

Developing engaging materials

NaRCAD Conference
November 7, 2017



Before you get started...

- Complete background research
 - Identify critical studies
- Agree on key messages
- Know your audience
 - Materials will have a different focus depending on whether they are targeted to
 - Prescribers
 - Support staff
 - Patients
 - Administrators
 - And many others....

Select 3 key messages

Hypertension

Pre-exposure prophylaxis (PrEP)

Opioids

Let's start at the very beginning

- How many pages do you have to convey your key messages?
- How many key messages do you have?

Map it out



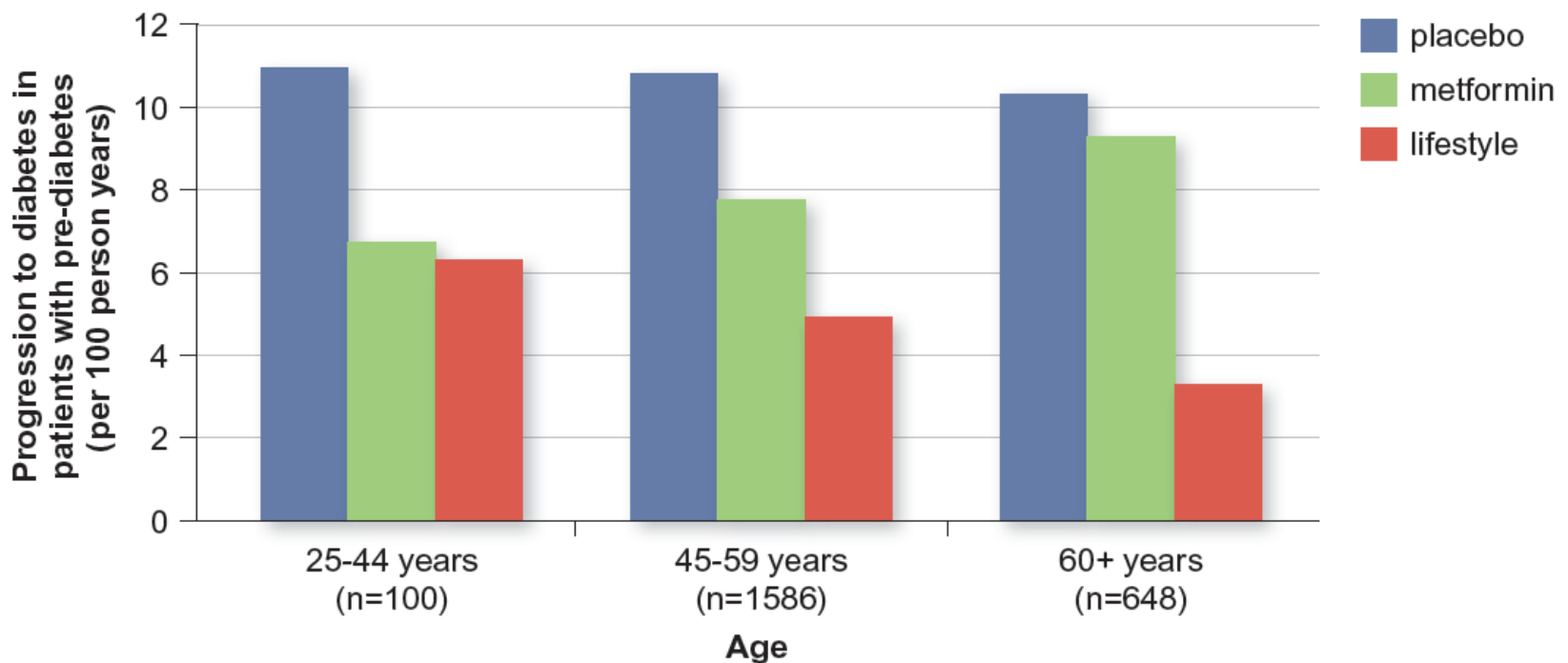
Outlining content

- What content is new? What is the hook?
- How is the story told best?
- What tools do the detailers need to convey the key messages?
- Does the content on the facing pages make sense?

