

KEEPING PACE WITH PATIENTS

Welcome to patient education circa 2014: With patient expectations at an all-time high, pharma marketers are struggling to keep up in the quest to make meaningful contact with tech-empowered audiences. But a few savvy companies seem to have cracked the communication code, moving to the forefront of this movement. **Larry Dobrow** reports

A decade ago, patient education was a fairly linear process for the self-appointed educators at pharma and marketing firms. They'd assemble the relevant information—often poached from preexisting materials—and cobble together a print brochure or a how-to-get-started kit, ideally featuring hale-looking individuals on the cover. They'd then arrange to have that brochure or kit displayed in waiting rooms, where information-needy patients would lap them up while waiting to be seen by a physician. In theory, anyway.

Perhaps that's why the industry has had so much trouble creating impactful patient-education programs over the last five years or so: Once you get used to doing things a certain way, it's challenging to adjust your approach on the fly. And it's doubly challenging to do so when your hand is being forced by the very people you're hoping to educate: tech-empowered audiences who not only view your information through a veil of skeptical resolve, but also seek out new facts and opinions at every point in the treatment arc.

Welcome to patient education circa 2014, where patient expectations are high and pharma marketers struggle to keep up. "We've reached a critical pivot point," says Shannon Hartley, who leads Rosetta's Healthcare Industry Group. "Education was traditionally a talking-at approach, but now patients have more options. They're making their own choices as to what they'll see as valuable and what they won't."

The impact of those patient-ed programs are similarly compro-

mised, as even the most reputable voices can have a hard time being heard amid the digital clamor. "Patients are just inundated with information," says Stephanie Tsolakis, senior manager, brand marketing at Teva Pharmaceuticals. "You can understand why there might be some frustration." CDMiConnect President Deb Deaver agrees, adding that the information overload is rendered even less manageable by the varying reliability of that information. "The quality sometimes isn't there. Clearly there's an opportunity for respected, accurate information... but what's out there might not be correct. 'Patient education' as a label has challenges in our world."

That's before one factor in the ever-more competitive product landscape for most drugmakers. Merkle + Partners creative group head Steve Pashkoff notes the increasing number of products in many therapeutic categories. This, he believes, has diminished the motivation for companies in those categories to invest in patient-education programs, especially unbranded ones. "There's less ROI," he explains. "Think about it—if you do [an unbranded campaign], you're educating about the category. It benefits the category, not you."

Despite the challenges healthcare marketers hoping to devise inventive patient-education campaigns face, a few recent efforts prove that for marketers willing to invest the time—and perhaps go outside their comfort zones—patient education doesn't have to be a chore.

Take Shire's "Keep Momming," which launched in July. The effort

PHOTO: BILL BERNSTEIN



Lara Viau (left), SVP marketing at Digitas Health LifeBrands; Vic Noble (right), consumer marketing lead—ADHD, Shire

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marks Shire's second attempt at an all-encompassing "disease-awareness/help-seeking/education" campaign, says Vic Noble, consumer marketing lead—ADHD at Shire Pharmaceuticals. The first, the "Own It" initiative, encouraged young adults and adults to speak openly about their experiences with ADHD—to own those experiences by sharing them. The unbranded "Keep Momming" campaign has more of a straightforward educational thrust: It seeks to help mothers better identify the symptoms of ADHD in young girls and to make them more cognizant of the inattentiveness aspects of ADHD (as opposed to the easier-to-spot hyperactivity ones).

"Mom is a fixer by nature. Sometimes she fixes things before they need to be fixed," says Noble. "But mom needs help identifying what are ADHD symptoms and what's typical behavior."

"Keep Momming" represents a step forward due to its all-encompassing nature, the result of 18 months of prep work. During that time, Shire and its partners at Digitas Health LifeBrands convened an advisory board of what Noble calls "leading female ADHD voices, people from the beauty industry, a teacher, an author, a small-business owner—women who talk to women 24/7." Along the way, Shire (which has a portfolio of ADHD products) and Digitas gleaned a key insight: hyperactive boys were the face of ADHD, but distracted and inattentive tween girls were "diagnosed" as, well, just distracted and inattentive.

