

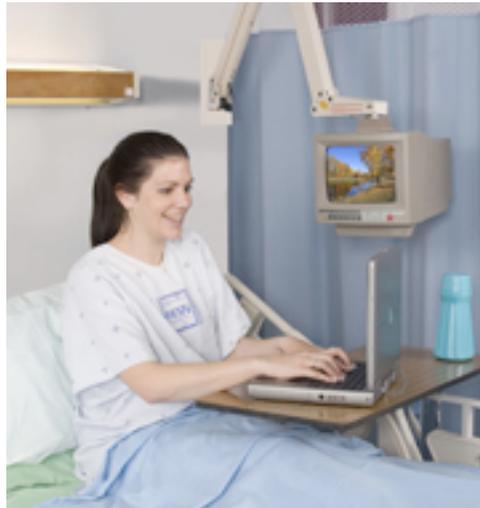
## Conference Highlight

# The Empowered Patient

## What it Means for Pharma Marketers

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**A**rthur Higgins, Chairman of the Board, Bayer Schering Pharma AG and President of the European Federation of Pharmaceutical Industries and Associations (EFPIA), once said that “Patients’ empowerment lies at the basis of a modern, sustainable healthcare system ... Greater patient involvement means ... giving them more control on decisions affecting their health.”

This is a far cry from the opinion stated in 2006 by the Coalition for Healthcare Communication (ie, major advertising agencies) that “the patient is the decision-maker only with respect to whether a practitioner should be approached” (see “DTC without the Risk”; <http://tinyurl.com/ccy2bt>).

### **The Power of Patient Empowerment**

The following are key tenets of patient empowerment:

- Patients cannot be forced to follow a lifestyle dictated by others.
- Preventive medicine requires patient empowerment for it to be effective.
- Patients as consumers have the right to make their own choices and the ability to act on them.

Selecting the appropriate pharmaceutical product is one of the choices that empowered patients can make. But according to Reinhard Angelmar, the Salmon and Rameau Fellow in Healthcare Management and Professor of Marketing at INSEAD, empowered patients are involved before a drug even makes it to the market.

“Patients can influence decisions at every product lifecycle stage,” said Angelmar at the recent eyeforpharma SFE Europe 2009 conference.

Angelmar’s presentation emphasized that patients are becoming more empowered, which makes the “push” model of marketing less effective. He made a case for pharmaceutical companies to become more patient centric where the “patient is boss.” He also emphasized new EU regulations in the works may allow more effective direct interactions with patients.

While Angelmar focused mostly on the EU, much of what he said has relevance to the US as well.

### **It Starts with Research**

Patient empowerment “starts with research,” said Angelmar. “Patient power is reaching back into the R&D process deeply.” As an example, Angelmar described how breast cancer patients in the US were instrumental in diverting funds from the Department of Defense to breast cancer research.

In a number of countries, patient organizations are represented in government research funding processes.

Angelmar cited several cases where patients influenced one or the other stages in a drug product’s lifecycle whether it be research, development, market authorization, market access, or in-market stage. In one case—the approval of Novartis’ AMD drug Lucentis—Angelmar claimed that patients were instrumental in getting Britain’s cost-effectiveness watchdog NICE to change its position and approve the drug for wider use than it originally intended.

“Last, but not least,” said Angelmar, “when products come on the market patients may have a role in what brands get prescribed and whether or not they comply and persist with the treatment.”

### **Degrees of Patient Empowerment**

Angelmar discussed several models representing different degrees of patient empowerment, or lack thereof, during the treatment process all the way from “gods in white coats” model where basically the physicians do everything to the “autonomous patient” model where doctors no longer are seen as capable of determining what will benefit their patients. “What do we mean by patient empowerment?” Angelmar asked. “Does it mean going all the way to the autonomous patient model? Would that be good for the industry? I’m not sure.”

Where are the opportunities for patients to take charge of their health? For \$399 you can order a genetic analysis and learn if you have a predisposition for a genetic disease. Sergi Brin, Google co-founder, discovered that he had a genetic code linked to Parkinson’s disease. “Technologies that did not exist until recently,” said Angelmar, “are now within our reach.” Prices are following the trend in consumer electronics and are dropping rapidly.

When consumers find out they have a medical condition or predisposition for developing one, they decide how to get treatment. “In Germany, the majority [of consumers] take natural remedies first,” noted Angelmar. When that doesn’t work, the majority go to the pharmacist to purchase non-prescription OTC medicines.

“European patients have a broad range of sources for health information,” said Angelmar. “More and more people in Europe are consulting the Internet about their health issues.” In the use, the majority

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The most recent time you wanted information on cancer, where did you go first?

