



COALITION FOR HEALTHCARE COMMUNICATION

## **Current Coalition Mission, Passion and Focus Senior Executive Briefing, January 2011**

**John Kamp, Executive Director**

## Coalition for Healthcare Communication Who Are We

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AAAA

AMM

AAFP

Alliance Healthcare Information

Ashfield Medical

SDI-Verispan

Elsevier

Euro RSCG Life

Haymarket

Healthline Networks

InVentiv

IPG McCann-Draft FCB

KnowledgePoint360

Massachusetts Medical Society

Omnicom

Physician Education Resources

Publicis Healthcare

Slack

US HealthConnect

WPP

# The Coalition Mission

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To promote and protect, for society and individual patients,  
the benefit of the free flow of healthcare information

# Coalition Passions

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- Biopharma and device companies have a First Amendment right and a social responsibility to educate healthcare providers and patients about their products
- Self-regulation is a hallmark of great communication, marketing & education
- Communication, marketing & education are just as important as R & D, and provide significant value to healthcare system

# Impact of Election on Healthcare Marketing

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- House controlled by R's, Senate by D's
  - No party controls votes; legislation nearly impossible
  - Majority party controls hearing agenda; power of podium very important in policy, politics
- Waxman power diminished on Hill, but not at HHS/ FDA
- Expect noise about reversing Health Care Reform, but few significant changes
- Marketing tax issue will re-emerge.
  - Even in DC, \$37 Billion is a lot of money.

# Your Stake in Medical Marketing Tax Issue

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- Currently, all marketing costs are tax deductible for clients, just like rent, payroll & manufacturing
- Without deduction, client cost of marketing communication increases by tax rate, about 37 %
- Likely client response:
  - Immediately, cut 37% or more to make current budget
  - Then, reassess all communication expense based on new ROI where “I” increased by 37%
- Also remember, PhRMA and many pharma clients neutral on this issue in 2009-10
  - Ad & media grassroots & lobbyists defeated the tax

# CHC focus on Four Big Issues

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- Tax Treatment of Marketing Costs
  - Arose three times in Health Care Reform Debate
  - Budget, deficit concerns nearly guarantee return in 2011, even with new leaders
- “Transparency,” Conflict of Interest, Collaboration
  - State & new federal internet registries of payments to doctors
  - Resistance to industry support lead by academic medical centers, publishers, but includes group practices & individual docs
  - New PR assault from Pew Prescription Project/ProPublica
- Proposals to limit collection & use of Rx and consumer medical data, including “Do Not Track Online”
- FDA DDMAC
  - Social Media guidelines
  - New “drug facts” box
  - Letters, review delays, plus vague & shifting rules

# What's Changed in DC that Matters To You

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## Ten Years -- Three Statutory Changes

- MMA – Medicare Part D adds drugs to Medicare
  - Government becomes the biggest payer of prescriptions
- FDAAA – Empowers, requires FDA to manage Rx risks
  - Risk Evaluation and Mitigation Strategies (REMS)
  - New marketing enforcement tools
- Health Care Reform (Affordable Care Act, ACA)
  - Plus study funding on “comparative effectiveness”
  - National formulary/price pressure
  - Adds 30+ Million insured, plus 30 + Million better insured
  - Plug Part D Donut Hole



# Hill focus of the Coalition

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- Support Ad Coalition of media and advertising groups through DC office of American Association of Advertising Agencies
- Support relationships with key Members of Congress
- Strengthen Member communication
- Develop case for value of marketing

## FDA focus of Coalition

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- Enforcement surge at DDMAC, including “Bad Ad” program aimed at HCPs
- PDUFA reauthorization process
- FDA report on a new “drug facts box”
- New DDMAC enforcement powers, rule makings, “guidance”
- Impact of FDA/HHS “Consent Agreements” on agencies
- Continued slow approvals, especially delayed approvals of marketing launch materials
- Social media internet policy

# FDA DDMAC Social Media Policy

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Social media rules will disappoint industry (but maybe not publishers and agencies)

- FDA will continue to require full risk disclosure and balancing information when companies use Social Media, such as YouTube, Facebook, Twitter, etc.
- Dialogue with patients and professionals will be done on third-party sites without direct company influence
- Value of publishers, editors, expert journalists respected, raised, rewarded
- DDMAC says first of several draft guidances will be published by year end

# Marketing Upside to Health Reform: The Government Interest in Prevention & Compliance

For Health Reform to work as public policy –

- Newly insured must use new coverage & increase self care
- A communication outreach challenge
- A political challenge for both parties

For Health Reform to work for pharma & its marketing partners –

- Newly insured must
  - Seek treatment, esp. preventative and chronic care
  - Comply with drug regimes
- We must communicate, educate on compliance, patient/caregiver dialogue, value of medicine



*“Advertising certainly can be a very effective tool. I’d like to see advertisements contain more fundamental public health information....”*

*--Margaret Hamburg  
Appropriations Subcommittee Hearing*

## Coalition/AMM/Omnicom join Ad Council Campaign

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- Launch revised “Patient Involvement” campaign
- Sponsored by HHS-AHRQ (Agency for Healthcare Research and Quality)
- DDB Consumer developing new consumer creative
- LLNS (Omnicom) adds professional component
  - DAS health agencies directed by Sharon Callahan developing comprehensive, integrated campaign, including planning, research and implementation
  - Journal publishers (AMM) pledging print and online space
- Coalition goals
  - Support patient care
  - Demonstrate to clients value of integrated campaigns
  - New chapter in Ad Council history

# What Must Happen

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- Value of Medical Communication Must Become Obvious to Policy Makers & Patients
  - Patient care, patient care, patient care
  - Prevention, early intervention, compliance, self care
  - Industry must measure outcomes, circulate proof
  - Doctors and patients must join effort
- Must BE and be SEEN as part of the solution to the delivery of effective, efficient patient care
- Three B's from inside the beltway"

## For Further Information

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