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Keynote: Great Expectations—Why Pharma Companies Can't Ignore Patient Services

Tony Romito, *Managing Director, Accenture's Life Sciences Practice*



Skills in 30: Unlocking the Value of Pharmacy in a Patient Engagement Strategy

Rob Blazek, *RPh, Vice President of Network Strategies, Rx EDGE Pharmacy Networks*

Ryan Walsh, *Senior Director, Retail Trade Strategy, Walgreens Co.*



Skills in 30: Successful Patient Engagement Begins with Healthcare Extenders

Joe Poggi, *Managing Director, HealthEd*; **Todd Greenwood**, *VP, Strategy & Innovation, HealthEd*; **Anthony Marucci**, *VP, Marketing & Business Development, HealthEd*; **Erika Heiges**, *Director, Health Education, HealthEd*



Skills in 30: Patient Engagement—Accelerating the Behavior Change Journey

Christie Anbar, *Managing Director, Chandler Chicco Agency*

Marianne Eisenmann, *Head of Research & Analytics, Chandler Chicco Companies*

Kathleen R. Starr, *Ph.D., SVP, Behavioral Insights and Strategy, InVentiv Health*



Panel Discussion: What's the true meaning of patient-centricity and is anybody doing it?

Moderator: **Jack Barrette**, *CEO, WEGO Health*; Speakers: **Marisa Troy**, *Inflammatory Bowel Disease Health Activist, creator of the blog Keeping Things Inside is Bad for My Health*; **Christine Miserandino**, *Lupus and Chronic Illness Health Activist, creator of the site But You Don't Look Sick*; **Carrie Goldstein**, *APR, Product Public Relations, Pfizer*; **Todd Kolm**, *SVP Strategy & Insight, WEGO Health*

SkillSets LIVE

SkillSets Live is a series of live, half-day events, comprising presentations and discussions focused on specific disciplines within pharmaceutical/healthcare marketing and communications. Prominent speakers from across the industry share their insights, observations, best practices and advice with a live audience of pharma brand managers/marketers, agency professionals and healthcare media executives. The goal is to provide attendees with a platform to increase their knowledge in key areas of healthcare marketing and communications and to provide a forum for networking and sharing information.

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Join us for our next SkillSets Live event on Friday, September 19, 2014, 9am to 1pm at Convene, 810 Seventh Avenue, New York

The MM&M Team

James Chase *Editor in Chief*
james.chase@haymarketmedia.com

Marc Iskovitz *Executive Editor*
marc.iskovitz@haymarketmedia.com

Deborah Weinstein *Senior Reporter*
deborah.weinstein@haymarketmedia.com

Kevin McCaffrey *Reporter*
kevin.mccaffrey@haymarketmedia.com

Regine M. Lombardo *Art Director*
regine.lombardo@haymarketmedia.com

Larry Dobrow *Contributing Writer*
ldobrow@gmail.com

Steven Barnes *Production Editor*
steven.barnes@haymarketmedia.com

Doreen Gates *Advertising Manager*
doreen.gates@haymarketmedia.com

Tamika Hart *Senior Account Executive*
tamika.hart@haymarketmedia.com

Lawrence Nokes *Account Executive*
lawrence.nokes@haymarketmedia.com

Jennifer Amparo *Sales Assistant*
jennifer.amparo@haymarketmedia.com

EVENTS

Natasha Mulla *Events Director*
natasha.mulla@haymarketmedia.com

HAYMARKET MEDIA INC.

Lee Maniscalco *Chairman & Chief Executive*
lee.maniscalco@haymarketmedia.com

Julia Hood *Executive Vice President*
julia.hood@haymarketmedia.com

PRODUCTION

Ada Figueroa *Production Director*
ada.figueroa@haymarketmedia.com

CIRCULATION

Tracey Harilall *Circulation Marketing Manager*
tracey.harilall@haymarketmedia.com



Keynote: Great Expectations—Why Pharma Companies Can't Ignore Patient Services

Tony Romito, *Managing Director, Accenture's Life Sciences Practice*

In his keynote presentation, Romito unveiled research from a recent Accenture study of 2,000 patients. The study attempted to answer the question of what patients expect from the life-sciences industry—and specifically, whether pharma companies should offer more services alongside their products.

“Is there an industry imperative, or is this just something from inside the bubble we feel should be true?” he asked.

Romito revealed that 76% of respondents said they don't just want more services from pharmaceutical companies; they expected them. Given how much control individuals are taking over their health decisions—the ACA encourages them to shop for their own plan, etc.—this probably isn't headline news. On the other hand, the percentage was consistent across diseases and drugs.

