EXPERIENCE
For brands today customer experience isn’t a choice, a case of whether to opt in or out. It’s a reality. It’s therefore essential for brands to ask the right strategic questions and build engaging customer experiences to maximise their competitive advantage.

Digital transformation has elevated consumer expectations. There’s more choice than ever before, across multiple channels. At every touchpoint people are talking about their customer experiences and sharing them online.

Our latest magazine explores what this means for the healthcare industry. Whether it’s developing a new medicine or designing a hospital, a different more person-centric approach is required. The opportunity is to think from the outside in, to consider what patients, caregivers, providers, payers and other stakeholders need… and asking them.

The potent combination of science and technology also creates an exciting opportunity. With the proliferation of apps and connected devices, brands are starting to question what kind of business they’re actually in: medicine, or symptom management, or even big data and information? This has implications for what people expect from services. We’re just at the start of this exciting journey which holds a lot of promise for building innovative service-led customer experiences.

Our thought leadership reflects the importance of this rapidly shifting environment and how it impacts the industry. We hope you find this a stimulating and inspiring read.
Colin Shaw tells us why recognising peak emotions is fundamental to patient experience.

Jennifer Borgmann shares Merck’s approach to patient-centricity.

How a new approach to hospital design transforms the experience of cancer patients.

Healthcare needs to embrace the experience economy, says D’Arcy King.

Can we trust health apps? Alex Baxevanis on the revolution in healthcare CX.
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Author(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>ESCALATING THE EXPERIENCE ECONOMY</td>
<td>D’Arcy King</td>
</tr>
<tr>
<td>14</td>
<td>DISCOVERING THE PERSON WITHIN THE PATIENT</td>
<td>Soumya Roy</td>
</tr>
<tr>
<td>18</td>
<td>FORGING BETTER RELATIONSHIPS</td>
<td>Scott Kressner talks to Jennifer Borgmann</td>
</tr>
<tr>
<td>22</td>
<td>A QUESTION OF TRUST...?</td>
<td>Alex Baxevanis</td>
</tr>
<tr>
<td>28</td>
<td>AT THE FOREFRONT OF CHANGE</td>
<td>Nicole Taylor</td>
</tr>
<tr>
<td>32</td>
<td>Q&amp;A: AT WHAT COST?</td>
<td>Soumya Roy interviews</td>
</tr>
<tr>
<td>36</td>
<td>DESIGNED BY PATIENTS, FOR PATIENTS</td>
<td>John Hughes</td>
</tr>
<tr>
<td>42</td>
<td>NOBODY LIKES A CONTROL FREAK</td>
<td>Rick Mills</td>
</tr>
<tr>
<td>46</td>
<td>BUILDING A CULTURE OF CARE</td>
<td>Sherri Ozawa</td>
</tr>
<tr>
<td>50</td>
<td>HOW DID THIS MAKE YOU FEEL?</td>
<td>Colin Shaw</td>
</tr>
<tr>
<td>54</td>
<td>THE PRESSURE OF MEANINGFUL ENGAGEMENT</td>
<td>Chris Ellis</td>
</tr>
<tr>
<td>58</td>
<td>TO INCREASE DIVERSITY WITHIN CLINICAL TRIALS, REACH OUT</td>
<td>David Spears</td>
</tr>
</tbody>
</table>
Brian Klepper PhD is a healthcare analyst, commentator and entrepreneur who has specialised in healthcare market dynamics and the drivers of the cost crisis.

Colin Shaw, founder and CEO of Beyond Philosophy, is recognised as a global thought leader on customer experience, and pronounced by LinkedIn as one of the top 150 Business Influencers worldwide.

D’Arcy King PhD is Global Head of Customer Experience at Hall & Partners Health. She helps brands to uncover multi-stakeholder insights and reveal untapped opportunities to create frictionless customer and brand experience strategies.

Chris Ellis is a member of Pfizer UK’s digital marketing team. He has been working in the healthcare sector since 2006 and has held leadership positions at Havas.

David Spears, Partner at Hall & Partners Health, brings 14 years of experience and accumulated wisdom in applying innovative research approaches to deliver highly practical insights and solutions to pharmaceutical companies.

Alex Baxevanis, an experience director at Webcredible, helps organisations innovate, transform and succeed in a digital world. His recent work with Public Health England helps shape a process around evaluating health apps.

Jennifer Borgmann has a passion for building the ideal brand experience with consumers. As Associate Director of Global Marketing, Consumer Lead she’s helped Merck touch the lives of thousands of patients.
Nicole Taylor is Director of Global Market Research for the Oncology/Thoracic CX measurement at Eli Lilly where she maintains and utilises a broad cross-functional network to connect people, work and resources.

John Hughes is a marketing and communications professional working at Essentia, a consultancy that designs, builds and manages innovative healthcare infrastructure and solutions.

Rick Mills, Strategy Director at RAPP, has 25+ years of experience delivering global, EU and UK communication programmes. For the last 15 years he’s specialised in patient engagement activities in the health sector.

Scott Kressner is Managing Partner at Hall & Partners Health US. He specialises in global market research, offering clients strategic partnership to make sure their complex business decisions are answered.

Sherri Ozawa, a registered nurse with a background in critical care nursing, is Senior Director, Patient and Family Engagement at Englewood Hospital and Medical Centre.

Soumya Roy PhD is CEO, Consumer and Health, at Hall & Partners New York. He specialises in linking behavioural and attitudinal data to provide integrated insights for targeting and messaging strategies.
D’Arcy King PhD, Hall & Partners’ Global Head of Customer Experience, identifies a singular opportunity for healthcare marketers.
The origin of experience economy dates back to the publication of the seminal article ‘Welcome to the Experience Economy’ which first appeared in the Harvard Business Review in 1998. Authors James Gillmore and B. Joseph Pine II gave voice to the notion that society was moving toward the fourth stage of economic evolution: that we had progressed from an agrarian through an industrial to a service economy, and were now on the precipice of the experience economy. Consumers no longer perceived value strictly on products or service attributes. Rather, they were searching for personalised, memorable, immersive experiences that delivered “surprise and delight” during every brand encounter.
In the ensuing decades, industries from entertainment to retail, hospitality to finance, have embraced this economic transformation, and in so doing set in place a seismic shift in customer expectations and empowerment. They now have the power to choose when, where and how they want to interact with brands.

