



(L-R) Bristol-Myers Squibb's Marci Hanlon, director, innovative customer engagement; Tim Wainwright, executive director, Orenzia marketing; and Elizabeth Turcotte, senior product manager, consumer



TAILOR MADE MARKETING

Aided by the digital revolution, patient marketing programs are getting increasingly personal, with greater levels of customization aimed at differentiating products and keeping patients on therapy, **Matthew Arnold** reports

Rheumatoid arthritis is a mysterious progressive autoimmune disease which strikes mostly women of child-bearing age, often suddenly, causing them to suffer wracking joint pain that renders them unable to perform basic tasks of daily life. Getting patients diagnosed in the first place is tough. Because different patients respond to different treatments, precise prescribing is impossible. Once diagnosed, the physician usually hands them a “consideration list” consisting of a stack of brochures for a heterogeneous group of biologic therapies. They’re expected to take it home, pore over it and pick a treatment with which to take a shot in the dark.

Or rather, since none of these are taken orally, a shot or IV infusion in the arm, which creates another barrier to action.

“Appropriate treatment can really limit the joint damage and the loss of function, and also help lessen the pain,” says Marci Hanlon, director, innovative customer engagement at Bristol-Myers Squibb, which markets RA biologic Orenzia. “By the time you can actually visibly see erosion of the joints, you will never get back what you’ve lost, and that’s what happens a lot of times – patients cycle through or they don’t even see the doctor because they think they’ve over-exerted themselves and they’ll just take two aspirin and be fine the next day, and it’s not until they literally can’t get out of bed that they go, ‘There’s something really wrong here.’”

A Research Partners study found that patients wait an average of 18 months to go to the doctor and typically go seven years after diagnosis before starting treatment with a biologic. And 55% of those diagnosed haven’t even discussed biologic options with a doctor.

PHOTO: BILL BERNSTEIN

“It’s a progressive disease,” adds Hanlon, “so you need to have sustained attention to help ensure that your symptoms remain under control, and it’s really important for the patient to continually dialogue with the rheumatologist about how their symptoms have changed. A lot of it is more subjective. It’s being able to verbalize degrees of change in ability to do everyday things like brushing teeth, but-toning, opening a jar.”

One patient at a time

Given the complexity of the disease and the various treatments available, Bristol-Myers Squibb set out to develop a super-personalized patient support program that went beyond the standard call center FAQ catchers and emailed reminders to take your medicine. The result was the One Patient at a Time program, anchored by a dozen dedicated Orenzia Care Counselors based in Queens, NY.

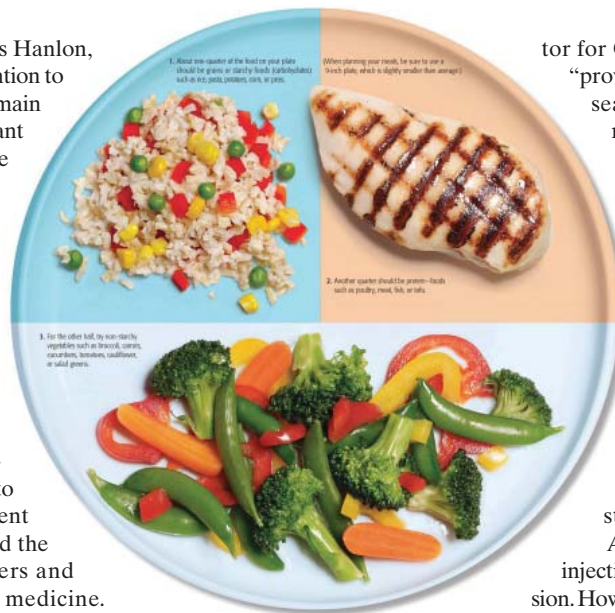
The program, launched in May 2010 with an annual budget of around \$1 million, is designed to “wrap itself around each individual patient,” says Elizabeth Turcotte, senior project manager, consumer at BMS.

“It’s designed to align with important patient needs and barriers along their personal behavioral pathway,” says Turcotte, “so it’s a departure from the traditional RM program. We’re establishing this personal connection with the patient. We’re putting a human face on the brand, and it’s really dialogue-enabled, because every time we touch the patient we learn something about the patient and then we incorporate it into our next communication to increase the relevancy.”

Driving that personalized approach is, in part, the value of each patient in a small category – about 1% of Americans have RA, but only around 400,000 are on a biologic therapy.

One Patient at a Time is strictly opt-in, and patients are assigned an Orenzia Care Counselor who will serve as an RA Sherpa of sorts, providing disease and drug information, coaching them on how to better dialogue with their physician and manage their condition and what to expect when. Each print piece the program sends out – more than 17,000 so far – is customized to the individual patient.

“We are using innovative technology and analytics to be more responsive to the needs of our customers,” says executive direc-



tor for Orenzia marketing Tim Wainwright, “providing tailored and timely information seamlessly, at moments when it’s most relevant.”

Around 10%-15% of Orenzia users have enrolled in the program, which was developed internally, and click-through and conversion rates have wowed execs.

Orenzia, approved in 2005 for moderate-to-severe RA by infusion, won an indication for subcutaneous injection in July. One Patient at a Time will be updated to reflect the new indication, with injection training, info on needle disposal services, and instructions on storage and travel.

