TRANSFORM
The future of health marketing
From an innovation perspective, healthcare has historically been behind the curve. Even its boldest organizations have been content to let other companies in other verticals be the first to take decisive, forward-minded action. As a result, the industry remains saddled with a reputation that it is borderline future-phobic, its bursting product pipelines notwithstanding.

However, judging from the thinking on display during the two virtual days of MM+M Transform, that reputation is ripe for immediate reassessment. In place of the usual bromides about patient-centricity, presenters shared forward-minded takes on digital amplification, next-gen analytics and community engagement.

The spirit of disruption extended to the two keynotes. In the first, Otsuka Pharmaceutical’s April Mitchell detailed the need for commercial models to evolve; in the second, Office of Prescription Drug Promotion research lead Dr. Kathryn Aiken detailed studies that pointed to an increased appetite for innovation in promotional activity.

Taken collectively, the MM+M Transform presentations paint a picture of an industry that, even amid the greatest public health crisis in a century, continues to innovate on any number of fronts. If you’re not excited for what comes next, well, you should be.
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In an age where healthcare interactions are increasingly becoming virtual, biopharma sales and marketing professionals must evolve new commercial models that meet the needs of their stakeholders — not to mention their companies’ ROI objectives.

That was among the takeaways from the opening keynote to MM+M Transform, “From The Trenches: Adapting to the Evolving Virtual Health Landscape in Sales and Marketing,” delivered by Otsuka Pharmaceutical’s U.S. and global head of CNS marketing April Mitchell. During the presentation, she detailed four adaptive models for consideration.

The first involves meeting customers where they are. Mitchell said it is incumbent on marketers to understand how physicians’ mindsets are changing, given the glut of financial challenges and practice uncertainties they currently face. She added that marketers need also concern themselves with relieving patients’ COVID-inspired anxieties by engaging them in their social-media comfort zones with messaging that encourages appropriate care.

Mitchell noted that, perhaps as a result, some doctors are rejecting new medications and new treatment options in favor of standard-of-care treatment. “Doctors are forced to say, ‘Do I go with what I know or am I willing to try new things?’” she observed. It’s up to industry to help “interrupt this thinking” so that physicians will continue to innovate.

As for patients, Mitchell said that many...
are currently afraid to go to the hospital, nor have any contact with their provider or continue medication regimens. To quell those fears, Mitchell suggested that pharma ask and answer a few questions: “How do we help them stay on medication [and] to engage with their physicians and practitioners? How do we become part of that conversation in a compliant manner? How do we talk to them in a way that we don’t lose them online, and we get them back into doctors’ offices and engaging again in self-care?”

This model similarly applies to hospitals, payers and integrated delivery networks, who want pharma companies to “help them offset their revenue declines or, said another way, reduce their costs,” said Mitchell.

The support could come in the form of backing for programs that promote improved quality metrics (such as evidence generation and disease state information), value-based contracting or reimbursement simplification. While Mitchell allowed that many pharma companies “do probably provide these value-added services,” the question is how to do so without losing money.

The second engagement model noted by Mitchell is one that recognizes that, in virtual environments, the entire treatment team participates in patient visits. “So how do we engage all those team members when they’re part of one patient-physician interaction?” Mitchell asked.

She answered the question by noting that the model must address such logistical challenges as follow-up visits, medicine deliveries, institutional access and caregivers being kept out of the doctor’s office. “All these things say to us: Where are our points of engagement within the treatment and patient journeys now that there’s all this disruption?” Mitchell noted.

To cope with the surge in telemedicine, the third engagement model must reconcile technology access gaps affecting doctors and patients alike, Mitchell said. She pointed to an explosion of telemedicine providers with different business models, not to mention widely varying payer rules for visit reimbursements.

The primary challenge here for pharma, which is lagging in this space, is “figuring out how to engage the physicians and patients in these platforms so that our messages are received at the point where the two are intersecting,” Mitchell added.

The fourth and final model acknowledged by Mitchell focuses on content that stands out in a cluttered digital environment. Given the competition for the attention of HCPs and patients, all such content must be “short and concise” and “customized to the customer where they want to be,” Mitchell emphasized, noting that marketers must consistently ask themselves, “Do we have the right content to engage, regardless of what digital tactic we’re using?”

April Mitchell’s keynote address presented new ways of thinking around patient engagement.
Tapping into Dynamic Health Moments
How social media is transforming the ways in which brands tell health stories and connect with people beyond their patient status
BY KARA GIANNECCHINI

With in-person pharma rep visits already on the decline pre-COVID, restrictions brought on by the pandemic have halted them completely, further solidifying the need for marketers to find other ways to bridge the gap between themselves and HCPs.

