

2ND ANNUAL ONS:EDGE CORPORATE CONFLUENCE

Communicating with Nurse Practitioners and Physician Assistants

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AUTHORS: Pam Oestreicher PhD, Karen Hochberg MS, and Chauncey Smith

DISCLOSURE: Dr. Oestreicher, Ms. Hochberg, and Mr. Smith are ONS:Edge employees

ONS:Edge is a healthcare market intelligence company with deep insight in and access to oncology nursing knowledge. As the for-profit subsidiary of the Oncology Nursing Society (ONS), ONS:Edge has a strong commitment to evidence-based practice and patient-centered care.

ABSTRACT: The purpose of today's panel discussion is to share insight into the NP/PA market and explore opportunities to engage this audience. The findings of this study support the value of including nurse practitioners in the development of patient and nursing staff educational materials. Specifically, the panelists will discuss:

- Strategies and Best Practices for Identifying NP/PA Thought Leaders
- NP Roles in Patient Education and Product Education
- Leveraging NP/PA Feedback for Educational Materials, including Ad Boards and Speaker Programs
- Current Opportunities to Incorporate NP/PA Knowledge into Business Planning

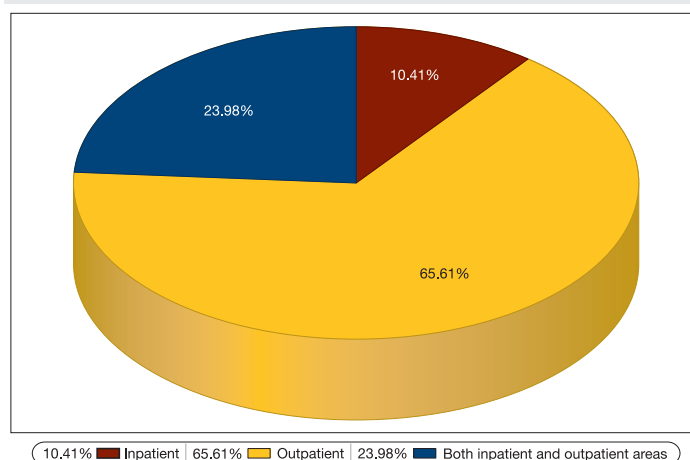
BACKGROUND: To provide relevant data for this panel discussion, ONS:Edge fielded an online survey of oncology NPs to provide additional perspective about this target audience. This monograph provides a brief summary of this data and explores potential market implications.

Nurse Practitioners (NP) and Physician Assistants (PA) have long been recognized as a target market worthy of investment because of their ability to write prescriptions in most states. What is not quite as well understood or documented is the NP's role in patient and nursing staff education. The purpose of our survey is to assess their current attitudes and perceptions in these areas.

MATERIALS AND METHODS: ONS:Edge fielded an online survey to Nurse Practitioners and Physician Assistants that opened on September 26, 2011 and closed on October 4, 2011. A total of 225 responders completed the survey. There are a total of 221 responders represented in the final data tables. Because of the very small number of PAs responding (n=4), those surveys were

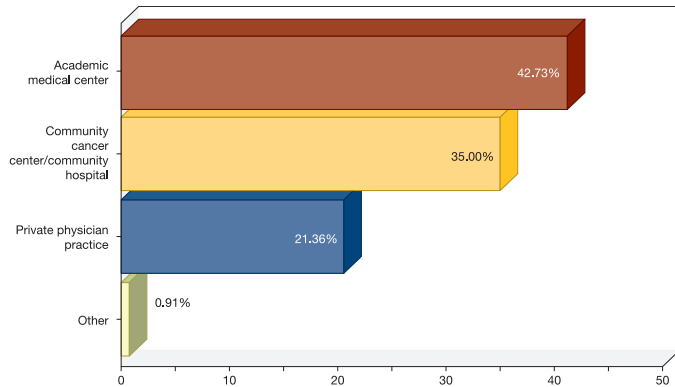
not included in this data analysis. Survey participants were entered into a drawing for a \$50 Amazon gift certificate for the investment of their time.

Q16. I primarily work in the following type of practice:



DEMOGRAPHICS: The sample for this survey (n=221) had responders that worked in a variety of settings: outpatient (65.6%), inpatient (10.4%), and a combination of these settings (24%). The practice settings include academic (42.7%), community (35%),

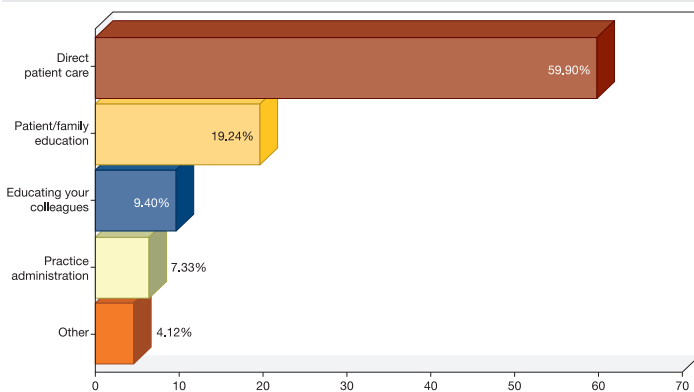
Q17. My practice is:



and private practice (21.3%) facilities. The NPs that participated in this survey were geographically balanced, though the Pacific Northwest was slightly under represented (5.07%).

