Pharma Marketing News

www.pharmamarketingnews.com

31 May 2012
Vol. 11, No. 5
•
Published by
VirSci Corp.
www.virsci.com

The Evolving Pharma-Physician Relationship

New Power Players & New Technology Force Changes

Authors: Dorothy Wetzel and **John Mack**

Find resources cited this article online at:
http://tinyurl.com/5hgxra

This article is part of the May 31, 2012 issue of *Pharma Marketing News*.

For other articles in this issue, see (after June 30, 2012):
http://www.news.pharma-mkting.com/PMNissue115May2012archive.htm

Published by:
VirSci Corporation
PO Box 760
Newtown, PA 18940
infovirsci@virsci.com

PMN115-04

3 Things To Do Differently

by Dorothy Wetzel

Dorothy Wetzel is the Founding Partner and Chief Extrovert at extrovertic, a full-service healthcare agency that infuses thought leadership and innovation into the communications mix. As former VP, Consumer Marketing at Pfizer Pharmaceuticals, she worked on blockbuster brands such as Lipitor, Viagra, Zoloft, and Celebrex. Dorothy's summary "3 Things To Do Differently" first appeared on her company's blog, Intro to Expo. It is republished here with permission.

I had the opportunity to participate in the Pharma-Marketing Summit 2012 in Chicago a few weeks ago. Unlike most summits where you have to sit through 3 days of dreck, this conference's program was a veritable goldmine of thought-provoking presentations from a range of healthcare marketing leaders.

My top 3 takeaways about what pharma marketers should be doing differently in the future are:

1. Heed the needs of the new power players: Payers and patients.
2. Social media: Engage or be seen as indifferent.
3. Prepare for the "unexpected inevitable."

The New Power Players

Even with all of the changes in the healthcare landscape over the past decade, physician marketing remains the heart and soul of every pharmaceutical company. Payer and patient marketing teams generally play second fiddle to their HCP colleagues in terms of budget, review committee time, perceived value, and company attention. Some of the talks at the summit, however, made me think marketing departments might want to change gears to focus on those who are increasingly calling the shots: Payers and patients.

While talking primarily about emerging markets, Neil Wolfe, Global Alliance Lead of Bristol-Myers Squibb, was adamant about the growing power of payers to make or break a drug. Payers have a different set of criteria for what "good" looks like that revolves more around populations than individuals. So according to Neil, a product that reduces the intensity of a heart attack is not as good as a drug that lowers hospital re-admittance rates.

In the past, a big sales force armed with smart marketing pieces could often overcome payer restrictions at the physician office level. With sales forces shrinking, office access becoming more limited, and changes looming on the US policy front, I couldn't help but extrapolate that payers will soon have the same grip here.

No extrapolation is needed, however, to see that patient opinion is increasingly a powerful lever in determining a product's adoption and commercial success. At the summit, Dr. Frank Spinelli, a physician currently in private practice and formerly the Clinical Director of HIV Services at New York's Cabrini Medical Center, spoke about how he and his partner (also a physician) finally set upon a definitive course of treatment for his partner's cardiovascular condition only after joining and consulting the relevant Facebook community.

Consulting with 3 different physician specialists left them where they began— scared and unsure about which course to take. So Dr. Spinelli and his partner turned to Facebook and got passionate, personal, and specific information needed to tease out a way forward that made sense for his partner's particular situation. This example is all the more powerful because it illustrates a growing trend of physicians turning to patient communities to help understand and solve clinical problems.

[*For a summary of Dr. Spinelli's presentation, see "Evolving Technologies and the Future of the Pharma/HCP Relationship," page 4.*]

But as the most recent Neilsen Study about global consumers' trust in advertising points out, Dr. Spinelli is not alone in acting on information received online. 70% of those polled said they completely/somewhat trust consumer opinions posted online. Even going beyond the issue of presumed bias, why isn't there more useful information being provided by experts like physicians and pharmaceutical companies?

