



THE RIGHT CONNECTION

can make a difference in the outcome.

OUR CLINICAL EDUCATORS:



BUILD TRUST



MAKE REAL CONNECTIONS that support behavior change

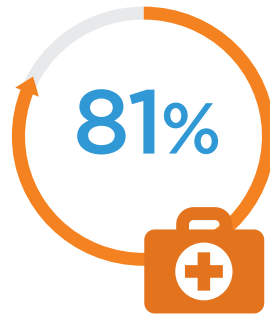


EMPOWER patients and providers to overcome barriers to managing therapy

AS THE NUMBER OF SPECIALTY PRODUCTS SOARS AND HEALTHCARE DEMANDS INCREASE, physicians don't have the time to fully address patient needs and change behavior.



1/3 OF PEOPLE NEVER FILL THEIR PRESCRIPTIONS.



OF PHYSICIANS DESCRIBE THEMSELVES AS EITHER **OVER-EXTENDED OR AT FULL CAPACITY.**²

PATIENTS FORGET



~50%

OF THE INFORMATION

DOCTORS GIVE THEM.¹

In the words of one physician:

“Patients forget 80% of what we say by the time they hit the parking lot.”

*Randall Porter, MD
Neurosurgeon, Phoenix, AZ*

PROVIDERS MAY LACK THE PRODUCT KNOWLEDGE

needed to effectively start patients on a new therapy and, therefore, **patients may struggle to stay on therapy.**



86%

OF ONCOLOGISTS STRONGLY AGREE THAT **EDUCATION AND ADHERENCE PROGRAMS HELP IMPROVE OUTCOMES** WITH CHRONIC DISEASES, BUT...



...ONLY **8%**

SAID EDUCATION AND ADHERENCE PROGRAMS OFFERED BY PHARMACEUTICAL MANUFACTURERS ARE **READILY AVAILABLE, EASY TO USE, AND EFFECTIVE.**³

76%

OF PATIENTS THINK **PHARMACEUTICAL COMPANIES HAVE A RESPONSIBILITY** TO PROVIDE INFORMATION AND SERVICES THAT HELP PATIENTS MANAGE THEIR OWN HEALTH.⁴



“Several studies have determined that, among health professionals, nurses are best placed to promote health and to deliver preventive programs within the primary care context.”⁵

HEALTH COACHING AND PERSONALIZED ENGAGEMENT have been successful in **improving adherence and outcomes.**



2/3

OF MEDICATION-RELATED HOSPITAL ADMISSIONS ARE **DUE TO NON-ADHERENCE.**⁶

69%

OF NON-ADHERENCE IS DUE TO **BEHAVIORAL ISSUES.**⁷



Patients exposed to a **VMS BioMarketing Clinical Educator program** experienced a:

95% INCREASE

IN PATIENT SATISFACTION AND CONFIDENCE TO MANAGE THEIR THERAPY AFTER EDUCATION.⁹

33% INCREASE

IN MEDICATION ADHERENCE.¹⁰

PATIENTS RECEIVING HEALTH COACHING WERE ALMOST

4X AS LIKELY

TO BE ADHERENT TO MEDICATIONS COMPARED WITH THOSE WHO DID NOT RECEIVE HEALTH COACHING.⁸

“Gathering real-world data for our clients to inform the brand on use of therapy is a top priority. VMS Clinical Educators continually gather insights from patients and providers to personalize the education experience and support behavior change.”

*Andrea Heslin Smiley
President and Chief Executive Officer
VMS BioMarketing*

vms BioMarketing is a leading provider of patient support solutions focused on empowering healthcare providers and patients through education, training, and ongoing health coaching. For more than 20 years, VMS has been dedicated to enabling Clinical Educators to provide the personalized support necessary to help patients successfully start and stay on therapy. VMS clients include the world’s leading pharmaceutical and biotechnology companies.

Ready to learn more about VMS? Call 317.805.6600 or visit vmsbiomarketing.com.

REFERENCES

1. Laws MB et al. Factors Associated with Patient Recall of Key Information in Ambulatory Specialty Care Visits: Results of an Innovative Methodology. PLoS ONE 13(2). 2018.
2. The Physicians Foundation. Physician Morale, EMR Patterns, Generational Differences, Doctor Shortages, Medicare/Medicaid Participation Rates and More. Sept. 16, 2014.
3. Cardinal Health Specialty Solutions. 2017 Oncology Insights: Views on Reimbursement, Access and Data from Specialty Physicians Nationwide.
4. Accenture. The Patient Is IN - Pharma’s Growing Opportunity in Patient Services. 2016.
5. Massimi A et al. Are community-based nurse-led self-management support interventions effective in chronic patients? PLoS ONE 12(3) 2017.
6. Hess R. High Quality Medication Adherence Information is Important but Elusive. Surescripts. April 16, 2018.
7. Express Scripts. The Costs of Nonadherence. 2015.
8. Granger BB et al. Results of the Chronic Heart Failure Intervention to Improve Medication Adherence (CHIME) Study: A Randomized Intervention in High-Risk Patients. American Heart Journal;169(4):539-548. 2015.
9. Program survey data. VMS data on file. 2016.
10. IMS Health study. VMS data on file. 2016.