# Use of an Educational Exhibit to simultaneously disseminate community-acquired pneumonia (CAP)-related information and conduct market research among healthcare conference attendees

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### **ABSTRACT**

**Objective:** To demonstrate the effectiveness of using Educational Exhibits (EE) to simultaneously deliver community-acquired pneumonia (CAP)-related information to healthcare professionals (HCPs) and determine audiences' perception of therapeutic challenges surrounding CAP.

Challenge/Problem: Conferences provide a unique opportunity to communicate with many stakeholders in a short period of time, including educating the marketplace before launching a new drug. Pharmaceutical companies are challenged with effectively and efficiently engaging with HCPs.

**Solution:** EEs are interactive exhibit booths that guide conference attendees through an 8-minute audio and visual presentation describing an unmet clinical need. CAPrelated EEs were commissioned by a sponsoring pharmaceutical company across eight conferences to share key communication points and understand HCPs' perceptions of CAP. This included interactions with a range of HCP audiences, comprising family practitioners, nurse practitioners, allergists, managed care and health-systems pharmacists, and osteopathic physicians. Prior to viewing the exhibit, attendees completed a survey describing their demographics and perceived challenges in diagnosing and treating CAP.

Outcome: Across eight conferences, 2003 individuals (8% of attendees) completed an EE, of which 1082 individuals opted-in to receive additional information about pneumonia. Survey data successfully captured visitor preferences, including professional conferences as the primary source of CAP-related information for > 51% of EE visitors. 45.9% of visitors were further found to perceive increasing antibiotic resistance as the greatest challenge to managing CAP, while 28.8% described themselves as currently unaware of resistance rates in their practice's community.

**Benefits:** EEs are unique communication modalities that can disseminate disease-state information and provide primary market research for industry, including identifying unmet needs in the community. Visitor metrics can also be leveraged by medical affairs professionals to inform their communication strategy for a product.

#### THE CHALLENGE

### **Community-Acquired Pneumonia (CAP)**

- Increasing antimicrobial resistance is a global issue, with resistance rates for CAP exceeding 50% in some regions of the United States (US).<sup>1, 2</sup> However, in the US, macrolides are still empirically prescribed in 40% of CAP cases.<sup>3</sup>
- The social and economic impact of CAP are considerable:<sup>4</sup> there are 4 million cases of CAP in the US annually,<sup>2</sup> with 20% requiring hospitalization.<sup>5</sup>

#### The Role of Conferences in Market Research and Dissemination of Disease-State Information

- Education is a vital aspect of any communication plan in support of a developmental therapy. It is important to ensure that the HCPs who would utilize a potential new therapy are aware of the current circumstance in that therapeutic area. Prior to drug approval, pharmaceutical companies are restricted in the information they are able to provide HCPs; disease-state content is often the only information that may be disseminated pre-approval.
- Conferences provide a unique venue for sharing information among multiple HCP audiences, buyers, and pharmaceutical companies,<sup>6</sup> and as such also allow for vital primary market research. Pharmaceutical companies typically derive the data underlying their launch and marketing activities from "blinded" 1:1 sessions with experts.<sup>7</sup> The ability to 1) learn more about a broader swathe of HCPs, and 2) ascertain their understanding of a particular disease state helps guide the content and method of educating a range of prescribers over a brief period.

### THE SOLUTION: EDUCATIONAL EXHIBITS

# **Educational Exhibit Design**

- The Educational Exhibit (EE) is a directed tour that integrates printed, digital, and audio information into a detailed overview of a specialized topic for conference attendees.
- Each EE booth consists of a series of panels that provide referenced and objective data concerning a specific disease-state (Fig. 1). An audio recording (presented on an MP3 player) is used to guide visitors from one panel to the next and provide information that supplements the panel content. The booth size can be varied depending on the size of the exhibit space and/or conference, from a table top version to a larger 20x40 foot island exhibit.
- Stationed at each booth is one or more medical science liaisons (MSLs) who are available to answer questions from EE visitors before and after the tour.
- One or more monitors are placed around the exhibit and present interviews with key opinion leaders relevant to the exhibit content, with the goal of attracting visitors and providing a balanced commentary on the topic.

# The EE Process

Conference attendees who visit an EE are first directed to complete a survey of their demographic characteristics, understanding of the disease-state, healthcare challenges, and perceptions. After scanning the visitor's badge, the exhibit staff hands them an MP3 player (which is collected at the end of the tour) with the audio recording and the individual proceeds to complete an 8-minute tour of the panels. Following the presentation, EE visitors are engaged by an MSL and indicate if they would like to opt-in for future communications.