Sometimes it's the fact that the labeling doesn't contain all the information a patient needs—for example, how to deal successfully with side effects. If it's not in the label, despite being medically accurate, helpful information is withheld from patients—end of story. But that represents organizational inertia to me. I've seen some organizations develop new ways to adhere to the spirit of the regulations and dispense the needed advice. With every patient now having a trusted voice, doesn't it make sense to be helpful wherever you can?

Which brings me to my second major conclusion:

Engage or be seen as indifferent.

Continues…

© 2012 VirSci Corporation (www.virsci.com). All rights reserved.

Pharma's Social Media Journey

While patients and doctors are fully engaging in social media to solve their health issues, what about pharma? John "PharmaGuy" Mack answered this question with a very comprehensive chronology of pharma's activities in the social media sphere.

In reviewing John's presentation post-conference, it struck me how few examples there were of truly helpful engagement with patients. One standout was AstraZeneca's live chat about its prescription savings program, AZ&Me.™

In other industries, customer care similar to what AstraZeneca offers is a major focus of companies' social media efforts. There are even conferences dedicated solely to the use of social media for customer service. Financial services manage to create meaningful, customer service offerings through social media, despite regulatory and public opinion pressures similar to those in the pharma world.

> [*You can access the presentation "Pharma Social Media Trials & Tribulations" on SlideShare here: http://slidesha.re/LZq7A1*]

Despite FDA Inaction, We Know What to Do

As Peter Pitts from the Center for Medicine in the Public Interest pointed out in an excellent presentation on social media, the offline rules apply to the online environment. Despite the lack of definitive FDA social media guidance, we do know what to do. I'd argue that ignoring consumers' online complaints and questions is akin to refusing to answer phone calls to medical information lines.

It is easy to focus on the costs of answering patient questions (additional FTEs, infrastructure costs, and review time); however, angry patients have their costs, too! Frustrated patients now have a public outlet—the online community—where one woman blogged about how she did not receive a satisfactory response to her questions about why her hair did not grow back after her chemotherapy ended. No one likes to feel ignored.

Healthcare providers increasingly see that indifference has a tangible negative impact. As Dr. Richard G. Roberts (past president of the American Academy of Family Physicians) has written, doctors who are compassionate and communicative with patients, "can avert not only malpractice claims but also patient injury." In this vein, 7 Massachusetts hospitals recently launched a "Disclosure, Apology, Offer" initiative to fully disclose mistakes to patients and apologize. Why wouldn't we expect the same to carry over to the pharmaceutical arena?

While there are regulatory complications, companies like UCB with their PatientsLikeMe® partnership effort are taking a proactive approach to figuring out the challenges of using social media and fostering interactive dialog with patients. Other companies need to do the same so they can actively engage in answering patient questions or risk being seen as indifferent.

This brings me to my last takeaway:

Prepare for the "unexpected inevitable"

The summit opened my eyes to a number of healthcare issues that I either thought were somewhere way off in the future or of which I had been totally unaware. Our annual planning processes largely ignore these looming changes since the specifics are so uncertain. I'd argue, however, one thing is certain; we spend too much on healthcare in the US and therefore, resources are going to become more limited and/or expensive. Most companies ignore this inevitability.

This "blinders on" approach reminds me of an interview I read a few years ago with a Toyota executive talking about Toyota's decision to invest in the Prius despite operating in the midst of explosive consumer demand for big, gasoline-guzzling SUVs. Toyota thought that no matter what, energy was inevitably going to get more—not less—expensive. So while you can argue about the timing for a hybrid car, you can't really argue about the inevitable need for one in the future.

It seems to me the same is true with healthcare. What products and practices can pharmaceutical companies develop in anticipation of shrinking dollars being invested in healthcare? The conference presentations provided some interesting "what-if" scenarios to think about.