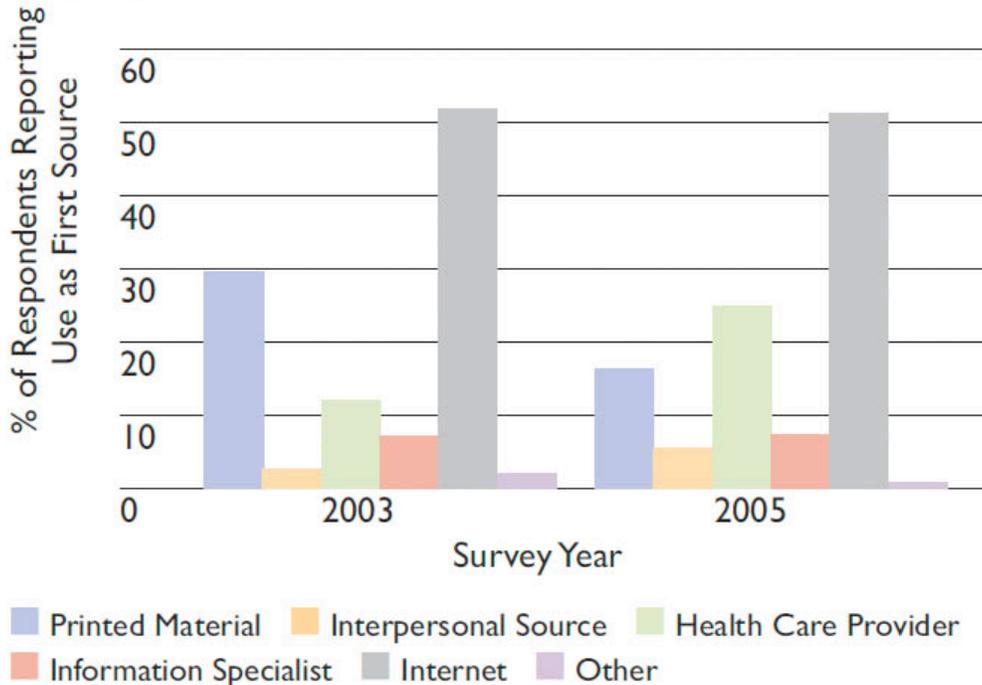


Figure 1: Actual Sources of Cancer Information (2003 and 2005). Source: National Cancer Institute, Health Information Trends National Survey (HINTS); <http://hints.cancer.gov/briefs.jsp>

of cancer patients go to the Internet first when they want information (see Figure 1, above). The healthcare professional, however, was the “preferred” source when there was a strong need to get information about cancer.

The latest data from Manhattan Research says that 66% of all US adults went online for health information in 2008 and 66% of these (or 51% of all adults) searched for drug information online. “If you are working in certain franchise areas,” said Angelmar, “you will want to know the role that the Internet and other information sources plays for your patients.”

#### European Patients are Online

According to Manhattan Research, 150 million European adults went online for health information during 2008; 70 million adults went online for pharmaceutical information. When health issues occur, online European consumers are more likely to first turn to the internet than go directly to their doctors.

In Europe only 47% of online adults went online for product information compared to 66% in the US. “This is probably because of regulatory con-

straints,” said Angelmar. “There’s a possibility that these constraints in the EU will be changed,” he noted.

#### Influence Over Prescribing

When patients in Europe do finally go to the physician, what influence do they have about their medication? A survey of German patients found that a majority will ask their physicians to prescribe medications that they know or with which they have had a good experience (see Figure 2, pg 4).

“Of course,” noted Angelmar, “in the US where there is consumer advertising, one of the goals is to get consumers to request your brand.”

Patient requests for specific drugs vary by medical condition. For symptomatic conditions such as ED and ADHD that are easy to self-diagnose, patient requests for specific drugs are more frequent than for drugs that treat asymptomatic, difficult to self-diagnose conditions such as diabetes and hypertension (see Figure 3, pg 4).