### **METHODS**

EEs were commissioned by a sponsoring pharmaceutical company developing a novel antibiotic for CAP. A national program was developed that included EE booths for 8 conferences that presented CAP-related information. Across conferences, a range of HCP audiences visited the EEs, including pharmacists, nurse practitioners, allergists, family practitioners, and osteopathic physicians (Fig. 2).

- Prior to the tour, conference attendees were asked to complete a survey that included the following multiple-choice questions:
  - What do you see as the LARGEST BARRIER to the diagnosis and treatment of CAP? - In your opinion, what is the MOST CHALLENGING limitation to managing CAP?
  - How aware are you of the level of macrolide resistance within your practice community?
  - Which sources do/would you utilize for obtaining information/data on CAP?

Table 1: Summary of EE Metrics Across 8 Conferences in 2016.

Conference	Visitors to EE	% Prof Attendance	Education Undertaken (min)	# Visitor Op-Ins	Content Requests
NAFEC	25	3	200	15	4
AANP	568	11	4544	352	35
OMED	209	5	1672	32	9
AAFP	320	9	2560	153	45
AMCP-NEXUS	94	10	752	55	7
ACOEP	157	16	1256	77	9
ACAAI	176	9	1408	115	39
ASHP	454	3	3632	283	61
TOTALS	2003	8%	16024	1082 (54.0%)	<b>209</b> (10.4%)

#### **RESULTS**

#### Dissemination of CAP-Related Information

Across all 8 meetings, 2003 conference attendees completed a tour of an EE booth, totaling 16024 educational minutes (Table 1). 54% of these visitors opted-in for future communications including additional information regarding CAP educational and marketing activities, while 10% of visitors requested the EE content.

### **Primary Market Research**

The survey data successfully captured the opinions of 8% of conference attendees. Results revealed that professional conferences were the primary source of CAPrelated information for > 51% of EE visitors (**Fig. 2**). 45.9% of visitors further perceived an increased risk of antibiotic resistance to be the greatest challenge to managing CAP (Fig. 3). However, 40.2% of EE visitors indicated they were only moderately aware of antibiotic resistance rates in their practice's community, while 28.8% described themselves as currently unaware (Fig. 4).

Figure 2: Preferred source of CAP-Related information across target audiences.