“You say, ‘Well, if you're spending \$100,000 a year for an oncology therapy, of course you'd expect some services to come with that,’” Romito explained. “But it didn't matter, regardless of disease state or type of



drug. It's a ubiquitous finding.”

When asked under what circumstances they would be most receptive to pharma companies contacting them, 64% of respondents said, in essence, that they're happy to trade personal information for information/services. “What that means is that people understand that there's a fundamental value [to the information],” Romito said.

Indeed, 80% of respondents said they were satisfied with the amount and depth of product information, while 63% said they were satisfied with the amount of financial assistance and access to clinical trials. “There's a lot of trust,” Romito noted. “The industry is the best source of information about its own products.”

Skills in 30: Unlocking the Value of Pharmacy in a Patient Engagement Strategy

Rob Blazek, *RPh, Vice President of Network Strategies, Rx EDGE Pharmacy Networks*

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Tapping a wellspring of study findings and the collective knowledge base of the marketers in attendance—who were asked to respond to a series of queries via text—Blazek and Walsh made a case for the corner pharmacy as both an underappreciated and potentially valuable asset. Did the argument come from two parties with a horse of their own in the race, proverbially speaking? Absolutely. But

that didn't make their conclusions any less telling.

Blazek referred to a Gallup Poll on honesty and ethics within the American workplace, one in which nurses and pharmacists ranked high. He noted that the average American lives within two miles of a pharmacy; that by 2015 the number of retail clinics within pharmacies is expected to double (from 1,418 to 2,868, for those who like specifics); that 18.5 million flu shots were administered in retail pharmacies in 2018; that two-thirds of pharmacists (approximately 200,000) are trained to administer vaccines; and that 90% of people claim to be “very satisfied” with their pharmacy of choice.

“What we always say is pharmacy customers are the toughest to get and the hardest to lose,” Blazek quipped. Ultimately, he interpreted all the statistics to mean that pharmacies “are the perfect place for patient engagement.”

“The industry is the best source of information about its own products”

—Tony Romito, Accenture

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Obviously he didn't get any argument on this front from Walsh, who kicked off his part of the presentation by discussing the 13 years he spent with Schering-Plough and Merck. During that phase of his career, he "didn't have much of an understanding on how the retail pharmacy was evolving... Walgreens was where you went for Halloween candy and wrapping paper."

That said, Walsh pointed to a host of trends that make pharmacies—his own, yes, but also the competition—an increasingly vital cog in the healthcare system. "We fill a critical gap in the system. We're accessible and affordable and we provide a range of services," he said.

Walsh might as well have added flexible to that list: "We operate seven days a week and often have evening hours. You don't have to take off work to get a flu shot—and it doesn't make sense that you should have to take off work to get a flu shot. The whole point is you get a flu shot so that you don't have to take off work."

Up next for Walgreens: working closely with phar-



"Pharmacy customers are the toughest to get and the hardest to lose"

—Rob Blazek, Rx EDGE Pharmacy Networks

ma giants like Novartis to drive participation in clinical trials. "We're learning our way through it, along with our pharma partners," Walsh said. "We have a huge patient database we can mine... There's no reason that if you need a blood pressure screen [as part of a clinical trial], you should need to go to an academic clinic hundreds of miles away."

Skills in 30: Successful Patient Engagement Begins with Healthcare Extenders

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Todd Greenwood, *VP, Strategy & Innovation, HealthEd*

Anthony Marucci, *VP, Marketing & Business Development, HealthEd*

Erika Heiges, *Director, Health Education, HealthEd*



The "self-professed patient geeks" from HealthEd kicked off their presentation on health extenders by defining for the assembled throng what exactly a health extender is. A quickie poll, after all, revealed that only around 50% of respondents were familiar with the term.

The short definition of health extenders, then: "Anyone whose job is primarily to educate, support and motivate patients," according to Greenwood. This expansive definition encompasses just about every professional who works in a traditional healthcare environment (hospitals, etc.) but also those who work in freestanding clinics and private practices (diabetes

educators, behavioral counselors, psychologists).

The HealthEd team attempted to make the case that healthcare extenders are an increasingly essential part of the healthcare system, yet still one that is woefully undertargeted by pharma marketers. "We've been overfocused on doctors. 95% of resources are devoted to doctors," Blackwood noted. "The doctor might be the person writing the script, but these other specialties are also helping patients: 'Let's modify your health behaviors, let's understand what the barriers are.'"

Added Poggi: "[Healthcare extenders] are unsung brand champions."

