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**PERSONAL CARE:**  
A patient being advised at a smoking cessation clinic at Max hospital in New Delhi

# We Also Make Medicines

by Gauri Kamath

**Can drug companies make 'patient support' a success?**

VIDYA VENKAT (NAME CHANGED), 50, HAS TYPE-2 diabetes. She last tested for blood sugar a year ago and her medicine intake is erratic. It is not as if the educated Mumbai-based mother of three doesn't know better. "I guess I am not serious," she says. What, apart from a life-threatening event, will it take for diabetics such as Venkat to manage their disease better? Executives at MSD Pharma, the Gurgaon-based subsidiary of US drug maker Merck & Co., asked themselves this question last year.

Their answer is Sparsh Healthline, an initiative that packs in patient education, diet and exercise counselling, reminders, home-delivery of medicines and blood tests, all for free. Sparsh is available only to patients prescribed Januvia or Janumet, MSD's diabetes drugs. "The traditional model of pharma marketing is to sell products to doctors," says Sanjiv Navangul, sales and

marketing director at MSD. "We need to go beyond that, to patient and disease management."

Last week, Mumbai-based Pfizer, the Indian affiliate of Pfizer Inc., said it was supporting 150 smoking cessation clinics run by doctors or hospitals in 17 cities such as Mumbai, Delhi, Surat and Jaipur. The clinics will help smokers quit using aids including Champix, Pfizer's new smoking-cessation drug, and follow a structured programme that includes psychological support.

"Since smoking is an addiction, behavioural therapy and counselling always help," says Anjan Sen, Pfizer's director for pharmaceuticals marketing. Quitters will have access to a Pfizer-supported 12-hour helpline. Champix users will, additionally, have membership of an online resource known as the Champs Club, which will provide them an opportunity to network with other quitters, additional information that can be discussed with a doctor, and tips to reduce craving using "relaxation techniques".

A few drug makers are turning to patient support-cum-disease management programmes to differentiate themselves. Their focus is on chronic segments where drugs are taken for long periods of time, such as in diabetes, asthma or, as in Pfizer's case, smoking cessation.

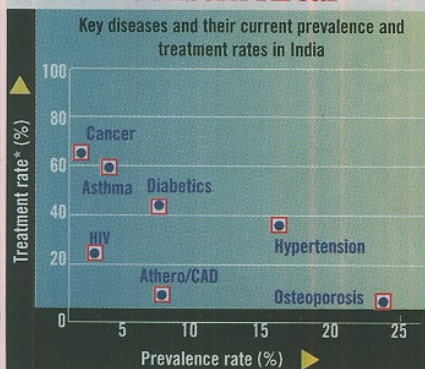
Broadly, they have two objectives. One, to improve compliance — a patient's propensity to stick to prescribed treatment. "In a chronic disease, patient participation is as important as the

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### In Depth pharmaceuticals

#### Concern Areas



\*treatment and detection put together; HIV: human immunodeficiency virus; CAD: coronary artery disease  
Source: This is a graphic representation of the data taken from myriad sources including World Health Organization

doctor's prescription," says Anant Nigam, diabetologist at Jaipur's Nigam Diabetes Centre. And two, to cement ties with the influential doctor community.

#### Under-Treated

The thought is not radically new. One-off experiments have been on. The results have been mixed — scalability, costs and patient confidentiality have proven to be stumbling blocks.

India is the fourth-largest pill popper in the world. But the number of Indians (as a proportion of the total population) being either diagnosed or treated for chronic diseases is surprisingly low (see 'Concern Areas'). Take diabetes. "There are 700 brands of diabetes medicines sold in the country," says Ashish Srivastav, MSD's business unit director for metabolics. "Yet, two-thirds of our diabetics are not in control (of their disease)." An average diabetic visits a doctor just once every 14 months, he says. Doctors are too pressed for time to explain things to patients. "Unless you do that you cannot expect compliance," says Mangesh Jalgaonkar, a Mumbai-based physician. There are also times when patients "forget the doctor" and the medicine the moment they feel better, says Shashank Joshi, endocrinologist at Mumbai's Lilavati Hospital. The result is poor adherence to treatment.

