

# REVOOLUTION



**Topher Brooke**  
vice president, diabetes  
AstraZeneca

PHOTO: DAVE MOSER

Patient education used to be a cookie-cutter operation: Hire a spokesperson, plan an event and draft a static list of symptoms, then call it a day. But in the wake of groundbreaking campaigns from AstraZeneca and Novartis, the industry may well have to raise its content-creation game—and cede considerable control to super-informed patients in the process. **Larry Dobrow** reports on the two programs that have raised the patient-ed stakes

**J**ourney with me, if you will, to a moment in the recent past. The year is 2010. Sprung from the depths of the recession, you—a pharma marketer, tried and true—are cautiously dipping your toes back into the spending pool. And one of the areas upon which you’re focusing your renewed attention is patient education.

You attack the task warily, defensively, deferring to MLR at every turn. If something is hard, it’s not worth the bother. It’s not as though patients have much in the way of other options, right?

So you fill in the preestablished blanks: a celebrity spokesperson, a launch event, an informational pamphlet or three. You throw the kids in digital a bone in the form of a hyper-prescriptive website with symptom lists and verbiage seemingly scripted by a robot. You set the wheels in motion and then you move on to the next endeavor. *Et voilà*: education-awareness nirvana.

Except that the very patients to whom you’re hoping to appeal—or maybe appease—have moved on. They’ve found similarly minded people on the Web and established communities in which the discussion, frankly, terrifies you. They talk about their feelings. They talk about sex (and do so employing language that might most accurately be described as “salty”). Most unsettlingly, they mock you and your efforts to educate them.

Educate them? Ha! They scoff at the notion that you, the venerable and super-well-intentioned pharma marketer, have anything to share that they need to know. You’re not the sick one, bub.

You read their comments and retreat into your office. You might have to rethink this whole patient-education and awareness thing.



The worst thing about the scenario presented? That it's still playing out today. Don't buy it? Steal a glimpse at seven or eight education-awareness websites. At least half of them hew to the (perhaps broadly sketched) formula devised and perfected close to a decade ago. The language is cold and clinical, the overall approach seemingly motivated by a desire to suppress even the barest hint of a possibility of a mention of an adverse event. Indeed, at a time when technology facilitates great feats of personalization and customization, these sites remain frustratingly, recalcitrantly one size fits all.

Seriously. Go look for yourself. We'll be here when you're done. Okay, welcome back. Now that you've seen the bad, it's time to experience the good. Let us direct you, then, to AstraZeneca's Fit2Me resource for Type 2 diabetes patients and their support network and to Novartis's Living Like You community for young women with multiple sclerosis.

Pretty impressive, no? While the two campaigns couldn't be more different attitudinally—Fit2Me goes heavy on highly customizable diet and exercise information and Living Like You aims to cut through the symptoms-and-dire-warnings clutter—each serves as a prime example of circa-2015 patient education in its most useful, relevant guise.

Ordinarily in stories of this ilk, *MM&M* interviews a host of experts and asks them to convey tips, dos and don'ts and anything else that lives in the neighborhood of best practices. If they can actually discuss campaigns upon which they've worked without violating hyperrestrictive client confidentiality agreements, all the better. Here, however, we're going to drop the pretense and say it up front and as straightforwardly as humanly possible: Fit2Me and Living Like You are cannier, more sensitive to patient needs and just plain more effective than pretty much every other education or awareness campaign out there.

If you're a pharma marketer hoping to craft a new patient-education or awareness campaign—or repair a listless existing one—you should study Fit2Me and Living Like You. You should worship at their twin altars. You should stack up your information assets against those of Fit2Me; you should compare the rawness and relevance of your content with that of Living Like You.

To help you along your way, we sat down with some of the minds behind both campaigns. They shared their inspirations, their challenges (and how they moved beyond them) and their advice for others hoping to achieve a similar sublimity of patient-education achievement. You're welcome.

**Fit2Me, AstraZeneca (with Cadient, MRM/McCann East, The Masterson/SWOT Team, Proximo Gen, Ayogo and mHealthCoach)** Topher Brooke, VP, diabetes at AstraZeneca, has a rosier view of the patient-education/awareness landscape than many of his peers. "We've all started to finally wake up," he says when asked to compare current-day programs with the ones of a few years ago. "For pharmaceutical companies, it's no longer just about therapeutics. It's about the intersection of a therapy and the patient support around it." That support aspect he mentions sits at the heart of Fit2Me, a campaign for Type 2 diabetes patients and their caregivers that launched late last year. With 29.1 million Americans suffering from the disease, there was (and is) no shortage of information for patients. The problem? Much of that information is static and rigidly conveyed. It views the 29.1 million patients as interchangeable; the diet



The first program of its kind, Fit2Me is "about the intersection of a therapy and the patient support around it"

and exercise tips that work for one patient are expected to suffice for everyone.