So what if:

- Mumbai-style hospital cities made their appearance in or near the US? According to Neil Wolfe, patients can get a coronary bypass at one of these hospital cities for about $2,500—about 1/20th of what it costs in the US with overall outcomes the same or better than the major US centers of excellence
- The goal of US health policy went from offering the most "advanced" healthcare regardless of cost, to one based on getting the largest number of people covered with the least expensive option?
- Physicians get compensated on the quality of care they deliver versus the quantity (as is supposed to happen in 2014)?

Continues…

© 2012 VirSci Corporation (www.virsci.com). All rights reserved.

- Direct-to-patient pharmaceutical shipping went from a Loss Of Exclusivity strategy to a commonplace way of conducting business?
- Obviously, a company can't prepare for all the unexpected inevitabilities. However, Ellen Brett, a former colleague of mine who headed up Global Strategy and Innovation at Pfizer, suggests a company can:
- Come to a consensus about the most likely and important changes
- Engage in scenario planning

With some dramatic changes looming in 2014, shouldn't 2013 planning incorporate at least a nod to the future?

While none of my 3 takeaways from the PharmaMarketing Summit were out-of-the-blue surprises to me, each of them underscored the urgency to start acting NOW. Healthcare marketers can leverage lessons learned from counterparts in other industries that have come to understand and adopt new approaches before us. I still remember a Wyeth colleague telling me in the mid-1990's that he didn't have to invest promotional dollars in his Managed Care Organization customers, since fee-for-service practices still accounted for half of his business.

Wonder what he is doing now?

Is he thinking, "What if I had invested more in preparing for the future, shifting customer segments, the new ways to engage, and the inevitable realities of the future?" If not, then he should be.

###

Emerging Technologies and the Future of the Pharma/HCP Relationship

By John Mack

Wetzel pointed out in her summary that there is a growing trend of physicians turning to patient communities to help understand and solve clinical problems (see page 2). She referred to the presentation by Frank Spinelli, M.D., at the recent PharmaMarketing Summit 2012 in Chicago. The following is a summary of that presentation.

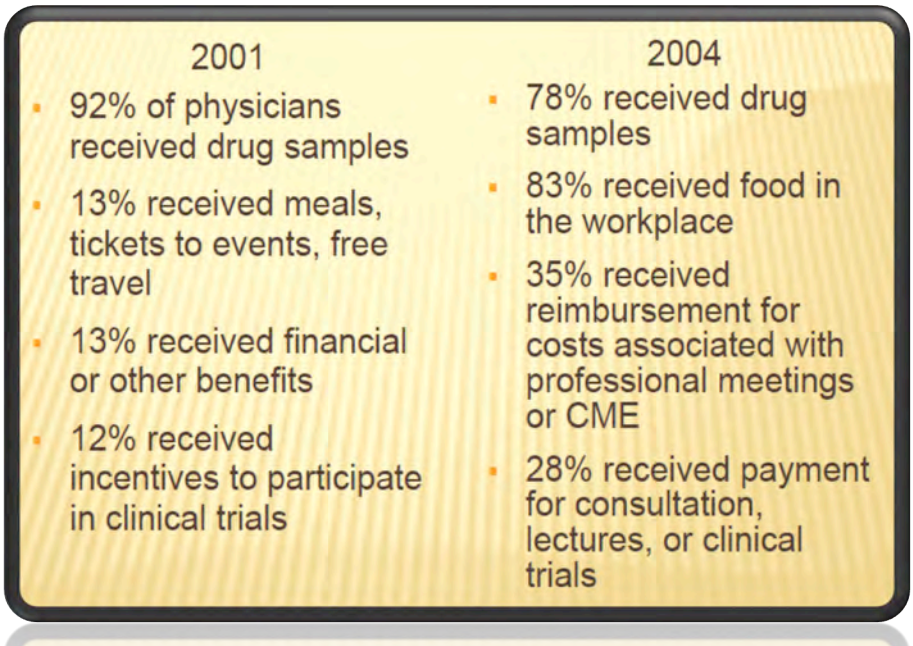
Dr. Spinelli recounted the evolution of his experience with the pharmaceutical industry as follows:

- **1995**: Pharma-friendly residency
- **2000**: Chief Resident and worked closely with Pharma
  - Sponsored lunches
  - Grand Rounds
  - Dinners, events, parties, happy hours
- **2001**: First practice was Pharma-friendly
- **2010**: Current practice and hospital affiliation are NOT Pharma-friendly

He suggested that many physicians his age have experienced the same evolution. These days, it is likely that physicians will experience pharma-unfriendliness at the beginning of their careers.

Spinelli summarized results of a NEJM national survey of physicians that compared the financial perks physicians received in 2004 compared to 2001. The summary is presented in the table below.

Continues…



© 2012 VirSci Corporation (www.virsci.com). All rights reserved.

Impact of PhRMA Code
What happened between 2001 and 2004? In 2002, the Pharmaceutical Research and Manufacturers of America (PhRMA), published its Code on Interactions with Healthcare Professionals (see http://bit.ly/KZ6tzT).

The code states that the interactions between pharma and HCPs should primarily benefit the patients and enhance the practice of medicine. It discourages companies from giving HCPs tickets to entertainment or recreational events, goods that do not convey a primary benefit to patients and token consulting and advisory relationships that are used to reimburse HCPs for their time, travel or out of pocket expenses.

Since then, of course, even more light has been shone on the pharma-HCP relationship. The Physician Payments Sunshine Act (PPSA), provisions of which were included in the Patient Protection and Affordable Care Act, will further affect this relationship in ways yet to be determined. The pharma industry already may be making changes in anticipation of reporting payments to physicians.

The Affordable Care Act also includes a provision—that will take effect in 2015—to tie physician payments under Medicare to the quality of care they provide. Physicians will see their payments modified so that those who provide higher value care will receive higher payments than those who provide lower quality care.

"It is clear," said Spinelli, "that pharmaceutical companies will succeed or fail based NOT on how many drugs they sell but on how well they offer improvement in health outcomes."

Emerging Technologies
Spinelli also focused on how emerging technologies will change the physician-patient relationship. The Affordable Care Act is one catalyst for this change: for example, it mandates that all medical practices and hospitals convert to electronic medical records by 2014. Other physician-patient technology trends that Spinelli noted were:

- Currently, many doctors communicate with their patients via email and text messaging
- Smart phones, iPads and tablets are becoming more important in the doctor-patient relationship

He gave an example of a patient taking a photo of his skin rash using his smartphone and sending it to his physician. "That picture helps the HCP make a diagnosis and becomes part of the medical record," said Spinelli. "Although there exists codes to bill for these encounters, insurance companies typically do not pay for non-face-to-face visits." Obviously, that is a challenge to the advancement of healthcare technology that could benefit patients and physicians alike.

"Patients and the government are pushing doctors and insurance companies kicking and screaming into adopting emerging technologies," said Spinelli.

Other emerging healthcare technologies that Spinelli mentioned include:

- Consult reports from referring physicians, labs, and x-rays reports can all be linked to patient's medical record saving paper and postage; making appointments, new patient registration and prescription renewal requests can all be done through electronic medical records (EMR)
- Patients can log on to private access portals from their iPad/tablet, smartphone or home computer to view results
- Prescriptions are transmitted electronically via the EMR
- Psychiatrists already use Skype technology for virtual visits
- Paper prescriptions will be transmitted via apps. Eventually, smartphone app technology will allow pharmacists to scan patients' device to register prescriptions much the same way that airlines scan smartphone boarding passes

For more about how new technologies may impact healthcare in the near future, see "Exploring the 2.0 Doctor-Patient Relationship"; PMN-115-01 (http://bit.ly/pmn11501).