Enter social media. No longer just a forum for conversations on public health, platforms including Facebook and Twitter are helping to transform the way that brands tell health stories and forge the connection between people and patients.

Recognizing that it is more important than ever for people to connect and share reliable information on medicines and public health, stakeholders are tapping into new networks and taking advantage of the fact that most HCPs are now connected with one another on social platforms.

“Tapping into Dynamic Health Moments,” a panel led by MM+M’s editor-at-large Marc Iskowitz and featuring Gaetan Akinrolabu, associate director of paid media strategy at Bristol Myers Squibb; Lisa Bookwalter, director, Twitter client solutions, health; and David Chadwick, EVP, digital and social innovation at GCI Health, the session’s sponsor, sought to give audiences the key trends in healthcare and social media, especially pharma’s relationship to the medium, and how it can be an incredible asset in crafting stories that connect with a wider audience.

Noting that these days, social is a staple of most, if not all multichannel disease state or branded biopharma campaigns, Iskowitz asked the group how they felt the industry had evolved, especially throughout the last seven months.

In one word? “Incrementally,” said Chadwick, who said he vividly remembered the thirst from his industry while waiting for FDA guidance on what pharma marketing teams could do on social media.

“We waited and waited, and then when it finally came it basically said very little,” he said. “But it forced people to collectively think, ‘we just have to do this, we can’t wait for guideposts to tell us exactly how we’re going to go about it.’ And once that realization happened, we saw people trying stuff here and there, and when the sky didn’t fall, that slowly crystallized best practices for the industry in many cases.”

Moving from a more outdated model of
“Gone are the days where we can just put up content that will be beneficial for businesses and businesses alone. That will just turn into wallpaper.”

“Brands [are] realizing they have to be more human; they have to recognize that patients are just people who got sick, and then they have to figure out how to talk to that person as a mother, a daughter, an employee.”

One of the most effective and engaging ways of doing this according to Chadwick is through storytelling.

“We’re now seeing more campaigns that are not only entertaining, but have real utility,” he said. “Gone are the days where we can just put up content that will be beneficial for businesses and businesses alone. We now know that will just turn into wallpaper, so we have to look to engage our audiences with powerful content and concepts that will elicit a response.”

Bookwalter said she felt Cosentyx (a psoriasis treatment) was a pharma brand that has done a particularly good job of utilizing storytelling through social media as a way to foster patient communities and forge a deeper connection to its audience.

“People with psoriasis are very social,” she said. “And Cosentyx has embraced that fact. You’re seeing brands realizing that they have to be more human and they have to recognize that patients are just people who got sick, and then they have to figure out how to talk to that person as a mother, a daughter, an employee, a boss, or whoever she may be. And it’s exciting to watch.”

Akinrolabu shared how he felt BMS’s Survivorship Today campaign with spokesperson Sterling K. Brown was a great example of pharma embracing storytelling and story sharing through social media.

“That campaign was so powerful because it used real, authentic stories from patients talking about their different experiences with cancer,” he said. “And it was a domino effect, where one person shared, then the next, and eventually you create a community of conversations and comments from other cancer survivors or those battling cancer. It’s so different from in the past when you’re speaking from a brand handle, it’s very hard to come across with a human tone, but when you have the ability to come up with concepts that really drive home messaging that touches the individuals you’re looking to speak to — that’s the power of social, that it’s synonymous with human tone.”

And there has never been a better or more appropriate time for pharma to tackle the adoption of that human tone, said Bookwalter, citing how, due to COVID, pharma’s reputation is at an all-time high.

“The pandemic has really changed the scope of things for pharma,” she said, “because people have the mindset that pharma is going to lead us out of this nightmare, so they want to hear about what pharma is doing and they want to engage with them on social, which has really opened up the door for that two way dialogue that is so powerful in terms of driving better health outcomes.”
Rewriting the Rules of Patient Engagement in Social
The pandemic environment has compelled patients with chronic conditions to shift from in-person to virtual contact in order to engage with their vital support networks. But even as their care models have shifted, many of those patients have managed to continue treatment in a manner that’s meaningful, convenient and — most importantly — safe.

That was among the major takeaways from “Rewriting the Rules: How COVID-19 Has Changed Patient Engagement in Social,” presented by MyHealthTeams CEO and cofounder Eric Peacock at MM+M’s Transform. During the presentation, he shared five examples from the recent work and experience of his company, whose social networks serve 2.5 million members spread across 37 chronic conditions.