Mapping the individual ‘lived experience’ of the customer has become a foundational pillar of differentiated success. It is now incumbent upon the marketer to anticipate each customer’s individual needs and proactively provide tangible and memorable benefits to deliver a seamless yet remarkable customer experience.

The most successful customer experience is one in which the only memorable outcome is the resolution of the problem, an improvement in quality of life, or the successful completion of a task that influenced the individual to procure, consume, and engage with your service or product. This initiation process starts with an emotional connection to your brand.

The true value of customer experience can be achieved by accelerating the adoption and implementation of a transformative customer-centric discovery and mapping approach; executing operational efficiencies; enhancing customer engagement; and shaping a culture that revolves around the individual.

EMBRACING THE EXPERIENCE ECONOMY IN HEALTHCARE

Despite this pivotal transformation across other industries, healthcare lags behind in truly adopting a person-centred perspective to advance outcomes and drive value in today’s experience economy.

The convergence of consumerism, behavioural economics, digitisation and interconnectivity has created a singular opportunity for healthcare marketers to develop authentic, contextually-relevant personal experiences to seamlessly connect with each target customer’s individual needs.

Pharmaceutical manufacturers have begun to adapt to the market forces of our connected, multi-channel, customer-centric, collaborative healthcare landscape to improve access.
efficiency, and outcomes. By putting the person – providers, patients, caregivers, payers, advocates, key opinion leaders and others – at the apex of customer experience design, new opportunities will emerge to influence, activate, motivate, inform, increase loyalty, and drive growth.

Healthcare systems have encountered a tsunami of powerful forces ranging from regulatory reform to value-based reimbursement; genetic mapping to personalised medicine; preference-based patient profiles to predictive modelling – each pushing innovation and resources to capacity. Within this constantly changing environment, achieving positive health outcomes and optimal service delivery requires a true understanding at the individual level of how to engage and impact behaviour to produce lasting results.

The time is now to escalate the experience economy in healthcare. In a world moving at the speed of change, acceptance and engagement comes from delivering memorable experiences that provide meaning, relevance and value in people’s lives. The path to the ideal customer experience begins with a deeper and more human-centric understanding of customers as people. Hall & Partners’ proven and proprietary process helps brands uncover this person-centred perspective to drive value in today’s experience economy.

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Discovering the person within the patient

To break new ground, pharma marketers must reject superficial patient insights that fail to penetrate the hidden depths of the human psyche. Soumya Roy PhD, CEO at Hall & Partners New York, explains
The pharmaceutical industry is increasingly eager to deliver value by enhancing the patient experience. But most pharma marketing research has focused on the clinical journey, not the personal one. New insights expose limitations to this approach—and suggest that the lens through which researchers view healthcare consumers must change. For innovators ready to break new ground in communications and care, it’s time to investigate the complex experience of living with disease.

The notion of ‘patient’ as identity has well-intentioned roots. Pharma has invested significantly in coming to understand those seeking and receiving care as target audiences for messaging. But patients themselves don’t readily self-identify as disease sufferers. Instead, they continue to see themselves as whole human beings with careers, relationships and purpose.

When Hall & Partners applied a more humanistic lens to researching stage 4 metastatic cancer patients, pharma clients had to radically rethink how they reviewed their consumer. By applying psychoanalytical rigour we revealed a completely new way of understanding the patient experience.

The results were unlike anything we’d seen in a traditional patient experience study. For those facing a serious or terminal diagnosis, living with disease becomes a transformational journey that redefines who they are.
People were eager to move past discussing simple emotions/anxieties (like feeling “shocked” or “scared”) and generally didn’t dwell on details of their treatments. Instead, they shared how they had evolved personally while living with cancer. Tellingly, many described their initial diagnosis as an “elephant in the room”. They avoided telling friends and family, precisely because they didn’t want their lives reduced to a single identity: patient.

The patient experience spanned three phases which we call the Falling Self, the Balancing Self, and the Ascendant Self.

**FALLING SELF**
People described physical/emotional breakdowns and essential reassessments of relationships, including with their own bodies.

**BALANCING SELF**
They reconnected with what mattered, often by embracing new passions.

**ASCENDANT SELF**
In the third phase, people rediscovered hope and found a new life mission.
Marketers may be startled by the perspective this emotional journey gives patients on familiar messages surrounding cancer care. While war imagery is common (e.g. cancer as the “enemy”, treatment as a “battle”), people found this language negative. These patients accept life with their own insubordinate cells as they accept their diagnoses. Why go to war with oneself?

Even seemingly compassionate language can backfire when it’s oriented from pharma’s worldview rather than patients’. Assurances of better “quality of life” (i.e. reduced toxicity) only reminded people of their reduced “quantity” of life, with no acknowledgment of their new life priorities. Promises of “more moments” only prompted them to focus on moments they’ll miss. By contrast, their Ascendant Self calls for “living in the moment” for the time they have left.

For marketers, opportunities to respond to these insights with innovation are substantial. Patient messaging and support services, physician education, and the platforms that deliver them can be recalibrated to engage patients along their transformational journeys. Emerging engagement tools (i.e. the apps/portals consumers increasingly prefer) can be designed to help manage their acceptance of diagnoses, support patients through self-discovery and self-expression, and celebrate their regeneration of spirit.

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Forging Better Relationships
Scott Kressner, Managing Partner at Hall & Partners Health US, sat down with Jennifer Borgmann, Associate Director of Global Marketing, Consumer Lead at Merck, to discuss why patient-centricity needs human insight to build meaningful relationships with customers.