Patients, and human beings in general, don't work that way. Thus Fit2Me began with "a pen and a whiteboard," Brooke says, and a mandate to create a program that would present the patient with far more options than ever before. "We know that patients vary widely in how they manage their conditions, so a customized approach is critically important. It leads to better adherence to medications and better outcomes from a health-wellness perspective."

Devising that approach wasn't easy. Marci Hanlon, AZ's consumer portfolio director, recalls that the company was in the process of expanding its product portfolio—basically, moving from one drug to several—and had loads of assets through which to sort. (AZ markets a number of diabetes drugs, such as Bydureon, Forxiga and Onglyza.) "Each [product] had its own campaign and its own materials and its own diet," she says. "I would look at everything and think, 'Wow, there are nine different bean-dip recipes.'"

Hanlon, Brooke and the AZ team didn't dismiss the preexisting materials out of hand, but neither did they spend too much time dwelling on them. Instead, they looked to other industries—both for inspiration and to learn what not to do.

Hanlon rips off a list: "The travel business is highly regulated and it's given consumers more power—to self-serve, to upgrade their seats, et cetera. Banking—also highly regulated and also managing to work well within a changing environment." Team Fit2Me then went out and located the experts who developed the user interfaces it admired and tasked them with creating an interface that would help Type 2 diabetes patients who struggle with diet and exercise change their behavior.

"Everything that was done was done with the patient in mind," Brooke stresses. Out went the seven-day menus that patients were expected to follow until the end of time; in came a remarkable 10,000 diabetes-sympatico recipes and more than 500 activities and exercises.

At the same time AstraZeneca sought to better its existing campaign-

management protocols. Ultimately, Team Fit2Me came to be comprised of the aforementioned tech-interface experts as well as diet and exercise ones; in-house MLR and IT units devoted exclusively to the campaign (that developed "the guidelines and guardrails for our experts," Hanlon says); and a project-management team that "had everything running like the military," she half-jokes. While neither Brooke nor Hanlon would venture a specific guess as to how many people worked on the campaign, Hanlon says it required "numerous people, but not hundreds."

When Fit2Me launched, on October 15, 2014, it quickly became apparent to Brooke that it had sparked a different level of enthusiasm than most such campaigns. "There's a large patient base, obviously, but it's one that is hungry for information," he notes. What surprised him most was the interest from physicians, hospitals and other health groups, many of which sought a formal affiliation with the program. "We underanticipated how excited they'd be." Overall, he says, Fit2Me has "outstripped every expectation we had for it."

Which begs the question: What's next? While the idea is for Fit2Me to endure for many years—"we're planning on being in this business a while," Hanlon quips—Brooke shares that he challenged the Fit2Me team to start thinking about the program's next iteration "two or three days" after the initial launch. "Especially for people with Type 2 diabetes, there's a big intersection between therapeutics and services around therapies. We need to keep thinking about that intersection point," he says.

Hanlon notes that a few new functionalities will be added to the program in upcoming months, including a database of restaurants with diabetes-friendly options and a tool that will help patients forge healthy meals from whatever happens to be in the fridge. "You enter what's in there and it pops out recipes," she explains.

"The easy way out would have been to do things the old way, to do it one size fits all, but we're in this game to help people," Brooke says. "The hard, right way isn't always the path that's chosen, unfortunately."

**ACCENTURE: PATIENTS UNAWARE OF PHARMA SERVICES**

For all the willingness of pharma marketers to evolve and expand their patient-education and awareness campaigns, they're still falling short on one key related front: making information-needy patients aware of the services they provide. That was among the key findings of "Patient Services: Pharma's Best Kept Secret," a report released earlier this year by Accenture.

The report is based on an ambitious survey of 10,000 patients in Brazil, France, Germany, the UK and the US across seven therapeutic areas (conditions affecting the brain, bones, heart, immune system, lungs and hormones/metabolism as well as any area of cancer). A minimum of 150 patients with each condition were surveyed; respondents were 18 years of age or older and had annual household income of at least \$25,000.

