

PIVOTAL ROLE

Lessons from Europe show that healthcare PR could have an important new role to play in a post-reform US healthcare system

practical advice

Last year was filled with news about healthcare reform and its expected impact on patient care, health insurers, healthcare providers and pharma. Regardless of whether the final legislation includes a government-run "public option," at least two things are clear at this point:

- Healthcare reform in the US will happen in some way, shape or form, with legislation being passed before the end of Q1
- In addition to extending healthcare coverage to the currently uninsured, a major focus of the legislation will be reining in the ever-increasing cost of healthcare in the US.

Cost-containment is a critical objective of healthcare reform. The US currently spends

an estimated 16 percent of GDP on healthcare, more than any other Organisation for Economic Co-operation and Development (OECD) country. If no changes are made to the status quo, that percentage will increase every year. Moreover, the return on that investment is questionable.

The US ranks somewhere around 30th among industrialized countries in terms of life expectancy. Obesity rates, which are a major indicator of future healthcare costs, are higher in the US than in any other OECD country. Infant mortality rates in the US are also higher than in many other OECD countries. On the plus side, the US is a leader in treating breast cancer and outperforms most EU countries with regard to mortality rates for all cancers.

Good news from Europe

The objective of this article is not to speculate on what a new US healthcare system might look like, or to offer an opinion in support of or against US healthcare reform. Instead, I would like to offer the perspective of a healthcare communications professional who spent almost 10 years of my career living and working in Europe.

During my time in Europe I got to know many healthcare professionals, patients and caregivers in a society where government-run healthcare is the norm. My exposure to European healthcare systems has afforded me insights into how shifting to a more cost-contained environment might impact healthcare communications overall in the US, when changes begin to take effect.

In fact, I'm pretty optimistic about the prospects for healthcare public relations in the coming years.

The drive toward cost-containment will make it even more important for healthcare marketers to communicate the cost-effectiveness of their products, whether they are drugs, biological agents, devices or procedures.

Communicating cost-effectiveness is a complex argument, particularly in cases where the price of one product may be higher than that of a competitor. When using evidence-based criteria to make funding decisions, health outcomes – factors such as quality of life, maintenance of remission and progression-free survival – can often mean that a newer, more “expensive” treatment will be recommended over an older, less effective treatment.

Price does not necessarily equate to value. This is a multifaceted, nuanced argument.

How will an increased focus on cost-containment impact the growth of the pharmaceutical, biotechnology and medical technology industries in the US? Though some of the Chicken Littles among us are afraid that the end is nigh for the US pharma, biotech and device industries if cost-containment becomes a major focus, consider this: according to IMS Health, the compound annual growth rate (CAGR) of the pharmaceutical market in Europe has outpaced the US market from 2003 through 2008 (EU= 6.4 percent, US= 5.7 percent). And the forecast calls for EU market growth to outpace US growth between 2008-2013 (EU= 3-6 percent, US= -1-2 percent).

In other words, where aggressive cost-containment and government-run healthcare are the norm, the market has experienced better growth rates compared to the rather *laissez-faire* market of the US.

These data suggest that re-orienting the US healthcare environment toward more of a cost-containment model is not all doom and gloom. Pharmaceutical, biotech and medical technology companies currently operate profitable businesses in markets where governments exert much greater control over healthcare spending compared to the US.

A new role for PR

However, communicating in an environment where limited resources are allocated for a particular disease or treatment modality will require a change in focus. Different stakeholders will all compete for finite budgets. Securing reimbursement will in many cases depend upon a combination of strong evidence-based arguments and the power

of patient and professional advocacy. Of all the marketing disciplines, PR is probably the most effective vehicle for harnessing this power to communicate such complex arguments to key target audiences.

In 1999, when based in London, I worked on a campaign to raise awareness of the need for increased funding for cancer treatments by the National Health Service (NHS). My colleagues and I were part of a group called the Campaign for Effective and Rational Treatment (CERT), a patient-centered organization seeking better treatment for people with debilitating, chronic or life-threatening diseases. The group campaigned successfully for increased NHS funding for newer, more effective HIV therapies, and oncology was identified as another area where patient needs in the UK were not being met.

We knew from working with the oncology community that the UK had one of the worst survival rates for bowel and breast cancer in Europe. We also knew that the country had significantly lower than average survival rates across a range of cancers and that these outcomes were linked to relatively lower levels of spending on treatment compared to other major European countries.

CERT commissioned a survey of 2,000 people across the UK to measure public perception of how the UK ranked among European countries with regard to cancer care. The survey found a major gap between the perception and the reality of the UK's ranking in terms of cancer survival rates. The majority of survey respondents thought that the standard of cancer treatment in the UK was good, whereas in reality, five-year survival rates for lung, breast, prostate and colorectal cancers in the UK were the lowest in Western Europe; only in Eastern Europe were the five-year survival rates worse.

Working with leading British oncologists and cancer patient advocacy groups, CERT mounted a national media relations campaign to raise awareness of the issue and urge the UK government to take action to improve cancer care in the country.

The program generated extensive coverage in national media, with numerous citations of the campaign in articles and letters published in peer-reviewed journals including *The British Medical Journal*. We were invited to meetings at the House of Commons and the House of Lords. Those meetings, which included members of Parliament, leading oncologists and members of CERT, raised awareness among government ministers of the relatively poor outcomes for cancer patients in the UK and the need for increased funding for cancer treatments.

The work of CERT is a good example of healthcare communications in a cost-constrained environment. We continue to see examples of pressure being brought to bear on governments to make funding decisions in favor of new drugs, based on evidence of improved patient outcomes.

In another, more recent example from the UK, in February 2009 the National Institute for Health and Clinical Excellence (NICE) reversed its decision not to fund Sutent, Pfizer's kidney cancer drug. Sutent was among four drugs for kidney cancer that NICE initially refused to approve for NHS use. The reversal largely resulted from pressure from patient groups, the media and oncologists, as well as from negotiations between Pfizer and NICE over the cost of Sutent therapy.

But Sutent is not the only example of efficacy winning out over price. The breast cancer treatment Herceptin, which has an estimated annual cost in the US of \$60,000, was approved by NICE for NHS use based on evidence of the drug's efficacy, helped in no small measure by a PR campaign featuring breast cancer patients demanding access to the drug.

Looking ahead

The future shape of the US healthcare system is still uncertain. I believe that ultimately what we end up with in this country will be very different from the government-run health systems in Europe. But I also believe that, similar to what we see in Europe, limited resources will be allocated to cover new treatments and technologies.

Comparative effectiveness will play a role in funding decisions. Patient and professional advocacy, and media pressures will also have an impact on which drugs are reimbursed.

Within the next two years, healthcare communications professionals will be working in an environment with a much greater focus on managing costs, and determining which new treatments and technologies offer the best value in terms of reducing the long-term societal burden of disease.

PR has a pivotal role to play in helping people understand the important issues, motivating them to take action and change their behavior, and formulating compelling arguments that inform and influence critical decisions about healthcare in the US.



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