Graphics

- Use images to anchor and reinforce messages

FIGURE 2. Metformin, dietary changes, and exercise can prevent the development of diabetes in patients with pre-diabetes.⁴



Bring some imagination

- Have a vision for what you want to convey

Table 2. Evidence summary of non-pharmacologic and pharmacologic treatments of incontinence in women.

Interventions	Stress UI	Urgency UI	Mixed UI
Caffeine and fluid management	●	●	●
Pelvic floor muscle training	●	●	●
Bladder training	●	●	●
Weight loss for obese women	●	●	●
anticholinergics	●	●	●
β3-adrenoceptor agonists	●	●	●
duloxetine	●	●	●
vaginal estrogen	●	●	●
α1-adrenoceptor antagonists	●	●	●

● Efficacy and acceptable safety ● Efficacy, but unfavorable/unclear safety ● Not efficacious or insufficient evidence

Table 3. Evidence summary of non-pharmacologic and pharmacologic treatments of incontinence in men.

Interventions	Stress UI	Urgency UI	Mixed UI
Caffeine and fluid management	●	●	●
Pelvic floor muscle training	●	●	●
Bladder training	●	●	●
Weight loss for obese men	●	●	●
anticholinergics	●	●	●
β3-adrenoceptor agonists	●	●	●
duloxetine	●	●	●
α1-adrenoceptor antagonists	●	●	●

● Efficacy and acceptable safety ● Efficacy, but unfavorable/unclear safety ● Not efficacious or insufficient evidence

Interventions	Stress UI	Urgency UI	Mixed UI
BEHAVIOR (first-line treatment)			
caffeine reduction	♂ ♀	♂ ♀	♂ ♀
pelvic floor muscle training	♂ ♀	♂ ♀	♂ ♀
bladder training	♂ ♀	♂ ♀	♂ ♀
weight loss (for obese patients)	♂ ♀	♂ ♀	♂ ♀
MEDICATIONS (second-line treatment)			
anticholinergics	♂ ♀	♂ ♀	♂ ♀
β3-adrenoceptor agonists	♂ ♀	♂ ♀	♂ ♀
duloxetine	♂ ♀	♂ ♀	♂ ♀
α1-adrenoceptor antagonists	♂ ♀	♂ ♀	♂ ♀
vaginal estrogen	♀	♀	♀

♂ = men ♀ = women

● = efficacy and acceptable safety
 ● = efficacy but unfavorable/unclear safety
 ● = not efficacious or insufficient evidence

Choosing the right HbA1c target

In patients with diabetes whose HbA1c exceeds 6.5%, the right goal will depend on the clinical situation.

FIGURE 3. An appropriate goal for most patients will be $\leq 7\%$, but a tighter or less stringent target may be advisable.

Tight target: $\leq 6.5\%$	Typical target: $\leq 7\%$	Less stringent target: $\leq 8\%$
<ul style="list-style-type: none">• Younger patients with longer life expectancy• Newly diagnosed, without existing cardiovascular disease	Best target for most patients	<ul style="list-style-type: none">• Frail elderly• High risk of hypoglycemia• Multiple comorbidities• Limited life expectancy

Begin treatment with diet and exercise. Add metformin if medication is needed.

FIGURE 4. Lifestyle changes are central to management at all stages of the disease.^{5,6,7}

	DIET <ul style="list-style-type: none">• Reduce calories to achieve weight loss• Favor complex carbohydrates over simple carbs
	EXERCISE <ul style="list-style-type: none">• Set a goal of about 20 minutes of physical exercise each day• A combination of aerobic and resistance training is best at lowering HbA1c
	METFORMIN <ul style="list-style-type: none">• Reduces risk of major cardiovascular outcomes and HbA1c• Safe side effect profile• Low cost

- Graphics also break up text heavy pages
- Visual ground content
- Convey a feel or attitude towards your content
 - Animated vs. photographs

Layering in design components

What look do you want to convey?

- Font matters. Can you read it?
- Each font conveys a tone without saying a word.
- How do *you* want *your* materials to feel to the reader?
- Select no more than 3 fonts for your entire project.
- The font should not be the star of your materials!
- But unique fonts can draw attention to key points

Headlines should have the largest font

- Decreasing sizes of font suggest less emphasis
- **However, a darker, heavier weight increases the importance of a statement.**
 - **A lighter color doesn't draw the same attention**

COLOR

- Colors convey a mood, so figure out what you are trying to say in advance.
 - Or if you pick a color related to your brand, select colors that flow.
- Color can link sections or messages
- Too much color can be distracting or overwhelming.
- Never sacrifice legibility for aesthetic design.

Linking sections based on color

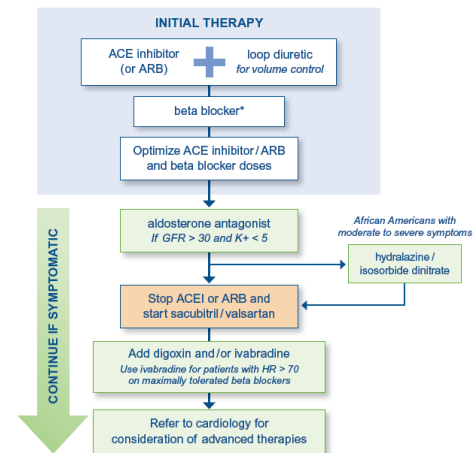
	STAGE	DESCRIPTION	GOAL
Prevention	STAGE A	At risk for developing HF	Prevent HF by treating risk factors.
	STAGE B	Asymptomatic with structural heart disease*	Treat with beta blockers and ACE inhibitors or ARBs† to prevent progression to HF in patients with reduced EF.
Heart failure	STAGE C	Symptomatic prior or current symptoms of HF	Use evidence-based treatments to reduce symptoms and improve outcomes.
	STAGE D	Refractory or advanced HF	Refer to specialists for advanced therapies when indicated and discuss goal-directed care with patients.

STAGE C: Symptomatic patients

Symptomatic patients: Self care is critical

- monitoring signs and symptoms of HF (e.g., daily weights)
- limiting sodium
- exercising as tolerated (independently or in a cardiac rehabilitation program)
- adhering to the prescribed regimen

FIGURE 7. Algorithm for pharmacologic treatment in HF with reduced EF



* Trials enrolled patients with symptoms, but current guidelines recommend the use of beta blockers in most HF patients.

Titrate ACE inhibitors and beta blockers to maximally tolerated dose to achieve the greatest mortality benefit.^{3,10} Even a low dose of these drugs is better than no dose.

HAS-BLED score	> 5	12%										
	4	8%										
	3	4%										
	2	2%										
	1	1%										
CHA ₂ DS ₂ -VASc			0	1	2	3	4	5	6	7	8	9
Risk reduction with anticoagulation			0.2%	0.5%	2%	3%	4%	6%	8%	9%	9%	10%
Annual risk of stroke/embolism			0.3%	1%	3%	5%	7%	10%	13%	15%	15%	17%

No therapy
 Dose-reduced NOAC*
 No therapy or anticoagulation
 Oral anticoagulation

* Dose-reduced NOACs include rivaroxaban 15mg daily, apixaban 2.5mg BID, or edoxaban 30mg daily. Dabigatran 75mg BID is FDA-approved but not tested in clinical trials.

Top option:

1. Uses more colors
2. Has an extra row of data

Bottom option:




















































1. Red linked to bleeding
2. Gradations of blue to provide subtlety of treatment

Annual bleeding risk on anticoag.	HAS-BLED score	Recommended treatment						
≥ 8%	≥ 4							
4%	3							
2%	2							
1%	1							
CHA₂DS₂-VASc		0	1	2	3	4	5	≥ 6
Absolute risk reduction with anticoagulation		0.2%	0.5%	2%	3%	4%	6%	≥ 8%




No therapy
 Novel oral anticoagulant (NOAC) or warfarin
 See figure 8 below
 Dose-reduced NOAC or warfarin with frequent INR monitoring



















Special considerations: color blind






Interventions	Stress UI	Urgency UI	Mixed UI
BEHAVIOR (first-line treatment)			
caffeine reduction	 	 	 
pelvic floor muscle training	 	 	 
bladder training	 	 	 
weight loss (for obese patients)	 	 	 
MEDICATIONS (second-line treatment)			
anticholinergics	 	 	 
β_3 -adrenoceptor agonists	 	 	 
duloxetine	 	 	 
α_1 -adrenoceptor antagonists	 	 	 
vaginal estrogen			

 = men  = women

-  = efficacy and acceptable safety
-  = efficacy but unfavorable/unclear safety
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Medication	Efficacy		Target dose	Monitor
	rEF*	pEF**		
ACE inhibitor or ARB†			highest tolerated dose while maintaining adequate BP	serum potassium; renal function
beta blocker (bisoprolol, carvedilol, metoprolol XL)			highest dose tolerated for heart rate	heart rate
diuretics (bumetanide, furosemide, torsemide)			as needed for symptom control	volume status; serum potassium; renal function
aldosterone antagonist (spironolactone, eplerenone)				serum potassium; renal function
sacubitril / valsartan			highest tolerated dose while maintaining adequate BP	serum potassium
hydralazine / isosorbide dinitrate			highest tolerated dose while maintaining adequate BP	
digoxin			use lower doses in older patients	renal function; digoxin level
ivabradine			highest tolerated for heart rate	heart rate

*rEF = reduced EF, systolic HF **pEF = preserved EF, diastolic HF †Use ACE inhibitors before using an ARB.

-  Reduces mortality and hospitalization
-  Reduces mortality and hospitalization in African Americans
-  Reduces hospitalization but not mortality
-  No reduction in mortality or hospitalization
-  No data available

Use of color to highlight differences

FIGURE 1. Annual hospital admissions for common Medicare diagnoses¹

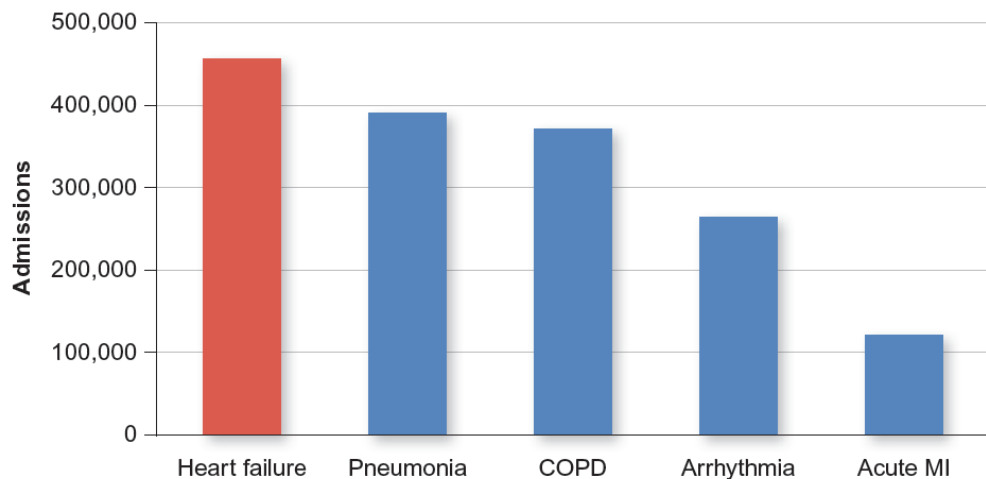
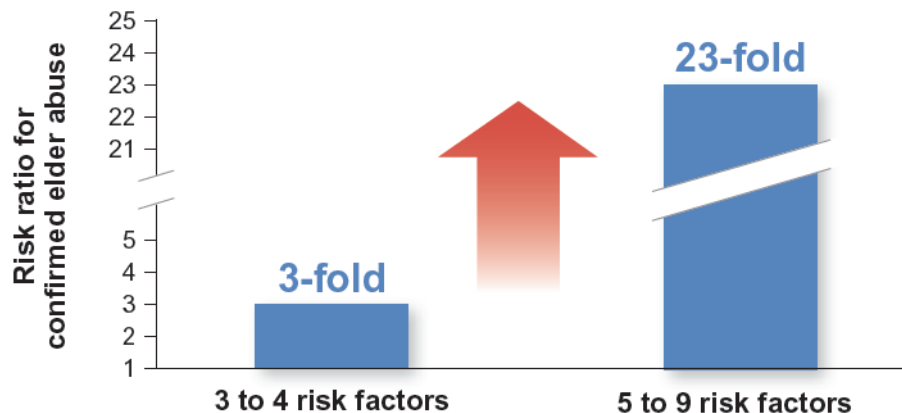


FIGURE 3. Compared to elders with 0 to 2 indicators, the prevalence of elder abuse is dramatically higher in patients with multiple risk factors.¹⁰



Layout

- Make the key point of the page the focal point.
- Use color to highlight differences.
- Don't make space too cluttered.
- Leave white space.
- Keep information bite sized.

Keep in mind what draws the eye.

Tips

- Use the tools available to you to get started
 - PPT has some easy to use diagrams
- Once you have decided on a feel for your materials, be consistent throughout your work.
 - Font
 - Color
 - Graphics

Rome wasn't built in a day



The "Get Up And Go" test is a good way to assess several aspects of mobility.⁷

The Get Up and Go Test	
Ask the patient to:	
• Stand from a sitting position without using arms for support	
• Walk several paces (10 feet)	
• Turn	
• Return to the chair	
• Sit down again without using arms for support	

Patients who answer "yes" to any of the questions, or have difficulty/deficits in gait, mobility or balance when performing the test require further assessment. Think **HIP**:

- History
- Inspection (physical examination)
- Prescription

Fall risk factors are additive

The more risk factors a patient has, the greater the vulnerability to falling when exposed to a stress.

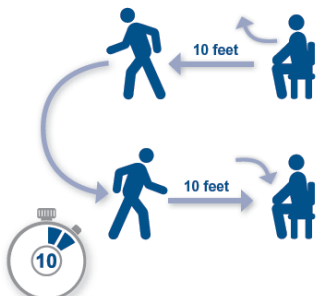
FIGURE 6. Risk factors and falls in patients 65 years and older⁸

Number of risk factors*	Chance of falling in one year
0	 1 person in 10 will fall
1	 2 people in 10 will fall
2	 3 people in 10 will fall
3	 6 people in 10 will fall
4 or more	 8 people in 10 will fall

* Common risk factors (weighted equally) that were assessed in this study include: limited mobility; use of alcohol; 4 or more medications; foot problems; unsafe footwear; orthostatic hypotension; impaired vision; tripping hazards in home

Evaluate gait and mobility with the Timed Up-and-Go (TUG) test

FIGURE 7. Timed Up-and-Go test⁹



Instructions

- Ask the patient to sit in a standard chair.
- Tape a line on the floor 10 feet away.
- Tell the patient to "Stand up from the chair, walk at your normal pace to the line on the floor, turn, walk back to the chair, and sit down again."
- Repeat 3 times and average trials 2 and 3.
- Average time > 12 seconds suggests high risk.

In addition, the TUG test may reveal several characteristic gait patterns.

Bottomline

- Pay attention to your focal points
- Use graphics or images with purpose
- Less is more. Balance use of content with design.
- Chose readability over aesthetics when selecting fonts.
- Don't be afraid of empty space
- Avoid expanded blocks of text
- Use patterns whether colors, text or language to establish relationships
- Utilize contrast to enhance main points
- Keep content streamlined and straight forward. Stick with your story.
- Keep the content center stage; don't let graphics obscure the message

Printing options

You have the content gathered for a detailing aid, or an idea for a handout for patients.

What's the best way to get it out there?

Things to consider

- What's your design and print budget? Be sure to get quotes from your designer AND printer before beginning.
- Who do you want to reach? Healthcare providers on a detail, or is it better to go directly to patients? Or both?
- How many copies do you need? How many detailers, and how many providers will they visit?
- For any budget, consider making materials available online as PDFs.

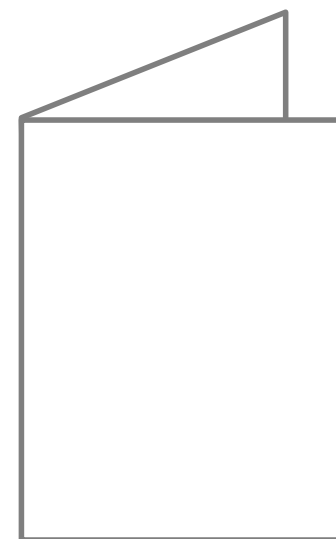
Overview of print formats

Booklets: Ideal for in-person details

- An 8- to 12-page booklet can accommodate enough information for a comprehensive detail.
- 1,000 12-page booklets cost \$1,500-\$2,200.
- The most cost-effective way to print a booklet is with a “self-cover,” which uses the same paper stock throughout.
- Saddle-stitched booklets are printed in multiples of 4 pages (it’s not possible to have a 10-page booklet).
- If you have a more than 36 pages, or you can’t get to a multiple of 4 pages, consider a spiral, wire-o, or perfect-bound book. They are more costly to print.

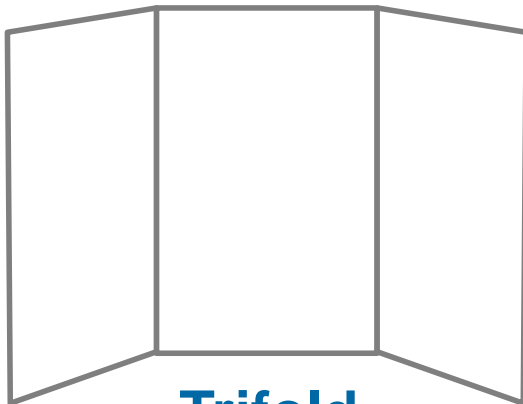
Bifolds (4-page brochures)

- Bifolds are a **cost-effective** option for detail aids or patient handouts.
- An 11 x 17” sheet folded in half to letter-size allows for a good amount of content.
- 1,000 brochures this size cost \$600 online.
- For even more cost-effective printing, design as a folded letter-sized piece of paper (5.5 x 8.5” when folded), so you can print in-house.
- Don't pack with information! Keep it high-level. Use URLs to direct to more information when possible.

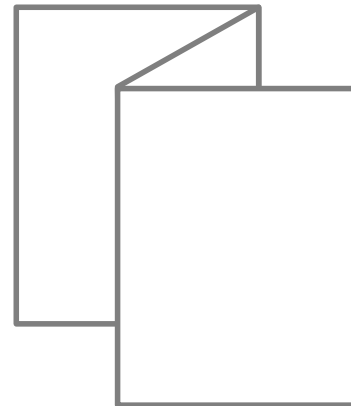


Trifolds

- Use trifolds for very concise detail aids, or for patient handouts to be distributed at provider offices or clinics.
- 1,000 trifolds cost \$350 at an online print vendor.
- Save money by printing in-house (leave .25" white margins if you don't have borderless printing).
- Common folds are the trifold and Z-fold (accordian fold).



Trifold



**Z-fold, or
accordian fold**

Reference cards

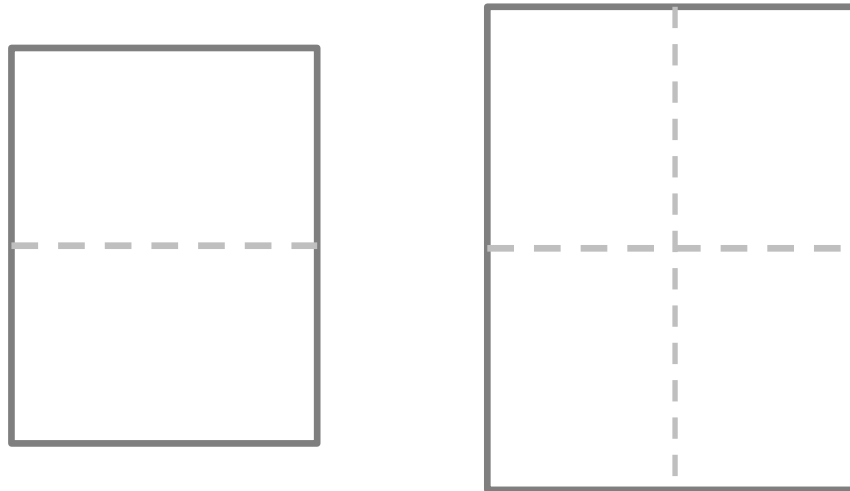
- Consider small laminated reference cards that providers can keep in their coats. Reserve for essential information.
- Recommended size: 4.25 x 5.5” flat (or a larger piece that folds in half to that size)