"When we put this in front of moms, they were like, 'A-ha! You're talking about me and my daughter. Where do I go to get this information?,'" recalls Digitas Health LifeBrands SVP, Marketing Lara Viau. The "Keep Momming" site offers them that information—with mom/daughter testimonial videos and content curated from a host of ADHD and mommy blogs (*ADDitude Magazine* and *iMom*, among others). The early-campaign interaction with moms, bloggers and members of online ADHD communities led to wide social-media pickup, as did bringing on celebrity spokesperson (and enthusiastic Tweeter and Instagrammer) Holly Robinson Peete.

"Eighteen months ago, when we started doing this, [interacting with] bloggers wasn't necessarily on the horizon," Noble says. "Five years ago, we probably would've just done TV and print and maybe a destination website... But this is how our audiences get information now."

Genentech's "Act FAST" stroke-awareness campaign also responded to the preferences of its target audiences. Like the Shire program, Genentech's effort targeted individuals close to the patient but not the patient him/herself. The program and its site, devised with CDMiConnect, were aimed at the people who need to "Act FAST" when they encounter a potential stroke victim—the ones



Clockwise from left: Shire's "Keep Momming" campaign spotlighting the symptoms of ADHD, Teva's piece for its QVAR inhalation aerosol, the Lilly For Better Health education resource

who can get that victim assistance. The challenge was to educate those people about stroke symptoms and grow their awareness of strokes, even if they weren't personally at risk.

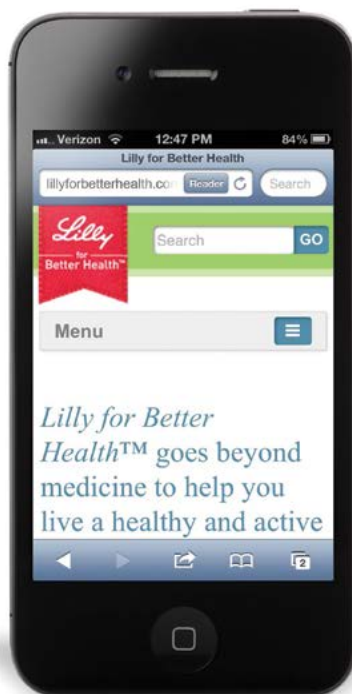
Genentech played the role of unifier, taking the educational lead on behalf of the greater stroke community: nonprofits, patient advocates, hospitals and others. Starting in 2011, it attempted to bring together all such stroke-awareness efforts under the FAST (drooping Face, weakness in Arm, slurred Speech—Time to call 911) banner. It created ads, outreach materials, social-media resources and PR materials—offering them to anyone/everyone free of charge.

Genentech, which markets Activase for strokes, succeeded because it went big. "It was important to create a patient-education campaign that could easily be grasped and articulated," says Venu Vittaladevuni, Genentech group product manager, in response to e-mailed questions. "We understood that creating a highly accessible campaign was the key to really be able to change behavior and save lives."

While Genentech boosted stroke awareness by targeting a broad population, Teva took the opposite approach in a campaign to educate asthma patients about a specific product trait. The company's QVAR inhalation aerosol works differently than most such asthma products: It contains small particles of medication, which can reach small and large airways in the lungs; asthma patients commonly experience inflammation in both passageways. "It's a complex message," admits Tsolakis.

In conjunction with Merkley + Partners, Teva found an ideal, and decidedly low-tech, way to convey it. While brainstorming ideas to distinguish QVAR and its unique attribute, Teva worried about waiting-room clutter. "There are brochures, posters and tear sheets. Maybe there's some video. There are smartphones," Tsolakis notes. "We wanted to break through all of that."