Pharma companies are ready to become more patient-centric – understanding patients as people, and helping them along their clinical journey with compassion as well as effective care. To achieve this they’ll need to recalibrate how they get to know consumers, and how they engage them. It’s time for more conversation about the relationship between patients and pharma.

In her role, Jennifer focuses on building brand experiences that enhance patients’ treatment experiences. This gives her a clear view of the opportunities in patient-centricity for pharma, along with the challenges. Her conversation with Scott yielded six key pieces of insight.

**TO FOCUS ON PATIENTS, FOCUS ON RELATIONSHIPS**
Pharma is responding to a big change in the landscape. Patients are increasingly involved in decision-making about their own care, as well as being more responsible from a financial standpoint. They’re using technology, going online, and reading blogs to learn about what choices are available. So now we want to create more of a relationship, so that when they come into contact with pharma they don’t perceive us as just in it for ourselves. We want to support patients and send a clear message: “We hear and understand you. We’re here to partner with you. As our consumer, let us help you through your journey.”
GOOD RELATIONSHIPS TAKE WORK... AND TRUST
I think trust is the most important thing to build with consumers right now. More than ever people feel trust is lacking. They see a lot of consumer spend: many more TV commercials than there were a few years ago, and online there’s always a pharma company putting something in front of you. How do we break through that and become a trusted partner? We need to engage with our consumers more, provide them with what they need so they can make the best decisions. We must listen to them to understand their needs and wants. That’s how we become relevant – understanding what’s important to them versus what’s important to us as a brand.

PATIENT TRUST IS FRAGILE
Because patients have greater control today, there’s so much more they need to know, and the proliferation of digital makes it hard to get to the truth. In my parents’ and grandparents’ generation, whatever your doctor said, you did. They didn’t have the internet to give them information and – in some cases – misinformation. Now a single story has impact. A celebrity can make a statement about a product that can completely change someone’s perception about whether or not they would take it. And once a perception is out there it can be hard for pharma to change it.

TO RESTORE TRUST, GET BACK TO BASICS
Ensuring that we’re creating an honest and trust-based connection will help to build a meaningful relationship between pharma and patients. I don’t think we’ve cracked that nut, but I do know we won’t build trust by forcing a brand on someone. We’ll do it by helping patients understand how we can help them make their lives better. George Merck said, “We try to remember that medicine is for the patient. We try never to forget that medicine is for the people. It’s not for the profits. The profits follow...” I think we start figuring out how to build trust by staying grounded in those values and remembering that, whatever we do, it has to be right for the patient first.
TIMELY MARKET RESEARCH IS INVALUABLE It’s important to recognise when there’s a real need for research. Cost is sometimes a barrier, so we have to build a case when circumstances are unique, and we know we can serve the patient better once we understand everything from their perspective. We did some eye-opening research recently on the patient journey to shingles vaccination vs. pneumococcal vaccination. These journeys can be so different, even for the same person. It’s about asking the right questions and uncovering those deep insights so we can learn what our customers think, and better understand the ‘whys’ and the behaviours that are driving them to make certain choices.

THE VISION IS WORTH THE INVESTMENT I want us to become more relevant and serve as a one-stop-shop for patients. Pharma is already starting to do a better job, and you see a lot of effort being put into building resources that can provide an enhanced patient experience. For example, guiding patients through getting their questions answered rather than directing them to a website to read an FAQ or fill out a True/False questionnaire. Increasingly patients can engage in a live discussion, and that’s going to start building trust – and relationships. I’d also love to connect with consumers in the purchasing mindset. We’ve come so far with apps. Imagine if a patient could be prescribed something, pay for it with a touch, and have it delivered to their home. We have more work to do but we’re really trying to think outside the box and insert ourselves where we can make a positive difference. That’s how we’ll shape better patient experiences.

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A QUESTION OF TRUST...?
In the brave new world of health apps, building trust must be an integral part of the customer experience. Alex Baxevanis takes us through the steps

Would you trust an app with your life? It sounds scary but an increasing amount of people are starting to do just that. Many of the 150,000 health-related apps in Apple’s App Store aim to revolutionise customer experience in healthcare, and a 2015 survey found that more than half of smartphone users had already downloaded and tried one of these apps.

Not all of these apps have the potential to cause serious harm – some only offer basic functionality such as step and calorie tracking. But, at the other end of the spectrum, when independent researchers assessed the accuracy of 46 insulin calculator apps they found that almost two thirds “carried a risk of inappropriate output dose recommendation”. And a couple of apps were forced to abandon claims that they could detect melanoma through taking photos of your skin after a probe by the US Federal Trade Commission found insufficient evidence to support them.
The challenge is that people in need of a digital health product will rarely have the right skills to evaluate it from a clinical safety perspective, let alone judge other aspects such as data privacy and technical stability. Trust is a key ingredient of the healthcare customer experience, so people need to find a way to decide which apps they can or can’t trust.

There’s a long list of techniques used by many digital (and non-digital) services to build trust with their potential users.

An obvious one – asking customers to rate their own experience with an app through public reviews – is off the cards when people don’t have the skills to consistently and correctly evaluate a digital health intervention. Multiple independent studies have also shown that, for health apps, star rating and app quality have little or no correlation.

Trust is also associated with a strong brand, but that’s still not enough. We recently helped the NHS explore a potential online service for their 111 non-emergency helpline. After speaking to likely service users all around the country, it became apparent that the NHS brand wasn’t enough on its own to earn their trust.

So, what can digital healthcare solutions do to build a trustworthy customer experience? Our research across multiple sectors has shown three key principles:
1. TRANSPARENCY

There are many products, from food to medicine, that people consume every day without having any way to thoroughly validate their contents. What’s common in all these products is the requirement for transparency. Food packaging has to list ingredients and nutritional information. Medicines come with prescribed information about their active ingredients and potential side effects. Most of that information is independently verified and regularly audited.

Digital health products should follow on the same trail, with an open and transparent declaration of what happens behind the scenes e.g. the clinical research they’re based on, how their algorithm really works, the data they collect, and so on.

