DESIGNING BETTER HEALTHCARE

How the application of design-based thinking to modern healthcare marketing can create connected, creative, and patient-centric campaigns that change behavior, reduce healthcare costs, and make a lasting impact.
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“Design thinking is a human-centered approach to innovation that draws from the designer’s toolkit to integrate the needs of people, the possibilities of technology, and the requirements for business success.”

— TIM BROWN, PRESIDENT AND CEO, IDEO

A Human Approach to Healthcare

One of the most common pitfalls happening in healthcare marketing is that we are becoming the victims of being experts. From wearable devices to educational campaigns and product platforms, we believe dogmatically in new technology, eschew the basics of what created our problems in the first place, and expect the market to immediately embrace our solution. The reality is this is rarely the case.

The hard truth is that the problems we try to solve in healthcare are rarely our own. They’re specific to the individual, and this individual gets lost in a disease, or a drug, or a problem that we approach on a mass scale. Balancing the need for individualized, unique healthcare experiences with the need for large-scale change is the biggest challenge we face in healthcare marketing. And it’s become critical.

We have the technology: Databorn marketing techniques have the potential to tell us more about behavior and reach a broader audience. We have the need: Not only do people want to be reached, they want solutions to their healthcare problems that speak directly to them. We have the imperative: Superficial fixes to the problems of healthcare are costing the system, affecting quality of life, and leading to an unprecedented time of need for real people.
A Call for Empathy

Current healthcare marketing efforts rarely deliver an established value proposition and messaging evokes little to no emotional connection. This disconnect forces consumers to default to choices that don’t suit them and creates a systematic problem that can be traced back to failures at the inception of a project. **We must start at the beginning; we must start with the human elements of the problems we face and create solutions that marry advances in technology with the fundamental human nature of the problem itself.**

BLDG sees this as a call for design-based thinking. Integrating design paradigms into marketing strategies will reach more people, engage them in truly unique and salient experiences, and greatly help to solve the vexing problems we face in the healthcare world. **From disease awareness to product brands that inspire and engage, design-based thinking models have the potential to address the other side of data: they have the ability to make healthcare human again.**
INTEGRATING DESIGN-BASED THINKING INTO HEALTHCARE

Healthcare markets (medical devices, life sciences, educational platforms, and pharmaceuticals) have long been governed by analytical modes of thinking. In a field based in science this makes perfect sense. But entertaining purely analytical modes of thought is often linked to failed commercialization.

Enter the new era. Enter a human approach to commercialization. Enter innovation. Enter a different paradigm with a different scale of success.

Design is often thought of as a downstream activity, an aesthetic task that should be outsourced to vendors who work on a fee-based model and negotiated as a commoditized service. If we reevaluated the importance of design theory, its place within the systemic processes of the healthcare model, and its role in the implementation of products and campaigns, the C-Level would substantially increase the likelihood for commercial successes.

BLDG was born of the ideology that creativity should be part of the strategic framework for success and fuel not just powerful brands, but every aspect of commercialization. Injecting design-based thinking across healthcare paradigms will allow for a fundamentally different way—a simpler way—of thinking about and improving the human experience. The resulting products and campaigns will be more useful to the people who need them, leading to better behaviors and better outcomes.
DESIGN-BASED THINKING IN THE CONTEXT OF HEALTHCARE MARKETING SOLUTIONS

What is Design?

Design is most often used to describe an object or end result, an aesthetic final touch. For the purposes of this paper, when we refer to design, it will mean the design-based process: an action, a verb—not a noun. A protocol for solving problems and discovering new opportunities. We believe design is meant to encompass all the moving parts of whole system operations: from the language that forms ideas, to how patients interpret products, to how we engage their needs and drive the messaging that fuels behavior. When we refer to design, we’re thinking about the reality of the individual, their psychology, and the marketing steps that go into creating a final product. At the center of this definition is the human experience.

Begin with Empathy

Empathy is the foundation of design-based thinking. This makes sense: when the focus of industry is human, the values of industry must become human. We must empathize with the root of the behaviors we are trying to change or affect. When marketing is dedicated to the health and well being of people, the imperative falls on us to fully understand the nuances of our consumer’s lives: what’s important to them, how they think, and why and when they act—this is what is meant by empathy in a design-based paradigm. **Empathy requires time and thought be dedicated to the problem and who is suffering.** This dedication will guide the efforts it takes to reach a solution.
START WITH PEOPLE, **REAL PEOPLE**, AND ALLOW THEIR MOTIVATIONS AND ASPIRATIONS TO **GUIDE TECHNOLOGY.**
THE DESIGN PROCESS

Designing Better Solutions

We’re living in a time of massive change; technology is evolving at an incredible rate, which is creating new choices while former alternatives are becoming obsolete. But we cannot allow technology to drive our healthcare choices. In fact, it should be the other way around: the human experience should drive technology to create better solutions. Integrating design-based thinking into healthcare begins by shifting our aim from creating technological revolutions to building better experiences (and outcomes) for people. We’ll start to see better results when we start asking the right questions—the questions that will lead to solutions that are applicable and effective.