Early in the crisis, MyHealthTeams developed an educational resource center to educate endometriosis patients about telehealth and what they need to know in order to receive effective telemedicine care. As part of this push, the company partnered with AbbVie and Dr. Georgine Lamvuon on a video interview which addressed concerns about COVID-19, virtual endometriosis treatment and shelter-in-place pain management.

“She guided us through the types of things you definitely want to bring up with your doctor over telehealth and how that differs from in-person visits,” Peacock said.

Around the same time, MyHealthTeams collaborated with Dr. Hillary Norton and UCB on a video series explaining how spondyloarthritis patients can get access to world-class doctors. The videos answered basic questions: What is a non-radiographic axSpa? How do you discuss it with your doctor?

“This was an all-disease-state education, informing people what this thing is so they can ensure they see the right kind of doctor — in this case, a rheumatologist,” Peacock explained. “We’re just addressing a pent-up demand that people had before COVID, which is, ‘I want to hear from the expert. I may not have the expert near where I live, but I want to hear from the expert nevertheless.’”

To help multiple sclerosis patients adhere to a disease-modifying therapy (DMT) — some 35-40% aren’t on a DMT at any given time — MyHealthTeams and EMD Serono created an educational resource center. Its materials stressed that multiple sclerosis suffers benefit by adhering to a DMT, regardless of which DMT they employ.

“EMD Serono talked about the research that showed if you’re on any kind of DMT consistently, you would have much better outcomes,” Peacock said. He added that the program’s videos covered ways of receiving assistance in paying for a given drug, how to administer it and how to deal with any side effects.

Additionally, a live video Q&A with MS expert Dr. Aaron Boster reviewed MS treatment issues amid the pandemic. “He went through every single DMT out there,” Peacock noted.

As for chronic obstructive pulmonary disease patients, who can experience frightening shortness of breath triggered by factors such as lack of sleep, stress or exhaustion, improving at-home health outcomes is crucial. Using a social-listening insight gleaned from its COPD members about the value of pulmonary rehab, MyHealthTeams engaged Home Rehab Network’s Alex Grichuhin to create short videos on pursed-lip breathing, breathing muscle exercises and walking-and-breathing techniques.

The response, Peacock reported, was overwhelming: 92% of those who watched the videos said they tried the techniques and 48% reported trying the exercises at least 10 times. “It’s becoming part of their regular habit and they’re seeing the benefits of it,” he added.

Finally, MyHealthTeam’s vitiligo team and the Global Vitiligo Foundation held a live doctor event, during which patients and caregivers could question doctors about symptoms and treatment options. Some 600 people attended, twice what the company had ever recorded for a live doctor event.

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Eric Peacock, MyHealthTeams
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Digital Amplification: A Growing Part of the Emerging Omnichannel Promotional Platform

Experts from Syneos Health explain how to optimize your marketing approach for a dynamic, new world
By Deborah Stoll


“So what are we talking about when we talk about, ‘digital amplification?’” asked Cannizzaro, kicking things off. His answer pointed to the dramatic way physicians, patients and pharma are interacting via blended engagement — electronic and virtual digital promotional pieces, new forms of content and new ways of disseminating information.

“The industry is beginning to embrace all of these new channels in order to show up in ways that meet a shifting need for information,” Cannizzaro added. “On average, HCPs are spending 180 minutes a week watching online video content for educational purposes; two thirds of that sharing information with their social circles.”

“Our providers are expecting us to show up in new ways,” Gorman added. “Data shows that 86% of doctors say it’s important to stay up to date with data and information and they rely on pharma to provide that content.”

Cannizzaro went on to define Syneos Health’s “digital amplifier.”

“The digital amplifier is a surround-sound media layer to support existing call plans, so it really creates this blend between face-to-face omnichannel and digital.”

SAM CANNIZZARO
Syneos Health

According to data presented by Syneos Health, HCPs are spending 180 minutes per week on average watching online video content for educational purposes; two-thirds of that sharing info with social circles.

“He went on to express that representatives continue to be the most powerful tool for promotional messaging at the field level, but that face-to-face encounter, while absolutely essential, is amplified today by these new digital tools and techniques.

“Our information database allows our providers to grow and expand, to gain deeper insights and deeper intelligence to make targeting more effective,” says Cannizzaro. “We want to ensure that we’re driving the proper behaviors, at a provider level, to ultimately get the appropriate drive performance of a particular brand category class.”

“What we’re really looking at is personal understanding about what is going to trigger an action in a physician in context with his practice and personal content as needed scale,” said Gorman in closing. “When you look at how we bring this all together, it’s really around uniting data and one-to-one delivery of messages and experiences to activate an audience.”