This could extend to making key interactions with a product transparent. If your diabetes app recommends your insulin dose, shouldn’t you be able to see how exactly it worked it out?
2. GRADUAL ON-BOARDING

Trust is built over time – when it comes to complex matters it’s unlikely that people will trust the first opinion that comes their way.

A gradual on-boarding process is a key component of a great customer experience, and can go a long way towards building and reinforcing trust.

Rather than asking for lots of data up-front, a good health app will ask for the minimum necessary in order to understand something about the customer and offer some meaningful feedback. Having received something useful, customers are already starting to build trust and will want to continue engaging with the app.
The promise of digital healthcare solutions is to allow more people than ever before access to flexible healthcare options. With that in mind, the language used to ask questions and offer advice should, in the first instance, be as simple as possible. By avoiding putting customers in a position of perceived ignorance, trust can be built from the outset.

The medical profession has had hundreds of years to gain people’s trust. We’re now asking people to trust digital products with much shorter histories. To do this, don’t forget that earning trust isn’t just a single step in the process – it needs to be carefully considered at every step of the end-to-end customer experience.

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At the forefront of CHANGE
Increasingly, healthcare is embracing patient-centricity, honouring patients’ individual needs and preferences for their care. Global pharmaceutical researcher and manufacturer Eli Lilly and Company has been at the forefront of this movement: long-standing best practices reflect an enduring commitment to making life better for patients and those that serve them. Lilly has prioritised the role of the patient and focused on their unique needs for nearly a decade. Company initiatives have long been ‘customer-focused’, considering all customers’ unique points of view along the patient’s continuum of care (including health care providers, payers, caregivers and other members of the treatment team). But it’s patients themselves – those who personally make the decision to use their products – that have always been at the forefront for Lilly.

“Understanding our patients deeply is a goal that we take seriously, and we invest in embedding this in our culture”, says Nicole Taylor. “We implement training programmes across our organisation to develop a shared, common understanding of the patient experience that guides everything we do.”

Lilly’s ongoing research into what patients need reveals consistent desires across many types of patients. For example, the majority ultimately seek “good health” and a “fulfilled, balanced life” as they receive care. But different diagnoses result in diverse experiences, and patients with higher-order needs (such as metastatic cancer patients) have distinct hopes and expectations. As Lilly gets to know each carefully segmented patient group more intimately, opportunities to become more patient-centric deepen and multiply.

Nicole Taylor explores Eli Lilly’s focused journey to patient-centricity, with Hall & Partners’ Kinga Zapert
We start with the patient experience so it can be woven into every aspect of brand planning

“Lilly can play an integral role in helping patients achieve positive outcomes and realise the hopes they have for managing conditions over time”, Nicole noted. “Many patients want to finish taking medications as soon as they can. But we also want to be sure they get the outcomes they deserve – integrating treatments into their lives as key, long-term tools for managing conditions, and enjoying as many good moments as possible with family and friends. With richer understanding of the patient, we’re better equipped to provide the medical solutions and support resources to improve outcomes and their experience throughout their care journey.”

To deliver these patient-centric solutions and resources, Lilly stands ready to embrace change. From re-orienting research approaches to making operational changes, the company is already positioning patients’ lives – not brands – at the centre. This includes analyses of its own competitive landscape. As other researchers and manufacturers make claims to patient-centricity, Lilly wants to assess and compare its own performance-against-promise.

With plans to only increase the volume and variety of insights it collects to drive change, Lilly will also need to exhibit considerable agility. Here too, the company demonstrates nothing but eagerness – and readiness. Acting on key learnings, trying new tactics, and establishing a vibrant feedback loop that leads to ongoing enhancement of the patient experience is Lilly’s game plan.

“The idea is to transform how we operate – to make this an on-going part of how we do what we do”, Nicole stressed. “We’ve shifted from a brand perspective to a patient perspective. We want to start with the patient experience so it can be woven into every aspect of brand planning, every tactic, every conversation.”
While seismic shifts in business strategy take time, Lilly prides itself on being many miles into its own journey. The company continues to apply its customer-centric initiatives in daily practices: recognising physicians’ desires for collegial dialogue; and re-designing peer-to-peer education efforts to incorporate round-table discussions and networking events. Similar improvements were introduced within call centre employee training: patient experience mapping helps staff align with Lilly’s culture, and understand how to deliver patient-centric service.

“Lilly is dedicated to making life better”, Nicole concluded. “We remain committed to delivering on this, and we believe customer understanding is the key to fulfilling that promise.”

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Without metrics, can patient-centricity ever be more than a promise? Soumya Roy PhD puts the question to healthcare analyst Brian Klepper PhD
Pharmaceutical manufacturers and marketers remain fascinated by patient-centricity as a potential guiding principle for delivering care. But claiming patient-centricity might just demand that pharma puts its own priorities – and performance – to the test.

Brian Klepper, healthcare analyst and activist (in my estimation), is author of the blog Care And Cost which delivers an unflinching take on care delivery systems and philosophies. As a commentator, he sent shockwaves through cancer care with his 2016 JAMA Internal Medicine publication, ‘Less is More: The Gold Standard for Current Cancer Treatment’, in which he detailed his own wife’s agonising experience with terminal peritoneal cancer.

It was while reading Care And Cost, indulging my own interest in patient-centricity and its ramifications for pharma, that I discovered a set of principles from the National Cancer Institute defining patient-centred communication between a physician and patient:

» Eliciting, understanding and validating the patient’s perspective (e.g. concerns, feelings, expectations)
» Understanding the patient within his or her own psychological and social context
» Reaching a shared understanding of the patient’s problem and its treatment
» Helping a patient share power by offering him or her meaningful involvement in choices relating to his or her health

I reached out to Brian for his perspective on how well the healthcare industry as a whole – and pharma in particular – is performing against these metrics. Given his professional acuity and his personal history with cancer care, I expected insights I wouldn’t find anywhere else.

