

Pharma “Channels” Patient Engagement

By [Jennifer Ringler](#) | Published: June 21, 2011

New disease-specific television networks shown in physicians’ offices provide education for patients and advertising at the point of contact for pharma companies.

What if pharma companies had one last chance to reach patients, just before they walked into the exam room to speak to their physicians? What if the very last word a patient heard before speaking to their doctor was “Lipitor,” “Advair,” or “Nexium”? What if Big Pharma could literally place a rep in the waiting room to whisper advice to patients as they crossed the threshold from waiting room to exam room? While this may not be entirely practical or possible, there’s at least one way such a dream can *almost* come true.



[AccentHealth](#), America’s largest health education television network, has announced nine new condition-specific networks that reach and educate more than 13 million patients in doctors’ waiting rooms every month. TV networks such as this present a last-minute opportunity for education (and advertising) just before Big Pharma’s two biggest targets—the doc and the patient—put their heads together to decide while medication will be the right fit, whatever the ailment. The nine recently announced networks focus on diabetes health, heart health, men’s health, senior women’s health, rheumatology, allergies, asthma, and gastroesophageal reflux disease (GERD).

The difference this makes, says Dan Stone, CEO of AccentHealth, is measurable. “Pharma brand managers are very focused on ROI. I’ve been in the media business for my whole career, and this is the only segment of the business on the healthcare side, particularly in pharma, that has true ROI measurement,” he says. Why? Because oftentimes, it’s very difficult to link forms of advertising such as DTC mailing or branded websites, with actual numbers of prescriptions filled.

In contrast, it’s easy to measure AccentHealth results directly—65 percent of patients who are in AccentHealth offices leave with a prescription in hand, says Stone.

So while the incentive for pharma companies to advertise on AccentHealth networks seems pretty clear, what’s the incentive for the physician’s office to carry such programming?

All AccentHealth programming is educational, from treatment advice for specific health conditions to cooking programs about how to make healthy meals for your family. And nothing (except for the commercials) is branded or sponsored by any drug company or other stakeholder. “We don’t do that for a couple reasons,” explains Stone. “One is fundamental credibility, to ensure that we are being viewed as an independent voice. Secondly, a lot of the pharma clients themselves are restricted from doing that. So for example, if we run a

segment on diabetes treatment, we will not advocate a particular drug, and then we will not run a diabetes drug ad in the commercial spot directly following the programming.”

The AccentHealth equipment and programming is offered to physician offices for free, in exchange for the guarantee that it be the only programming shown, and that the sound always be on to accompany the programming.

In this way, pharma gets the most out of the advertising spots, and patients get the most out of the educational programming, without blurring the line between the two.

Communicating at point of contact with the physician is a key emerging field and the entry of numerous new players will likely increase options for drug makers who feel comfortable with this new tool. Developing independent and standardized metrics for measuring the impact of how this technology builds access will also help toward winning support in the marketplace.



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