

Changes in medical education: Why should journal publishers care?

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KnowledgePoint360 Group

- Acquired businesses from Thomson Medical Education, 4/07
- Leader in medical communications services through 14 divisions
 - Communications (publication planning, strategic consulting, live events, newsletters, exhibit design, e-solutions, etc.)
 - Speakers Bureau workflow solutions
 - Certified medical education (branded, multi-grantor, Web-enabled)
- Global (628 employees in 11 offices in U.S., U.K., and Germany)
- Diversified products and services in multiple therapeutic areas
- History of leadership dating to 1972
- Recognized brand names
- *Insight, Innovation, and Integrity in Healthcare Information*

The basic thesis

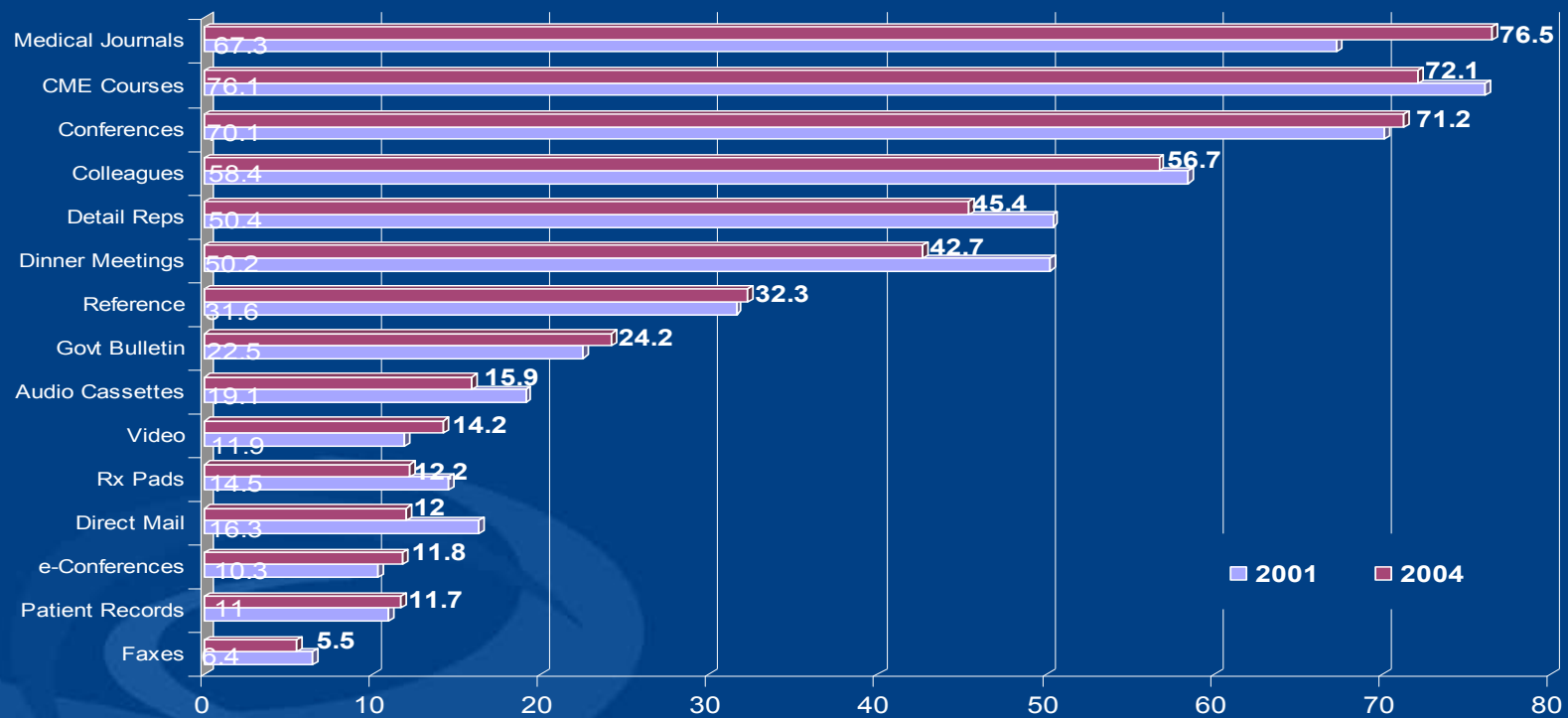
- Publishers increasingly rely on non-display revenue streams
- Many (most?) AMM companies affiliated with MECCs
- Regulations (interpretations) have become more intrusive
- Disconnects between journals and MECCs
 - Information and attitudes
 - Both editorial/clinical and sales/business development
- Publishers need to understand disconnects to make their case
- Common ground between MECCs and publishers

