
Patients and virtues

Consumers come with the same basic set of instructions as HCPs—find out what they need, then offer meaningful solutions. But be warned: Shiny objects may cause a temporary loss of vision

Pharma, historically, has had a somewhat-tenuous relationship with patients. It's understandable, given the regulatory shackles on the industry, and it's absurd, given that patients are pharma's end customers. Patients are looking for help managing their health and, like physicians, they would welcome it from manufacturers.

"If someone can help them in a constructive, solution-oriented way, they will look for it," says Monique Levy, VP, research at Manhattan Research. "But dangling a little bit of information at them on a basic website is not going to cut it."

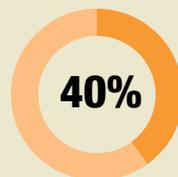
Of course, healthcare is not as free to move as some other industries. We know. But the digital era has heralded a level playing field of expectation. Consumers now carry similarly high expectations for their interactions with pharma as they might with Dell or J. Crew. They know it's not like buying a phone and that they will still have to endure the rigors of the healthcare system. But they expect some help. And pharma's opportunity lies in stepping up to that challenge.

"Pharma keeps talking about big data, but the thing that's lying at its feet is helping with the complex paths and choices that patients have to make," says Levy. "It's a huge opportunity that some are

MEASURING UP



of smartphone owners agree: 'Apps make me more likely to take my medication as directed'



of online consumers are tracking their health digitally

Sources: Manhattan Research, CyberCitizen Health 2014

missing because they think it's risky—or too complex—or they don't think it'll generate sales. But if I'm diagnosed with MS or diabetes, why do I have to go to Patients Like Me and cobble together stories of other patients' outcomes and experiences?"

Will Reese, chief innovation officer at Cadient Group, notes that sometimes the fundamentals are missing from pharma assets. "There are still a lot of sites that fail from a health-literacy standpoint, fail from a mobile-access standpoint and fail from a visibility [SEO] standpoint," he says. "I think they design for the 'thing' and then they add in the services and value. But the revolution—and the best practices—is to design for the value."

Todd Kolm, SVP, strategy at WEGO Health, agrees that in the past brands might have built apps or tools with marketing objectives the priority. "I think now industry has reached second wave," he says, "which is to develop projects that are based, first and foremost, on needs, on understanding and on capturing insights. While advancing business objectives is still important, it becomes a secondary concern."

David Blair, head of industry, health, at Google, believes pharma will have little choice but to take a more patient-positive approach going forward. "With [reimbursement] criteria moving toward

WEARING THIN? Six takes on wearables



There's a lot of dazzling. And I'm happy to see them buying their way into trials. The number of wearables and different uses at CES was inspiring. But there's going to have to be some consolidation. Also, so much of the experience is a little bit edu-tainment or hyper-fitness related. Give me that chronic disease patient in Middle America and apply the technology there. Find ways to improve their lives. Give them a more accessible experience. That's the revolution.

—Will Reese, Cadient Group

As a behavioral scientist, I just have so much trouble with wearables. It may make people more engaged, and it's going to change outcomes ... but I think you have a better shot of using a smartphone and a smart system. Wearables on their own is not going to solve any one problem.

—Monique Levy, Manhattan Research

You can monitor your heart, measure your steps ... well, that's all nice, but it's not really all that meaningful. When we start to pick up the three, or five, or ten things that really matter, that's the sort of helpful data we can really sort through.

—David Blair, Google

I'm not confident that we'll see dramatic progress in the next 12 months. A world where all of our health devices and data speak to one another seamlessly is possible. But realistically, that world is more than one year away.

—Wendy Blackburn, Intouch Solutions

Wearables are phenomenal. They are powerful motivators and provide access to hidden truths. The challenge is going to be privacy in terms of where pharma can play a role. Who owns this data? Who has access to this data? Is it ever identifiable to you? It's a risk for industry to play here until that's cleared up. But it's also a risk not to.

—Todd Kolm, WEGO Health

They are cool and give you some kind of insight into the future, but where does pharma fit in? Say you make a product for heart disease: How do you plug into that stream? I do think it will change the way people discuss conditions with the physician. But I don't see pharma getting access to the data.

—Mark Bard, Digital Insights Group and DHC

outcomes, the leaders in the industry realize that they've got to focus on value," he says. "There's a huge need to provide value in the context of how you make patients smarter, give them the information they need, make it easy to find and provide the tools they can use to drive that engagement.

Google spends a lot of time helping clients understand what kinds of data they should be measuring in a patient's journey as well as how to look at attribution. Blair says it can be as simple as looking at, say, mobile interactions, where speed is critical.

They will look at how fast mobile apps and sites are loading, whether they have the right type of functionality, what data the client is collecting, whether it is meaningful data and if it is actually helping them.

Other ways in which pharma can gather insights from the patient community include tapping into online conversations based on key search terms—Treato offers highly intelligent software for real-time analysis—or by engaging directly with patient leaders and groups.

Meanwhile, WEGO Health's retooled offering allows pharma clients to engage regularly with a panel of patient leaders from a specific therapeutic category over a period of 12 months or more. The interactions can be either Truvio mobile polls, in which clients receive almost immediate insights (including audio) from responses to five questions, or they can be longer in-depth patient insights in discussion sessions or a combination of both.

Kolm says the earlier you can get the patient groups involved the better, citing an example of a client who wanted to develop an app. "The company started collecting ideas and designs from community leaders through a Truvio study, a patient insight panel, and got some idea of what are some of the white spaces, what are some of the barriers, what are some of the needs," he says. "Then a couple of months later they went back to that same group and put the draft, the concept, of the app they were designing in front of them and the feedback was incredible. They hit the nail on the head insofar as the client really did listen and reflected that in what they designed. And the community leaders were amazed that not only were they tapped early on but also what they said was actually heard and applied."

The uncertainty regarding the regulatory environment—and the absence for several years of any FDA digital guidance—put the brakes on pharma's digital train over the years and it was often cited as a reason for abstinence. However, Mark Bard, CEO at Digital Insights Group and co-founder of Digital Health Coalition, believes many in big pharma simply weren't cut out for courageous plays like social media. "If you said to them, 'If you could do anything you want in social media, what would you do?'" he says, "most of them are still not going to go crazy."

Bard points out that while regulatory is still an issue in social, there's no longer a gray area. "If you want to do it, you can do it." He says the most recent set of FDA guidance on risk information for Twitter wasn't a surprise, but adds, "If you think you can get that into 140 characters, good luck with it."