

# Designing Pilot Programs to Distribute Patient Medication Information

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February 23, 2011

# PDR Network: Delivers Non-Advertising Drug Information, Alerts & REMS to U.S. Prescribers



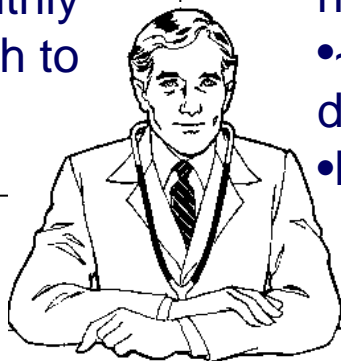
## Drug Information Service

- PDR Main, email, Web and Mobile
- Daily, weekly, monthly and annual outreach to U.S. prescribers



## Drug Alerts/REMS

- Only electronic FDA-approved network
- ~10M REMS delivered
- REMS w CME



## Mobile PDR

- Full labels
- Med images
- Robust Search
- All mobile platforms

## EHR Services

- Full labels
- REMS/Alerts
- EHRevent.org
- RxEvent.org



## PMI Distribution Pilots

### Elements of Success:

1. Meaningful- 'Move the Needle'
  - What are we measuring and how are we measuring it?
  - How does consumer drug education translate to consumer action?
2. Scalable- Capable of expanding to millions of consumers
  - Applicable to most categories of drugs
3. Sustainable- 'Life beyond grant funding'