Observe, Engage, Immerse and then Define

Questions that lead to observations and engagement are the cornerstone of design-based thinking. Observing, engaging, and immersing yourself in an audience allows you to interpret intangible insights about human behavior that have traditionally been overlooked. This hands-on approach is not only more emotionally salient, but also allows for a more robust problem statement: a better question with which to begin. Better, more meaningful questions pave the way for a vision that is creative and meaningful.

For example, fueled by her own fear of needles, 19 year-old nanotechnology student at Stanford, Elizabeth Holmes, wanted to create an alternative to an experience that impacted not only her own health, but 40-60% of other Americans with the same fear. She knew that this fear was at the root of non-compliance with even the most basic tests for many people, and sought out the technology that could provide a better experience. Holmes’ company, Theranos, developed the technology to run multiple blood tests on just a single drop of blood. Holmes didn’t stop there. Since many people can’t take time off to visit a lab during the day, Theranos expanded their technology to every Walgreens in the country. Holmes’ human experience fueled the technology that changed outcomes.
HEALTHCARE IS AN INDUSTRY THAT, AT THE END OF THE DAY, IS GOVERNED BY HUMAN VALUES. IF WE FAIL TO SEE THESE VALUES, WE FAIL AT OUR JOB TO HELP EVERY INDIVIDUAL.
Creative First, then Data

We are facing an unprecedented time where people have more opportunities, choices, information, and feedback about their health than ever before. The latest solutions in healthcare have relied on mass quantities of data to provide a feedback loop of information. However, if we step back and look at the whole process, data is the back-end of the system; it measures an outcome, leaving the nuances of the patient journey out of the equation. We constantly put the cart before the horse in the name of outcomes while claiming to be more patient-centric. We have data that tells us more and more, but data does not tell the whole patient story; there is no empathy in data.

The latest trends in marketing focus on insights derived from digital noise. Highly effective, targeted and creative campaigns are built on expanses of information. But the difference between a digital and a truly empathetic insight is the human experience. We can’t expect to know people through their online behavior alone, just as we can’t expect to know everything about the patient through their health profile. The modern age will be born of this marriage: an empathetic, personalized approach to how we create campaigns, and a comprehensive digital scope to execute.

One of the common mistakes in marketing is the band-aid effect of commercializing before the particulars of a problem are even known. Wearable technology, 3D printing, and big data have the potential to create commercial success while addressing the issues burdening the healthcare system, but in order for these offerings to truly change behavior, they have to take design into account. In the last year, 83% of consumers reported difficulty using their wearable device. It takes empathy to understand the motivation behind behavior, a dedication to testing to refine the details of experience, and products that speak to the human behind the experience to actually change behavior. Data, at the end of the day, will only be enhanced by a better dedication to the design that goes into creating it.
Understanding what humans need from a smart watch or what people living with diabetes need from an empowerment campaign is innately tied to designing from the bottom up. Instead of using the endpoints to figure out how something isn’t working (data), start with empathy to avoid the paralyzing tunnel vision that forces solutions.

To produce meaningful long-term data, we need to start with empathy and allow customers the time and space to truly express themselves. Not at a singular point in time, but over time. Not in a focus group setting, but where they live, work, and play. Design-based thinking is about getting to know the consumers, patients, and physicians you serve in a way that’s comfortable to them and produces feedback that is candid and insightful.

BLDG applies the standards of design-based thinking, beginning with empathy, to a savvy marketing process that involves asking questions, listening, prototyping, refining, and repeating. This process is a holistic approach that allows patients and physicians to express their deepest thoughts and needs while providing us with the insights to produce deliverables that connect, drive action, and inject a more intuitive (a more human) approach to how we speak the language of healthcare.
Diabetes: An Overview

The diabetes epidemic in the US comes with a host of complications. Our nation is becoming increasingly obese, rates of type II diabetes are soaring, and people living with diabetes are suffering from a host of comorbidities that are costing the healthcare system and creating a cycle of depression, despair, and suffering. Adherence to diabetes medications is one of the main obstacles to reducing the deleterious effects of the disease, and greatly reduces the cost of disease management, but only 20% of people living with diabetes take their medicine as prescribed. Why? And what is the solution?