Rich Gorman, head of business development, deployment solution,
Syneos Health

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Move Quicker
‘Always On’ Patient Intelligence and Analytics
Near-real-time patient insights, machine learning and AI techniques built on a cloud platform can simplify the patient journey

BY RAY PELOSI

- The patient journey isn’t static. Primary healthcare stakeholders devote considerable energy to helping patients navigate healthcare experiences amid an environment where the pace of change—in healthcare delivery, treatment, financing and technology—is breathtaking.

To hear Symphony Health execs Rick Rosenthal and Smita Krishnan tell it, being a positive change agent around the patient-health journey requires a level of intelligence. Armed with that information, organizations are better able to anticipate and shape those changes via effective patient-centric solutions.

Krishnan, Symphony’s product director, commercial effectiveness, stressed a threefold approach to creating “always-on” patient intelligence. It includes utilizing data from all sources, whether EHRs or insurance claims or anything else, and making sure it’s “brought in, updated and kept refreshed in real time.” Similarly, analytics engines must generate insights from the data and technology must be put in place to make those insights readily available across enterprise teams.

Symphony’s solution, Krishnan said, “not only provides you with near-real-time patient insights, but something that can simplify the process and accelerate the delivery of those insights.” That solution, she added, has three parts: ingrained patient data assets that aid longitudinal patient analysis while preserving patient privacy; applications that simplify and share patient information across the organization; and advanced analytics, machine learning and AI techniques that make it possible to identify targeted actions to better engage company stakeholders.

By combining these features into an automated process, Symphony believes it can eliminate the need for manual interventions and facilitate agile decision-making. In doing so, it can monitor patient information from multiple data sources and convey it in both a timely fashion and a clear and actionable format.

The Symphony solution illuminates “how patient journeys differ, depending upon where a patient receives care, how their care is paid for, when a market event occurs—such as the release of a new treatment guideline or publication—or with the arrival of new treatment options or even the launching of a key educational or promotional campaign,” Krishnan explained.

Because different diseases give rise to different patient journeys, Symphony’s analytics and machine-learning models are designed to provide organizations with the contextual information they covet. “Finally, all of this is built on a cloud platform to allow for instantaneous access to patient intelligence,” Krishnan added.

Rosenthal, Symphony’s VP, commercial effectiveness, noted that patient intelligence differs from patient analytics—and that analytics aren’t enough to meet the needs of healthcare stakeholders if not paired with patient intelligence.

“In patient analytics, we can see where we are and where we just were,” he explained. “When we talk about patient intelligence, we’re looking up and looking out at the road because there could be unexpected obstacles or because we’re on a road with a lot of twists and turns where we have to make timely decisions to navigate safely.”

Rosenthal likened running a brand in 2020 to “a muddy Jeep flying through the mess while things come at you unexpectedly... To thrive in the future, what we need is the ability to see the road clearly. Intelligence is the way to do that.”
ReCoding the Care Continuum

How patient interactions along the healthcare path are evolving with tech and science advances

By Deborah Stoll

MM+M’s Transform talk, “ReCoding the Care Continuum,” dove deep into the digital resources and therapeutics — tools marrying technology with treatment to ease condition management — and consumers’ desire for the health system to focus on caring for them during the 99% of their lives spent outside the exam room.

The discussion was moderated by Brian Layden, VP, sales and business development, Haymarket Medical, who was joined by Dr. Priya Bansal, allergist and immunologist, Asthma and Allergy Wellness Center; Nathan Lucht, president and CEO, InStep Health; Tonya Winders, president and CEO, Allergy & Asthma Network; and Brian Yarnell, cofounder, president, Bluestream Health.

The session kicked off with Yarnell explaining why telemedicine isn’t going to go away. “You can’t put the genie back in the bottle,” he said. “Patients will demand telehealth and, even more importantly, providers realize it is a key part of care delivery across the care continuum.”

“Patients are much more engaged and empowered than perhaps they were pre-COVID,” added Winders. “The challenge is avoiding creating a greater gap for inequities of vulnerable populations; oftentimes they don’t have great access to digital tools or the ability to adopt the technologies.”

Dr. Bansal’s perspective focused on the fact that many of the so-called “new technologies” such as digital inhalers aren’t so new. “Some of these have actually been around for a while, they just haven’t been embraced as widely. In healthcare, our innovations lag way behind, but there’s never been a year more than this one where you’re really seeing the adoption of innovation.”

For Lucht, concerns around maintaining the information flow and continuing to educate consumers are tantamount. “Pharma needs to educate consumers, rather than sell or dictate.”

Returning to the challenges of gaps within telemedicine, Layden asked the panelists what critical needs they were currently wrapping their arms around.