Among the hot-button issues

- Continued evolution in regulations and interpretation
- Senate Finance Committee inquiries
- Efforts to dub honoraria “gifts to physicians”, include in registries
- New terminology (eg, “certified” vs “accredited”)
- ACCME effort to redefine “commercial interest”
- Efforts to prevent or limit collection and use of prescribing info
- Transparency of clinical trials
- Publication planning best practices vs charge of “ghostwriting”
- FDA reform (slower approvals, post-approval restrictions)
- Public, physician, and government backlash against DTC
- Healthcare becoming major issue in Presidential campaign

ACNielsen Sources of Information study

“Important” sources of information for physicians



“Importance is the % of respondents rating a particular source of information as important.”

Source: ACNielsen HCI n=4,391 Hi Rx Off. Based GP/FP/IM/DO February, 2004 PERQ/HCI, FP/GP/IM/DO/CD, February 2001

Success in publishing is more than ad sales

- Journals have established a unique relationship of trust with America's busy physicians and other clinicians
 - ACNielsen: 76% rank journals as important source of information
 - Highest percentage among 15, the only one up significantly
 - Relationship largely based on dedication to quality and accuracy
- Advertising is “safe and effective”—but where are the budgets?
- Publishers increasingly rely on non-advertising revenue streams
 - Classified ads, reprints
 - Websites
 - Supplements

Yet, more difficult to get support

- Supplements based on certified CME
 - More restrictions
 - Need be in original grant, usually invisible to publishers
 - May require multiple-grantor model
 - Often no access to decision-makers
 - Rarely can publisher or sales team process the grant request
- Supplements other than certified CME
 - More restrictions
 - Must be strictly within labelling
 - Limited access to decision-makers within pharma
- Increased importance of working with MECCs

Differences (many exceptions, of course)

- Editorial / scientific

- MECC:

- Typically academic background, advanced degrees
- Driven by the science, focused on trial results

- Journals:

- Varied backgrounds, but often more journalism than academe
- Depending on journal, focused on real-life application in practice

- Sales / business development

- MECC:

- New business driven by performance on existing accounts
- “Salespersons” may be in secondary role or even nonexistent
- Products less well defined than services

- Journals:

- Typically transactional sales model
- Defined and branded products

Disconnects

- “Only impact factors matter”
 - What is the journal’s circulation?
 - What are the journal’s readership scores?
 - What is the controlled circulation model?
 - Basic concepts of reach and frequency
- “Supplements are for certified CME only”
 - What is the teaching value of non-certified programs?
- “What’s important is getting the trial results into the literature”
 - Who actually reads the original trial results?
 - How to save clinicians time in accessing information
 - How to match the format and editorial style to the purpose
- Price vs real value

What can publishers do? 1

- Reach out to MECCs as well as pharma
 - Make the case for journals: Don't assume value is recognized
 - Make the case for your journal: Don't assume differences understood
 - When you present, focus on the missing information
 - Breadth of coverage among the physicians who manage patients
 - Reason for editorial format, whether scholarly or quick-reading
 - How collecting relevant information in one place serves reader needs
 - Gather data on value of supplements
 - Take the discussion beyond price, to value
- A two-way street, of course
 - MECCs must go beyond comfort zone, too