SOUMYA: How well do you think the American healthcare industry delivers patient-centric care?

BRIAN: Well, I want to be clear on this. What I do is reflect on how the system actually works. The idea of shared decision-making, which is noble and aspirational and something that we absolutely should strive for, is given tremendous lip service. But it is absolutely not in the business interest of most physicians or hospitals to want to know what patients’ views are about the care that they’re going to get. Their job is to deliver services. So, there’s a conflict between what we should do in the best interest of the patient and what our business interests tell us to do.

SOUMYA: Let’s talk about that four-point definition of patient-centricty from the National Cancer Institute. In the context of these principles, what do you think makes physicians advocate the wrong choices?

BRIAN: Part of it is simply a cultural imperative. In the face of desperate circumstances, we must just do something, and hope against hope that it’ll work. And when it works one time in 100, that fuels doing it for the next 100.

SOUMYA: Pharma probably recognises that too, as cancer is perhaps the most controversial and difficult area. Thankfully, there are areas in which the FDA and the healthcare system have better measures, and patient-centricity is more readily achievable. Based on the successes you see, can you recommend solutions?

BRIAN: The best solutions have to do with the way we pay for care. And the way we need to pay for care is by paying for value. What I do today is go out and find organisations that get wildly better health outcomes at much lower costs, within specific niches, than the conventional approach. Unfortunately, the health plans aren’t particularly interested in those kinds of solutions because they want healthcare to cost more.

SOUMYA: Why is that? You’d think they’d want lower costs.

BRIAN: No, because they make a percentage of total spend. So, I take these solutions directly to large companies and unions, and they deploy them directly. If we started moving to a value-based system, then the system itself wouldn’t have barriers to innovation, and that would positively impact patients. There’s this complex interaction between the healthcare system’s interest and its spin on patient-centredness, particularly on shared decision-making.

SOUMYA: Yes, let’s talk about that. Shared decision-making requires understanding of the patients’ psychosocial context. And for that to manifest, patients need to be highly informed about what they’re getting into. Pharma has a real role to play here – would you say they could do better?

BRIAN: Of course they could do better. And they would do better if they had different incentives. My wife and I talked a lot about this. When
doctors are in a discussion about why they’re prescribing – even when they know that the odds of a drug benefitting the patient are low – they’ll say patients are desperate for any help they can get. My response to that is, “Yes, but they don’t really understand. They’re not working with full information.”

For every doctor who says, “The patient really wants it” or “We wanted to give him/her a shot at making the wedding”, I respond, “Has that doctor really explained, in depth, what the side effects are going to be?” We simply haven’t done a good job of asking patients. I think it’s a big topic, and an important one.

My conversation with Brian left me initially disoriented, but ultimately re-orientated. Realistically, industry incentives for patient-centricity won’t be devised until it’s a validated, assessable service – not just a soaring promise. One critical next step for pharma, therefore, must be to develop standardised key performance indicators (KPIs) for its own patient-centricity.

With this in mind, I believe there’s an important principle missing from the American Cancer Institute’s definition: agreeing on treatment experience outcomes that can be measured and managed. If my talk with Brian taught me anything, it’s that patients can’t choose a journey that they don’t truly understand.

Motivated innovators like Brian will continue to challenge healthcare, calling out barriers and rhetoric that don’t match reality. Pharma’s best answer may be to lead – to define patient-centricity in sharp detail, and devise sets of measurements for critical doctor-patient interactions and results. Putting patients at the centre of pharma’s business model is likely a smart strategy, as the drive for value gains strength. It’s also, as Brian reminds us, the right thing to do.

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Hannah Mann talks to John Hughes to find out how a patient-centric approach can transform the experience of patients receiving cancer treatment.
Have you ever been to a radiotherapy room?
If you have, you probably noticed that it was situated in the bowels of the hospital, usually in a windowless basement room. I recently learnt that the reason nearly every hospital in Europe does this is because it would cost too much to place the huge, heavy machinery anywhere other than on the lowest possible floor.

To anyone who hasn’t walked in the shoes of a cancer patient, this may seem an unimportant detail. Who cares where the machine is as long as it helps you get better, right? The reality is that this couldn’t be further from the truth.

It was a chance conference encounter with John Hughes, Head of Marketing at Essentia, that led me to learn this. Essentia helps hospitals to become more efficient and effective, as well as create the best possible patient environment for care. Their work at Guy’s Cancer Centre in London – the new state-of-the-art facility at Guy’s Hospital – is an exemplar of this.

John explained, “as soon as you walk into the building, the first thing you notice is that it doesn’t look or feel like a hospital. There are unique art installations throughout, sunlight floods through the large windows and natural textures surround patients. Everything about the building, from the layout to the interior finishes, is designed to make the whole process – which can be complicated and frightening – as easy and comfortable as possible.”

Patients and service users were heavily involved throughout the planning, design and construction process. Importantly, their suggestions moved most of the cancer treatment under one roof, where previously treatment had been provided in 13 different locations. They agreed it wasn’t only challenging for them as patients but also for the myriad healthcare professionals working together to treat them.
It was a patient’s suggestion to locate radiotherapy above ground – a revolutionary step and the first of its kind in Europe. Entering the bright, airy Radiotherapy Village above ground level has been a transformative breath of fresh air for patients. Now they take the glazed lift up to the first floor, to the sound of jungle wildlife, change into their robe and walk 20 meters to one of two brand new machines. They then lie on the bed, look up at the ceiling and there, above their head, is a visual lighting display which helps to calm and distract them during their treatment.

These tranquil surroundings belie the complicated engineering and reinforcements involved in locating the linear accelerators (linacs) above ground.

To further improve the patient experience, the centre is made up of a series of ‘villages’ dedicated to different aspects of cancer care. The design also brings relevant services together – for
example, the pharmacy service is now inside the Chemotherapy Village, making the preparation of drugs easier and faster. It also includes a drop-in information and support service for cancer patients and their families.