“Telehealth is fantastic, but not all the time and not for all patients,” noted Bansal. “Sometimes you need a physical exam. Technology has an important role to play, but we have to have parity of reimbursement. We have to have privacy and ensure the patient’s data is safe, and that their health information is exchanged across these digital platforms.”

Lucht added, “Pharma companies have received a lot of bad press leading up to COVID regarding pricing, but as soon as this hit, 330 million Americans turned to the pharma companies and said, ‘Give me an answer to this right now!’ They’re rising to the challenge and so that’s our number one role — to figure out ways to make us better.”

For Winders, the most imperative item to address moving forward is ensuring that every American has access to high speed internet and to the technology that would level the playing field. “We need to make sure we’ve got that access to high speed internet, and to the technology in order to facilitate these telehealth and digital health solutions.”

Yarnell said in closing: “At the end of the day, it comes down to getting that personalized medicine.”
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In MM+M Transform’s second-day keynote presentation, “Rigorous Research in Service of Public Health: The Role of Social Science in FDA Promotional Research,” Dr. Kathryn Aiken, senior social science analyst and research team lead in the U.S. Food and Drug Administration’s Office of Prescription Drug Promotion (OPDP), reviewed findings from some of the agency’s most recent studies. Among other learnings, she discussed the extent to which prescription drug marketing efforts are truthful, accurate and balanced in conveying risk and benefit information.

“We are especially interested in topics involving risk perception because these topics have the biggest potential to negatively affect the public health,” she said. “However, we are also concerned with the presentation of benefit information. We don’t want consumers to be misled by false hopes stemming from misleading claims.”

“**We are especially interested in topics involving risk perception because these topics have the biggest potential to negatively affect the public health.**”

**Dr. Kathryn Aiken**
Office of Prescription Drug Promotion, U.S. Food and Drug Administration

OPDP research mainly falls into three categories, Aiken noted. Some of it considers how well advertising communicates risk and benefit information and how well consumers understand it, while other projects have examined how variables (such as the level of reading comprehension) affect the comprehension of the risk and benefit information.

The studies tap a range of research methods to ensure that questions are, in Aiken’s words, “reliable and robust” and that study hypotheses, stimuli and measures are rigorously developed and informed. These include cognitive interviews for vetting survey questionnaires; pretesting, which can detect and fix issues before they become problematic; literature reviews; content analyses designed to clarify marketplace conditions and trends; the assembly of focus groups that can yield rich, qualitative insights; and experiments that test causative hypotheses.

Highlights from the study findings Aiken presented:

- Research on the impact of risk statements in direct-to-consumer ads revealed that consumers more easily recalled risks and benefits when the risk statement was limited to a series of actionable risks, and which noted that not all risks were presented.

- By using eye tracking, OPDP found that “distracting elements during the major statement decreased attention to the superimposed risk text,” Aiken reported. That means viewers retained less risk information.

- When an actor delivered risk information in a website ad, viewers felt the ad placed less emphasis on benefits and the visual didn’t seem to improve their understanding of the drug information.

- Consumers aren’t generally familiar with composite scores, which measure quantitative efficacy of a drug by totaling its measured effectiveness on multiple, individual symptoms. But informing consumers about composite scores can positively impact how they perceive an advertised drug.

- Analysis of focus group discussions around the role of online health communities showed that individuals supplemented the information they received from their doctors with additional information gleaned from these communities.

- Consumers who saw a branded prescription drug website that linked to a disease-information website were confused about the drug benefits “even when disclosures explained that the disease-information website was external,” Aiken said.
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Physically Distant, Socially Connected
Reconfiguring meaningful ways to maneuver in rare disease patient engagement during COVID-19
BY DEBORAH STOLL


Sponsored by Closerlook, the discussion was moderated by David Ormesher, CEO and founder, Closerlook, in conversation with Ryan Mason, chief strategy officer, Closerlook; Rebecca McLeod, VP, global marketing, Argenx; and Katrina Sergeev Gary, director, U.S. patient marketing, Argenx.

“COVID was definitely not in our 2020 marketing plan,” admitted McLeod with a wry laugh. “This was a scenario where we absolutely put every concept on the table to try and figure out how to connect while staying apart. It turned out that our small ideas turned into very meaningful programs.”

The programs McLeod referenced are the MG Illuminate virtual event and My MG Sole. Each of these initiatives provided patients with ways to connect—one, via an online platform that includes articles addressing the needs of people with myasthenia gravis as well as stories from the MG community—and the other, a collective art program specifically designed to help those with myasthenia gravis overcome social distancing by uniting online.

