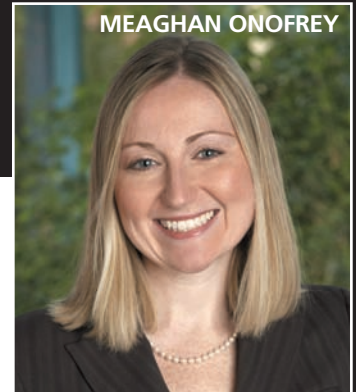


Contributed by Meaghan Onofrey



WHEN CLIENTS CAN HELP PHYSICIANS AND PATIENTS SPEAK THE SAME LANGUAGE EVERYONE WINS

There is an issue that has eluded the industry since its inception: how do physicians and patients really speak with one another in office visits? It is a question many people have asked, but few have answered. There is an absolute need to understand how physicians and patients actually interact with one another during real-world office visits. As it turns out, the field of sociolinguistics offers solutions for capturing and analyzing these pivotal dialogues.

CANDID CAMERA: ANALYZING VISUAL CUES

Video cameras catch every sound and movement, so words and visual cues can be analyzed simultaneously. Targeting practices based on clients' needs focus the research on key conversations that are meaningful to specific brands within an evolving marketplace. Interviewing both physicians and patients after the office interaction reveals what physicians mean to convey — and what patients actually understand. The goal is to not only help to make sense of language patterns, but also to leverage these insights to provide recommendations for how to improve communications and outcomes.

But it has become increasingly clear that physicians and patients are talking to one another in a way that is neither optimal nor productive. They are often like ships passing in the night — using the same words, but on completely different pages about what is important and how to achieve success. Sadly, both physicians and patients are often unaware of these issues and think everything is fine. In short, the physician-patient dialogue is severely broken — and both parties are completely unaware of the disconnect.

This breakdown demonstrates that it is not enough simply to know what conversations sounded like and looked like, it is necessary to find solutions to make these conversations better. Physicians need specific, scalable strategies to be better communicators within the constraints of time and resources.

PUSHING THE PROVERBIAL ENVELOPE

We, as marketers, need to push the envelope and ask an even more compelling question: can physicians be trained on conversational strategies? Furthermore, can this methodology be used to measure its effectiveness on patient outcomes? Essentially, we need to determine whether physicians, who have years of experience, can be taught to improve their communication skills so that they have better conversations with their patients.

The answer is a resounding yes. One case study illustrates this point: by videotaping primary-care physicians, who were struggling to assess migraine prevention candidacy with their migraine patients, it was discovered that they were actually asking the wrong questions of their patients. In working with key opinion leaders and advocacy groups, a simple solution was formulated to address the issue. These same physicians were taught to ask a single question to

help them more simply and clearly identify the patients' candidacy for migraine prevention. The effectiveness of the training was measured through replicating the in-office research.

In this example, when the issue was addressed as to whether physicians could be taught to improve their communications, not only did the results show a better identification of prevention candidates, but both physician and patient satisfaction were reported to have improved. Additionally, this strategy resulted in shorter office visits. The client was able to offer physician education and promotion that focused on a more efficient, effective solution to identifying prevention candidates and, ultimately, the specific language surrounding the question was so tied to the clients' marketing strategy that, indirectly, it became a surrogate for the brand.

Marketers need to think about offering physician education and promotion that focuses on a more efficient, effective solution to identifying prevention candidates. Teaching physicians how to improve their communications can improve physician and patient satisfaction. Additionally, this strategy has been shown to result in shorter office visits.

This type of cutting-edge research can also train physicians to better assess adherence and lead to more patients admitting to nonadherence. Physicians can then provide solutions to patients' specific barriers and ultimately address and correct adherence problems.

BEFORE AND AFTER

The before-and-after videos reveal amazing results. In the pre-training research, physicians would send their patients home completely unaware that they were not using their medication appropriately. But after exposure to some simple communication techniques, physicians can find themselves on the same page with their patients and as a result can help them break barriers to optimal medication use. And the pharma company can demonstrate value to physicians beyond just the benefit of the brand, potentially creating an unexpected, yet mutually beneficial relationship.

It is incumbent upon researchers and marketers to ask these critical questions to innovate the role that communications can bring to one of the industry's biggest challenges: adding value beyond drug profiles. As the industry dialogue advances, so do the methods for leveraging these dialogues to answer these complicated, nuanced, and fundamental questions.

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