Technologies That Can Facilitate the Pharma-HCP Relationship
In the last half of his presentation, Spenilli focused on how technology can help pharmaceutical companies interact with physicians and help them deal with the new realities of patient care and reimbursement.

iPads and other tablets can help reps convey important product information to physicians in today's shorter window of opportunity. Laptops need to be booted up and are too cumbersome, said Spenilli. Here are the other advantages of using iPads that Spinelli cited:

- Using an iPad/tablet can be interactive and transform the lecture/detail into a dialogue.
- Physicians are more prone to pick up an iPad and if it allows for interaction by clicking and linking to slides and graphics, it has been shown to leave a more lasting impression on the HCP.

Continues…

© 2012 VirSci Corporation (www.virsci.com). All rights reserved.

- Afterwards, reps could provide HCPs with apps for follow up and companies can track if these apps are downloaded.

Social Media Opportunities
"Apps are a much better way for a company to represent themselves and communicate through the Internet," said Spenilli. "Digital technology and social media are now essential for engagement." He urged pharma to "challenge" its marketing-as-usual modes of (1) driving physicians to prescribe, and (2) encouraging consumers to request treatment.

"The real opportunity for Pharma is to challenge these modes with digital and social media—providing platforms that extend the doctor-patient relationship, placing value on the dialogue before and after a script is written," said Spinelli. "Companies that ignore this approach run the risk of leaving consumers and HCPs feeling ignored and ultimately distancing themselves from their customers."

Spinelli offered the following advice as to how pharma marketers can adapt to social media:

- Digital resources will be prescribed as part of care regimens; Pharma has to develop and curate reliable, objective information online.
- This information should be geared toward optimizing patient/HCP relationships.
- HCPs must contribute to digital resources and participate in online conversations with the goal of starting a dialogue before consultation and maintaining it through the treatment cycle.
- Brands that focus on merging online and in-office experiences will become the most relevant and valuable to both the HCP and the patient.

The Digital Care Kit: Prescriptions Include Apps
"Imagine a relationship that begins in an online community," said Spinelli. "This leads to an office consult where the patient brings their smartphone containing this information found prior to the office visit. The patient sits with their HCP, accesses this digital resource about wellness, prevention or disease management. In addition to the prescription, patients get a mobile app that facilitates care, monitoring, and adherence. The app reminds them of critical lifestyle considerations, such as exercise during detected periods of inactivity, and provides geo-targeted restaurants recommendations tailored to a specific diet."

A "Digital Care Kit" could include a referral to online support groups where patients could track and share their care. Physicians could post answers to questions and nurses would be alerted to patients who are lapsing and schedule an online consultation between office visits.

"The possibilities for brands to facilitate this type of engagement are limitless," said Spenilli.

In other words, pharmaceutical companies need to develop a life-style/adherence app for every drug it markets. Physicians can then be encouraged to "prescribe" the app along with the drug and hence have a tool that will help them meet the challenges of the new outcomes-driven healthcare world.

So What About the Pharma Sales Rep?
Spinelli outlined what he thought was the "ideal field representative profile":

Venue

- By appointment, in-person visits or virtually as needed?
- HCPs and institutions are moving towards "no rep access," so can HCPs obtain access to scheduled virtual visits with MSLs or Med Info to provide unscripted answers?

Tools and Resources

- Product and disease state information, on-label and off-label (slide decks on iPads/tablets, links to websites, and apps)
- HCP and patient education material (apps)
- Literature searches and medical information letters via email

In closing, Spinelli had this to say: "As the digital world evolves, the physical interaction between pharma and healthcare providers will diminish. But there is something about the human connection that transports us in a way that digital media will never do. Until the time when in-person humans are replaced, pharma should seize the opportunity to maximize on this most cherished and dwindling connection. Prepare to become a leader in the technological future.

Pharma Marketing News

© 2012 VirSci Corporation (www.virsci.com). All rights reserved.