“The secret sauce of connecting virtually is getting people to listen to each other,” said Gary. “It’s getting people to care for and support one another. It’s like any relationship. It’s about taking the time. It’s about empathetic listening.”

According to Ormesher, part of understanding how to listen empathically, is guided by data. “Our data science team spent quite a bit of time analyzing years of claims and prescription data, before combining them to better understand the patient journey,” he explained.

“What it showed us, was two complimentary things,” continued Mason. “Every patient’s journey is unique; that’s commonly said but is absolutely true with rare disease. We also learned about the phases many patients go through and milestones they reach. Through that, we saw that some of the most insidious and debilitating aspects are not the physical symptoms, but the emotional effects the disease has on the person and their community around them—families, friends, co-workers and social groups.”

But how to translate these intimate learnings into experiences that are just as intimate, without being in person?

“In some ways, flipping to virtual has helped redefine what patients really need,” said Ormesher. “We’re becoming a catalyst for a different kind of communication where geography is no longer a barrier.”

“With virtual events we’re able to reach so many more patients across the globe,” continued McLeod. “The second piece of that is that events become resources. Patients and caregivers are able to go back again and again and view a session, gleaning information they may have missed the first time around.”

Gary noted that after their virtual events people from different geographies reach out to each other, attend each other’s virtual support groups and engage in ways that wouldn’t necessarily be possible in a live setting due to cost restrictions or participants being unable to travel due to their illness.

If there was one key takeaway from the conversation, it’s that the key to creating authentic digital experiences for the patients is through empathic innovation and meaningful interactions.

“We are never going to return to the way we were before,” predicted McLeod. “The virtual environment is always going to be part of what we do moving forward and more and more we are learning how to do it in a way that benefits everyone.”

“These recent digital innovations are a classic, textbook case, of being able to do well for Argenx, while doing good for our community,” added Ormesher in closing. “We’re truly meeting a set of unmet needs.”

“This was a scenario where we absolutely put every concept on the table to try and figure out how to connect while staying apart. It turned out that our small ideas turned into very meaningful programs.”

Rebecca McLeod, Argenx
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GOLD YOUNG MARKETER OF THE YEAR Grace Heimer
GOLD MARKETING TEAM OF THE YEAR Team Epidiolex
MID-SIZE AGENCY OF THE YEAR TITANIUM BEST IN SHOW The Call

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Specifically, this covers drug and medical claims, unstructured EMR data and more. But how do organizations do that? "When we start to mine customer interest and behavior using real-world clinical evidence, and when we start to understand customer impact and adoption and the likelihood of adoption modeling for target customers," Bose answered.

But he indicated that the commercial application of data from real-world clinical developments requires a tool of sorts. "What’s missing is what I call the marketing middleware: brand-specific intelligence that will connect the type of analysis that big data can support." With this big-data-enabled modeling, he said marketers could “analyze and respond to market events in real time, and that’s what I’m calling this ‘brand marketing middleware.’ It’s big-data-powered brand intelligence.”

To accommodate this kind of precision marketing and targeting, The Bloc has developed RADAR (Real World Active Data Analysis and Reporting), a platform built to look at customer behavior in real time and employ brand-specific data models that deliver actionable reports. It includes an impact radar to maximize sales, influence and the reputation of key opinion leaders; an interest radar that examines factors driving interest and conversation; and a market access radar to maximize sales pull-through.

Pharma marketers face a parallel challenge in leveraging the right, real-world clinical evidence data and adapting it to a commercialization model that engages with customers.
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Transformers to Watch: Insights from 40 Under 40 Honorees

In response to questions from Fishawack Health chief commercial officer Ross Toohey, three members of MM+M’s inaugural 40 Under 40 class — Shivani Balan, senior director of enterprise marketing at Doxisity; Nishant Maller, senior brand manager, U.S. surgical retina at Alcon; and Conrod Kelly, executive director, policy/government relations-social determinants of health at Merck — shared insights about their careers to date and their predictions for what comes next. Here are excerpts from their MM+M Transform panel discussion.

What was one of your first big learning curves in health-care marketing?

Conrod Kelly: You have to understand all the rules and restrictions about what you can say and how you can say it, so the biggest adjustment was learning all the rules and how to still be creative and push the envelope within those rules. The minute you start to understand the constraints is when you can begin to really unlock innovations, because constraints are really the hallmark of innovation and invention.

Shivani Balan: These are people’s lives we’re talking about — a family member’s life, a patient’s life. And there are emotions that come into that. You can make marketing decisions based on data all day, every day, but there’s also a lot more art to it — understanding the marketplace, understanding physicians and how they’re feeling and thinking, that data can sometimes not even give you.

