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Reprint

Beyond Patient Education: Influencing Behavior Change

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What does it take to get patients to comply with their medication or healthcare pro-grams?

This is a question that pharmaceutical companies need to answer in order to sell more drugs and also help physicians provide better care to their patients.

Patient education often is touted as a panacea to any number of marketing challenges, from increasing compliance to improving brand retention, enhancing doctor/patient communication, achieving persistence, and providing opportunities to partner with physicians. But with dwindling pipelines and increasing public criticism, it makes sense for pharmaceutical companies to explore new and more effective strategies for meeting their objectives.

Pharmaceutical-sponsored patient education programs usually focus on improving a patient's self-management of their disease or condition and "appropriate" adherence to their physician prescribed treatment plan. But successfully increasing compliance requires the support of an "old standard" – behavior change. And contrary to popular opinion – *patient education and changing a patient's behavior are two entirely different tasks*.

Why Patient Education Programs Fall Short

To illustrate how typical education programs fall short, let's look at an example from daily life: the Food Guide Pyramid. We're exposed to that unmistakable triangle on a daily basis—it pops up on everything from our cereal box to our favorite snack food. (The Department of Health and Human Services has run a very comprehensive DTC campaign.)

Still, although most of us are highly educated on the food pyramid, its major food groups and recommended daily allowances, how many of us have actually changed our behavior to match our level of knowledge? How many of us say "no" to that extra slice of pizza because we'll exceed our fat allowance for the day? According to the CDC, more than 135 million Americans, or 74%, are not eating the minimum daily amount of fruits and vegetables recommended (see CDC's "5 A Day: Frequently Asked Questions").

If we can't get people to comply with a simple guideline like eating an extra veggie a day or resisting an extra slice of pizza, how can we influence the complex series of actions required to increase patient self-management?

Logically, since no two people are alike, we can't possibly expect all persons with less-than-perfect eating habits to follow a "one-size-fits-all'' food pyramid. Similarly, we shouldn't expect all patients with diabetes to respond to a generic brochure on their illness. While patient education is a good first step toward compliance, it won't work unless the patient alters his or her behavior.

Behavior Science – A "New" Panacea for Pharma Marketers?

No doubt, generic educational materials are affordable. But pharmacos will continue to hit a brick wall if they think in terms of DTC advertising or "one-size-fits-all" mailings, pamphlets, brochures or websites to reach large populations.

Changing behavior requires identifying a wide variety of influencing factors unique to a specific patient and then helping the patient

build skills to cope with these factors. Exactly which factors are involved will vary based on the diagnosis, the prescription, and the patient. Basic demographic differences (gender, age, and race) are generally acknowledged, but many other issues come into play to produce a patient's current level of self-management such as:

- self-efficacy
- motivation
- co-morbidities
- perceived barriers to compliance
- cultural beliefs
- affluence
- acceptance

The practical application of behavior change models can help in the identification of exactly which issues are affecting which patient and when.

The Science of Compliance

Many behavior change theories came to light in the late seventies to early eighties and have been tested and proven as sound platforms for influencing patient behavior. Some of these theories seem to be an extension of common sense.

Social Cognitive Theory (see Resource List on Pg. 19) incorporates the concept that past experiences affect future expectations. For example, if you've tried something in the past and failed, you'll be less inclined to try again.

Other theories, like the *Health Belief Model*, consider the patient's perceived level of susceptibility to their disease or condition. A cardiac patient recently discharged from the hospital after a triple bypass, for example, is much more likely to be motivated to change his or her behavior than someone with a remote family history of heart disease and a slightly elevated blood pressure.

Using science, therefore, we can figure out what we need to know from whom and when. In the past it would take one or more sessions with a physician or health counselor to gather all of the necessary data to provide each patient with a personalized plan.

Today, *tailoring technology* allows drug manufacturers to step in and lend a hand to overworked, time-challenged physicians. The physician can simply refer his or her patients to a pharma-sponsored web site or 800# that will provide each participant with their own behavior change plan.