Equally impressive is how the award-winning design reflects two complementary aspects of cancer care – the ‘Science of Treatment’, which houses the clinical, technological and research facilities, and the ‘Art of Care’, which features more social and interactive areas.

Indeed, the design of the building itself actually informed the model of care provided. The clinical team use the hub and spoke model, meaning that they go to the patient – who remains in the same consultation room – instead of patients going to them. This simple difference is a marked departure from the old system where patients might have seen several different clinicians based in different consultation rooms or worse, different buildings.

New technology and equipment also play a major part in improving care. For example, six linacs machines increases the number of people who can receive radiotherapy treatment every year. Furthermore, to help make clinical trials a normalised part of a cancer journey, the research team has a dedicated space inside the Chemotherapy Village. The goal is to increase participation by 30% – leading to more breakthroughs, speeding up adoption of new research, and improving medical research education.

Dr Majid Kazmi, Clinical Director of Cancer Services at Guy’s and St Thomas’
John tells me that measures are in place to evaluate the impact of this new approach so that Essentia can truly assess the difference it has made. However, while they wait for the hard facts and statistics, I can't help but think that it simply just ‘makes sense’ that systems of care designed ‘by patients, for patients’ are where the future lies. Hopefully none of us will need to visit a hospital soon, but if we do we can only hope it’s been developed with the same ethos and courage as shown at Guy’s and St Thomas’ NHS Foundation Trust.

Sally Laban, Programme Manager at Guy’s Cancer Centre

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NOBODY LIKES A CONTROL FREAK
Rick Mills’ lesson for healthcare brands: change your attitude and get to know your customers… you’ll create much healthier relationships

CMOs, marketing managers, creatives, agency folk – we’re all guilty of a little control freakery. I’m not talking about personal leadership styles (that’s a whole other story). I’m talking about the relationships between brands and customers.

Control in any relationship isn’t healthy. Controlling brand-customer relationships don’t end well either. Look at what happened to the music industry.

You wouldn’t make the same mistakes though, would you? Let’s take a closer look:

» Do you decide what’s best for your customers (next best action’ programme anyone)?
» Do you choose the best time to communicate with them (weekly e-newsletter)?
» Do you determine which channels customers may hear from you in (channel silos)?
» Does your customer relationship lack fun due to your lack of spontaneity (lengthy approvals process)?
» Do you dictate what consumers may talk to you about (IVR menu options)?
» Do you direct consumers to your response channel of choice (single channel call to action)?
» Are you guilty of brand storytelling (you know who you are)?
If you answered yes to any of these questions, it’s ok. Many brands and marketers are still clinging on to control. It’s understandable. Control is a human response to chaos and anxiety, and chaos and anxiety are rife in our industry thanks to the levels of change in recent years.

The problem is, customers have got wiser. The value exchange between brands and customers has evolved. Recent research by RAPP in partnership with Sign Salad shows that the modern consumer expects more than a little more product for a slightly lower price. They expect increased control as part of the bargain.

We wondered whether this was also true in the world of healthcare. Does the patient now expect to take greater control, no matter what the consequences? We provide plenty of nudges in the right direction in the form of personalised content and peer support to help patients in tackling their conditions. But it’s up to the patient to accept the information, and our research has shown that, for example, adherence programmes that offer broad advice rather than focused on narrow support have been better received by patient communities.

It turns out relinquishing control is as rewarding and as powerful as taking control. So, what should healthcare communications be doing differently to tap into this new psyche?

» Start with partnering with people and agencies that fully understand the new parts of the marketing ecosystem. Task them with leveraging data and technology to provide new levels of precision and relevance in your patient communications, but also task them with delivering that precision with empathy and human understanding.
Know your patients. Know their behaviour, their journey so far, their aspirations and fears

» Change your attitude to the data you or your agencies hold. Patients have chosen to let you use it. You don’t own it. Start being more grateful for that privilege and make sure they see the dividends of their generosity.

» Know your patients. Not just their demographics or product holdings. Know their behaviour, their journey so far, their aspirations and fears as real people who live and breathe, think and feel, laugh and cry.

» Put these real people back in the driving seat by providing them the tools with which to manage their own communications – create more granular permission centres and invite customers, be they doctors or patients, in. Play back engagement data to them to help them appreciate the value of the support and content that you provide.

Once you’ve mastered (or rather relinquished) control, the potential payback is there for the taking. You can see the returns from a healthier relationship with increasingly engaged customers, ones that you no longer have to invest in in order to get them to listen. With a little careful relationship nurturing, they may even surprise you with their enthusiasm and passion for your brand, not to mention a renewed willingness to engage and advocate.

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BUILDING A CULTURE OF CARE
Hall & Partners’ Susan Gaits sat down with registered nurse, Sherri Ozawa, to discuss how hospitals continue to lead on patient-centricity

The healthcare industry, from physician practices to pharmaceuticals, continues to explore patient-centricity – with hospital systems standing apart for their clear-eyed leadership and commitment. Hospitals were among the first to honour patient preferences, and today some are preparing for the next great advance: enshrining patient-centredness in a new culture of care.

Hall & Partners reached out to Sherri Ozawa, Senior Director of Patient and Family Engagement at Englewood Hospital and Medical Centre (and a registered nurse of 20 years), for her insights into the challenges and opportunities of patient-centricity, as well as to discuss the related next steps that hospitals may take.
HOSPITALS AS BELLWETHER OF CHANGE

Recognising that healthcare consumers have choices, hospital systems created some of the first ‘patient satisfaction’ surveys, positioning themselves at the forefront of patient-centricity. Thanks to this focus on patient feedback, and years of reflecting on collected data and analyses, hospitals are well-positioned to lead what Sherri calls a “migration of thinking” away from prioritising “patient satisfaction” toward improving “patient engagement”, or even “person engagement”.

As Sherri explained, “We’re there to alleviate and mitigate suffering but we can’t always change the outcome for patients. So, we realised ‘satisfaction’ wasn’t the right word, and we started looking at ‘experience’.”

