



Health Information

Learning from marketing: Rapid development of medication messages that engage patients

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ABSTRACT

Objective: To adapt marketing approaches in a health services environment.**Methods:** Researchers and advertising professionals partnered in developing advertising-style messages designed to activate patients pre-identified as having chronic kidney disease to ask providers about recommended medications. We assessed feasibility of the development process by evaluating partnership structure, costs, and timeframe. We tested messages with patients and providers using preliminary surveys to refine initial messages and subsequent focus groups to identify the most persuasive ones.**Results:** The partnership achieved an efficient structure, \$14,550 total costs, and 4-month timeframe. The advertising team developed 11 initial messages. The research team conducted surveys and focus groups with a total of 13 patients and 8 providers to identify three messages as most activating. Focus group themes suggested the general approach of using advertising-style messages was acceptable if it supported patient–provider relationships and had a credible evidence base. Individual messages were more motivating if they elicited personal identification with imagery, particular emotions, active patient role, and message clarity.**Conclusion:** We demonstrated feasibility of a research-advertising partnership and acceptability and likely impact of advertising-style messages on patient medication-seeking behavior.**Practice implications:** Healthcare systems may want to replicate our adaptation of marketing approaches to patients with chronic conditions.

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1. Introduction

Chronic conditions account for the majority of preventable adult morbidity and mortality [1]. Effective use of medications may delay or halt disease progression, yet they are frequently under-utilized. Chronic kidney disease—which affects 15% of U.S. adults [1]—is representative of this sizable missed opportunity [2]. Nearly half of persons with CKD having stage 3 (“moderate”) disease, a critical juncture during which patients are at increased risk for progression to end-stage disease (i.e., need for dialysis or transplantation) [1,3] but also have the potential to benefit from secondary prevention [4–6]. Use of recommended, inexpensive medications is a proven strategy of preventing or delaying CKD

progression [3,7–11]. Yet low-cost generic medications for CKD go largely under-prescribed [7,9–11].

Practice guidelines and patient education campaigns generally have failed to increase initiation of indicated CKD medications [7]. Even among high-risk patients with stages 3–4 CKD and concurrent diabetes mellitus and hypertension, only 60% are taking an inhibitor of the renin-angiotensin system (angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB))—despite evidence that these medications help protect the kidneys from further deterioration [12]. In the current study, we focus on ACE inhibitors because they are generally well-tolerated and inexpensive, and numerous guidelines endorse their use [7,13].

Interventions that boost patient activation for self-care of chronic conditions improve outcomes [14,15]. Priming patients with specific materials prior to clinic visits increases discussion with providers and the likelihood that specific medications will be prescribed [14,16]. Nevertheless, patient activation efforts are only as effective as their ability to capture attention and overcome

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behavioral barriers that hinder engagement [17,18]. Behavioral barriers are both cognitive (knowledge-based, “rational”) and affective (emotions-based) [19]. Examples of the latter include avoidance, denial, and uncertainty [5,20–22]. Patients are more likely to overcome behavioral barriers if they are explicitly addressed [23]. Clinical and public health interventions often have focused solely on overcoming cognitive, but not affective, barriers [24].

Marketing and social psychology approaches have successfully overcome affective barriers by directly targeting emotions [14,25,26]. A majority of customers choose products based on emotions [27]. Pharmaceutical companies have leveraged this propensity in direct-to-consumer (DTC) advertising: 67% of DTC advertisements appeal to emotions rather than knowledge [28]. Their impact on patient medication requests and initiation is well documented. For example, providers report that their patients regularly inquire about medications they have seen in advertisements [29]. Eight percent of consumers who see a specific medication advertised then request it from their physicians, and 73% of those physicians prescribe it [30].