The probability that the physician will honor a request also varies by condition. This is primarily

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### I ask my doctor to prescribe me medicines which I know or with which I have had a good experience

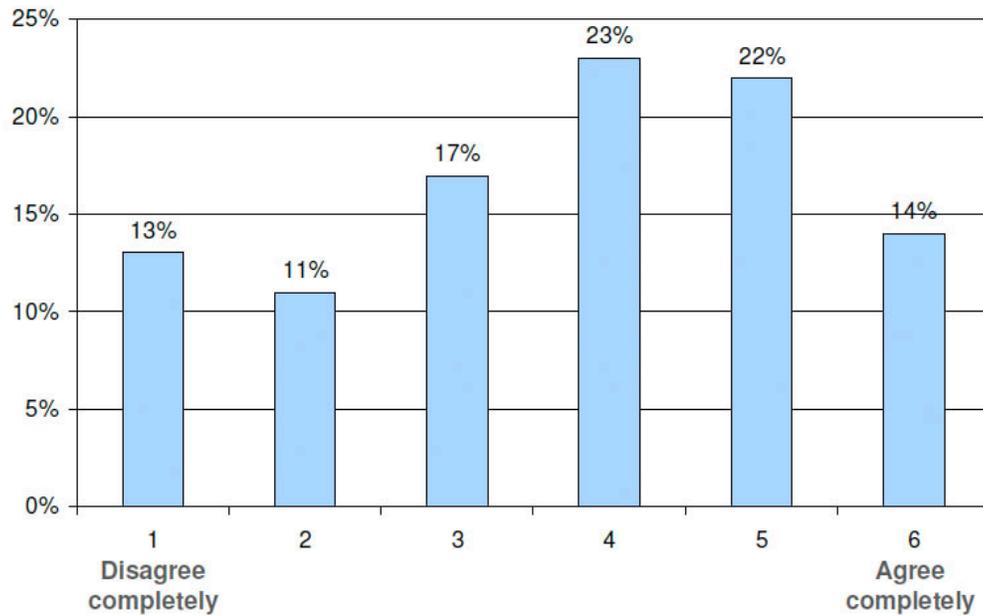


Figure 2. Many German Patients Request Specific Rx Medicines. Source: Typologie der Wunsche, 2008

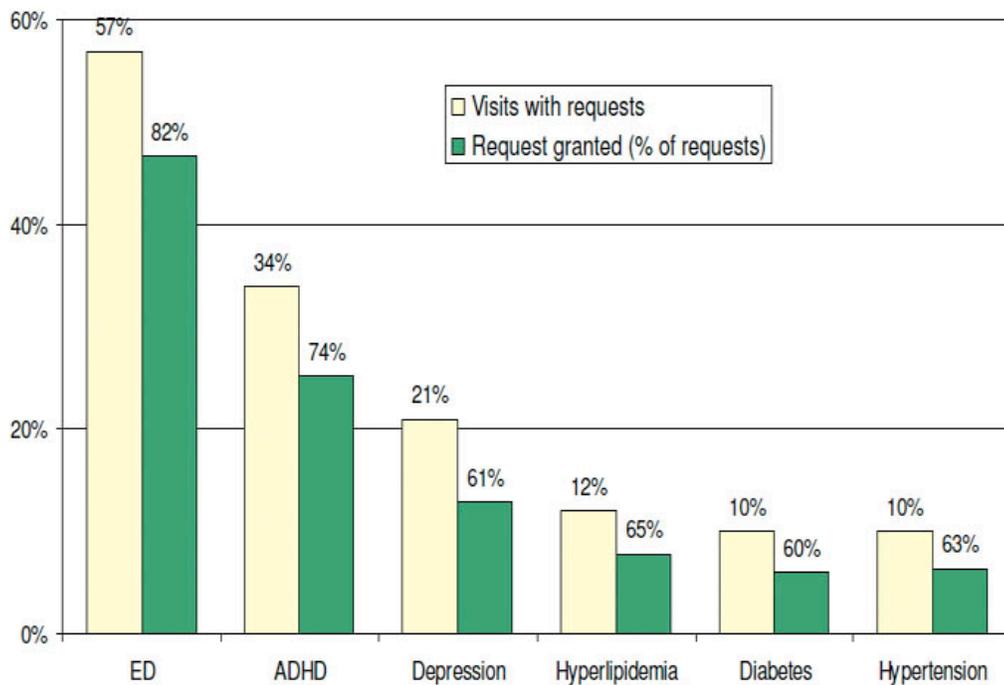


Figure 3. Patient Rx Requests and Physician Responses By Condition (US). Source: Verispan's Physician Drug & Diagnosis Audit

due to competition, said Angelmar. There are many treatment choices for diabetes, hyperlipidemia, and hypertension and less options for ED and ADHD.

“The key point,” said Angelmar, “is that patient empowerment and patient behavior varies greatly across conditions and it is very important to know how your patients behave, how empowered they are, and where do they look for information.”