What can publishers do? 2

- Preserve the relationship of trust with readers
 - It is precious, and easier to lose than to re-establish
- Raise the quality bar
 - Fend off pressures to take shortcuts
 - Beware being part of a “rush to the bottom”
- Keep a long-term perspective
 - Market will improve, you want to be in position for it
 - Focus on investments that really count

What can publishers do? 3

- Examine your procedures and policies
 - Consider carefully your criteria for acceptance
 - Be sure your content is fair and balanced
 - Learn—and use—the new language
 - Be mindful how you describe yourself
 - In your publication, on your Website
 - In your internal and external correspondence
 - In your advertising and marketing materials
 - Live by the spirit as well as the letter of the rules:
 - Do you fully acknowledge funding?
 - Do you fully acknowledge outside writing support?
 - Do your staff editors have conflicts of interest? (Do you?)
 - Do not bundle supplements with advertising

Common ground for MECCs and publishers

- Per ACCME, “The purpose of [certified] continuing medical education is to enhance the physician’s ability to care for patients”
 - Reinforce existing skills
 - Provide new knowledge and skills
 - Correct errors in delivery of care
- More broadly, this should be purpose of non-certified educational programs, journals, and other media as well
- Healthcare system depends on healthy journals and MECCs
 - Journals critical to peer review, and to early and broad access to new clinical information
 - MECCs critical to disseminating information in ways that improve patient care delivery
 - No equivalent vehicles exist today
 - Neither the Federal government nor individual clinicians shows any willingness to pay for these educational services

Common ground for MECCs and publishers

- Supplements are common link among various educational efforts
 - Enduring materials from clinical meetings
 - Bringing important data together in convenient format for clinician
 - Supplements can (and must) be fair balanced
 - Done well, supplements are highly read and valued by readers
- We all have a stake in the wider debate
 - Rules that make sense
 - Rules that are understandable and reasonably consistent
 - Rules that allow us to maintain our close relationship of trust
- To extent there exist doubts about clinical trials, “ghostwriting”, etc., it reduces your journal’s relationship of trust with its readers

Common ground for MECCs and publishers

- The “commercial interest” issue
 - ACCME calls for structural change in corporations
 - Potentially affects many AMM member companies
 - Logic behind the issue is highly questionable
 - Coalition, other groups challenging ACCME assumptions
- The “gifts to physicians” issue
 - Reasonable honoraria for clinical trial investigators, faculty, etc., compensate for time and effort critical to R&D and clinical education
- Challenges to collection and use of prescribing data
 - Would limit ability to identify audiences most in need of information
- Agreeing on common terminology about medical education
 - Avoid confusing stakeholders or encouraging misconceptions

What we can do together

- Find our voice in the healthcare political debate
 - Value of pharma industry in creating new therapies that address clinical needs, improving health and quality of life
 - Whatever the faults of the past, the system has improved; today it works well
 - How the price of drug therapy compares with other health costs
 - Help clarify the facts in confusing healthcare issues
 - Constructive solutions to help uninsured Americans
 - Constructive solutions (eg, Critical Path) to make the drug R&D and approval process more efficient

What we can do together

- Clarify the value of our own roles in the healthcare system
 - Do not assume it is understood
 - Do not assume this makes no difference
 - Avoid being lumped in with “pharma”
- Address multiple stakeholders
 - Pharma
 - Business model in transition; opportunity for us but also a risk
 - Physicians and other clinicians
 - Clarify how past errors addressed
 - Clarify that existence of affordable medical education now at risk
 - Consider editorials to your readers
 - The public and government
 - Journals and medical education aren’t driving rising healthcare costs, but they are the key to effective and cost-effective patient care
- Participation in AMM, Coalition, and other groups



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