Or take smoking. Doctors do not consider it "worth their while" to advise smokers unless they have a smoking-related illness, says Sandeep Budhiraja, head of the department of internal medicine at Delhi's Max group of hospitals, which has set up three smoking-cessation clinics on its premises in partnership with Pfizer. Nor do smokers consider their addiction a disease. Doctors too are sceptical of smoking-cessation therapies since historically none have been very effective, says Sen. "There is plenty of market development that needs to be done."

Can such programmes help?

#### Many Birds, One Stone

Sparsh, a phone-based helpline, attempts what a doctor is pressed for time to do. A team of 30 trained counsellors at a call centre in Hyder-

abad charts diabetics' progress after starting medication and lifestyle modifications, and offers practical dietary advice. "A drug plus diet (control) and exercise will be far more effective than just the drug alone," says Navangul.

Pfizer's smoking-cessation programme should push more doctors to help "motivated" smokers quit. "There takes place an event in every smoker's life when his resolve to quit is very high," says Sen. "That's the motivated quitter."

A partnering doctor or hospital can recommend a patient to a specific 'quit smoking' programme run by him or the hospital for a fee. For instance, Max offers a three-month programme for Rs 13,000 (not including the price of Champix at Rs 9,652 for three months, which may or may not be prescribed). Independent physicians may charge less. Sen says Pfizer does not get involved in the pricing of the programme, but only supports it through educational material, aid in structuring a programme, detailing of the drug, the helpline and website. "If consumers see value in it, they will take it up," he says. The result, it is hoped, will be a doctor who has more compliant patients and better clinical outcomes. Doctors welcome these efforts. "We need to use every resource available to ensure compliance and continuity of care for diabetics," says Lilavati's Joshi. "Sparsh is attempting that." Max's Budhiraja is also bullish. "The treatment, coupled with ongoing monitoring by our specialists, could play a major role in ensuring abstinence," he says.

But what appears 'successful' to doctors, or even patients, may not be so for companies. In 2002, Lilly India, a subsidiary of US-based Eli Lilly, began 'HumaCare' for patients on its insulin. It provided free syringes, alcohol swabs, updated information and planned camps for juvenile diabetics. At its peak, the programme catered to more than 30,000 diabetics through thousands of doctors. Today, HumaCare has been mothballed. When contacted, Lilly did not comment. According to doctors and other persons familiar with the programme, three issues seem to have cropped up. One was scale: to ensure that increasing number of patients received their packages on time was a tall order especially in areas where Lilly had no distribution network. Two, the company did not want anyone alleging that it was accessing patient data. And three, as the service became popular, costs threatened to squeeze margins — insulin prices are government-controlled.

Patients, too, might not see value in such programmes. In 2003, Mumbai's Aventis Pharma launched 'Wishbone' for women with osteoporosis on Actonel, its once-weekly drug. Besides free diagnostic tests, a peer-support pro-

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gramme, yoga and dieticians on call, it provided insurance cover for fractures and accidents. Wishbone charged a registration fee of Rs 1,000 for a 12-18 month period, and a monthly fee of Rs 2,000 to cover the cost of the drug. But it was discontinued in 2005 as there were few takers. For instance, doctors and patients "didn't perceive much value in the insurance programme", says a company spokesperson, though she attributes this to the very low incidence of fractures in Actonel patients.