Teva did so with a device that hearkens back to road trips in the pre-iPad/-DVD era: A game of sorts, patterned after the old diversion in which players had to roll around a silver ball until it fell into the clown's nose. The device/tchotchke/whatever illustrates QVAR's effectiveness by



Robitussin, a Brooklyn kid and the birth of “Ask Your Doctor”

Much has been written about the history and impact of “Ask Your Doctor” advertising as part of a marketing plan for pharmaceutical products. Yet the first campaign that advised consumers to ask their doctors has somehow slipped under the radar of historians and academics alike.

The story includes fears, jealousies, egos and struggles for power among executives to take A.H. Robins—a successful but “quiet” marketer based in Richmond, VA—to center stage. It begins in 1975. The company was going about its business and the Robitussin brand was doing just fine when an innovative outside marketer

arrived on the scene. In the process, he changed the world of communications.

That marketer was Dave Popofsky, a Brooklyn-bred, streetwise principal of a small advertising agency specializing in pharmaceutical and OTC products. Popofsky convinced A.H. Robins to blaze a new trail and market its leading prescription and OTC line of Robitussin products directly to consumers.

At the time, Robitussin, a very successful cough medicine brand, was only promoted to physicians

and pharmacists. Why? Because E. Claiborne Robins, the chairman, CEO and driving force of the company that bore his name, was adamant that both products be marketed exclusively to physicians and pharmacists. Every bit the country gentleman, Robins served as marketing guru as well, to the extent that many of us who worked there jokingly described our overriding approach as “Claiborne sez!”

Further complicating the situation, A.H. Robins execs weren’t the only ones unnerved by potential change. Television executives were frightened that major advertisers would take issue with the ad’s contention that viewers shouldn’t believe TV ads, that they only needed to ask their doctors. Another obstacle was the so-called “white-coat rule,” still in effect at the time. This meant that actors couldn’t portray doctors and doctors couldn’t endorse products.

Still, there were those who pushed for a different—perhaps more progressive—strategy. Our supervisor, assistant VP of marketing Dale Taylor, gave director of advertising Frank Mann and me (I held the role of advertising manager) the green light to introduce the concept of consumer advertising at an annual marketing strategy meeting attended by Robins. Taylor did so with great apprehension, knowing Robins’ physician-and-pharmacist-only preference.

While Robins showed some interest, it was laced with a heavy dose of skepticism. As I remember it, his response was, “Maybe we should look into this, but we better get some real experts to help us.” Hence a handful of firms were brought in to make their cases as potential marketing partners.

Ultimately, the competition came down to two agencies: Sullivan, Stauffer, Colwell and Bayles (SSC&B) and Popofsky Advertising (Grey Advertising bowed out of the derby when one of its OTC clients objected to its participation). The two finalists were given a stipend and made separate visits to Richmond, during which we answered any and all of their questions. About a month later, nine

of us went to New York to hear the presentations.

It was David vs. Goliath. SSC&B trotted out an impressive squad of Brooks Brothers-clad, pipe-smoking Don Drapers, while the Popofsky team consisted of the firm’s diminutive namesake and a single right-hand man. SSC&B presented its case first, at the agency’s beautiful modern offices near the United Nations. Well-appointed secretaries led us into a conference room that was more like a private theater. They served us coffee in china cups and neatly cut Danish pastry.

As for the presentation itself, the market and media analysis were impressive. They showed us a storyboard featuring proposed pitchman Robert Young, otherwise known as television’s avuncular “Marcus Welby, M.D.” We thought his potential inclusion was a brilliant stroke, a clever way for the brand to straddle the consumer and physician worlds.

Later that day, we made our way to Popofsky’s offices, located in a less impressive building on Fifth Avenue. For lunch, Popofsky brought out a tray of deli sandwiches, along with pickles and soda. For dessert, there were huge lumps of Danish pastry. There we were, sitting and eating all of this on our lap. The contrast with SSC&B wasn’t lost on anyone.