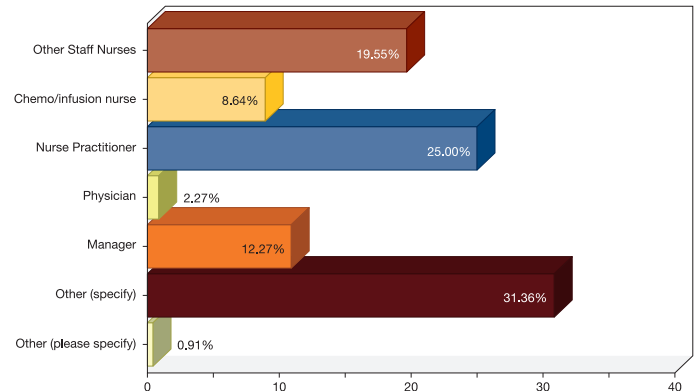
RESULTS: Education is a major component of the NP's typical work day. They are spending about 30% of their time educating patients or colleagues. This finding suggests that nurse practitioners should represent a tremendous resource for any healthcare company that wants to implement a patient-centered care plan.

Q1. Please indicate the percentage of time you spend each day on the following activities.



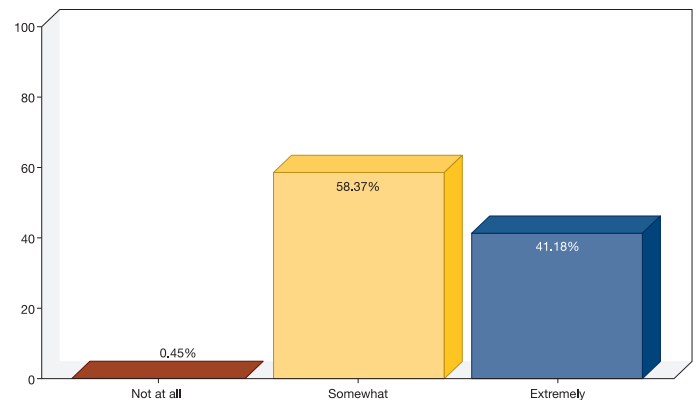
The NP's influence on the delivery of care and ability to deliver high-quality patient education or intervention is unparalleled. It is important to note that NPs are frequently leading the nursing staff education efforts for their practices. Companies that are looking to improve patient compliance or treatment effectiveness should consider developing educational programs that provide the information and address the needs of the nursing staff.

Q5. Who is primarily responsible for educating the nursing staff in your practice?



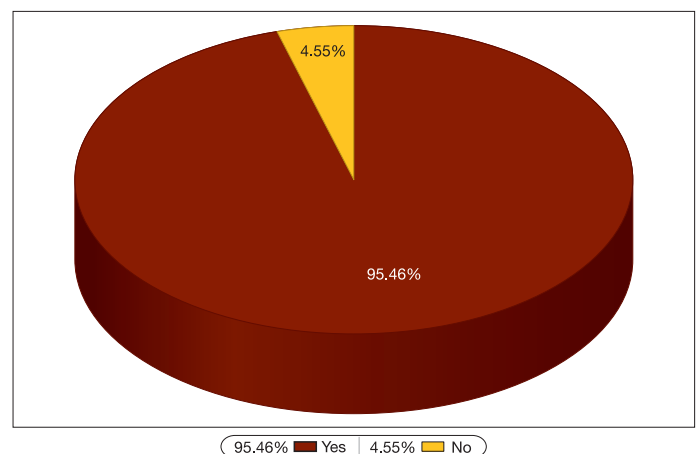
There are two primary ways to deliver educational programming to nurses: accredited education (e.g., Continuing Nursing Education or CNE) and promotional education. Promotional education can take the form of branded or unbranded content (e.g., information where

Q9A. Non-CNE programs: Are accurate?



no brand name is mentioned, but the company is named). Our experience shows that companies are making greater use of promotional education in recent years because of its flexibility.