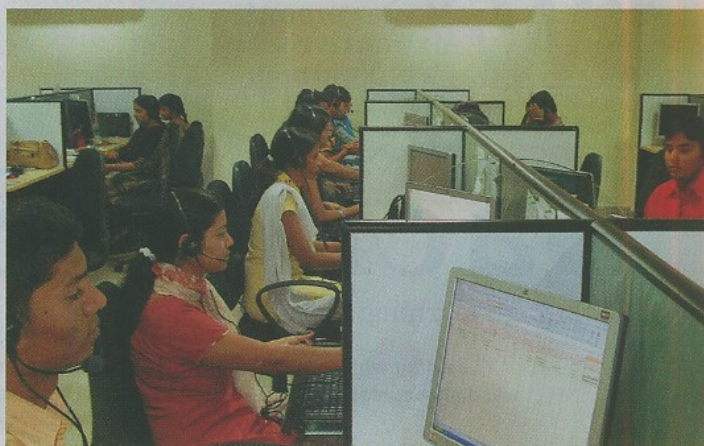
Novartis now runs a plain vanilla counselling programme for free that focuses on getting patients to stay with the treatment. It also continues to run 'Saath7', also started in 2003, for users of its insulin Lantus. This involves free counselling and diabetes education service.

### Measuring Success

Companies say the measure of success is how many patients are helped by their programmes. "We don't look at a direct return on investment," says Navangul. "This is about managing people's health conditions better." A key indicator of whether Sparsh was helping patients would be if they began taking medicines regularly, sticking to a diet plan, and doing their blood glucose and other tests regularly, he says. Eventually, doctors would be able to analyse if the risk of diabetes-related complications had reduced and whether there was a co-relation between the service and blood glucose control, he says. Similarly, Sen says success would be measured by how many smokers kick their habit successfully. Both say they will ensure patient confidentiality and only seek "aggregate" information about benefits and compliance from doctors.

Such programmes are long-term bets, says Sandeep Sahney, an industry veteran who heads biotech firm Genzyme in India. "You have to take your eyes off the very short-term P&L (profit and loss)." That does not happen too often, he says. Besides, the results are not always measurable. "Often it may be difficult to show that patients continued on a drug because you had this support activity," he adds. "For that to actually happen, you need a leap of faith."

Pfizer's Sen says such programmes are more feasible if they support a broad portfolio of drugs, or when the disease condition is very prevalent. No doubt it also helps if the brands are priced at a premium and have no copycats, Champix and Jenuvia score on both fronts. Firms are not strangers to such programmes. For instance, both Merck and Pfizer devote resources to disease management and patient support, globally. Pfizer supports an Indian version of a global programme known as 'Healthy Heart' for cardiovascular disease with Apollo Hospitals. The year-



long package has services such as yoga, diet advice and home visits by physicians. Apollo charges for it, unless it is bundled with diagnostic tests undertaken at the hospital.

The recently-launched initiatives are ambitious. MSD has opened the service to 3,000 physicians in three months, and is geared to take on another 20,000 by the end of March 2009 (though not every physician will necessarily recommend patients). It has committed to providing up to six tests a year free per Sparsh beneficiary. It will open up Sparsh to users of its cholesterol-reducer Zocor, too, it says. The helpline is already spreading awareness about cervical cancer through a toll-free number, as MSD markets cervical cancer vaccine Gardasil.

Pfizer wants to tie up with 600 smoking cessation clinics in two years. Besides, it wants to offer a structured programme — which includes Champix — to Max's corporate customers by showing the number of man-hours saved by eliminating smoking breaks, and reduced absenteeism due to smoking-related illness.

These programmes are a step forward from the conventional model of throwing freebies at doctors to incentivise them to prescribe. In recent months, the drug industry has been criticised for unethically inducing doctors. It is also one way of connecting to the consumer in a tightly regulated market where drugs that need a doctor's prescription cannot be advertised. "Consumers today are more aware and interested in their health and well-being," says Sen. "Such programmes provide the platform (to address them)," he says. He also sees consumers growing more "brand-conscious".

In the long run, such programmes could provide consumers a benefit beyond the medicine. Assuming, of course, that they don't have an expiry date.

**HEALTH TIPS:** MSD's Sparsh is backed by a team of 30 diabetes counsellors at a call centre in Hyderabad

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