***“Undertake not what you cannot perform,  
but be careful to keep your promise.”***

**--George Washington,  
1st U.S. president,  
quoted for his birthday, Feb. 22, 1732**

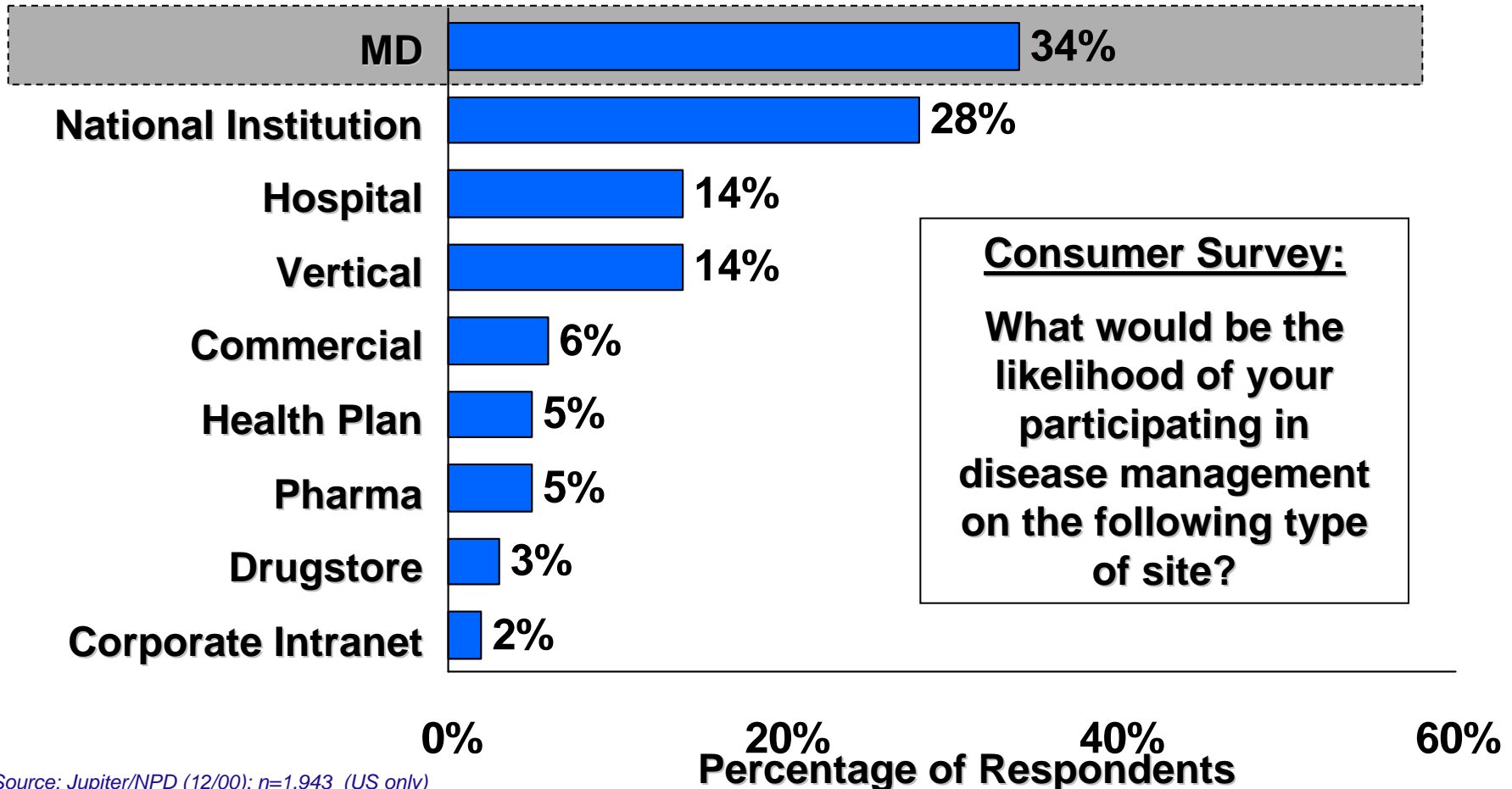
## PMI Distribution Pilots

### Three Essential Elements:

1. The message- format and content
  - Print vs electronic
2. The message host and related consumer services
  - PMI as a standalone vs integrated with other valued consumer services (drug Alerts, access to full labels, etc.)
3. The messenger- leveraging existing channels
  - DTC direct is very expensive
  - Existing channels (MDs, Pharmacy, DTC web sites, payers, other)

# PMI Distribution Pilots

## Channel Strength:



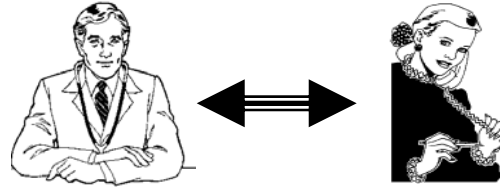
## PMI Distribution Pilots

### Key Obstacles:

1. The average consumer is... 'average'
  - 'not craving better PMI
  - "If it's important my doctor will tell me"
  - 20% of prescriptions are never filled and medication adherence = 50%
2. The average pharmacist is not looking to fill idle time
3. The average physician is not engaged in pharmacy education

# PMI Distribution Pilots

## Potential Pilot Framework:



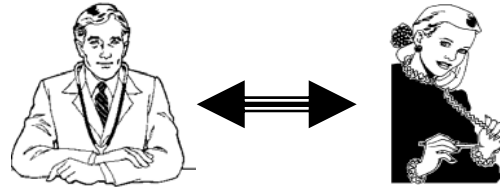
1. Use existing patient-physician connectivity as the basis for PMI delivery; Delivery by default from a trusted source
2. Develop a PMI-based service with other consumer-valued features and functions: consider medication adherence as one endpoint
3. Look for synergies with other important patient-relevant initiatives
  - Device tracking and UDI
  - Sentinel initiative beyond claims data base analysis
  - IOM HIT efforts

### **The Vision**

**"Every patient taking any medication should be enrolled in an automatic education program for that medication; 'an electronic package insert for patients'"**

**Mark McClellan, MD  
FDA Commissioner 2002**

# PMI Distribution Pilots



## Potential PDR Pilot:

1. PDR Network would host PMI and distribute to patients through their physicians by default (i.e. tied to ePrescribing and sent electronically)
  - Use PDR brand with providers and patient to drive uptake/acceptance
  - Create free CME for participating providers
  - Consider enlisting liability carriers to drive physician understanding and endorsement
2. PMI designed by manufacturers per FDA guidelines
3. Delivery of PMI would be done by PDR Network EHR partners using existing patient-provider electronic connectivity
  - # of providers/patients per budget constraints but assumed 100s/1,000s or more
  - Delivery by default requiring NO provider time aside from initial acceptance of PMI delivery
4. PDR Network would add simple consumer-friendly features to amplify consumer engagement and interest (drug Alerts, links to full labels, etc.)
5. Outcome measures as per FDA goals- consumer understanding meds, taking meds, etc.
6. Outcomes tracking via surveys or payer data (assess IRB needs)



## Addendum: PMI Distribution Pilots

Example of Aligned Interests that could fund PMI distribution:

