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Foundation fights health threat

Craig McGuire - 14 Aug 2006 11:00

Looking to shave Medicaid costs, Pennsylvania was considering making a preferred drug list (PDL), which designates a single treatment for each medical condition, usually a generic drug. Essentially, the list limits enrollees to a select group of drugs and either bars or makes difficult the ability to access drugs not on the list.

Unlike PDLs in other states, Pennsylvania was exploring the inclusion of hemophilia treatments. But hemophilia doesn't have a generic treatment; patients use a combination of six different "clotting" treatments. Limiting access to even one could threaten their health.

The National Hemophilia Foundation stepped in with an effort to block the move.

Strategy

To convince the state that hemophilia treatments needed to be exempt from the PDL, the National Hemophilia Foundation had to sway the members of a review committee that would make a recommendation to Gov. Edward Rendell's administration, due December 31.

"The administration was not listening to the patients' or the chapters' concerns," says Jon Hendl, VP of public affairs at MWW Group.

MWW Group entered the debate in September, just two months before the recommendation was due. Moreover, hemophilia only affects about 300 people in Pennsylvania. While the PDL designation would affect a relatively small number of people, it would establish a precedent other states could follow.

"It was vital to not only engage the broader public, but also ask the tough questions of the legislators and government officials," says Glenn Mones, VP for public policy at the foundation. "When journalists start asking the same questions we've been asking all along, it turns up the pressure to come up with credible answers."

Tactics

With very little time to make the necessary impact, staging rallies, working the phones, and blasting out media alerts alone would not be enough. To pressure the review committee, MWW Group took the fight into the field, storming newsrooms with the best possible campaign collaterals: hemophilia patients.

"We scheduled editorial board visits with major newspapers in the state," Hendl says. "The boards we met with couldn't believe that these people wouldn't get the treatments they needed, and, in fact, a member of one editorial board had two sons with hemophilia. It

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helped put a face on an issue in a way putting words on paper could never have done."

Results

"In many campaigns, the goal is amorphous, like trying to get your name out there, so you never really know when you reach your objective," Mones says. "With this, we had a very clear objective, and everyone understood exactly what we were trying to achieve."

The on-site visits produced a number of articles across Pennsylvania, including front-page treatment in the *Pittsburgh Post-Gazette* and an Associated Press story picked up statewide in many outlets. In reporting the story, journalists peppered the committee and lawmakers with tough questions.

In December, the review committee recommended that all of the six drugs the foundation was fighting for should be added to the PDL.

Future

The program has since been duplicated in other states, Mones says.

"Unfortunately, the story does not end here," he adds. "The reality is that Medicaid is a program where they are always looking to reduce costs, while hemophilia is very expensive to treat."

PR team: National Hemophilia Foundation (New York) in conjunction with its Delaware Valley and Western Pennsylvania chapters, and MWW Group (Washington)

Campaign: National Hemophilia Foundation Appeal to Pennsylvania Government on Medicaid Treatment

Duration: September to December 2005

Budget: \$30,000

PRWeek's view

From a PR perspective, what makes this campaign compelling lies in the tactics employed to influence the media. On paper, there was a noteworthy human-interest angle, yet this was probably one of many such pitches. However, this effort helped manifest the issue by facilitating face-to-face contact between journalists and those being treated for hemophilia, and letting the patients directly convey the potential impact on their lives.

Sophisticated technology and complex integrated techniques are undoubtedly effective. However, sometimes you just have to log off, hang up the phone, and get out from behind the desk.

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