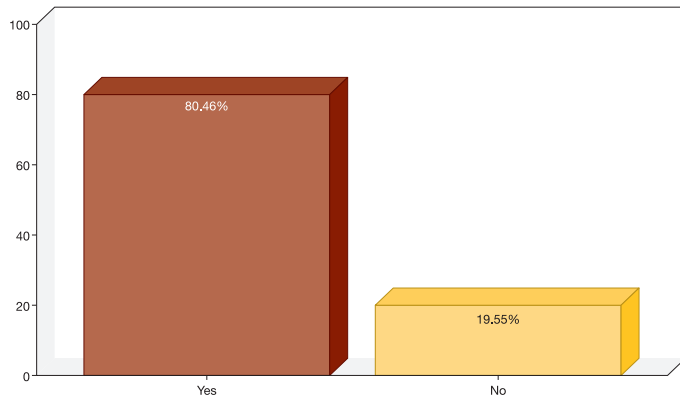
Q10. I pass along information I receive at non-CNE programs to my colleagues?



Programming can be designed to address the specific educational requirements for each product.

Promotional education can be presented in ancillary meetings, webinars, or as flash-based eLearning courses. We explored the

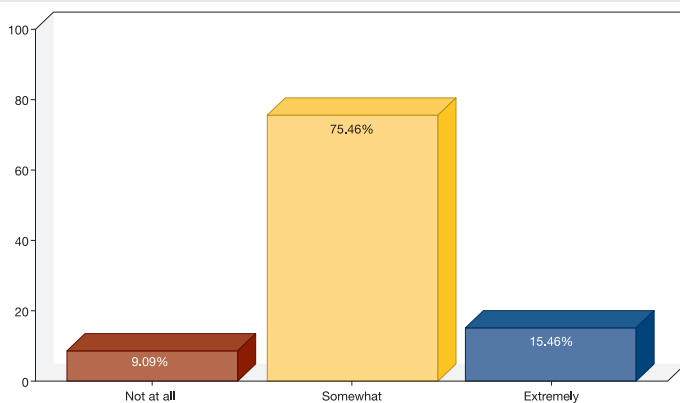
Q6A. I can participate in: Developing non-CNE promotional programs



nurse practitioner’s perception and access to promotional education and found that 9 out of 10 NPs are permitted by their facility to attend “non-CNE” promotional programming. Most, 80%, are permitted to assist in the development of this type of content. Given the NP’s influential role in the typical practice, it is our observation that inclusion of their perspective during the business planning process would be a wise investment of time and a valuable resource to consider.

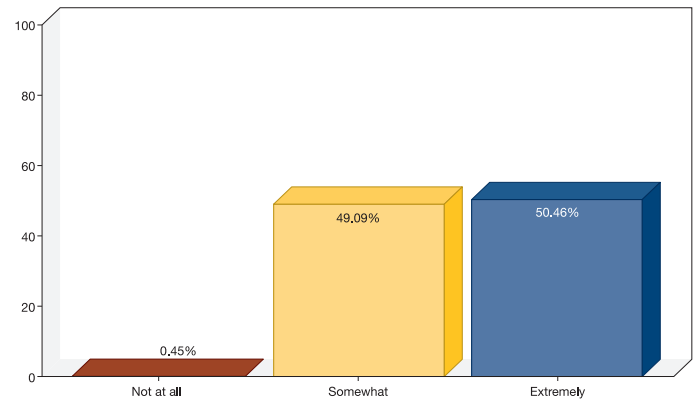
Accredited educational programs, CNE, may have a perceptual advantage of being more credible and unbiased. However, our research produced some interesting findings about the NP’s perceptions of promotional education. The oncology NPs perceived

Q9B. Non-CNE programs: Are biased?



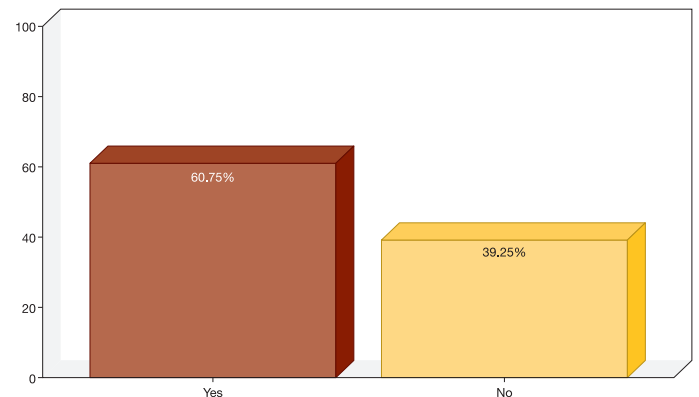
the bias typical to promotional education programs as low. This finding may be partially explained by the sophistication of this audience in realizing that these programs are heavily scrutinized by the sponsor organization and, if branded, reviewed by the FDA.

Q9C. Non-CNE programs: Provide information that you can apply in your practice?



Our research also discovered that almost all of NPs (99.4%) find promotional education to be somewhat or extremely applicable to their practices. We also found that this same percentage of responders pass this content along to their colleagues. Additionally, 66% of the responders reported using information obtained from promotional education to develop staff training.

Q12. Does your practice allow you to give “branded” patient educational materials to your patients (e.g. with drug logo and company information)?

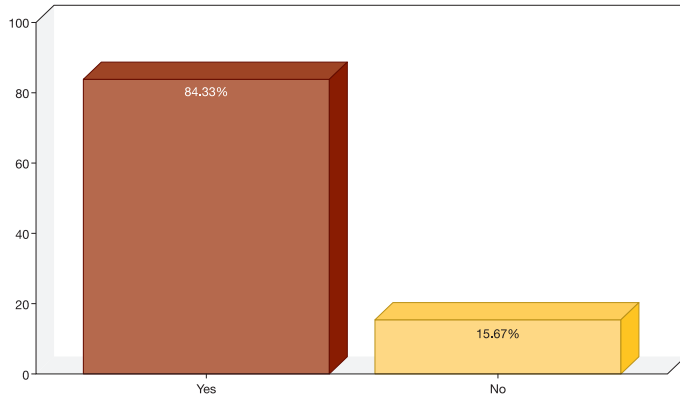


We also explored the value of providing “branded” and “unbranded” materials to the NP audience. What we found is a strong rationale for the education sponsor to develop both branded and unbranded versions of the content to maximize the program’s distribution potential.

While just about 60% of the NPs reported that they are accessible to branded educational content, 93% reported that they are able to accept unbranded content. From these data, we concluded that only 7% of the NP market cannot accept any form of promotional education. It is our strong recommendation that when developing educational content that will be delivered to the NP audience, sponsors should develop both branded and unbranded versions of the program.

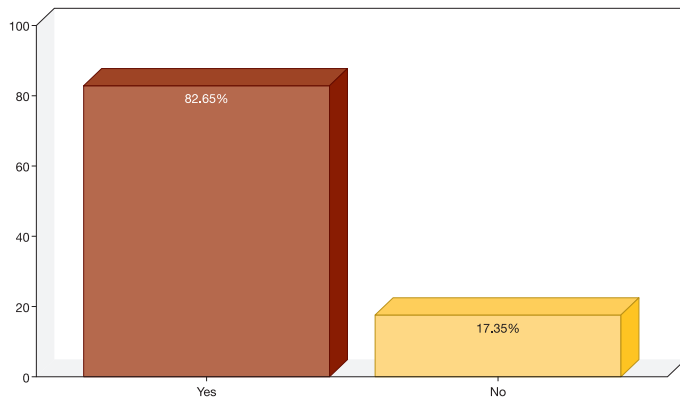
SUMMARY/DISCUSSION: For this panel discussion, we felt it was important to explore the potential benefits of making a commitment to include the “voice of nursing”, especially from the NP perspective, into the business planning process. One limiting

Q6D. I can participate in: Speaker for speaker bureau or program



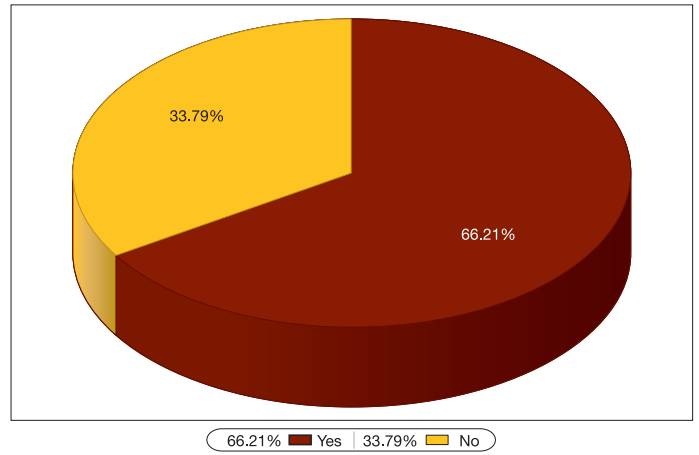
factor we had to consider was, “What percentage of NPs are permitted by their practices to actively participate in promotional projects?” A clear trend emerged from our data showing that the majority of NPs may do so.

Q6C. I can participate in: Advisory board participant



Specifically, we examined the NP’s ability to consult for a sponsor company, participate in advisory boards or speaker’s bureaus, and serve as consultants. We found that NPs could serve in all categories, with the knowledge that consulting had the greatest limitations.

Q11. I use information I receive at non-CNE programs to develop training for my colleagues?



Brand teams consider NPs a desirable audience based on their prescribing capabilities. However, the ONS:Edge survey revealed the extent and breadth of NP influence due to their significant role in educating patients and nursing staff. The NP’s willingness to both share and use educational materials developed by an industry sponsor validates the rationale of bringing NPs into the upfront planning and development of educational tools and speaker programs. This is especially true for oncology, as these NPs are a vital link in the delivery of high-quality patient-centered care.