Around a third of patients hate self-injection, but about 60% prefer it to IV infusion. How to administer the drug is a major topic of conversation between patients and physicians.

“The subcutaneous introduction really gives us a unique opportunity to expand the program,” says Turcotte. “With the self-administered biologics, patient support services are really the cornerstone of that market, so we really feel One Patient at a Time provides us with a unique differentiating point. We’re also looking to integrate this program more with our healthcare professional, nonpersonal promotion and sales activities.”

“Either way, there’s a needle involved, so right there, it’s a huge step to go from pill to infusion,” she says.

BMS also has consumer branded (Oh Yes, I Can) and unbranded (Real RA living) campaigns in the field for Orenzia. Consumer branded ads focus on the small impairments that patients suffer, with the headline in a recent magazine ad asking: “Is RA getting in the way of how you start your day?”

“This is one of the themes of the campaign, because the morning is the most difficult time for many RA sufferers,” says Hanlon. “Morning stiffness, getting out of bed. For many of them, it takes a couple hours to warm up the joints. It’s really important to find the relevant moments to talk to them that can trigger that ‘Hey, that’s me, it’s time I talked to my doctor.’”

New emphasis on adherence

A recent PriceWaterhouseCoopers report said the old sales and marketing model is giving way to what the consultancy calls “customer interaction management,” “an evolving process in which an organization captures, monitors and analyzes customers’ needs, behaviors and feedback. The



Lilly/Amylin’s Byetta By Your Side program (this page), aims to boost initial adherence. BMS’s One Patient at a Time program for Orenzia (page 32) couples direct mail with dedicated counselors.



organization then uses that information to engage customers in relationships founded on trust, understanding and value.” That’s being driven, in part, by the advent of smartphones and social networking sites as near-universal phenomena, which have reordered consumer expectations across the board.

“Today’s customers expect highly personalized and customizable user experiences,” says the PriceWaterhouseCoopers paper. “They prefer to set preferences for the time, place and format of business and personal communications. Personalization helps them filter out vast amounts of unwanted digital information and move more efficiently toward insights necessary to form opinions, make decisions or complete tasks.” And pharma and life science sites must increasingly compete for consumer attention with lifestyle sites like BabyCenter.com that offer intensive customization.

“There’s just a lot of connection points that didn’t previously exist,” says Karla Anderson, a partner in PwC’s pharmaceutical and life sciences practice. “And I think there’s a recognition by manufacturers and the healthcare system in general of the roles that better health management, including adherence and prevention, can play in health outcomes.”

Big shifts in the healthcare system’s incentive structure, many due to federal healthcare reform, place more pressure on manufacturers, providers and insurers to bolster adherence, says Anderson, while higher copays and other cost-shifting measures give patients more reason to stay on-therapy—especially if they can be persuaded that doing so will benefit both their health and their wealth.

Adherence programs are getting increasingly sophisticated as a result.

“We’re starting to see our clients do more on the psycho-social side of things, especially in high-cost specialty products that have the money to do it,” says Jay Bolling of Roska Healthcare Advertising. “It’s the idea of talking to patients about their attitudes, getting at who is more likely to be non-adherent, what their specific psychosocial issues are—their attitudes about therapy and about their physician, some of the things we know are critical to adherence—and then following up with materials specific to that.”

High tech, high touch

For Lilly/Amylin’s Byetta, the typical patient is a 59-year-old woman with type 2 diabetes who is on a number of medications for other conditions. Overweight and under pressure to manage her condition with diet and exercise, she feels frustrated, over-

whelmed and guilty. Often she’s not really prepared to start the drug when she leaves the doctor’s office and discontinues treatment in the first three-to-six months, frequently due to the gap between expectations and reality with regard to glycemic control, weight loss and side effects.

“Adherence to treatment for chronic conditions is generally poor, and that’s especially true with diabetes,” says Vincent Mihalik, SVP sales and marketing and chief commercial officer, Amylin Pharmaceuticals. “Patient support is a pillar of Amylin and Lilly’s marketing strategy, and this support is important because patients with type 2 diabetes often say they’re overwhelmed due to the demanding nature of the condition.”

In addition, Byetta is usually the first self-injectable treatment a patient uses.

So Lilly/Amylin focused on this window—the first three to six months of treatment—and sought to break through that feeling of futility and isolation with their Byetta By Your Side adherence program. Executed by Saatchi & Saatchi Wellness, the program aims to establish a sense of community and support among enrollees through a series of nine “small bites” of information tailored to the patient’s journey, including a mix of online and offline communications focused on treatment initiation and critical drop-off periods. Participants get communications from a team of medical experts, including diet and exercise advice, information on possible side effects, and tips on better dialogue with doctors. The program offers personal phone support with live agents available to walk patients through their first dose and answer questions about the medication. There’s also a seven-part Managing Your Diabetes virtual program, and patients can schedule a face-to-face meeting with a certified diabetes educator through the site.

Since its launch in 2008, 130,000 patients have participated in Byetta By Your Side, and more than 90% of members are taking the drug as prescribed. The companies started doing Spanish language mailings for the program last year.

“Byetta By Your Side seeks to marry high tech with high touch,” says Mihalik, “giving people a sense of community and support while using technology to reach them anywhere, anytime.” ■

