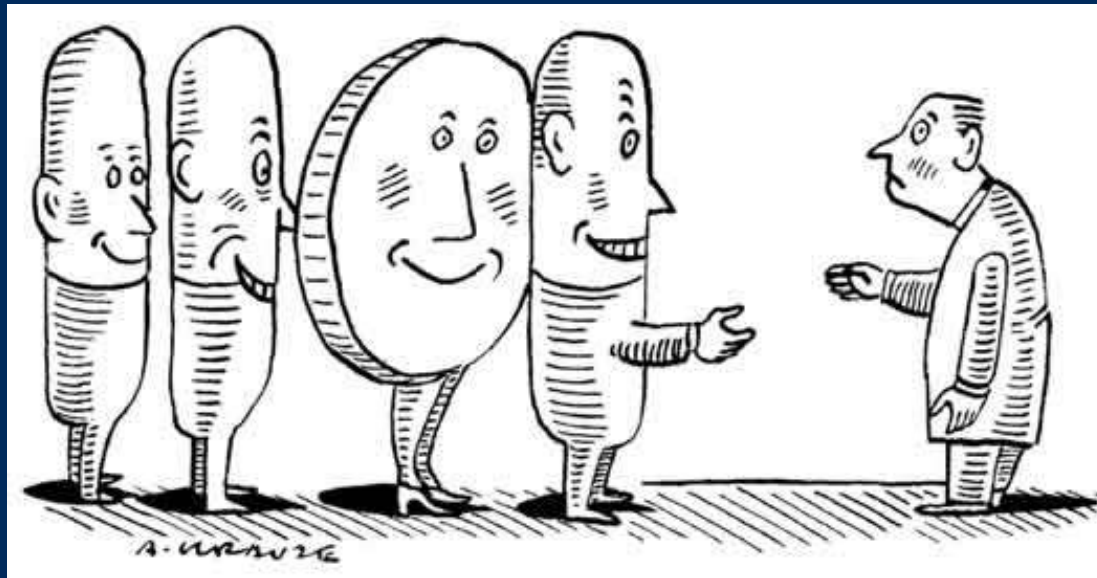


# SMARxT: A Pilot Media Literacy Program to Improve Evidence-Based Prescribing among Medical Residents



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# Disclosures

- None

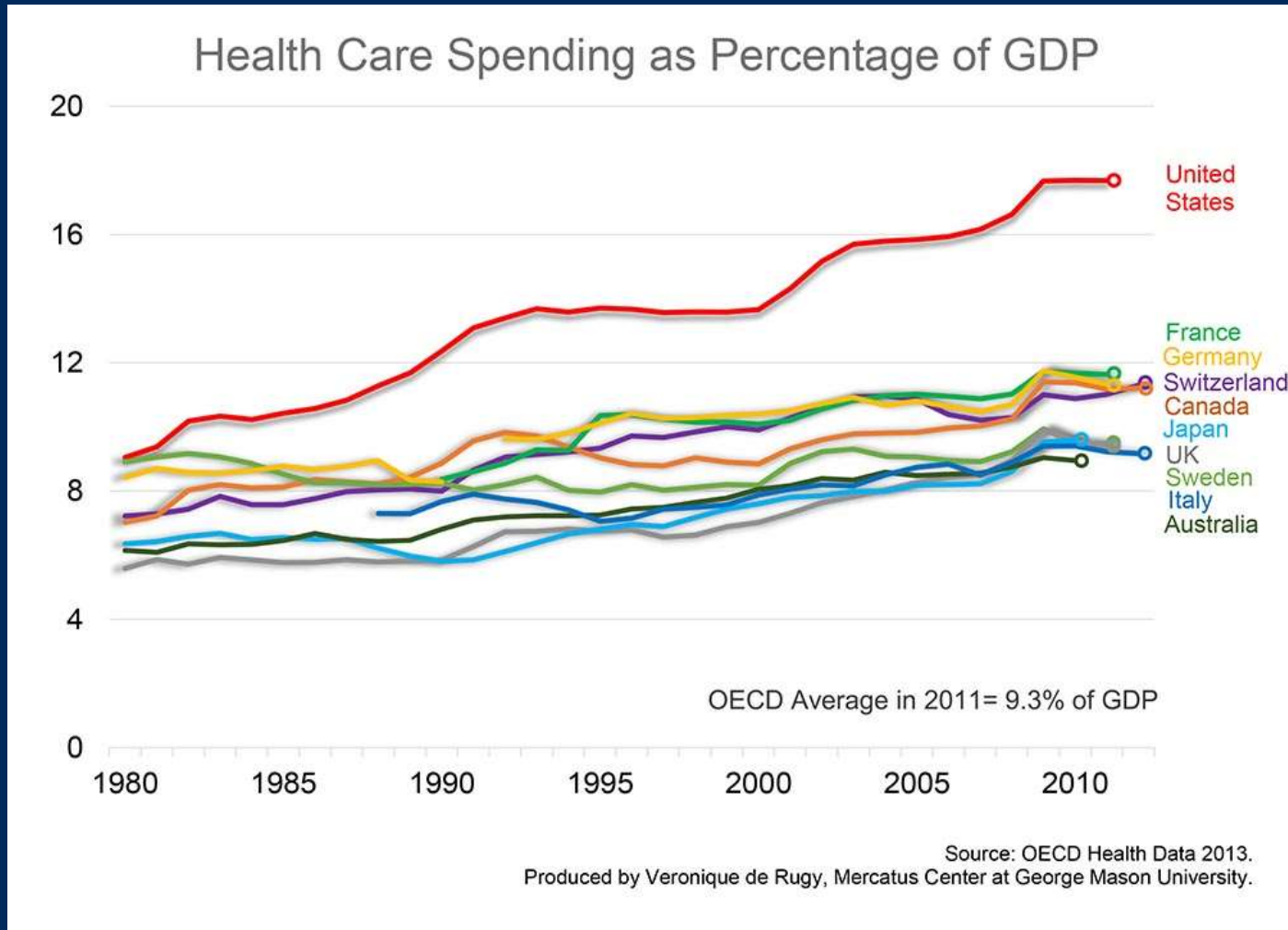


# Death and Disease from Prescription Drugs

- One death every 19 minutes
- Fourth leading cause of death in U.S.
- U.S. is 5% of world population but takes 80% of world's pills
- Among teens, prescription drug deaths eclipsing alcohol deaths



# Costs



# Prescription Drug Prices

- Skyrocketed in the 1990s and 2000s
- U.S. has highest per capita drug prices in the world
- One of the most profitable industries in the U.S.



# Industry Forces Driving Physicians

“I want you out there every day selling Neurontin ... We all know Neurontin's not growing for [seizures], besides that's not where the money is. Pain management, now that's money ... We need to be holding their hand and whispering in their ear, Neurontin for pain, Neurontin for monotherapy, Neurontin for bipolar, Neurontin for everything. I don't want to see a single patient coming off Neurontin before they've been up to at least 4800 mg/day. I don't want to hear that safety crap either.”

*New England Journal of  
Medicine, January 2009*





## Doctor-Focused™ to go Beyond Detailing™

MD Mindset is a data-driven company that uses sophisticated analytics to help Life Sciences Companies understand the unique factors that influence Health Care Professionals (HCPs) in their clinical and prescribing behaviors. We take a proactive approach to develop and deliver sales and marketing solutions proven to increase HCP access and grow market share.



### Our Methodology

|                          |                             |                               |                                    |                       |                            |                             |
|--------------------------|-----------------------------|-------------------------------|------------------------------------|-----------------------|----------------------------|-----------------------------|