Addressing patient experience may require, paradoxically, understanding the patient journey more intimately by taking a wider, more holistic view. Before and after hospital visits patients are just people, maintaining their health as best they can. “To be patient-centric”, Sherri reasons, “hospitals can both acknowledge the moment in time they represent, and seek to bring ease, comfort and understanding to each patient’s continuum of care.”

IMPLEMENTING THE INTANGIBLE

The effort to adopt patient-centred practices may sound daunting, but hospitals’ two-pronged approach – combining caring with pragmatism – again serves as a model. When asked what specific steps hospitals plan to take to become more patient-centric, Sherri cited Maslow’s Hierarchy of Needs. Patient-centricity begins with providing essential services and conveniences; once these needs are met, a more complex, personalised set of experiences can be shaped.

“When patients are able to get to the bathroom, when they’re not hungry anymore, when they feel warm and safe, then we move onto the next step of thinking about their wellbeing and their need for communication and relationships”, Sherri noted. “Hospitals have taken a hard look at themselves. And we all realise that, in most cases, we’re probably not doing a great job with communication and transition. Patients have often left hospitals with very little information about what comes next or what other health issues they have to address, and how to address them.”
A CULTURE OF CARE

When patients arrive in a hospital, they enter that institution’s culture: the set of norms and behaviours that define how humans interact to accomplish tasks together. Sherri sees the next generation of patient-centricity as wholly embedded in this culture. For physicians, nurses and staff to partner more closely with patients, they must listen more thoughtfully, ask questions more sensitively, and respond in ways that the patient can feel and appreciate.

In fairness to providers, present hospital culture has been shaped by powerful forces. Most caregivers want to listen to their patients. But they grapple with significant distractions daily, from their own fatigue to the mixed blessing of new workplace technologies. “There’s good data behind the healing environment of care”, Sherri stressed. “Some factors on surveys about patients’ perception of their experience are tied to outcomes.”

The vision is sweeping. Achieving it will demand new interpersonal training programmes for staff, and creative strategies for keeping the patient relationship elevated above the many mundane intrusions that typically arise in the hospital environment. Along the way, changes to the American healthcare system itself may re-orient care delivery systems, generating new challenges. But if any healthcare player is experienced at keeping pace with change, it’s America’s hospitals.

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How did this make you feel?
A crucial concept fundamental to customer experience is understanding that an experience is more emotional than rational. Like customers, patients bring their emotions into the experience as well, including in many cases fear and worry.

It’s foolish to design experiences that only consider the rational experience a person has. To deliver excellence, it’s essential to pay particular attention to how the experience evokes emotions, whether for customers or patients. But in order to create customer or patient loyalty, you must also concentrate on how to manage these emotions throughout the experience.

Loyalty is an emotional concept. If you consider whom you feel loyal to, most people will list family and friends, or possibly a sports player. Whether it’s your mum, your best friend, or the pitcher that shut out the dreaded rival team, it’s likely you feel some emotional connection with that individual. It’s no different for a brand. Many customers feel emotionally connected to the brands to which they claim loyalty.

Colin Shaw explains why recognising peak emotions is fundamental to patient experience.
Loyalty is also a function of memory. People don’t choose to return for the experience they had the last time; they return for the experience they remember they had the last time. People remember how they felt at intense moments, as well as how the experience ended. For the most part, that’s all they remember. At our global customer experience consultancy, we call this concept the peak-end rule.

The peak-end rule has its roots in behavioural economics, the study of how our psychology influences our behaviour as customers. Moments like those identified in the peak-end rule affect how people remember an experience.

When we consult, we always train the team to recognise the peak emotion in an experience. We then show them how to use this recognition to manage the situation, and nurture positive and valuable emotions. It’s this element which ultimately creates emotional engagement with the customer. The same strategy would also work for patients and, in our experience, it has.

Houston-based Memorial Hermann Hospital (MHHS) was in trouble. Their market share was around 17% and their patient satisfaction scores ranged from 18 to 81%. In 2005, they were projecting losses by 2010. They needed to change – and quickly.

They wanted to attract the small group of insured cancer patients to their facility. We worked with them to achieve this using our methodology. First, we had them understand the patient experience from the patient's point of view, a critical step for any experience improvement programme. We then trained the team to focus on emotional engagement with the patients. We taught them that:

Many customers feel emotionally connected to the brands to which they claim loyalty.
They may forget what you said.

They may forget what you have done.

But they will never forget the way you made them feel.

Our emotional approach worked. MHHS’s new patient experience, focused on emotional engagement with their patients, resulted in an increase of their market share to 23%. Rather than posting the predicted losses in 2010 they had instead posted profits by 2009. Best of all, we improved their average patient satisfaction score from the 42nd percentile to the 99th percentile.

Some people think that a patient experience and a customer experience are different. I can, of course, understand this. After all, a customer has a choice whereas a patient wouldn’t ‘choose’ to need medical attention.

However, as a global customer experience consultant who has worked with customers and patients, I argue the principles of customer experience translate to patient experience at a fundamental level. Applying these principles is therefore essential for those in the patient experience business.

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THE PRESSURE OF MEANINGFUL ENGAGEMENT
Chris Ellis explains how Pfizer approaches the challenge of multi-channel marketing in healthcare

Like any company that builds its reputation by developing innovative products, Pfizer invests heavily in Research and Development. The R&D process in healthcare is complex with each medicine taking, on average, over 12 years and costing more than £1 billion.

During Phase III clinical trials, researchers will study a medicine in up to 5,000 patients to generate data about safety, efficacy and the treatment’s overall risk-benefit relationship. Researchers invest years of their professional lives in bringing the medicine and supporting devices to market. These medicines provide an opportunity to improve the lives of those living with disease by either offering a cure or helping to manage the condition.