### **Patients Determine Compliance**

Once patients get the prescription, all the power is in their hands. They decide whether they get the prescription filled, whether they take the medication, and whether they persist with the treatment. “We know that there is a big problem with compliance and persistence,” said Angelmar.

A classic case of the power of patients concerns Avandia. When a study was published in the May 21, 2007 issue of the NEJM that seemed to show an increase in myocardial infarction and death due to Avandia, primary care physicians and endocrinologists were somewhat skeptical but their patients were very concerned. “What happened was very bad for Avandia,” noted Angelmar. “Within a week Avandia’s share of the dynamic market dropped from about 15% to 5%. I think that tells us something about patient power.”

### **Drivers of Patient Empowerment**

“The overall picture shows quite a lot of patient empowerment all the way through the patient journey,” Angelmar summed up. The drivers of patient empowerment are:

**OPPORTUNITY:** Opportunities for patients to control decisions

- Patient advocacy organizations
- Patient rights
- Regulations regarding patient representation and involvement
- More choice, e.g., Rx to OTC switching
- Easier access to Rx medicines (e.g., internet pharmacies)
- Easier access to health and medicines information
- Decision aids
- Media interest in health and pharma

**ABILITY:** Patients’ ability to control decisions in a way that improves their health

- Health and medical knowledge
- Patient skills: “expert patients”

**MOTIVATION:** Patients’ motivation to control decisions

- Interest in health
- Desire to be in control
- Cost sharing raises motivation to get “value for money”

### **Patient-Centric Pharma**

Patient empowerment could be a threat to the classic pharma model, which is essentially a push model where product is pushed to the end user through a physician-centric model. With patient empowerment, pushing will be less effective. The pressure of payers on physician prescribing habits also make the push model less effective.

What can pharma companies do? “One option,” said Angelmar, “is to think push-pull like in consumer goods markets, getting patients to pull brands through the channel, getting patients to request products from physicians and payers.”

“Another option is to look at this as a cooperative game where we are all partners with one common goal, which is not to get patients to take our pills, but to improve patient outcomes. If we refocus on patient and patient outcomes then we become partners,” said Angelmar

“If we as a pharma company develop unique expertise in decoding the behavior, needs, motivations of patients, then this unique knowledge can be the basis of what we do and we can also use this knowledge to help healthcare professionals and payers to put into place programs that achieve better patient outcomes.” (Figure 4, pg 6)

### **Relevance of Social Media**

This model is very well suited to social networking where pharmaceutical companies can listen to the voice of the patient and engage accordingly. Usually, pharmaceutical marketers would do market research—ie, focus groups—to do this. Social media engagement is much more effective and not so artificial.

“This would mean moving to a patient-centric organization where the patients are really in the center and all the players in the healthcare system are seen as supporting the patient,” said Angelmar. “All the internal functions then have as their mission to develop programs to achieve good patient outcomes.”

Angelmar pointed out that the consumer goods industry uses this model. At Procter and Gamble, for example, the mantra is “The Consumer is Boss.” P&G’s best secret weapon is “consumer market knowledge” (CMK). CMK competency within P&G builds the company’s renowned gut-level understanding of “what consumers think and what they want.” It champions the voice of the customer within P&G.