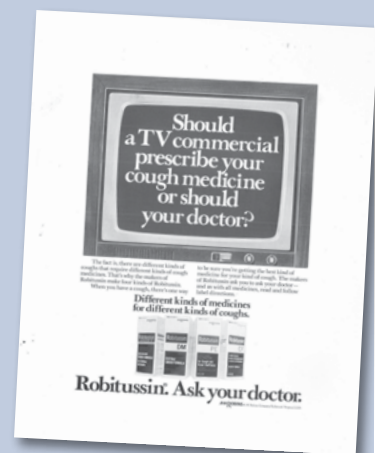
While Mann and I were concerned that Popofsky couldn’t compete with the professional, intelligent and slick presentation by SSC&B, we tried to be impartial. And ultimately, Popofsky—armed with his ever-present bronchial inhaler—won everyone over.

In his presentation, he took us through a graveyard of OTC failures. He discussed an idea for Robins to sell directly to chains and partially bypass wholesalers. He showed us a test commercial that he produced with funds beyond the stipend he received from us, which included the now-immortal phrasing “Ask Your Doctor.” And he punctuated it all with a Brooklynese pronouncement: “You should always dance with and take home the girl you bring to the dance.” That was his way of suggesting that Robitussin not pivot too far away from the doctors who’d long been the brand’s focus.

He knew our company inside and out, well beyond the information we gave him in Richmond. He won the business and served us well.

The story has a sad post-script. A.H. Robins may have been a legend in its time in Richmond, but it is now virtually forgotten. The company’s downfall was the flawed intra-uterine contraceptive Dalkon Shield, which caused severe pelvic infections (and, tragically, worse) in its users. This unfortunate turn of events understandably overshadowed the “Ask Your Doctor” success for Robitussin. Eventually A.H. Robins was acquired by Warner-Lambert (which, in turn, was acquired by Pfizer in 2000).

By Sidney Kessler, former advertising manager, A. H. Robins Company. To see before-and-after Robitussin ads that ran in medical and drug trade journals and view a newly digitized version of the original DTC Robitussin commercial, please visit mmm-online.com.



How Merck's bet on patient-driven insights paid off

In 2011, when Sachin Jain's Merck medical information and innovation (M2i2) team partnered with PatientsLikeMe to create an online research community around psoriasis, the pharma giant had lofty ambitions. It hoped to build what Jain describes as "a new kind of online evidence network" that would educate community members and tap into their real-world health outcomes to inform drug development. It expected to positively impact patients' lives.

Merck didn't immediately realize either of those goals. After a year, Jain says, fewer than 2,000 psoriasis patients had aligned themselves with the community. Faced with two options—continuing down the same path or approaching the patient-partnership model from a different perspective—Merck chose the latter.

"I came to the team at PatientsLikeMe with a challenge," recalls Jain, Merck's chief medical information and innovation officer. "Show me that PatientsLikeMe can affect how we think about launching a drug that matters to Merck and do it within the year."

PatientsLikeMe was up to the task, tapping a wealth of network and historical data on insomnia and sleep deprivation. After merging the PatientsLikeMe information with its own data, Merck was able to view sleep deprivation "through a new lens, diving into the unmet needs of a large community of sufferers," Jain says.

In the wake of the Merck/PatientsLikeMe collaboration, Jain is happy to share the lessons his team learned about how pharma can most effectively interface with patients. The first one, unsurprisingly, is to partner wisely. "Innovation is complicated both for large enterprises like Merck and for small companies trying to understand how these enterprises work. We wrote our contract to allow for trust and flexibility on both sides."

While internal teams might be tempted to tiptoe around legal and regulatory concerns—"especially those who operate in organizations with a lot of red tape," Jain clarifies—he strongly recommends that companies hoping to build and/or work with patient communities "don't go stealth." Only by embracing compliance early on in the process can an organization duck legal, privacy and safety concerns further down the road.