Healthcare systems have a notable benefit not available to pharmaceutical companies—access to patient health records. They can search these to identify patients who are most likely to benefit from medical interventions and yet are not receiving them. Rather than needing to launch a mass marketing campaign to reach just the few patients for whom the intervention is relevant, they have the potential to target patients selectively. But healthcare systems face considerable challenges when contemplating development of marketing materials. They may have limited time, money, or expertise [31]. Furthermore, medication marketing in the U.S. is dominated by pharmaceutical companies whose goals are increased market penetration and profit. In contrast, medication promotion by healthcare systems must first and foremost support the therapeutic alliance between patients and providers. However, patients or providers may conflate DTC-style messages sent by health systems with pharmaceutical marketing and become concerned that health systems are pursuing secondary gain rather than patient well-being. In short, healthcare systems are well positioned to perform medication marketing but to do so require resources, expertise, and assurances that the approach is likely to be effective and will not undermine the patient–provider relationship.

We sought to develop digital marketing materials—“advertising-style messages”—capable of overcoming emotional barriers preventing adoption of recommended medications by patients with chronic conditions, in this case ACE inhibitors by patients with moderate CKD. We predicted that our health services research team could partner successfully with medical advertising professionals to produce advertising-style messages that would be both acceptable as a general approach and individually persuasive. In summary, our goals were to assess (a) the feasibility of the partnered development process and (b) the acceptability and potential impact of advertising-style messages designed to prompt patient activation and patient–provider communication regarding initiation of recommended medications.

2. Methods

We describe below our partnership, development process, and how we assessed them for feasibility and the messages for acceptability and impact.

2.1. Feasibility issues

Our health services researcher team (“research team”) partnered with two medical advertising professionals (“advertising team”). The partnership structure was designed to bring together

complementary areas of expertise but minimize overlap of responsibilities and workflow. The research team—one primary care internal medicine physician (principal investigator (PI)) and two research assistants (RAs) pursuing their masters’ degrees in public health—encompassed expertise in clinical care, chronic disease management, health communication, patient activation/behavior change, and mixed methods research. One RA had expertise in graphic design. The advertising team members were selected for experience in creative direction of pharmaceutical marketing campaigns. Both work with a non-profit established to inform medical decision-making with balanced information (www.rxbalance.org). Once partnered, research and advertising teams co-designed project responsibilities and workflow.

The research team assessed the feasibility of the partnership for future replication by others according to its structure (necessary expertise, responsibilities, workflow), costs (for materials, fees, and personnel time), and timeframe. It collected the cost and time-frame data to guide health systems potentially interested in budgeting for and replicating the partnered development process rather than as something it is arguing should—or even can—be linked to clinical outcomes data, which are not available in the current study.

2.2. Defining campaign characteristics

The research team defined characteristics essential to any advertising campaign—first, the target audience, patients with moderate CKD. The ideal target patient population for an intervention promoting medication initiation is one with a chronic condition that can be defined with specificity, has a strong evidence base favoring medication use, and yet has persistent underutilization. Second, the anticipated context of the messages was as part of a larger, direct-to-patient campaign, within which they would be combined with each other and educational materials. Third, the content objective of each message was to overcome at least one emotional barrier to patient activation. Finally, the team wanted the messages to be sent electronically but to retain flexibility in the exact mechanism of delivery (e.g., via webpage, smartphone, or email). Thus, it chose a message format that could be applied across a variety of digital platforms—a primarily pictorial one containing static visual components (“imagery”) combined with short phrases/sentences (“text”).

2.3. Development of advertising-style messages

The teams co-developed the advertising-style messages in an iterative fashion described further below. Briefly, the advertising team developed the initial 11 messages. The research team used a preliminary survey to evaluate these and identified five for refinement and further testing in focus groups. Focus group feedback then informed the selection of the final three messages.

2.3.1. Evidence identification and synthesis

The advertising team began its standard creative process by familiarizing itself with research evidence of five types:

- Disease—the condition (CKD) and how providers manage it.
- Therapeutic—perceived benefits and limitations of treatment options (e.g., ACE inhibitors).
- Company—how specific pharmaceutical companies approach marketing medication for the condition within the context of their product portfolio or competing products.
- Brand—how medications for the condition are typically promoted.
- Market—patient and prescriber knowledge and attitudes about the condition and its medications.

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