When one of the world’s largest pharmaceutical companies invests millions of dollars in a patient-education program, I believe that it’s worth knowing more about. At the very least, P&T committees ought to be aware of most national patient-education programs, especially when they involve medications.

Our Department of Health Policy at Jefferson Medical College was involved early on with some of the planning for the launch of what turned out to be a Web site called “1 on 1 health.” The site states the following:¹

The idea behind 1 on 1 health is simple: patients who better understand their condition and how to manage it typically live healthier lives. 1 on 1 health strives to help patients—especially those newly diagnosed—to better understand their medical condition. As well, family members and caregivers will benefit from exposure from this important educational program.

1 on 1 health is a collaborative effort among physicians and other healthcare professionals, patients, and GlaxoSmithKline. The content in the 1 on 1 health program was developed in association with WebMD.

I thought that it would be helpful to readers if I reviewed four of the currently available programs within 1 on 1 health: depression, asthma, migraine, and nasal allergies. All of this material is available to physicians from their GlaxoSmithKline representatives. The material is meant to be displayed in a small, kiosk-like format in a prominent place in a physician’s office. Ideally, in concert with the representative, physicians learn about the content of 1 on 1 health and then recommend the material to their patients.

I will first review each of the four pamphlets and the Web sites and will then comment about the value of the program as it moves forward. All of the four booklets that I reviewed and the accompanying Web-based materials are beautifully designed and tastefully executed.

The depression brochure and the corresponding Web site describe the side effects of many types of antidepressant medications. There is not a single product reference throughout any of the materials that I reviewed. The clinical vignettes and accompanying video stream of patient testimonials are discreet and instructive.

The asthma materials are quite detailed and thoroughly explain the various therapies, including mast-cell stabilizers, methylxanthines, and leukotriene modifiers. The descriptions are easily understandable and well organized. Again, no specific product is mentioned. The clinical vignettes are moving, and it was difficult to believe that these were real patients, not actors.

I was particularly interested in the materials on migraine because our office has performed considerable research in this field. The brochure is comprehensive, and the streaming video of the blood vessel changes in the brain during a migraine is outstanding. The discussion about abortive versus preventive medications is thorough, and I was pleased to see that other therapies, including biofeedback, were mentioned.

The brochure and the Web material on nasal allergies were good, but they were not as interesting to me as those of the other three topics. The presentation of the medications from antihistamines to intranasal mast-cell stabilizers is excellent.

Programs like 1 on 1 health raise some unanswered questions, for instance: (1) will physicians readily adopt and adapt these materials? and (2) will they steer patients to the Web site, or will they simply have a nurse or office manager hand them a brochure on their way out of the office after a primary care visit?

The developing literature on consumerism in health care presents a mixed bag of answers.² Clearly, if physicians are enthusiastic about tools such as 1 on 1 health, it is likely that their patients will be too.

Another somewhat troubling question arises: should pharmaceutical companies be the sources of information for patients about their illnesses and their possible medications?

Personally, I believe that 1 on 1 health presents a nonbiased overview of these important chronic conditions with solid peer-reviewed information about potential medications. Because proprietary products are not mentioned at any time, it is difficult to see how critics would find fault with the mechanics of the program. Perhaps pharmaceutical companies are not the optimal source of information about patient medications, but when the material is handled correctly, I see no reason why drug companies can’t effectively participate in the conversation.

What about the role of P&T committees in reviewing the content of these sorts of programs? Although 1 on 1 health may represent a gold standard against which other firms will have to be judged, I believe that P&T committees in all sectors have at least some knowledge about the existence of these programs.

I took comfort in the fact that the content of 1 on 1 health was derived from WebMD. Other programs from other manufacturers will have a high bar to jump over. Let’s face it: tens of millions of Americans are logging on and searching for alternatives to traditional care; therefore, we should try to present the scientifically proven medications in an easy-to-use, readily accessible, peer-reviewed format. Currently, 1 on 1 health goes a long way toward meeting this important pedagogic challenge.

I am sure that other firms will be developing similar strategies that include a combination of Web information with printed material for distribution from the primary care doctor’s office. Perhaps company representatives will soon be competing on the quality of their patient-education materials and not just on their ability to deliver samples or a luncheon for office personnel.

In conclusion, I am searching for ways to make the doctor–patient relationship...
more open, transparent, and reciprocal. I believe that programs like 1 on 1 health™ and related tools from other firms will become more popular and more useful. I challenge other companies to produce a program of comparable quality. In the end, however, we will need educational outcome measures for all of these types of programs.

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.

REFERENCES


Disclosure

Dr. Nash wishes to reaffirm that he has no personal financial dual commitment with regard to 1 on 1 health™.