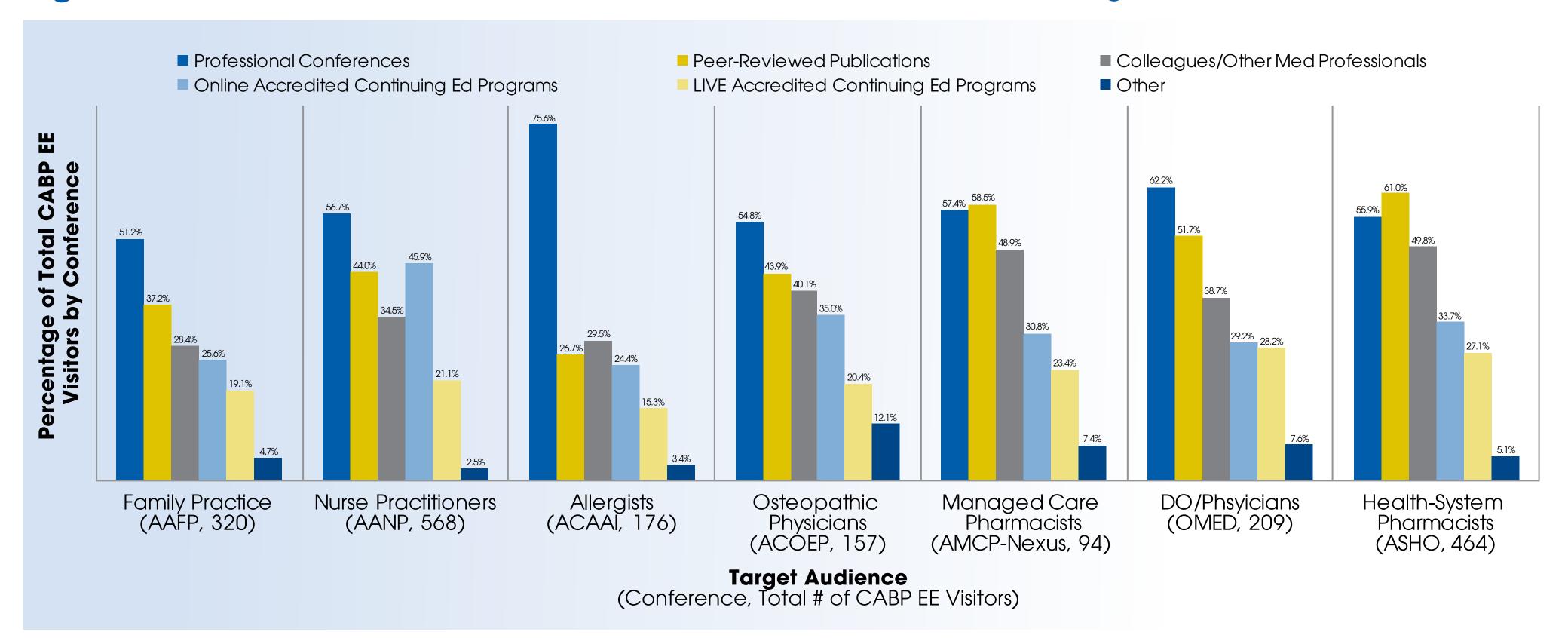


Figure 3: Perceived most challenging limitation to managing CAP across target audiences.

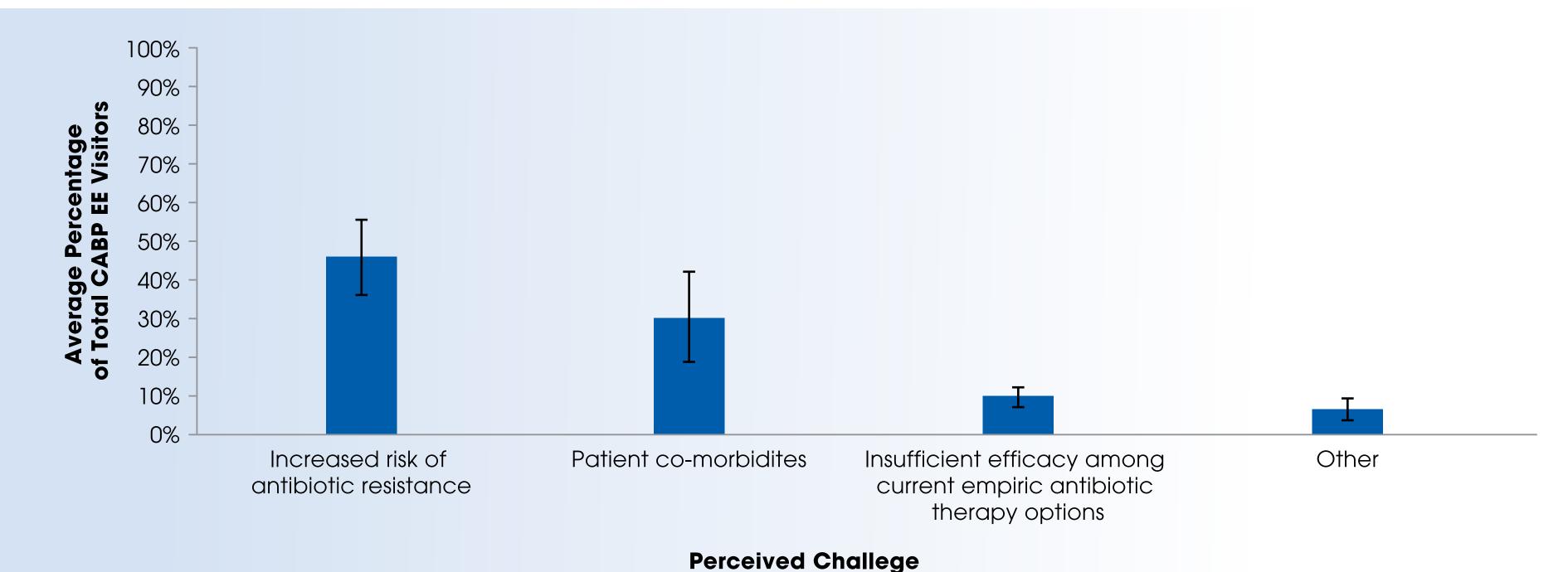
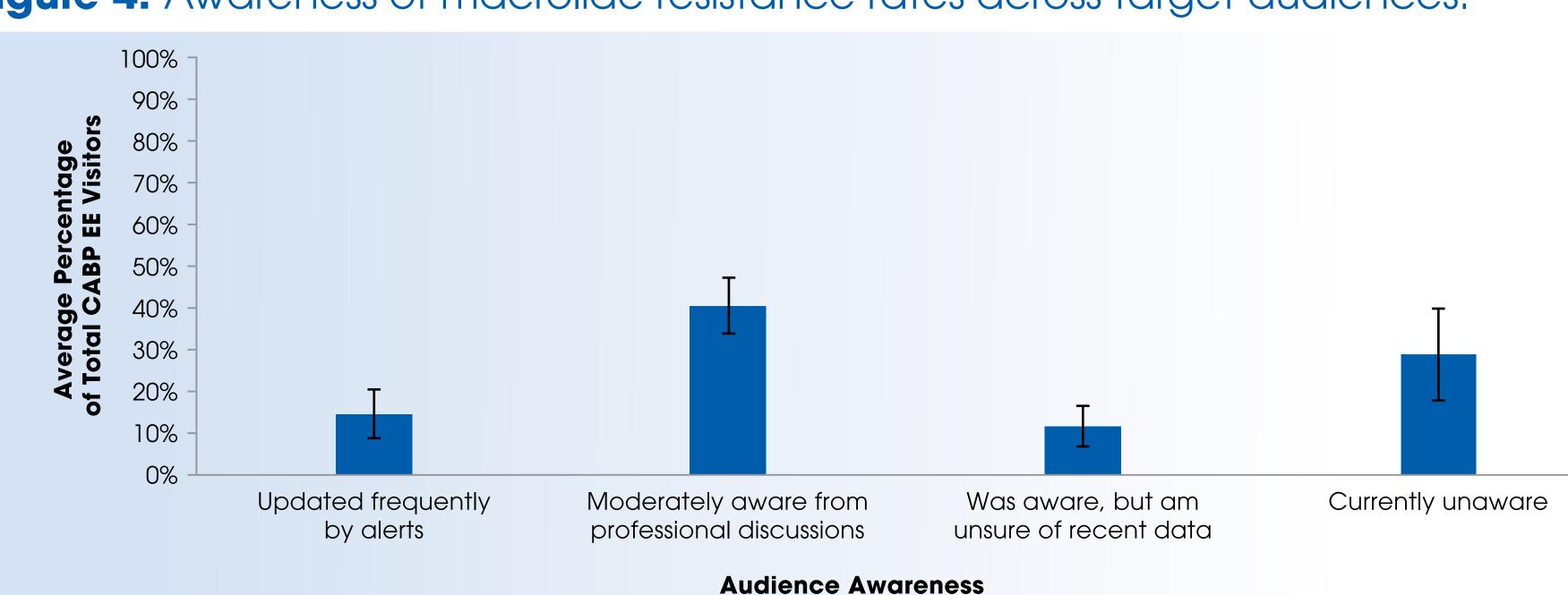