| <a href="#">About Us</a> | <a href="#">Our Network</a> | <a href="#">Our Solutions</a> | <a href="#">Syndicated Reports</a> | <a href="#">Media</a> | <a href="#">Contact Us</a> | <a href="#">In the News</a> |
|--------------------------|-----------------------------|-------------------------------|------------------------------------|-----------------------|----------------------------|-----------------------------|

#### Case Studies

Read our Case Studies to see how we have helped other companies realize their full potential.

#### A Leader In Developing SFE Solutions

Learn more about our approach to developing and delivering Sales Force Effectiveness (SFE) solutions.

#### **Satisfied Clients**

"Overall, the course exceeded my expectations. I applied what I learned earlier that day and found the length of my calls grew by 300%.... I'm not even kidding."



MD Mindset Launches iSFE Tracker

InTouch and MD Mindset Join Forces to Deliver Products and Services

Drs say they are more responsive to sales presentations on iPads

MD Mindset signs agreement for MD Fellowship



# Drug App Comes Free, Ads Included

By DUFF WILSON  
Published: July 28, 2011

Epocrates has won over nearly half of the nation's doctors for its free smartphone apps that lets them look up information on drug dosing, interactions and insurance coverage while seeing a patient.

Enlarge This Image



Laura Pedrick for The New York Times

Rose Crane, chief executive of Epocrates, said the company's drug descriptions were unbiased and opened "a trusted channel" for drug makers to communicate with physicians through doctor alerts.

Enlarge This Image



But like so much else on the Web, "free" comes with a price: doctors must wade through marketing messages on Epocrates that try to sway their choices of which drugs to prescribe.

The apps can select messages based on each doctor's search and prescription histories, and the company has ambitious plans for expanded smartphone offerings. One possibility is a virtual sales rep that would help drug makers get their wares in front of physicians who decline to see human sales representatives.