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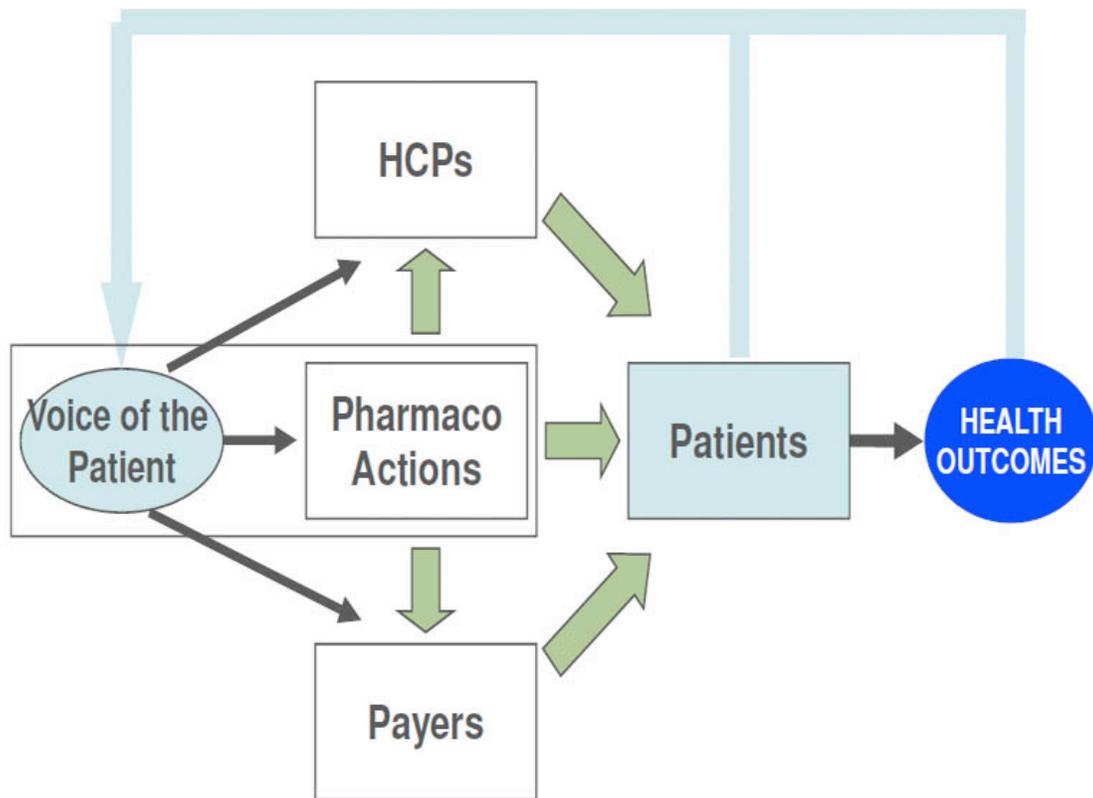


Figure 4. Patient-Centric Model. Figure courtesy of Reinhard Angelmar

Pharmaceutical companies have experience with physician-centric models where they can be said to have “physician market knowledge.” Medical Science Liaisons (MSLs) usually fulfill the role of championing the voice of physicians within pharmaceutical companies. Unfortunately, however, pharma has no such consumer-centric champions who understand what consumers think and want.

#### European Union Barriers

Angelmar suggests that pharmaceutical companies should use the same customer relationship tools on the consumer side as it uses on the physicians’ side. Personalized interactions with patients, admits Angelmar, is not that easy in Europe because of regulatory constraints.

Regarding those constraints, Angelmar reviewed EU policies on communicating with patients.

The EU prohibits consumer advertising of Rx medicines. Advertising is defined as “... any form of door-to-door information, canvassing activity or inducement designed to promote the prescription, supply, sale or consumption of medicinal products.” Excluded from this definition are labeling

and package leaflets, correspondence answering questions about particular medicinal products, factual, informative announcements and reference material (e.g., pack changes, adverse-reaction warnings, trade catalogues and price lists), and information relating to human health or diseases.

Angelmar noted that the interpretation of what is allowed differs from country to country within the EU. In some countries, for example, even labels and package leaflets are considered to be advertising unless they accompany the prescription.

For EU consumers, this results in variations in information access for identical products depending on the country in which they live, travel, or seek healthcare, as well as their access to the internet and their language skills. “If you can read English,” said Angelmar, “you can get all the information you want. If you don’t read English, forget about it!”

Angelmar also pointed out that there are no restrictions for other stakeholders or individuals to comment on medicines for which they have no responsibility or requirement to demonstrate their

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competence. Consequently, it's often easier to find product information on questionable and non-EU websites than on the manufacturer's Website.

#### **Relaxed Constraints on Horizon**

There is an EU Commission proposal attempting to relax some of the constraints. For example, allowing package leaflet information to be presented in a "different way," which Angelmar says could mean in a "more patient-friendly language." If this proposal were to go through, says Angelmar, the industry will be in a much better position to become patient centric.

Will it happen? Angelmar pointed out that trust is something that the industry "lacks badly among some key lobbies," especially, consumer organizations. Monique Goyens, director general of the influential European consumer organization BEUC had this to say: "The proposal ... is just a disguised way of giving pharmaceutical companies greater flexibility to provide the information they want on prescription medicines directly to the public, namely direct-to-consumer communication strategies—the goal of which in our view is to boost sales ... it is imperative for the Parliament and Council to 'nip this proposal in the bud.'"

Regulations in the US, while less strenuous than in the EU, have often been cited as an obstacle to pharmaceutical companies ability to become more patient-centric. However, regulations or no regulations, pharmaceutical companies must adapt internally if they are to move toward a patient-centric model.

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The patient perspective will be discussed further at eye for pharma's UK event in June: "Patient Relationship Management Summit" (<http://bit.ly/Pwtjz>) and a US event in October: "Patient Adherence & Persistence USA Summit" (<http://bit.ly/Jos5n>).