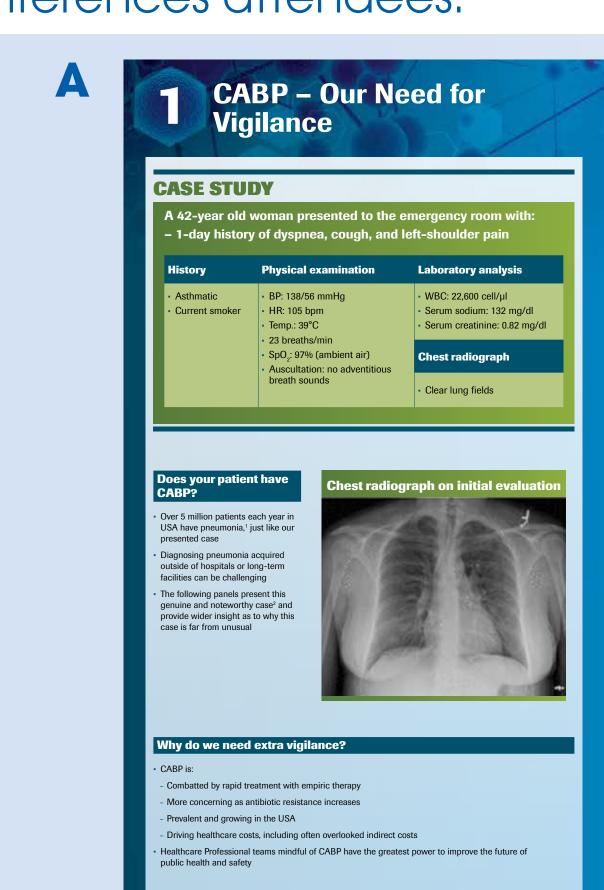
Figure 4: Awareness of macrolide resistance rates across target audiences.