Merck's experience with the psoriasis project informs lesson number three: Be prepared to pull the cord early. There's no shame in failure; if a project fails to gain traction early and shows few signs that it will be able to make up the lost ground, end it sooner rather than later and chalk it up as a learning experience. "It's okay to pause and regroup," Jain says.

That regrouping might well lead the organization where it wants to go, as it did with the Merck/PatientsLikeMe collaboration. That's why Jain reminds patient-minded organizations that "pivots aren't just for startups... We turned the psoriasis project in a completely new direction in a short period of time."

Finally, and this goes without saying in reference to projects like this, Jain encourages pharma teams to "go all-in," to commit the resources and support that most programs need to flourish. "My team and I have taken personal ownership of this new project to advance our efforts within Merck, assuming the personal risk that our data-driven insights could potentially influence the development of new treatment," Jain says. "By vocally advocating for the partnership and its benefits at company-wide meetings, we demonstrated the commitment we had to the PatientsLikeMe relationship—and the patients they represent—both internally and externally."

The above is a revised version of a piece that appeared on mmm-online.com in July.

reimagining that game as a journey through asthma-affected lungs.

"If you look at other patient-education pieces, they generally don't get into the 'how.' They're usually about the product benefits. But here, we had this small-particle story, which was both a differentiating one and one that loaned itself to that tactile, visual approach," says Merkley + Partners' Pashkoff.

That low-tech, nostalgic approach to education—in this instance, product education—was a perfect fit. The piece illustrated QVAR's primary distinction and proved a waiting- and exam-room magnet for patients. "Why does everything have to be a computer or iPad thing?," asks Erich Hartmann, Merkley creative group head. "You can stand out as much with low-tech as you can with high-tech."

So what lessons can other would-be patient educators take away from these and other successful campaigns? First and foremost, that it's all about the insight. Marketers may want audiences to react a certain way to its educational messages, but audiences won't respond unless something about those messages—their tone, their empathy, their call to action—strikes a chord.

"In the past, education was a brand dictating to a patient," says Rosetta's Hartley. "But there are personalities that override the disease- or condition-specific aspect. What's your emotional outlook towards health? When you were diagnosed, did you feel positive—like you could tackle anything—or did you feel overwhelmed? How do you feel about medication? All of these dimensions and insights shape how you're going to react to and engage with a brand or program."

That insight must also be conveyed in a way that serves up some motivation alongside the education. "People want to be educated, but they need the education that's right for them, and in a way they just get it," says Pauline Coderre, strategy consultant, health education development for US medical at Eli Lilly, and one of the execs in charge of the Lilly For Better Health online education resource.

Don't forget to tend to your potential allies, especially those in like-minded organizations, while you're focusing on educating external audiences, though. Vittaladevuni notes that one of Genentech's biggest challenges in implementing "Act FAST" was convincing other entities with an interest in promoting stroke awareness to follow the company's lead. "Although many organizations provided resistance to change their messaging, Genentech sponsored market research with stroke survivors and the general public, which convinced the organizations about the effectiveness of FAST messaging."

Of course, while collaboration is valuable in many patient-education scenarios, not every program demands a coalition of the willing. The success of Teva's QVAR piece suggests that organizations considering bold approaches might want to go it alone. Still, asked whether there was any risk in Teva's low-tech, nostalgic appeal, Tsolakakis shrugs. "Not really. The copy was right and the idea felt right." Hartmann agrees: "People respond to fun, honest and simple."

Finally, never underestimate the role that passion plays. Anyone who watches a "Keep Momming" mom/daughter testimonial or examines one piece of campaign material can't help but be swayed by the depth of commitment. Paired with a powerful insight—the under- and non-diagnosis of ADHD in tween girls—that passion can turn a patient-education program into something like a movement.

"It worked because it's genuine. It's genuine because we tapped into the world of these moms," Shire's Noble says. "These weren't actors telling a story; these were moms who know what it's like to raise a daughter with ADHD. It got across the information, but also the huge sense of empowerment and relief that comes with the diagnosis." ■