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Erika Heiges
MPH, CHES
Health Education Geek

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After ticking off statistics designed to illustrate the treatment gap—38% of brand sales are lost to non-adherence, 50% of individuals with chronic health conditions don't take medications correctly—the HealthEd execs touted both healthcare extenders as a population and the company's own SurroundHealth.net community of healthcare extenders.

"They work directly with patients and care partners and they understand patients, particularly around

medication adherence. They understand multicultural barriers and literacy issues and technology," Blackwood said. "Their perspective is different than that of the prescriber."

Besides, patients tend to get far more time with a healthcare extender. "A prescriber has 15 minutes, tops, with a patient. A nutritionist, on the other hand, might spend more than an hour working with a diabetic patient," Blackwood noted.

Skills in 30: Patient Engagement—Accelerating the Behavior Change Journey

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"If we can reach people when they're most susceptible, we can help sustain change and get better outcomes"

—Kathleen R. Starr, inVentiv Health

As part of their discussion about kicking behavior-change programs into a higher gear, the three presenters talked about what we collectively know from examining 150 years worth of research about the levers of behavior change. They talked about how what it takes to start a new behavior is very different from what it takes to sustain that behavior.

And then, in a single swoop, they pointed out one problem with all the literature.

"But then there's real life," Starr noted. "Applying the science isn't as easy as following one model or theory... Behavior doesn't happen in a vacuum; behavior change isn't linear or smooth. It's more a sequence of starts and stops."

For anyone hoping to gain real insight into patients' lives and journeys, then, Starr suggested "getting out from behind the mirror." To that end, she and her Chandler Chicco/inVentiv colleagues conducted a year-long study during which they followed 30 families in four geographically disparate areas. The families encompassed a wide range of socioeconomic statuses and had dealt (or were dealing) with a variety of health issues.

What the researchers concluded after conducting lengthy interviews and examining 600 hours of video diaries from the participating families is that real life

is messy. "Life is not a journey—it's an unpredictable affair," Starr said. "There are divorces, suicide attempts... One family lost a spouse. We had a runaway. There were job changes good and bad. In short, life is a series of disruptions."

Upon examining those disruptions, the researchers found some patterns. While they identified moments of significance in which individuals might take a pause and perhaps make a change, they found that the disruptions were usually the reason that behavior-change efforts got derailed.

So what does all this mean for healthcare marketers? "That if we're truly engaged with patients, we'll be able to monitor them for those types of disruptions. We can be there when people have those moments of significance and we can help them keep focused on their behavior-change efforts," Starr explained.

She added that the family research revealed a enormously fragmented healthcare environment. "It's forced DIY, not empowered healthcare," Starr continued. "Despite feeling frustrated with the system, [the families] were resilient. They were staying engaged and finding their own work-around solutions... So there's a huge opportunity for us to help them make this DIY experience easier. If we can reach people when they're most susceptible, we can help sustain change and get better outcomes."

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Panel discussion: What's the True Meaning of Patient-centricity and Is Anybody Doing It?

Moderated by **Jack Barrette**, CEO, WEGO Health

Speakers

Marisa Troy, *Inflammatory Bowel Disease Health activist and creator of the blog Keeping Things Inside is Bad for My Health, Twitter: @JournalingIBD*

Christine Miserandino, *Lupus and Chronic Illness Health activist, author of The Spoon Theory and creator of the site, But You Don't Look Sick, Twitter: @bydls*

Carrie Goldstein, *APR, Product Public Relations, Pfizer*

Todd Kolm, *former VP and Head of Global Digital Strategy, Sanofi; now SVP Strategy & Insight, WEGO Health*



more matter-of-fact tone while describing her experiences with inflammatory bowel disease and the senses of isolation and anxiety that accompanied it.

Asked by Barrette what it means for a pharmaceutical company to be patient-centric, Miserandino launched into a story about her recent recovery from a stroke. She focused on a little pamphlet she was given during the process.

"It was like, 'You can expect A, B and C to happen, you might hear these words...', things like that," she recalled. "Well, I had a stroke. I could not feel the left side of my body. I could not speak... yet my family and I received this little pamphlet. So I guess what 'patient-centric' means to me is 'welcome to my world'... You're coming to my world, not the other way around. Once you understand that and that we're partners in this—I'm not the 'consumer,' I'm not the 'end result' - then I think we're at the table together."

Troy distinguished between two types of supposedly patient-centric companies. "Good" patient-centricity, she said, occurs when a pharma company considers its every move and communication in the context of how it will affect a patient and her family. "Yes, there's making money, but a true patient-centric company is focused on improving lives of patients and caregivers." As for "bad" patient-centricity, Troy pointed towards companies that advertise on TV and online (in other words, just about all of them). "You're preying on vulnerable people who have no choice but to be at the mercy of hospitals and doctors. You have to list all the possible problems, which scares the living crap out of people... It's completely unacceptable."