The marketing messages are difficult to ignore. For example, a psychiatrist in Massachusetts who recently opened Epocrates (pronounced ee-POC-ra-teez) on his iPhone said that before he could look up any drugs, he had to click past "DocAlert" messages on hypertension, bipolar

RECOMMEND

TWITTER

LINKEDIN

SIGN IN TO E-MAIL

PRINT

REPRINTS

SHARE



# Epocrates Website

“More than 3 in 4 physician users  
CHANGE PRESCRIBING DECISIONS  
based on Epocrates engagements”  
*(caps theirs)*



In the CAPRIE study

# Patients get better fast<sup>1</sup>

Significantly more CAP patients taking  
AVELOX<sup>®</sup> recovered at days 3 to 5 vs Levaquin<sup>®</sup>\*1

AVELOX<sup>®</sup>  
(n=141)

97.9%

Levaquin  
(n=140)

90.0%

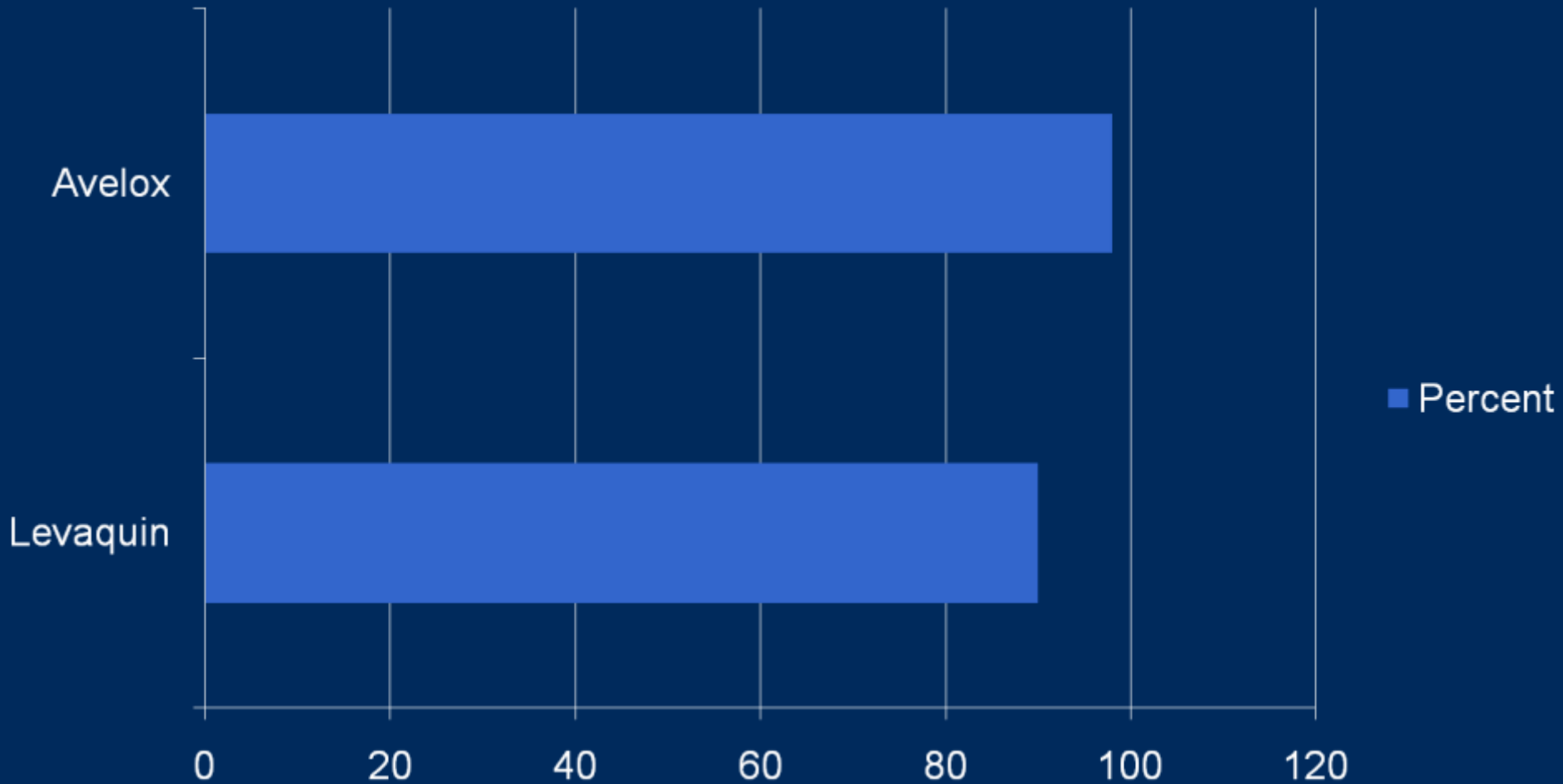
P<.01

85 90 95 100

% of patients who achieved recovery

\*Community Acquired Pneumonia Recovery in the Elderly (CAPRIE): To determine the efficacy and safety of AVELOX<sup>®</sup> vs Levaquin in community acquired pneumonia (CAP) among hospitalized elderly patients (age ≥65 years), the authors conducted a prospective, double-blind, randomized, controlled trial. The primary end point was cardiac safety. This study was designed to assess non-inferiority. The safety population (N=394) received IV/PO AVELOX<sup>®</sup> (400 mg daily, n=195) or IV/PO Levaquin (500 mg daily, n=199) for 7 to 14 days. The efficacy valid population included 281 patients (AVELOX<sup>®</sup>: n=141; Levaquin: n=140). Secondary efficacy end point - Clinical response during therapy visits at days 3 to 5 was defined as recovery: a disappearance of acute signs and symptoms related to the infection or reduction in the severity and/or number of signs and symptoms of infection, failure or indeterminate.