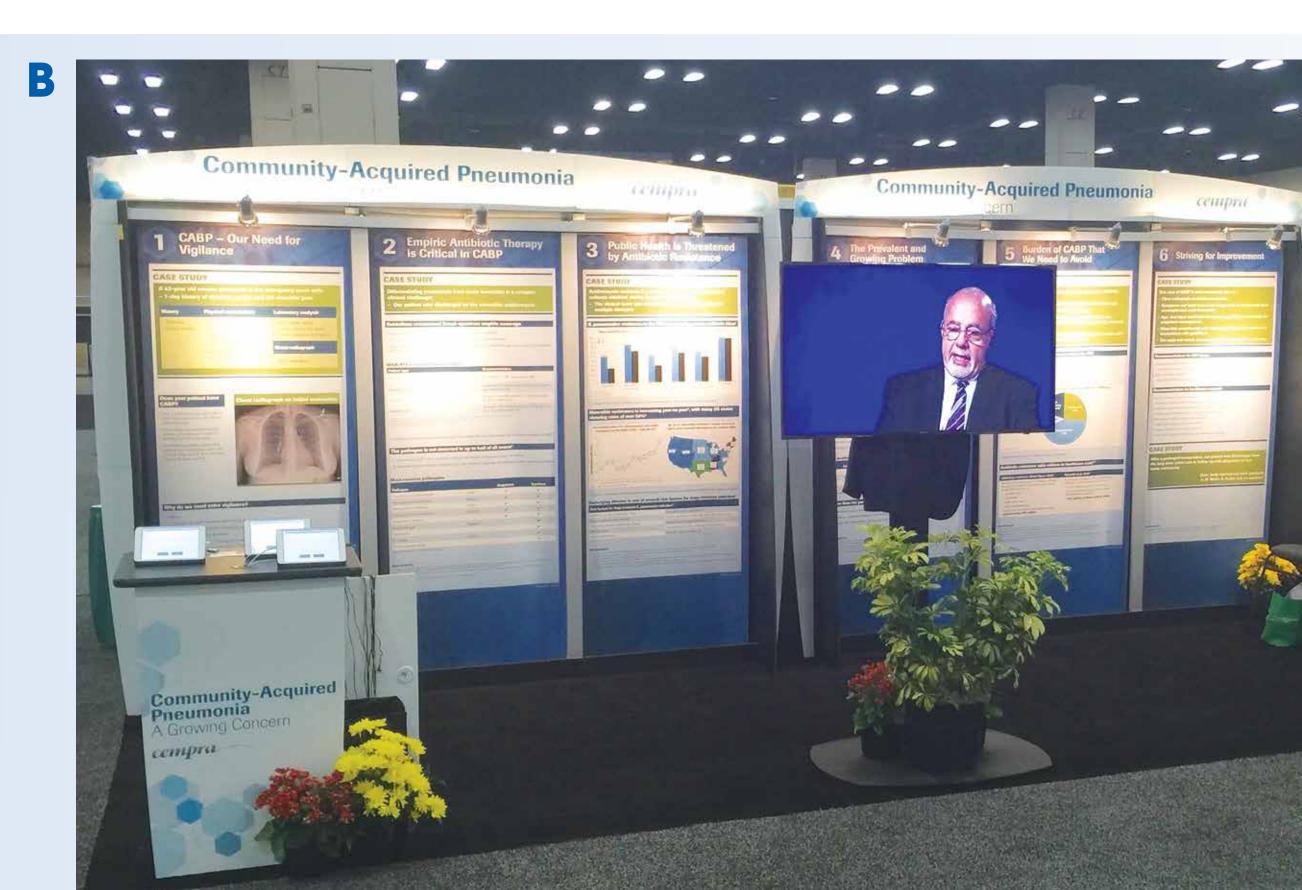


# CONCLUSION

The Educational Exhibit is a unique disease-state educational tool that presents information in a trusted format. The exhibit's ability to simultaneously disseminate key communication points and obtain primary market research (including identifying unmet needs in the field) makes it a sound investment for medical affairs departments. In addition to CAP, successful use of EEs has also been demonstrated for irritable bowel disease, ulcerative colitis, multiple sclerosis, asthma, and liver disease.

Figure 1: Images of a CAP-related Educational Exhibit (AANP 2016, San Antonio, TX). A) Image of an EE panel from the booth, B) Empty EE booth, C) Same booth with visiting conferences attendees.







# **REFERENCES**

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Poster Link

EE Web Site