Slide 1: Media, Messages, and Medication: Strategies To Reconcile What Patients Hear, What They Want, and What They Need From Medications

Richard L. Kravitz, M.D., M.S.P.H.
University of California, Davis, Department of Internal Medicine and Center for Healthcare Policy and Research

Robert A. Bell, Ph.D.
University of California, Davis, Department of Communication

Slide 2: Presentation of Case

A 62-year-old man with new-onset type 2 diabetes mellitus:
- Has gained 30 pounds over 10 years; notes recent toe numbness
- Has a hemoglobin A1c = 8.4%
- Is started on metformin
- Hears about Januvia® (sitagliptin); wonders why he can’t take it

Slide 3: Outline

- What information sources are patients exposed to, and are they paying attention?
- Is the information they hear credible and accurate?
- When patients ask for a prescription, what do they really want and need?
- How can we reconcile what patients hear, want and need?

Slide 4: Sources of Health Information for Consumers

- Interpersonal sources: family, friends, and health professionals
- Commercial sources: advertising
- Mediated sources: newspapers, magazines, broadcast media

Slide 5: Health Information Seeking on the Internet

- Use of the Internet as a source for health information is widespread and growing.
  - In a PEW survey, 80 percent of Internet users reported that they look for health information online.1
  - Information seeking focuses largely on medical conditions, but attempting to identify suitable providers is a close second.
- However, a digital divide exists—along the lines of age, education, race/ethnicity, and chronic illness—but it is shrinking.

Slide 6: Direct-to-Consumer Advertising of Prescription Drugs

- The U.S. Food and Drug Administration opened the door in 1997 by reinterpreting own rules.
- Growth has been steady through most of the 2000s.
- Although such advertising may be leveling off, it is likely a permanent part of the health information landscape.
- Consumer awareness is very high.

Slide 7: Consumers Are Influenced by What They See and Hear

<table>
<thead>
<tr>
<th>Number of Listed Products</th>
<th>Percentage of Patients Who Requested Advertised Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Remembered Seeing Advertised</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>3.5</td>
</tr>
<tr>
<td>3</td>
<td>3.9</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

Slide 8: Marketing: Can Patients Trust What They See and Hear?

- This question is really two:
  - Do patients trust what they see and hear? (a question of perceived credibility)
  - Should patients trust what they see and hear? (a question of accuracy)

Slide 9: Factors Affecting the Perceived Credibility of Health Information

- **Source**
  - Expertise
  - Trustworthiness
- **Message**
  - Personalization, impartiality, and richness of message features (and on the Web: design complexity)
  - Value of particular features may depend on patient factors (e.g., the need for information; health literacy and numeracy)

Slide 10: Even If Consumers Trust What They See and Hear...Should They?

- Maybe not!
  - Problems with the pharmaceutical-industrial complex
  - Poor reporting of:
    - Conflicts of Interest
    - Statistical information
  - The early idealization-sudden condemnation cycle

Slide 11: Evaluating the Accuracy and Balance of Media Reports on Prescription Drugs

- Journalists are now in a difficult position with regard to reporting on prescription drugs.
  - Traditional news outlets are clamping down.
  - The number of journalists who specialize in health news is decreasing.
- HealthNewsReview.org gives expert, independent review of media reports on prescription drugs and is working to make journalists more accountable.

Slide 12: What Do Patients Want and Need?

- Wants – reportable
- Needs – deduced from first principles
- Requests – observable

Slide 13: Patient Requests or Explicit Expectations for Care

- In a study in which 559 patient visits we audio recorded:
  - About 25 percent of the outpatients made requests for physician action.
  - Requests were made for:
    - Laboratory testing, imaging tests, or other diagnostic studies
    - A new medication or new form, dose, or route of administration of an old medication
    - A referral to a physician specialist
    - All or part of the physical examination
    - A refill or renewal of medication taken or prescribed in the past month
    - A therapeutic procedure or lifestyle prescription
    - A referral to a nonphysician

Slide 14: The Genesis of Patients’ Expectations

- In a study that identified 909 patients who were making visits to primary care clinicians and to cardiologists:
  - 125 patients reported unmet expectations for care after their visits.
  - Most, but not all, of the unmet expectations concerned medications, tests, and referrals.
  - When asked to explain the nature of their disappointment in a telephone interview, four key themes emerged:
    - Somatic symptoms
    - Perceived vulnerability
    - Previous experience
    - Transmitted knowledge (the media = 7%)

Slide 15: Yes, the media are influential, but there is a lot more going on for patients.

Slide 16: What do patients really need?

- Evidence – the facts
- Discernment – sound clinical judgment
- Relationship – between the physician and patient

Slide 17: Reconciling Wants and Needs

- Policy approaches
- Interpersonal (clinical) approaches

Slide 18: Policy Approaches

- Improve the quality of the prescription drug information available to consumers.
- Improve the clarity of consumer-directed signals of reputational quality.
- Limit the influence of commercial bias.

Slide 19: What Is Being Done

- Drug facts box
  - Presents evidence about the benefits and harms of a prescription medication in ways that patients can understand
- HON Code
  - A set of standards that are applied to health Internet sites that might help consumers better evaluate reputational signals
- HealthNewsReview.org

Expert, independent review of health-related media reports for accuracy and balance

- Identification and transparency of conflicts of interest
  - To root out the more capricious and pernicious influences of industry on the production and dissemination of research

Slide 20: Clinical Approaches

- Talk less, listen more
- When in doubt, ask
- Respond to emotions
- Be self-aware
- Give something to get something

Slide 21: Stop Talking

- In a study by Beckman and Frankel (1984), doctors interrupted their patients’ opening statements within 18 seconds.
- In a followup study, Marvel et al. (1999) documented interruptions within 23 seconds.
- Both studies found that when patients were allowed to complete their opening statements, those statements rarely take more than 3 uninterrupted minutes.

Slide 22: Ask Questions First, Provide Information Later

- It is easy to assume that when patients ask questions or request interventions, they want action!
- The need for action may not always be the case.1 (Recall Kravitz et al. Ann Intern Med 1996.)
- When asked to write a prescription, physicians will be tempted to say yes or no. They should rather say, “Why do you ask?”

Slide 23: Respond to Emotions

- There are two sets of emotions to manage:
  - The patient’s
  - The prescriber’s
- Patients’ requests for services may reflect underlying anxiety about a serious disease, loss of control, or abandonment.
- Patients may provide clues that provide an opportunity for empathetic support.

Slide 24: Be Self-aware

- Patient requests and demands can provoke negative emotions in prescribers.
- Awareness of emotions can mitigate destructive consequences.

Slide 25: Give Something To Get Something

- Substitution
  - Alternative diagnosis
  - Alternative approach (diagnostic or therapeutic)
- Contingency
  - “If this doesn't work, then let's try that.”
- Availability
  - “I'll call you in 2 days to see how you're doing.”
  - “If you're not feeling well by the beginning of next week, give me a call. Here's how.”

Slide 26: Summary

- The media landscape is changing rapidly.
- Patients are exposed to massive amounts of health information; much of it biased or of questionable quality.
- Patients may seem to want medications when they actually want information, reassurance, or commitment.
- Providers should avoid the temptation to serve up more information; one good question is worth 10 good answers.