"Patient Services" points to a severe, stunning awareness deficit among the would-be users of services made available by pharma companies. A mere 19% of patients are aware such programs exist, while awareness remains low regardless of therapeutic area (levels range from 18% for bone, lung and heart conditions to 21% for cancer and immune diseases). The cruel irony? That patients aware of the services tend to use them (58%) and find them "extremely" or "very" valuable (79%).



Accenture Life Sciences' Romito

"The magnitude of the lack of awareness was surprising to us," says Tony Romito, managing director, Accenture's Life Sciences group. "When you look at the scale of investment being made to create these services, and then you see that consistently low level of awareness, you can't help but think that there's a big opportunity missed here. It's one place where [pharma] companies can have a much bigger impact."

Survey respondents weren't shy about telling pharma what it's doing wrong. They pointed to the pretreatment period as the most frustrating one in the patient care journey (65%), noting that they want more guidance and assistance before their formal disease treatment commences. Along those lines, 34% of patients expressed frustration with what they didn't know prior to diagnosis—namely, that they were at risk for a given condition well before they started experiencing symptoms.

That, to Romito, ranks as one of the most important takeaways from the "Patient Services" report. "Patients want more support before they're already being treated—which is a little bit contrary to what we usually see in life-sciences marketing, which is 'once you get the script ...'" Romito adds that this should open the door for savvy marketers. "There's an opportunity for market leaders to establish some strong positioning in engaging patients around disease states where they have deep, deep competency to help patients better understand what they're going through."

At the same time, it's clear that pharma companies can only do so much. Patients surveyed said they want HCPs—doctors, nurses, pharmacists and the like—to serve as the primary point of contact and information source for services that may be available. Eighty-seven percent said they prefer to have their health managed by a single contact; 85% prefer that the contact is their first-in-line team of HCPs. Only 1% said they want a pharma company to serve as that primary point of contact.

"Everyone would like to have one place to go, a one-stop shop for available services. People just trust their HCPs," Romito shrugs. "Increasingly, you're seeing digital [channels] become the second option for that, especially among millennials."

What does this mean for pharma marketers? Just as they have a multichannel strategy for engaging physicians, it's more important than ever before to apply similar thinking to engaging patients. "For services, you need to engage digitally, directly and through information from the physician, and all of that should be coordinated. A bunch of uncoordinated paths will just lead to more confusion," Romito says.

As for righting the patient-services awareness deficit, Romito says that "more than just a megaphone" is needed. He suggests that the road to awareness start with internal audiences. "When you think about the amount that's invested in operating these patient services, it's kind of amazing that they haven't necessarily been incorporated into a more integral part of the go-to-market approach," he says, noting that Accenture's life-sciences clients often acknowledge that few resources are devoted to educating sales forces on the existence of such services. "We need to do a better job as an industry to educate internal and external stakeholders—not just about the availability of patient services but about their value. It's a story that has to be told."

**Living Like You, Novartis (with Weber Shandwick)**

Asked about the moment she knew that Living Like You had struck a nerve, Stacey Bernstein, SVP, director of US digital health at Weber Shandwick, is quick with an answer. “That’s an easy one: It was a few minutes after we pushed the site live. I got a frantic call from the client, who was in a panic because nobody could access it,” she recalls. “What we eventually realized is that the site was automatically blocked at Novartis because it violated their profanity standards. It was too provocative. We had to go to the head of global IT and get it white-listed.”

While agency partners generally don’t aim to rile in-house IT units, in this instance it was the precise response Bernstein and her team had hoped to provoke. “To me, that was the best thing,” she says with a laugh. Prior to the launch of Living Like You, education and awareness campaigns targeting MS patients tended to consist of little more than lists of symptoms and ominous “you can expect to

help young women newly diagnosed with MS was to cede control to the patient community. “Pharma companies have so much value to add, but the most important thing they can do is empower patients to share,” Bernstein says.

To hear her tell it, Novartis was wary but game, sincere in its desire to contribute to the conversation in a genuine way. Weber Shandwick didn’t sugarcoat its recommendations: It told the brand team flat out that the campaign content needed to make everyone involved feel “a little uncomfortable,” in Bernstein’s words. Among the topics likely to be explored within the context of MS: sex and sex toys, depression and the use of medical marijuana. “Good Lord, getting that last one approved ...” Bernstein says, her voice trailing off.

