Successful management of a patient’s health depends on ongoing collaboration between many different stakeholders – specialists, Primary Care professionals, payers, policy-makers, patients and the people close to them such as employers, family, friends and carers. So to achieve our end goal of improving patients’ lives, as an industry we should be looking across this mix. There are several current barriers to this collaboration that can be seen either as challenges or opportunities for industry to drive change.

Often in the real world, patients and even Primary Care professionals are inadvertently one step removed from specialist decisions. This can be due to a lack of comprehension on the patient’s side of the minimal and complex or dramatic information that is imparted to him initially, and because the Primary Care physician may not be party to the decision made by the specialist, or at least the information that informed his decision.

In addition, specialists and guidelines committee members say that they are either ignorant of, or disappointed in, lack of adherence to guidelines at community level.

Professor John Camm, Chair of the European Society of Cardiology Committee for Guidelines on the Management of Atrial Fibrillation told me recently: “Well-meaning rewording of key messages to ‘suit’ different audiences and constituencies ends up with different messages and rampant confusion. The key message across every sector should be simple and durable, easily understood and remembered by everyone.”

There are numerous challenges in developing stakeholder education and information, from continuing medical education (CME) and continuing professional development (CPD) to breaking industry silos and boosting compliance

Challenge 1: CME/CPD accreditation

It is clear that joined-up information and education are an important part of the collaboration and exchange between healthcare professionals and indeed patients and other stakeholders. For healthcare professionals, CME/CPD is an essential part of this. Yet much of the existing content and courses are focused on a specific healthcare professional role or point in the patient pathway, which rather negates the opportunity for joined-up working and need for ‘one message for all’. This is due, in part, to current accreditation systems.

Dr Kieran Walsh, editorial registrar, BMJ Learning says: “Currently, if we develop a learning module for different specialties, then we need to seek accreditation from each specialty accrediting body. This can be expensive, time consuming and bureaucratic as each accrediting body will have different standards and criteria.

“Any change requested by one body needs to work for the others and yet still result in content that is useful for all healthcare professionals targeted,” he adds.
Challenge 2: industry silos and compliance
Over the years, a number of patient advocates and experts that I have worked with on behalf of clients have expressed frustration at the siloed approach to working in functions that the industry has adopted historically. This has been as silly as two different contacts from the same company approaching the contact to commission similar work for different audiences.

Of course we all know that such separation is a fast-track to compliance in terms of removing potential for commercial influence on a non-promotional activity, and as such is seen as essential. But lack of cross-functional working is still a barrier to delivering multistakeholder education and information – it can diminish the potential utility and relevance of outputs, as well as meaning. In addition, excellent internal resources can fall through the gaps and may not be used to their maximum.

As suppliers to the industry, many of us have been asked not to take a strategic approach to communications in case it is mistaken for a promotional approach – but there is a difference between meeting the needs of audiences and serving the need of a brand and there is no need to avoid being smart at the former.

<table>
<thead>
<tr>
<th>'Homework'</th>
<th>Without looking at what already exists, you’ll risk delivering redundant outputs. And finding out who the most connected people within your audiences are and where they source their information from is also important.</th>
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<tr>
<td>Learning from relationships</td>
<td>You can build relationships with and learn from representatives of each of your audiences, not just experts among your direct customer group. They can help you ensure your ‘homework’ is right and define how you are going to meet your audiences’ needs strategically.</td>
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<tr>
<td>Working in partnership</td>
<td>Just like governments and public bodies, these days we can look beyond our organisation for resource – working in partnership with experts, advocates, consumer or lifestyle companies, communications specialists or even public funds/bodies. This is helpful to support compliance in that multiple responsible parties can monitor one another. It is also useful because it offers best way to reach multiple audiences. As innovators in communications, the industry can help frame a new future for medical education – how it is delivered and assessed – alongside expert bodies, advocates, publishers and educators.</td>
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Benefits of cross-functional collaboration
Of course, companies clearly recognise the importance of cross-functional working in delivering multi-stakeholder education and information and are moving to models and structures that support this. And not just because it saves money or increases return on investment – but because the world is more connected these days and we and our audiences communicate with one another, consume the same media, have broader interests and spheres of influence.

As fewer blockbusters and dramatic breakthroughs in disease understanding emerge, industry, researchers and clinicians alike need to get smarter at looking for incremental benefits through care improvements.

The great news is that making a difference to patients through multi-stakeholder education and information is possible. There are many examples of private companies, governments, physicians and others working together to improve outcomes. In 2004-05, Unilever worked with Clapham Park in London, which had received government funding to improve health and social factors locally, to deliver a comprehensive lifestyle programme of education and joined-up health intervention by various healthcare and allied professionals. It resulted in improved cholesterol levels, perception of health and healthy food choices. It was also found to be cost effective.
Starting in 2009, Novartis supported Education for Health (a charity that focuses on educating healthcare professionals) to undertake the cross-functionally driven COPD Uncovered initiative with a steering committee of leading patient advocates and clinical experts.

Since then, the initiative has delivered information on the impact of COPD on working-age people and thus economies worldwide, correcting myths associated with COPD in a way that illuminates the urgent need to improve management of the condition to policymakers and healthcare professionals alike.

And companies WCG and Nature Publishing are delivering education and information in a manner that can be syndicated across all platforms relevant to audiences, to meet real educational and informational need. For instance, in May this year, to accompany a scientific paper published in Nature, Nature Publishing Group also released a video of a woman moving a robot arm with her mind – I’m sure many of you reading this will have seen that and found it added another layer of meaning to the paper.

Martin Delahunty, associate director, Academic Journals & Pharma Solutions at Nature Publishing Group says: "The continued growth and prevalence of open access publishing and digital enhancements to clinical research journals are increasingly enablers of interdisciplinary knowledge sharing."

Delahunty believes that "articles rather than journals will become the hub around which additional data and perspectives will be linked. The objective will be to better educate and inform the varied stakeholders and thus widen the reach and deepen the impact of the important research”.

Achieving cross-functional collaboration
Of course it’s important to have cross-functional working groups and all-agency meetings – and these need to be informative and generate ongoing interactions so it becomes natural to inform one another of relevant information. It is useful to initiate this by mapping out activities and stakeholders over time to discover synergies.

And most importantly, as Rob Drury-Dryden, director of oncology & fertility at Merck Serono UK, says, with outcomes measures based on best management of patients not sales figures, it is possible to have a patient centric approach throughout the organisation.

Practical steps to support multi-stakeholder education
Delivering impactful education and information to multiple audiences is not impossible either if a few key principles are adhered to – doing ‘homework’, learning from relationships and working in partnership.

Given today’s interconnected communications environment coupled with the current economic situation necessitating an urgent but smart focus on keeping people’s health issues well managed, the pharmaceutical industry has an opportunity to change the way education and information is delivered, which can better serve patients and doctors.

The Author
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2. Barbara J Turner and Christine Laine. 'Differences between Generalists and Specialists Knowledge, Realism, or Primum Non Nocere?’ J Gen Intern Med 2001;16(6):422–4
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