As are many of the ads themselves, Miserandino added, addressing Troy. "Do you discuss your drugs while walking on a beach? And do you and everybody else look fabulous doing it?" By way of response, Troy deadpanned, "Yeah, everybody's in a meadow."

The two client-side individuals on the panel, Pfizer's

"If patient engagement were a drug, it would be the blockbuster drug of the century"

—Jack Barrette, WEGO Health

Quite often, the panel-discussion component of an industry klatch is the most dispensable part of it. It usually takes place at the end of the session, when both the panelists and the audience have long since overstuffed themselves on the information conveyed prior to the arrivals on the podium.

Judging by both the rapturous laughter and awed hushes that swept over the room—not to mention the furious scribbling of audience members attempting to capture every last morsel for later reference—this panel discussion proved the exception to the rule. Kicking off with a pair of quotes carefully chosen for the occasion ("patients are the most under-utilized resource, and they have the most at stake" and "if patient engagement were a drug, it would be the blockbuster drug of the century"), Barrette threw out the titular question about patient-centricity and, well, basically let the panelists air it out.

Both the audience and their fellow panelists responded strongly to the insight shared by Miserandino and Troy, a pair of patient activists who have experienced more than their allowance of frustrations with the healthcare system. Introducing herself cheerily—"I'm a patient! You've been talking about me all morning!"—Miserandino detailed her life-long battle with lupus ("which comes with friends, like strokes and fibromyalgia"). Troy, on the other hand, adopted a

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Goldstein and WEGO Health's Kolm, didn't attempt to rebut the patient panelists. They did, however, note that pharma companies are doing their best under a challenging set of circumstances.

"Pharma companies try very hard to be patient-centric, but I think we can do a better job. I think we struggle with reaching educated patients, as well as the patient who's completely overwhelmed and doesn't have those resources," Goldstein said. Kolm referred back to his time with Sanofi, which created a Partners in Patient Care advocacy group. "It viewed the patient as a primary source of insight and a partner in engagement... [It was an] acknowledgement that we are in this together."

While Miserandino didn't question the sincerity of either response, she noted, "I'd sooner discuss my world on my couch with another patient than with a pharmaceutical company. I feel like if I mentioned it to you, you wouldn't get it."

That notion—of patients speaking one language and pharma companies communicating in another—permeated much of the panel discussion. Not surprisingly, all parties involved had ideas on how to remedy the current situation.

Goldstein acknowledged what many pharma communicators have mentioned during similar conversations over the last half-decade. "We didn't think patients would want to partner with us," she said, adding that, "Up until several years ago, patients like [Miserandino and Kolb] didn't exist; it was hard to find them. And I don't know that we've entirely figured out what to do now that we have found them." She added that jumpstarting the communications process isn't as simple as finding activist patients and opening a dialogue: "Vetting is hard. Some bloggers now think they have a medical degree."

To this, Miserandino responded by noting that she feels "the shifts of change," but that for many patients it can't happen fast enough. "Before, it was, 'Oh, little patient, what do you think of this?'" she said. "The joke was—if I'm [dealing with this condition] every single day 24 hours a day, I have value. I've had lupus for 21 years; the doctor did only so much of [lupus] in school."

As for how pharma companies can collaborate with patients, Troy suggested that advisory boards should include sizable patient representation. "We know what's working and what's throwing us off. If you don't have us as a large majority, you're going to get nowhere." Miserandino, on the other hand, shared a story from her patient history that illustrated the disconnect.

"I was called in to consult on how to treat patients—what a concept! what a crazy idea!—for this new RA drug," she recalled. "They started talking about the drug and the side effects and three months out this and six months out that... Finally I just jumped into the conversation. 'Have you guys gone on YouTube at all?' No, none of them had. 'Well, none of us can open your bottle.' The room went silent. I said that none of their graphs really mattered to me if I couldn't open the bottle, and that's why I'd been taking the generic. They were like, 'Okay.'"

Despite running about half an hour past its scheduled conclusion time, the panel on patient-centricity ended on a warm and gracious note, courtesy of Troy. Asked why and how patients become activists, she responded, "I need to turn all the hell I've been through into something good. [Patient communities and activists] are not afraid of pharma companies. We need help and you guys have the resources. We need to get our thought processes together."

“[Patient communities and activists] are not afraid of pharma companies. We need help and you guys have the resources”

—Marisa Troy, Inflammatory Bowel Disease activist

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