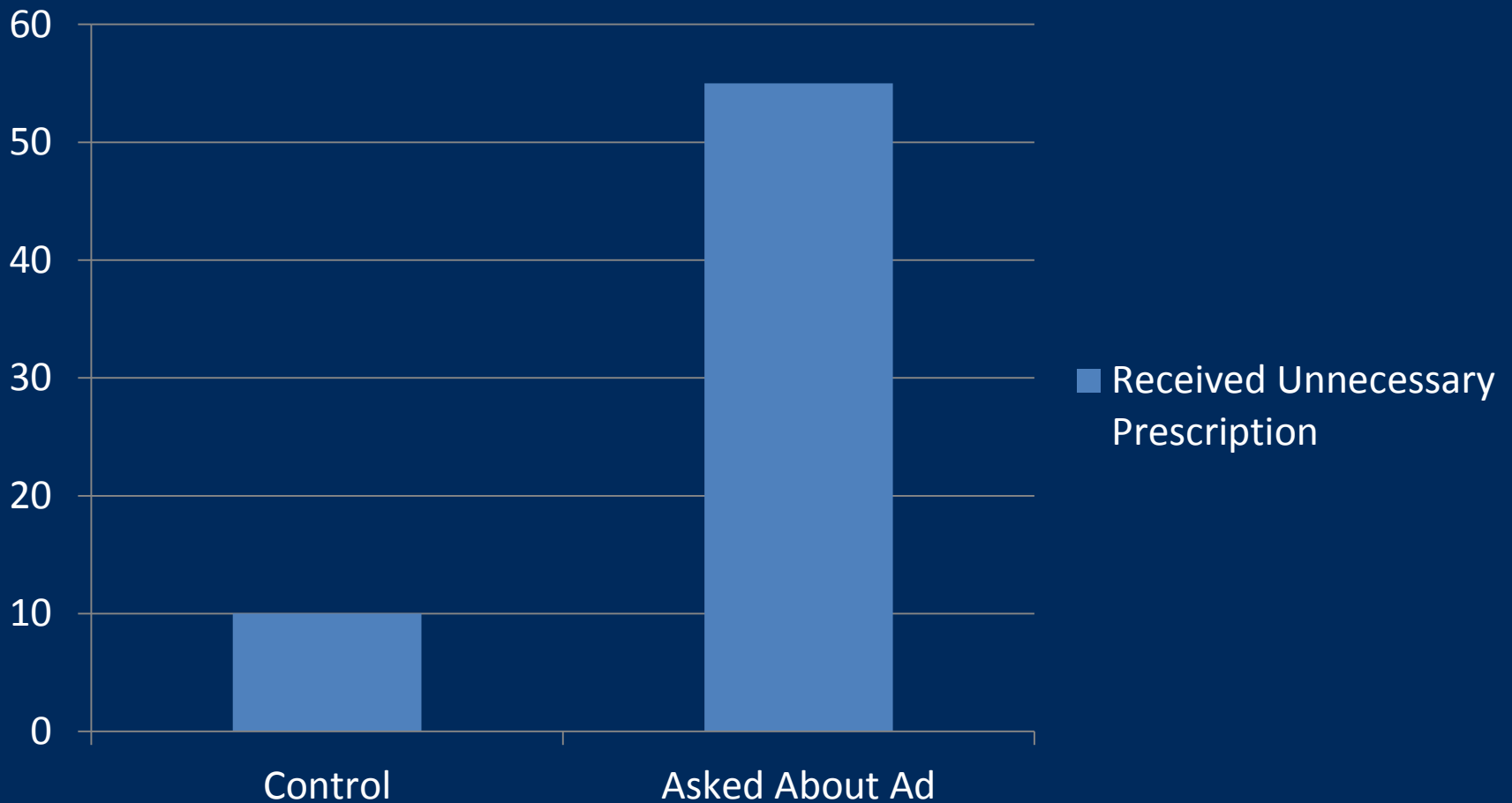
# Corrected Graph

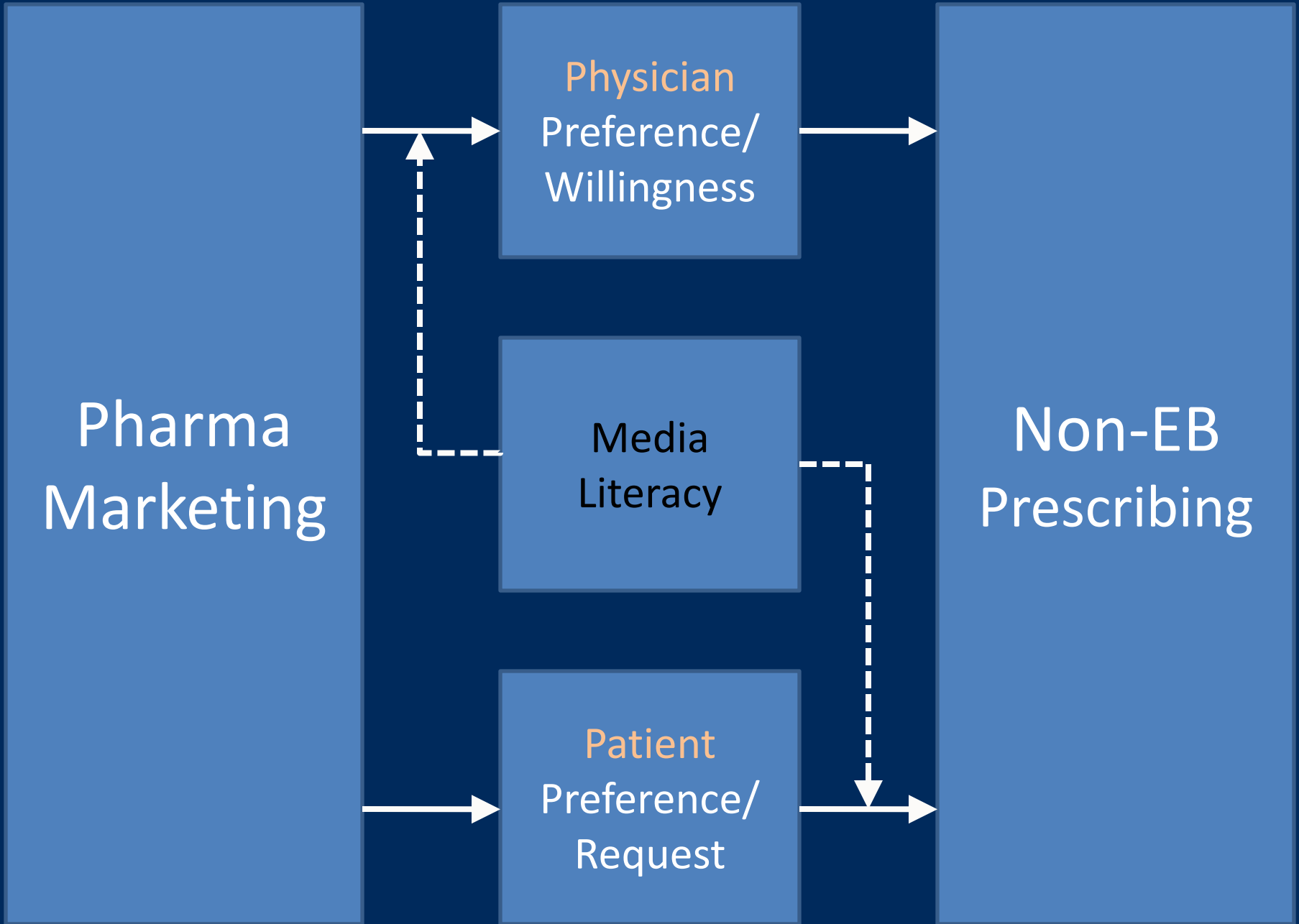


# Industry Forces Driving Patients



# Patients Get What They Ask For





# Program Structure

- Six 15-minute modules
- Each module consists of an intern and a resident discussing patient-provider experiences related to pharmaceutical marketing