What projects are you proudest of?

Nishant Maller: I wrote a plan for an internal brand or mission and happened to show that to our VPs. Five years later that sort of became our organization’s internal mantra, and it’s on our walls and it’s in our brochures. It’s been really cool to see that grow from an idea in the back of my head to becoming part of our DNA of how we go to market and how we live as an organization.

Balan: I built a team in the past year that’s basically doubled in size, and I brought in a lot of people who have non-traditional experiences — some not in healthcare, some not in marketing. The thing I’m proudest of is the way we’ve built this entirely new structure … it’s just so collaborative.”

Kelly: When I was leading the diabetes franchise at Merck, it was a 14-year-old product and a market leader. We had to figure out, ’How do you grow when you’re the market leader?’ And so we landed on the notion of doing a documentary film called A Touch of Sugar to highlight some of the health disparities that existed in diabetes. When we got the approval to do the documentary film, I was like, ’I want to work with Viola Davis.’ We premiered it at the Tribeca Film Festival, and it’s gone on to win so many awards. But more importantly, it’s touched so many lives. And to see how it’s now being used as a teaching tool in medical schools and pharmacy programs, and a part of orientation programs at health systems, it’s just amazing.

What are some of the top skills and qualities that you look for in talent?

Maller: The one thing I always look for is: Does that person have a skill set or learning that I don’t have? So I’m really looking to learn, because I know I’m not the smartest person in the room. It’s having people around me that can help me learn, help me grow and help me learn new things.

Kelly: You don’t hear people talk about vision as much anymore. Leadership was always talking about these big ideas about the vision mobilizing people and moving toward something. And so that’s something of late that I’ve started to highlight more, looking for people who have experience and can demonstrate that they’ve set a vision and mobilized people toward that vision. Because leadership starts very early and I don’t think that’s a trait you can teach. I want to be able to look for that and nurture that.”

What do the next five to 10 years look like, and what are you excited about?

Balan: COVID has forced everyone to rethink things, so what’s most important now is adapting to this new environment. Telehealth increased dramatically; it’s here to stay. How do we market through that environment? Now, all of a sudden, maybe the salesforce isn’t necessarily there. Personalization of content, thinking about new and innovative ways to share content, different platforms to share content — the sky’s the limit. And I think in the next year or two we’re going to see more evolution than we’ve seen in the last five to 10 years, because we have to get creative.

Kelly: I’m working in social determinants of population health, and I think that is the future of healthcare. In the United States, 100% of population growth is coming from underrepresented ethnic groups. If you’re going to be marketing a product, you’re no longer going to be doing just multicultural marketing; you’re marketing to a multicultural market. So what does inclusive marketing actually look like? Especially now that the audience that’s going to become the majority is an audience that has been contentious and that has had a lack of trust with the healthcare system.
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Using Conversational AI to Transform HCP and Patient Engagement

The pandemic’s widespread suspension of in-person interaction has accelerated the adoption of this communication technology

By Kara Giannecchini

While digital transformation may have been well underway before COVID-19, few in the healthcare industry would argue with the notion that the pandemic has fast-tracked us forward in terms of the digital needs of both businesses and consumers.

In addition to a major shift toward digital technologies, there has also been a significant decline in face-to-face interactions between healthcare professionals and their patients as well as sales reps and HCPs.

In the MM+M Transform fireside chat, “Using Conversational AI to Transform HCP and Patient Engagement,” featuring Ben Massingham, VP, head of transformation and innovation, Novartis Canada and John Baylor, innovation and strategy at Astellas Pharma U.S., moderator Lexi Kaplin, cofounder and chief product officer at Conversation Health, probed the speakers to take stock of the changes they’ve dealt with during the pandemic, how they are implementing digital solutions into their business model, and the opportunity they feel these unforeseen circumstances have presented for life sciences companies to transform customer engagement.

Baylor shared that the absence of in-person interactions has forced him and his team to “take a step back” to not only figure out how to effectively engage with HCPs, but also see that the patients’ needs were being addressed as well, with many of them seeking self-service and self-education through these tumultuous times.

“Our main goal is always to improve patients’ lives and the experiences they have,” he said. “In order to ensure patients were still receiving the appropriate treatments we had to make sure they were getting immediate answers to the questions they were asking.”

For many companies, this means adopting conversational AI as part of their business model; something many had been reluctant to do pre-pandemic.