In order to understand the problem, BLDG employed a design-based strategy. We needed to better understand the people who need the solution, build empathy for these patients, and design a solution to what they are lacking.

Beginning with Empathy

We began by throwing out what we thought we knew about diabetes and looked at people, real people, and their behavior in the context of the disease. We interacted with them; we worked with a renowned diabetes psychologist and immersed ourselves in the daily experiences of those living with the disease. We listened to thought leaders and dissected current behavioral research. We asked the following questions:

- What was the psychological nature of the people we were trying to reach?
- What would move them?
- What messaging existed around the disease, and of that messaging, what was lacking?
DEFINING THE PROBLEM

We found that over and over again people living with diabetes were being systematically misheard, told they weren’t doing well enough, and shamed for a disease that is incurable.

The stigma around type II diabetes (and general lack of awareness between the two different types) was fueling a mindset that predetermined outcomes and disenfranchised those living with it. Diabetes is a psychologically nuanced, incurable, and financially devastating disease. People living with diabetes take more than six pills a day on average, pay extra for the cost of healthcare, and lack an existing space for a positive experience or community.

There is a lack of empathy and perspective surrounding the disease, which leads to:

- Distress and depression
- Disenfranchisement
- Disengagement

As a result of these pressures, adherence suffers. Quality of life suffers. The cycle repeats itself.
Creating a Solution

Diabetes is very much a stigmatized disease in a way that cancer or autoimmune diseases are not. This stigma is fueled by language, beginning with the word, “diabetic.”

We do not call people with cancer, “cancerics,” or people living with HIV “HIVics.” The reason we don’t is because we have learned not to define those people by their disease. The very word “diabetic” casts a semantic distinction that labels people with diabetes as just their disease.

We understood that language and perception were at the root of these problems, and sought to create a movement that would revitalize the language people use around the disease, while inspiring people living with it. Empowerment and positivity formed the foundation of our platform to help inspire confidence and coalesce a voice that would be heard within the diabetes community and beyond. Our goal was to eliminate the negative feelings around the disease and inspire behavior change.
Prototyping

Based on our research and attention to semantics, we created two campaigns, employed A/B testing, listened to feedback and refined the platform that resonated: an empowerment movement that aims to use language and empathy to fight stigma, while supporting and encouraging people living with diabetes.

Results

In visualizing the community, we wanted to create a space that was not only safe, but inviting. Unlike Facebook or blogs, we needed an online place that could provide privacy without being exclusive, while engendering open dialogue. We partnered with a robust community platform where people could come and engage. The result was an inclusive, positive, and focused movement that celebrates the everyday victories, along with the real-life frustrations of living with diabetes while challenging perceptions and stereotypes.

First Challenge

Using language as a platform for behavior change, we initiated the “No ‘–IC’ Challenge.” It challenged people living with diabetes to define themselves by personal traits or aspirations, and when faced with the word “diabetic,” use it as an educational opportunity and conversation starter.
TRANSLATE A DESIGN-BASED THINKING PARADIGM TO HEALTHCARE AND YOU CREATE A MODEL THAT SEES PATIENTS THROUGH THE CONTEXT OF THEIR LIVES. IT’S EMPATHY ON A GRANULAR LEVEL.
Modern Marketing: Primed for Change

The United States currently spends over 18% of its GDP on healthcare. Estimates suggest that over $700 billion of annual healthcare expenditures do not improve outcomes. The simple reality is that our current healthcare system is broken.

Leaders tasked with creating effective consumer experiences always start by observing, listening and engaging with their customers in order to discover their unmet needs, followed by development of new processes and technologies to meet those needs and fulfill expectations. For leaders in pharma and the healthcare industry, the process should be no different. The future looks healthier when we embrace user insights, strategic thinking, and aesthetics paired with provocative execution. Ongoing advances in data collection, technology, and creative efforts require a system that will deliver the best results for every single individual. Integrating design-based thinking will allow healthcare to find better solutions to unmet needs, and create a better, healthier, more human-centric future.

Healthcare companies looking to make the shift towards providing a better consumer (patient) experience must first start with understanding the patient journey through empathy. This requires building with different processes and engaging with a different type of agency partner than the industry is currently accustomed.

At BLDG we’re marketing experts. We don’t pretend to have the solution to our nation’s healthcare problem, but we certainly understand what it is to be a human in the healthcare world. Lucky for us, we get to help drive positive change for individuals by doing what we do best: building better, more empathetic experiences that translate to positive, palpable change.
BLDG is a boutique healthcare agency of problem-solvers that utilize design-based thinking to build experiences that impact patients and connect brands with consumers in truly meaningful ways.

FORTUNE FAVORS THE BOLD.

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