DEMOGRAPHIC DATA

PREVENTION

SCREENING TESTS  
PREVENTIVE TREATMENT  
RECOMMENDATIONS  
LINKS TO INFORMATION  
RESOURCES FOR RECOMMENDATIONS

01:35 / 11:23

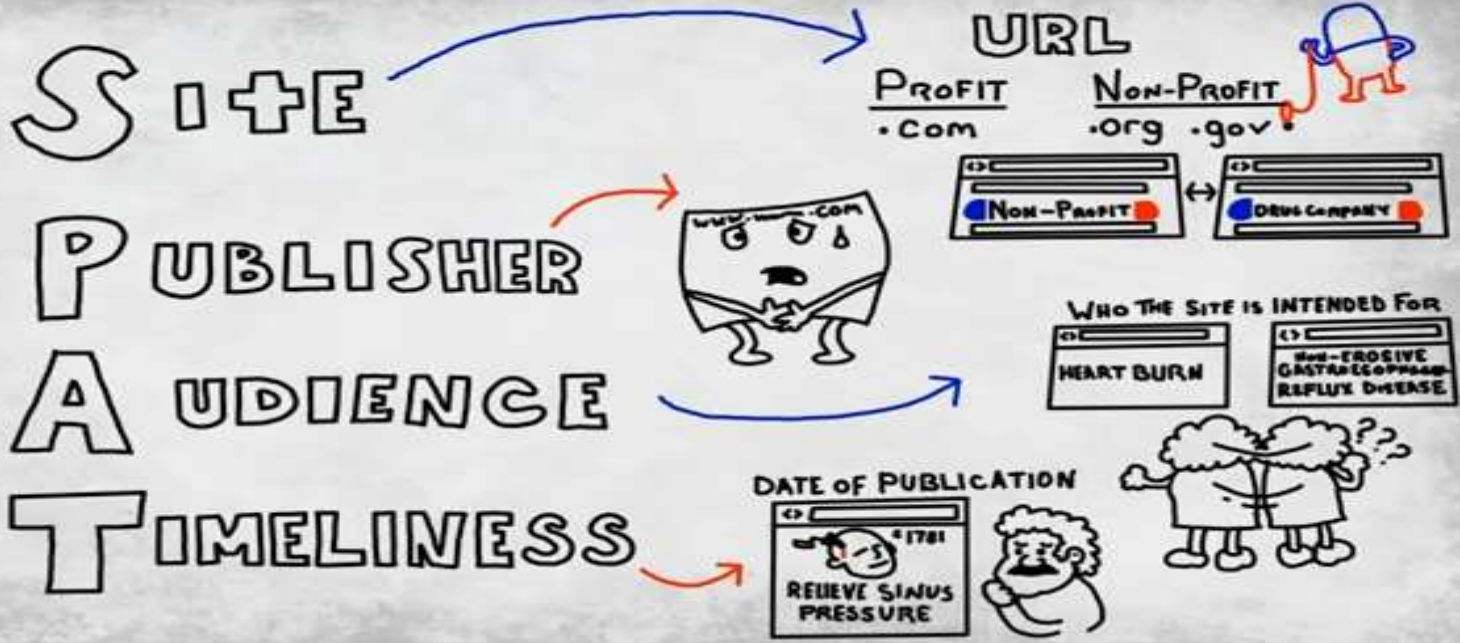
Analytics Video Manager

# SMARxT

- Simplify
- Master marketing
- Ally with your patients
- Read critically
- Tools







10:31 / 11:23



Analytics Video Manager



JAMA 2005  
**KRAVITZ STUDY**

I'M A LITTLE SAD.

I'M A LITTLE SAD AND I WANT A PILL FROM AN AD.

10% INAPPROPRIATE PERSCRIPTIONS GIVEN

55% INAPPROPRIATE PERSCRIPTIONS GIVEN

06:40 / 15:46

Analytics Video Manager

# Purpose

- Pilot test ~20 medical students to inform implementation

# Procedures

- Medical students recruited by email to class
- Enrolled first 30 responses
- \$40 for completing pretest, 6 modules, and post-test



# Sample

- N = 21/30 (70%) completed
- 38% female
- Majority (74%) second-year students, but some representation from each year