“There’s always been this fear that if you stop to do something different and everybody else keeps doing the same thing that maybe you’ve got it wrong and that they’ll continue to win,” said Massingham. “But now with that safety blanket gone in that nobody’s out there doing the same old thing because they can’t, it liberates you to start thinking very differently about what it is that you want to do and how you want to engage with your customers.”

Incorporating the fundamental notion that we are never going back to a pre-COVID world, Kaplin asked the speakers how they are working to ensure that the changes are not just incremental, but instead a permanent disruption.

For Baylor, this entails making sure his company is setting itself up for the now-dramatically altered future.

“Whether you like it or not, the digital health solutions that have been very much accelerated because of COVID-19 are going to last well beyond the pandemic,” he said. “We might as well work together to get up and adapt.”

Manningham agreed with the notion that adapting to this new reality is a company’s best defense, warning that those who wait for things to return to normal are “kidding themselves.”

“You have an opportunity to set yourself up as nimble, and accept that everything you do won’t be immediately correct, and that can be uncomfortable,” he said. “But if you don’t go into it with an attitude of ‘we can course-correct as needed’ or ‘we can run it as an experiment,’ then I don’t think those changes will stick.”

For both, this notion of creating lasting change within their companies has required a multi-layered approach involving figuring out where the problems lie and then incorporating the right technology to solve them.

“COVID has taught us that, as an industry, we need to be ready to adapt very quickly and incorporate the tools and technology necessary to deliver what our patients need because they are depending on us.”

Massingham agreed, stating that he doesn’t believe any of the problems we are facing today can be solved without technology. “If they could, we would’ve done it already,” he said. “We need to have a deeper understanding of the problem we’re trying to solve for and match it to the right technology, for it to stick. Eventually it will just become part of the way we do things, and that goes for when we have a vaccine one day as much as it does for the reality of today.”
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Reimagining HCP Information Needs Accelerated by COVID-19’s Impact on Healthcare

Rethinking new methods of content delivery for medical research or clinical guidelines and HCP engagement
By Ray Pelosi

It’s no surprise that the timely delivery of evidence-based content to healthcare providers has been compromised during COVID-19. After all, the pandemic disrupted routines across the medical spectrum, requiring that people and groups find new ways to interact.

Wolters Kluwer met that information challenge not only by remaining as flexible as possible but also by flexing its innovation muscle, according to VP of global publishing Jayne Marks, who explained some of its changes at MM+M Transform’s presentation, “Reimagining HCP Information Needs Accelerated by COVID-19’s Impact on Healthcare.”

Marks noted how HCPs are turning more to online resources, including medical society websites and email newsletters. “They’re looking for digital ways to get the information they need, and to get it quickly and relevantly,” she explained.

Marks added that HCPs are getting that information across a range of devices, depending on which one best serves their particular needs at a given moment. That changes the decision matrix for content developers such as Wolters Kluwer. Marks noted that the company now consistently asks, “How can we make content appropriate for lots of different devices and different touchpoints during the day?”

She added that the company’s mission is further complicated by the sprawling digital landscape, which emphasizes interactivity, and that viewers are keen to “pull out, as they trawl over a page, the things that are important but that also attract the interest of the reader … Anything that makes something more engaging encourages people to go deeper into the content.”

Marks continues to view podcasts as an up-and-comer, noting that 90% of listeners pay attention to ads and 80% report positive brand recall. “That’s a very high percentage and really encouraging for this type of engagement.”

Still, Marks characterized video as “the wave of the future and the way people want to access content.” Another challenge for content providers, then, is to learn how to attach content-appropriate messaging to the videos that HCPs are sharing. Indeed, many journals have started to assemble trusted-source video libraries.

Marks added that communicating content to help HCPs cross-train their teams is increasingly important. This task requires that “messages be appropriately positioned across a range of publications or websites to take people from one particular area out to that broader team … that massively widens the reach of the particular message we’re trying to get out.”

With in-person communications, networking and education a secondary victim of the pandemic, Marks stressed that content providers must figure out how to create even more engaging virtual experiences — for example, ways for virtual conference audiences to interact with pertinent content. “This is an area we’re just starting to reimagine and reinvent, and we’ve got some ways to go,” she acknowledged.

Journals must similarly be adapted to the new content-access world, so that “different kinds of people can find it, and that its implications can be understood,” Marks said. As for pre-prints, she believes they face a similar engagement challenge. Publishers need to work with authors early and often “to make sure that we can navigate health-care professionals to the right content at the right time and with the right messages.”

To that point, Marks noted how different journals have focused on the impact of COVID on their particular HCP community. “All have come up with ways to create focused areas,” she said. “Perhaps it’s a collection of content, or it’s basic information about a new protocol for treating a particular manifestation in a different way.”
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