that provide patient education materials that are both branded and unbranded. Placed in patient waiting areas, these displays feature reliable health information on a variety of medical conditions, wellness and prevention, and public health awareness. Take-home patient education brochures (some branded, some not) focusing on prevention, disease management and medications often accompany the displays. Associated Web sites may be helpful for physicians to direct consumers and their families or caregivers to health information that is reliable, regularly updated and personalized based on the disease states that affect each individual. Patient education wallboards can augment the efforts of DTC marketers to get their promotional activities into the HCP office.

Dr. Jessee also noted that wallboard services can be of significant value. These services are located in settings – specifically, waiting rooms – where patients are less anxious and perhaps more receptive to health information. If patients are in the doctor’s office because their allergies are acting up and they see educational materials about allergies, they may have increased

motivation to read that information. “The information is presented when and where HCPs are available for questions and discussion,” says Dr. Jessee. The wallboard, printed take-away materials, and Web site serve as gateways to bring patients and their families into the learning process.

Patient education at the point of care using interactive wallboards in the waiting room creates an atmosphere of caring in the practice and knocks down intimidation barriers for patients, according to Dr. Jessee. “It gives patients the opportunity to read the material in an environment that implicitly encourages them to do so. When they go in for their physician visit, they can be armed with questions to ask... It’s a huge advantage to have some of that patient education take place before the visit and then to have follow-up with reliable, medically-reviewed content.” Encouragement and enforcement of these messages behooves not only physicians and their patients but also the DTC marketers who use wallboard media to promote their products. POC concepts can have far-extending reach by partnering promotional messages with trusted resources, making it a win-win-win scenario for DTC brand marketers, physicians and patients alike. **DTC**

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Resources

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Point of Care Promotion Engage Patients & Generate Demand

Our content is developed by Harvard Medical School, ensuring quality and generating trust. Research indicates half of those who read the wallboard engage their physician in a dialogue about a disease state or prescription option.



PRI-MED
Patient Education Center

- Proprietary real estate in nearly 5,000 group practices
- High-value network clinicians prescribe 30% more than average PCPs
- Proven ROI

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