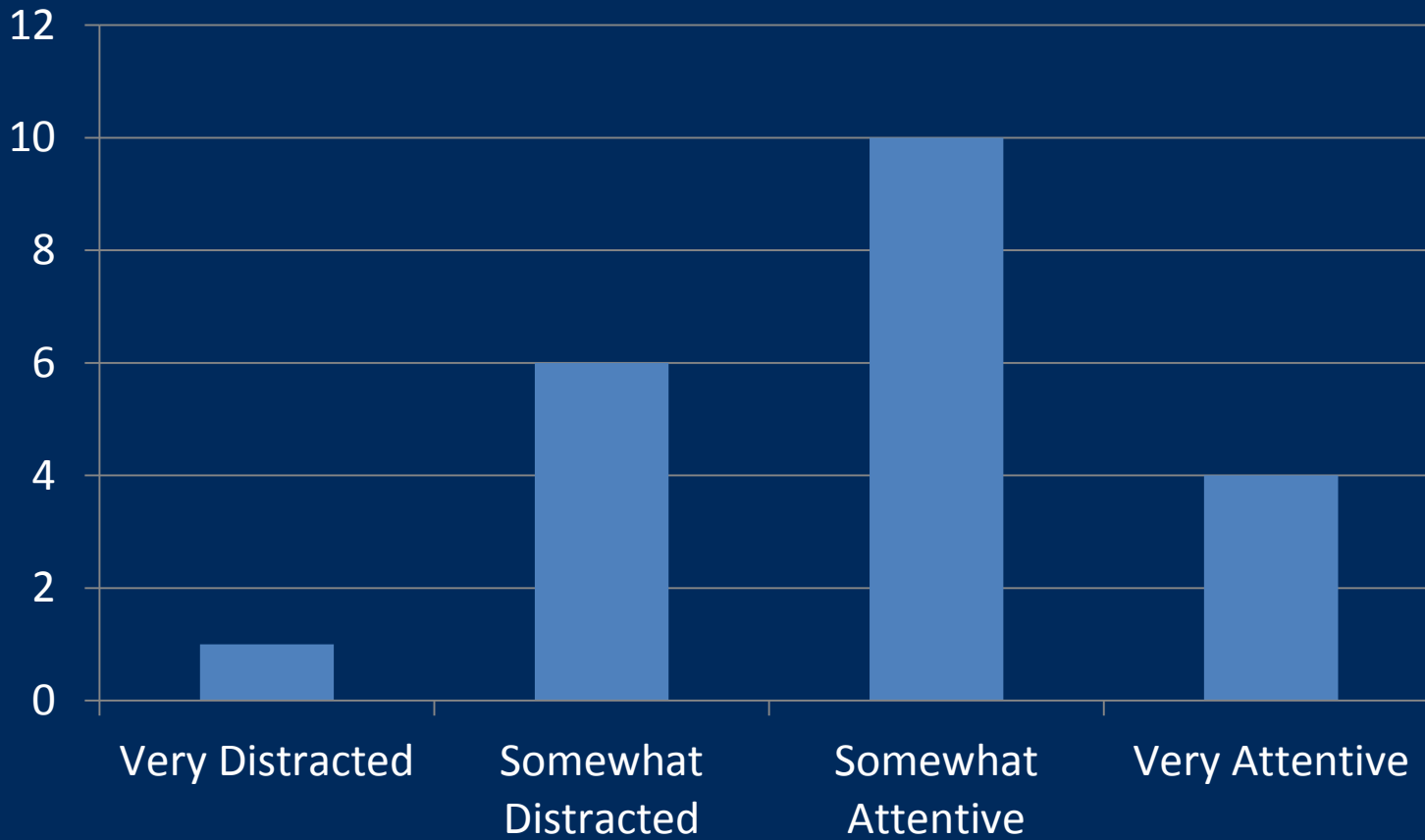




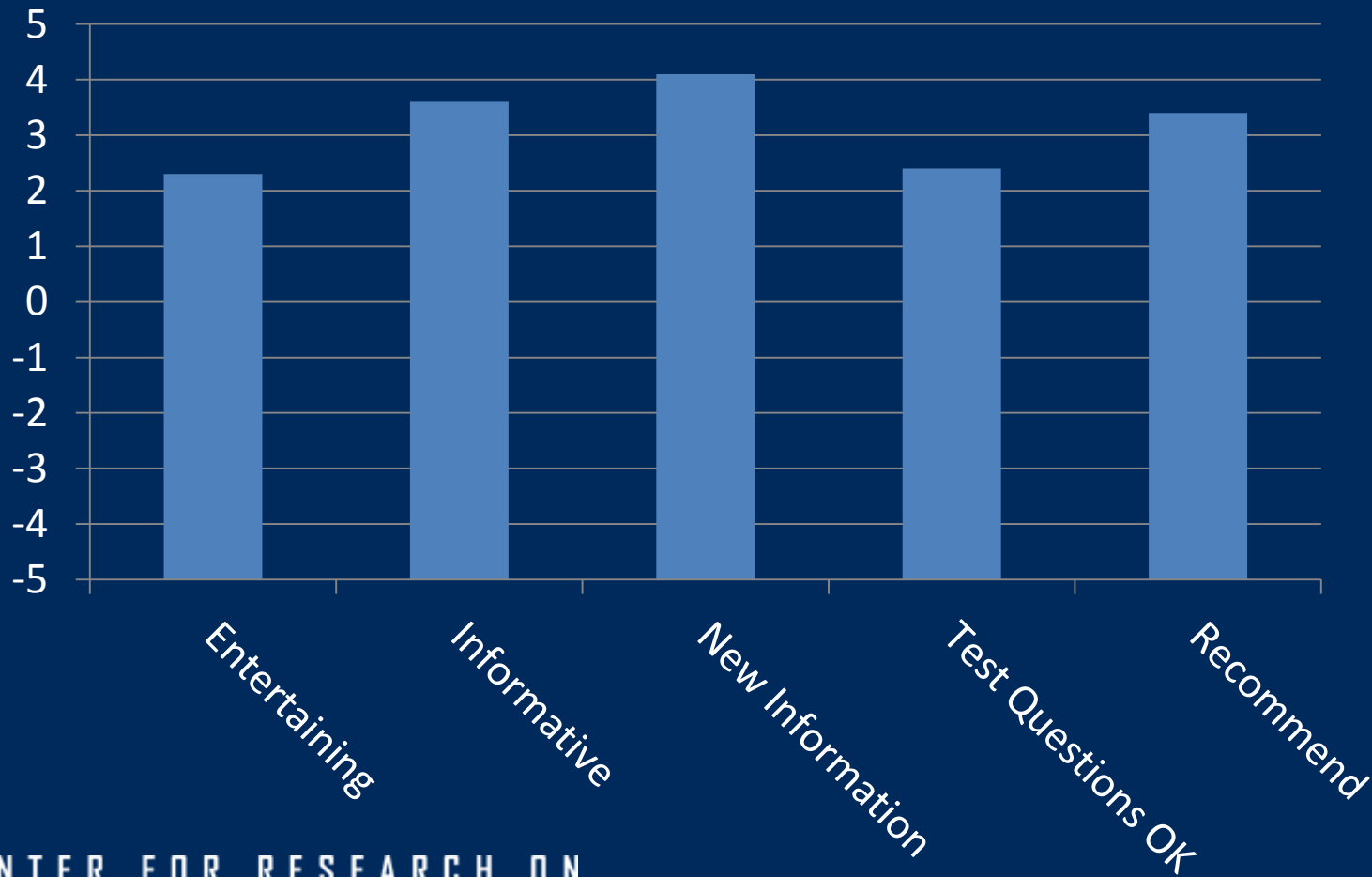
# Video Content Watched

- Average self-reported: 89%

# Self-Reported Attention



# Satisfaction Measures



# Correct Items

- Baseline: 24 (IQR 22-27) items out of 62 correct
- Follow-up: 47 (IQR 43-50) items out of 62 correct



# Positive: Format

- “Occasional jokes in the videos helped me pay attention.”
- “Extremely clever and entertaining!”