Therefore, when new or improved products reach the commercial teams it’s a huge responsibility to ensure that healthcare professionals (HCPs) have the promotional information they need – both via a channel that fits into their schedule, and in a format that enables them to make the best decisions for patients. Once prescribed, the challenge is then, wherever possible, to share any available information to support patients.

Pfizer’s marketing challenge for communicating with HCPs and patients is to find that balance and establish the brand as a valuable and trusted source of information. We are mindful that, as individuals, we all digest information at different speeds and have different media preferences: web, mobile, email or good old print. We also have varying degrees of knowledge about any given topic and, above all, don’t like to be distracted with unnecessary contact.

To develop engaging material, our approach has been to create best-practice models to better understand our intended audiences. These include: running workshops; creating templates for key channels such as email, based on analytics and insights from internal and external sources; and, most importantly, seeking input from intended users, through research and poll engagement. There’s also always room for incorporating new technology such as responsive recognition to see how alternative methods enhance the experience.

Having selected the correct channels, we then need to consider contact frequencies. Multiple touchpoints have the potential to lose those who were initially engaged due to message saturation – lots of noise but less value. The flip-side is that with too little contact we run the risk of disappearing into the background.
Each interaction therefore needs to be well thought out, collectively providing a clear message that supports brand objectives. However, in a wider mix, we must ensure that customers who engage with the bulk of our content see an additional layer of value at each interaction, rather than exactly the same content being spread across multiple channels.

‘Create Once, Publish Everywhere’ is an approach that’s useful when budgets are restrictive. However, we have to remember that our audiences demand more, and while part of this can be applied it shouldn’t be an easy fall-back. It may instead be best to reduce channels and focus on quality content.

A key feature of effective healthcare marketing at Pfizer is being prepared to regularly challenge our thinking – we’re all human and like to change our minds about what’s good and bad. If you’re fortunate enough to have a field force, remember to ask them to get insights. Data from CLM systems are an indicator but they don’t document emotive responses. Don’t be afraid to spend a bit to conduct specific research. And, above all, remain agile and inquisitive.

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To increase diversity within clinical trials
reach out
David Spears explores how Novo Nordisk investigates patient experience to shape communications

When the US Food and Drug Administration (FDA) declared 2016 the ‘Year of Diversity in Clinical Trials’,¹ they shed much-needed light on a long-standing challenge for pharma manufacturers: the demographic composition of clinical trials doesn’t always represent the full patient populations that will rely on new medicines. Rising to the challenge was Novo Nordisk, a leading global manufacturer of diabetes medicines. Together with Hall & Partners, the company studied why some patients do not participate in clinical trials – yielding potentially powerful insights.

The fight to increase diversity in clinical trials isn’t new. The National Institutes of Health (NIH) has long restricted its funding to studies to ensure the inclusion of enough minorities and women, to help determine whether they respond to treatment differently.

But NIH-funded studies represent only 6% of all clinical trials.² The FDA’s new initiative called upon the pharma industry – the funding source for nearly half of clinical trials – to play a larger role by executing a new, detailed clinical trial diversity action plan.³

As a leading manufacturer of diabetes medicines, Novo Nordisk recognises that the need is urgent. According to a recent publication in The Lancet, less than 5% of participants in five of seven cardiovascular-related diabetes clinical trials are African American – lower than the 13% of African Americans who have Type 2 diabetes.⁴ Novo Nordisk’s Clinical Trial Management function embarked on a programme to develop fresh initiatives for engaging with physicians and patients to increase clinical trial diversity.

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¹ FDA Voice Blog, January 27, 2016
³ FDA Action Plan to Enhance the Collection and Availability of Demographic Subgroup Data, August 2014
⁴ ‘Minority under-representation in cardiovascular outcome trials for type 2 diabetes’, The Lancet, January 2017
As part of this effort, Novo Nordisk commissioned Hall & Partners in 2016 to talk to people with a variety of health conditions – seeking to better understand their social, emotional and practical barriers to clinical trial participation. The portrait of patient experience that emerged was clear and sharply instructional. To increase diversity, pharma must increase both basic awareness and trust within diverse populations.

In their interviews, people of colour exhibited a general wariness of the medical industry. They described clinical trials as “scary”, associated them with feeling like “guinea pigs”, and sometimes referenced the shameful legacy of African Americans and the Tuskegee Experiments. But the study didn’t find these misgivings to be the main obstacle to participation. Participants didn’t feel they were either made aware of or invited to take part in clinical trials. Existing outreach hadn’t reached them, hadn’t spoken to their experiences, and hadn’t explained the benefits of participation.

I’ve never been approached so I’m just not sure what to expect from a clinical trial invitation. Would it come from my doctor’s office or word of mouth? I don’t know anyone who’s participated in CT before either...

Trial Naive, African American Female

While it’s a complex issue, it’s imperative that we take action to better understand the diversity of our patients to ensure we’re meeting their medical needs. This is core to what we do on a daily basis.

Nancy Rivera-Sosa, Senior Director Site Management, Novo Nordisk Inc.
With these insights, Novo Nordisk gained a valuable sense of direction on how to improve the clinical trial recruitment experience and attract more diverse populations. To succeed, recruitment must be smart, targeted, timely, and relevant – with patient experience at its centre. Companies must analyse patient data proactively to tap into the right doctors, employ a targeted local channel strategy, and create digital campaigns that can turn routine information searches into recruitment opportunities.

Novo Nordisk is committed to the education of patients, and continued partnership with clinical trial sites will afford the opportunity of clinical trial participation to a greater spectrum of people.

Kate Owen, Vice President, Clinical Trial Management, Novo Nordisk Inc.

While pharma has plenty of work to do, the research ultimately uncovered good news – the power to transform the FDA’s ‘Year of Diversity’ challenge into enduring practices. Diverse populations are open and waiting to be included in clinical trials. All they need is to be informed about opportunities to join, to understand the high quality of care they’ll receive, and to know how much their presence is valued.

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Wherever you are, we work there too. And we hope to hear from you. We're ready to start a new conversation and help you build relationships that matter.

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