Non-pharmacologic interventions for COPD¹

	GROUP A	GROUP B	GROUP C	GROUP D
Smoking cessation	✓	✓	✓	✓
Reduce occupational and environmental exposures	✓	✓	✓	✓
Exercise/physical therapy	✓	✓	✓	✓
Good nutrition	✓	✓	✓	✓
Vaccination	✓	✓	✓	✓
Pulmonary rehabilitation		✓	✓	✓
Pulmonologist referral			✓	✓
Address end-of-life decision making			✓	✓
Consider surgery in select patients				✓

Posters

- Consider distributing posters for patients to see in waiting areas or examination rooms.
- A poster that can fold down to letter-sized is an easy format to distribute (11 x 17 or 17 x 22”).
- 500 11 x 17” posters cost about \$300 online. Figure about twice the cost for larger posters.



Other ideas

Binders:

- A binder can be useful for an involved topic that has staying power. Pages can be swapped if content is updated. Binders typically cost \$12-\$15 each, so approximate \$4,000 for 300 copies.

Folders:

- Design a custom folder that reinforces your brand. Use it to house a detailing brochure, trifolds, and/or letter-sized handouts that you print in-house.

What can I print for \$500?

- Trifolds or bifolds! Get them printed at a local copy shop or a reasonable online vendor, like PrintingforLess.com.
- Reference cards for providers to carry (4.25 x 5.5).
- Take advantage of free ways to distribute: Post PDF materials to your website when possible.
- Consider formatting an electronic-only version of a detailer brochure that can be used on ipads. Detailers can walk providers through a detail on the ipad.

What can I print for \$2,500?

- 1,000 12-page detailing booklets at a local printer (which tend to be more expensive but better quality than online).
- 1,000 12-page detailing booklets and 500 trifolds at an online vendor.
- OR consider smaller quantities of the above and add laminated reference cards.

**All pricing is approximate and depends on the vendor.
Always talk to your printer to get pricing.**

Quote with multiple vendors!

What can I print for \$5,000-\$7,000?

- A binder or folder
- 1,000 detailing brochures
- 500 trifolds
- 500 reference cards
- 500 tear pads (for healthcare providers to tear off 1-sided handouts and give to patients at visits)
- Depending on cost of binder/folder, perhaps even posters for provider offices or clinics

Digital or offset?

- Digital printing is cost-effective for lower quantities (500 copies or less).
- Offset printing—which is run on a traditional CMYK press—is typically best for quantities 500 or more.
- Offset printing will allow you to print Pantone colors if required for branding (digital printing can match Pantone but it's not exact).
- Most print houses have both capabilities, and can estimate the cost of both digital and offset printing.

Know how price breaks work

For off-set printing:

- With small print quantities, most of the cost is set-up fees.
- An extra 500 copies can be just the cost of the paper.
- For example, on an online print vendors' site,
 - 500 trifolds were \$325.
 - 1,000 trifolds were \$365.
 - **Only \$40 more for 500 more trifolds!**
- Ask print vendors for at least 2-3 different quantities when quoting a job, so you can know the price breaks.

Getting ready for print

- Whenever possible, format in a design-based program like InDesign or Quark. If it must be formatted in Word, send printers a final PDF, not the Word doc.
- When preparing files for a professional printer, ask if image files should be CMYK or RGB. CMYK is the norm, but some copy shops like Kinko's can use RGB.
- Ask printers to convert the images for you if you don't have Photoshop.
- Images need to be high-res (300 dpi or higher) to print well. Look to image size as a guide: Generally, images should be at least 200K to print. 1mb or bigger is best.

Key points

- Decide what information needs to get out there in print:
 - Is it better to put the print budget into detailing booklets?
 - OR, can you do details with an ipad presentation, and print trifolds for patients?
- Take advantage of free ways to get information out there. Format PDFs to live online when possible.
- Booklets are ideal for in-person details, but cost more.
- For a limited budget, consider bifolds or other small formats that can be printed reasonably or in-house.
- Always get multiple print bids. Look into online printers, which can be more cost-effective.