# Negative: Format

- “It might be a little too cheesy.”
- “The jokes were not funny.”

# Positive: Interesting

- “I found the program to be very eye-opening. It provided good information and historical data to promote a greater awareness of how pharmaceutical companies operate and influence the drug market.”
- “I learned valuable information about pharmaceutical companies and their marketing practices.”



# Positive: Real Examples

- “The use of real life examples to highlight important concepts”
- “Citing specific examples ...”
- “... historical data ...”
- “Fosamax and the medicalization of osteopenia.”





# Negative: Too Slow

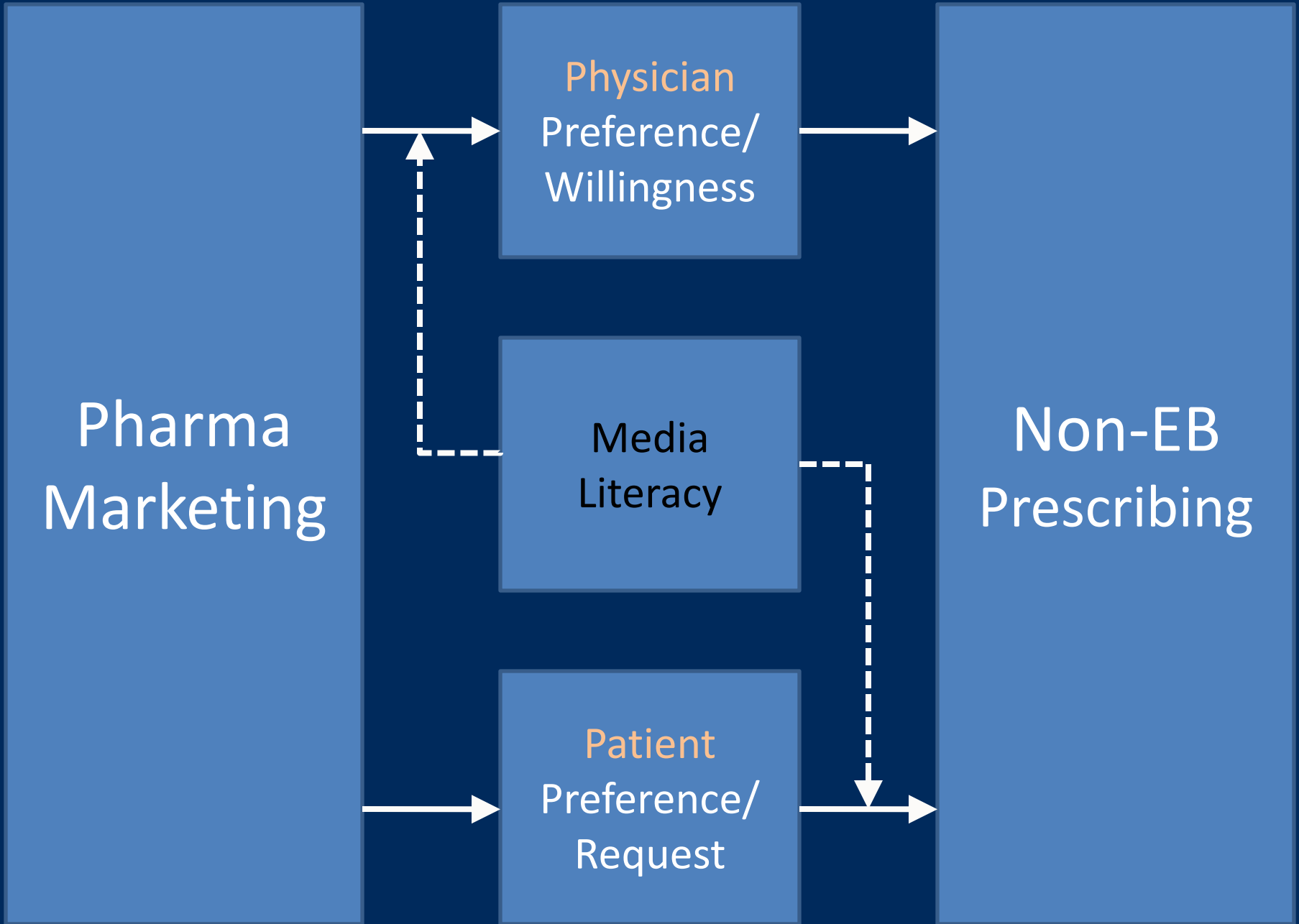
- The information is valuable. I don't deny that. But the videos were incredibly slow and boring. It was like watching paint dry. I kept on looking for an 1.5x or 2x speed button."
- "Some of the videos were kind of long."
- "The videos could be run at 1.5 speed."
- "Speed it up!! Your audience is used to podcasts at 1.5x or 2.0x speed."



# Summary

- In general, satisfaction was good and information was new
- However, audience is hard to please and impatient
  - More professional production values
  - Consider high speed button





# Thank You!

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~

Center for Research on Media,  
Technology, and Health

**@CRMTH\_Pitt**