The tailoring process begins by asking each participant/patient patient a series of questions that help identify their barriers toward compliance. In return, patients are provided with individualized feedback—similar to a counseling session at a fraction of the time and cost. Both the questionnaire and the feedback can be delivered via the Web or in printed form. Through the use of tailoring, an individualized "action plan" can be developed to increase each participant's self-management while addressing the specific needs and challenges of a brand—side effects, cost, competitive differentiation, as well as other factors.

Are Tailored Educational Materials More Effective?

We know that one-size-fits-all health education doesn't change behavior and improved patient self-management makes a lot of stakeholders happy. However, before tailored educational programs are adopted by more marketers, several important questions remain, namely:

- Does tailored behavior change really work any better than anything else?
- Can pharmacos succeed at engaging patients enough to take the time to fill out an extensive and necessary questionnaire?
- Can pharmacos convince patients to read their individualized programs and incorporate the suggestions put forth in their daily lives?

As indicated earlier, brochures, Web sites and other typical patient educational materials are generic, meaning they treat everyone with a disease or condition the same. Tailored programs, on the other hand, start with the premise that Joanne, John and Patty may all have diabetes, but they experience their illness differently. Each person's uniqueness is translated into a program specific to them complete with tailored visuals and even tailored videos.

Multiple studies have shown a positive effect of tailored materials on participant recall, readability, and overall materials appeal when compared to generic information (see Resource List on Pg. 19 for references).

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- Researchers have reported rates of 70-80% of participants recalling receipt of tailored materials, compared to 30% for non-tailored information (Lipkus, Campbell).
- Recipients of tailored materials are more likely to read them completely (75-90% vs. 55% for non-tailored) and a much higher percentage report finding the materials useful (60-90% vs. 16 % for non-tailored).

A Case Study—Smoking Cessation

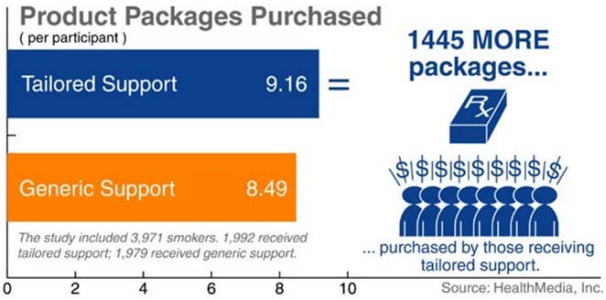
Give patients something they can relate to and in which they see value, and the likelihood that they will succeed in changing their behavior will increase. The following case study is offered to support this statement.

Smoking cessation is widely acknowledged as one of the most difficult health behaviors to influence. If a tailored program can work for smoking cessation, one has cause to believe it can work in other therapeutic areas.

A tailored behavior change program created by HealthMedia® to support GlaxoSmithKline's NiQuitin CQ® was examined in a randomized controlled study. In this study, which was present-ed at the 12th World Conference on Tobacco or Health, held in Helsinki, Finland in August 2003, 3,971 smokers used the NiQuitin CQ 21mg patch and received either HealthMedia's tailored Committed Quitters® Stop Smoking Plan (CQ® Plan) or untailored support.

Of those who used the product plus HealthMedia's tailored CQ Plan, more than half (55%) were able to sustain 10 weeks continuous abstinence from smoking. This is a 28% increase in effectiveness over those using the product and untailored support materials (43%).

The trial also demonstrated that the CQ Plan helped smokers get closer to the recommended treatment goal of 10 boxes of medication over a 10-week period. Participants who received tailored materials purchased just over 1,445 more boxes than those who received the generic, untailored materials (see chart).



A patient-centric solution that benefits everyone—patient, physician, pharmaceutical company—offers a competitive advantage to the sponsoring pharmaco. Regardless of the behavior a brand is seeking – acquisition, compliance, persistency or brand loyalty—behavior change offers a true partnership opportunity and a significant improvement over health education alternatives.

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