To its great credit, Novartis signed off on the approach. While MLR initially expressed some reservations, eventually it too got on board. “The questions [MLR] have now aren’t about the legality of doing something, but whether we *should* do something. It’s more

like, ‘Is it our place to do this?’” Bernstein says. “Very rarely do we feel any push-back. Novartis really gets it.”

Thus, when Living Like You launched, on February 3, 2014, it led with a host of content that, to date, had been deemed too outré for a pharma-backed campaign. From there the content only got rawer and more authentic, largely owing to Novartis’s willingness to let patient voices be heard.

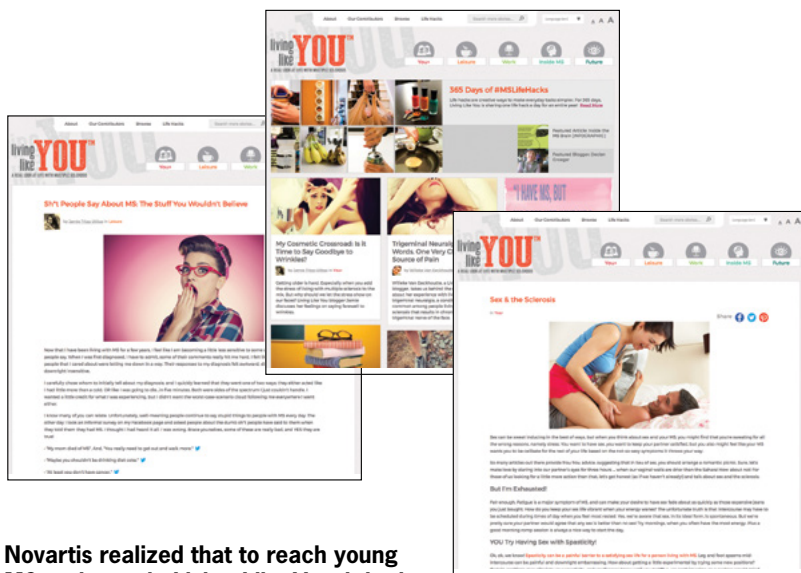
Much of the campaign’s initial content had been crafted by the Weber Shandwick team. But within a month or two MS patients seized much of the real estate. “Nobody’s smarter about MS than a patient living with MS,” Bernstein says. “That much should be obvious by now. Patients are infinitely smarter about the disease than we are.”

That was one of the key learnings during the genesis of Living Like You. Others included the importance of building strong relationships with in-house MLR teams (“I want to know who they are and I want them to know me,” says Bernstein) and the necessity of removing as many filters of patient

expression as legally possible. “When we first started, a researcher came to us wanting to write about medical marijuana in MS. It was a little soon, but he came back a few months later. The client said, ‘I’ll fight for this.’ That was a huge moment,” she adds.

As for extending the reach and the lifespan of Living Like You, Novartis and Weber Shandwick have already expanded the campaign’s mission via an ambitious series of “MS Life Hacks,” served up at the punishing pace of one per day. Fueled by content of this kind and community contributions, Living Like You could, in theory, live forever.

“Patients’ experience with disease is inherently uncomfortable, but we pretended for years that this wasn’t the case,” Bernstein says. “Hopefully that’s part of the legacy of Living Like You, that these [campaigns] have to be honest. If you’re doing a disease-awareness program and there’s no push-back or discomfort, that means you’re probably doing a typical pharma program. It should never, ever be easy.” ■



**Novartis realized that to reach young MS patients via Living Like You, it had to step aside—literally—and turn the site over to them**

feel/experience ...” warnings about their future plight. What was missing? Anything that connected with the reality of adjusting to a diagnosis of MS at a young age.

Such connections were regularly being forged in MS communities disconnected from Novartis and other pharma companies that play in the MS space. Most corporate-backed education sites and initiatives, however, had all the liveliness of an abandoned mine. “What happened, in a general sense, is that patients leapfrogged pharma,” Bernstein explains. “They forced pharma to look at things differently. When you have patients communicating and sharing and providing each other with information, and being so authentic and true while doing it, it makes pharma look irrelevant.”

The goal of Living Like You, then, was to tap into that vein. Looking toward both MS communities and the consumer space for inspiration, the Weber Shandwick team decided the best way—really, the only way—to impact and