



# PATIENT POWER

## TURNING THE TYPICAL COMMUNICATIONS PYRAMID ON ITS HEAD

### A Case Study in Unleashing the Power of Patients and Their Community

*With a goal of reducing the number of smokers in a Vietnamese-American community in California, a pharmaceutical company, community-based organization and agency teamed up to develop an innovative community-based program. Here's what happened.*

BY MARK SAUNDERS, LEONARD TRAN AND MICHAEL WONG

#### Traditional top-down approach

**T**he traditional communications approach puts an “expert” at the top (the pharmaceutical company’s favorite KOL), who makes pronouncements to the professionals (healthcare providers) and the media, who then package the story for the public (patients). We are constantly bombarded with this approach – the celebrity in the television ad and the physician specialist quoted in the top tier media article, for example.

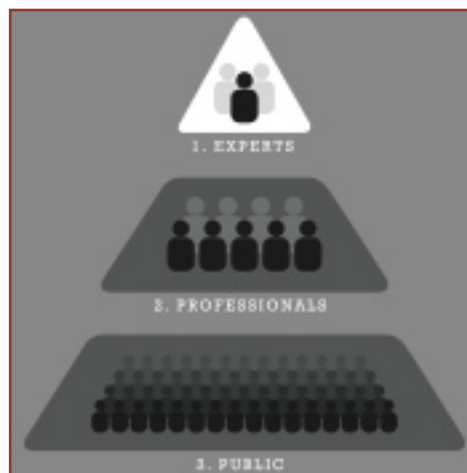
This standard approach is supposed to attract new customers, encourage patients to ask their doctors for prescriptions, and keep patients on their treatment regimens.

But, does it?

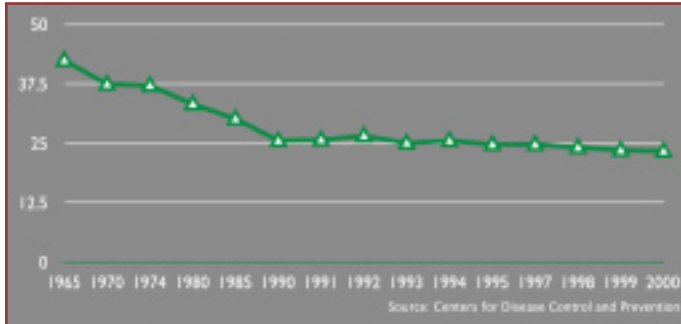
#### There has to be a better way

Many observers feel that DTC advertising has damaged the reputation of the industry. William Burns, Roche’s head of pharmaceuticals, has said, “Direct-to-consumer promotion was the single worst decision for the industry.”<sup>1</sup>

Moreover, patient adherence is abysmal. In its report “Enhancing Prescription Medicine Adherence: A National Action Plan” (Aug 2007), the National Council on Patient Information and Education concluded that “poor adherence with medication regimens has reached crisis proportions” – 49 percent of Americans said they had forgotten to take a prescribed medicine, 31 percent had not filled a prescription they were given, and 24 percent had taken less than the recommended dosage.



Applying the traditional approach to the same problem over and over again is insanity. Or, as Albert Einstein said, “Insanity is doing the same thing over and over again and expecting different results.”<sup>2</sup>



So, what happens when this sequence is turned upside down?

### The power of the patient

Turning the standard approach upside down unleashes the power of patients and their community to get doctors to write more prescriptions and patients to stick to their treatment regimens. This paper is a discussion of an actual case study of how a pharmaceutical company, its agency and community-based organizations were able to find a common ground, work through differences, and come together to reach business and social goals to truly create a double win.

While this case history is about smoking cessation, it can be applied to any disease or treatment area. But, more importantly, it is about the perspective and key learnings from these three very different perspectives – pharmaceutical company, community-based non-profit and agency – and focuses on what it takes to build a successful community-based and patient-centric program.

At the beginning of this decade, the percentage of Americans smoking had flat-lined. The experts had long and repeatedly warned the public about the dangers of smoking – from the nasty substances in a cigarette to the long list of health hazards caused by smoking. Clearly a different solution was needed to break through to the stubborn 23 percent of those Americans who continued to smoke, but who already knew the substances contained in cigarettes and that smoking causes serious health problems.

The solution that was proposed and implemented within the Vietnamese-American (“Little Saigon”) community in Orange County, California, was to use the patients’ own community to motivate patients. It relied upon using members of this community to deliver a message that has meaning to that community, in a manner that this community was used to hearing. It involved peer-to-peer dialogue; and when doctors talk

to other doctors, or patients talk to patients, some very powerful results can be achieved.

### The challenges to overcome

Each of the organizations involved in coming together to try to find a solution had to overcome challenges internally in order to get this done.

Here is what the community organization faced: The community was facing a number of enormous challenges. It had one of U.S. market’s highest smoking rates (36 percent)<sup>3</sup> in the nation and had therefore been deeply impacted by the scars of this addiction – death, disease and their consequences on family well-being and livelihood. Moreover, entrenched cultural and social acceptance of smoking made it an even more difficult task, with smoking for example still occurring in restaurants and offices without social impunity.

But, unfortunately, the pharmaceutical company that had scientifically and medically verifiable methods to encourage smoking cessation, such as nicotine replacement therapy,<sup>4</sup> were not helping. Their glossy brochures failed to explain the matter in a way that was impactful for that community (I know cigarettes are bad, but why should I quit? Herbal and alternative medicines will work better or just as well, right?) and the materials were in English – not the patients’ language.

*Working within communities is not part of the traditional pharmaceutical marketing mix. This raises internal challenges and questions about implementing a different way of thinking.*

However, before the local community organization could implement a more successful program, it had to overcome its own internal challenges in accepting help from or being in “partnership” with a pharmaceutical company. There were a number of critical questions that needed answering internally before the organization could feel comfortable in proceeding.

The critical questions:

- Will we lose credibility within the community?
- Will we be perceived as “profit” oriented and not helping the community?
- Will we be viewed as an “advertising agency” or too commercial by “partnering” with a pharmaceutical company?
- Will we lose support from existing funding sources?
- Is there enough funding to support the program? Where can we find additional resources?
- Can we trust them? Can we really get the pharmaceutical to do what we need them to do?

### The challenges for the pharma

The pharmaceutical company also faced challenges in moving ahead with this joint effort. Like the community organization, the pharmaceutical company was faced with a host of its own goals and internal challenges. Many of these are commonplace for mature businesses, including:

- Mature pharmaceutical brand – Though its brands had well-documented clinically efficacious profiles, they could be viewed as outdated, particularly with a public that is often looking for the latest and greatest therapy.
- Private label competition – The brands were threatened by a perceived lack of differentiation by doctors and consumers.
- Achieving greater therapy use – Uncovering new markets/niches offered brand growth opportunities.

*Trusted members of the community were supported – the community-based organization and the local influencer – not the national celebrity and world-renowned doctor.*

Additionally, working within communities is not part of the traditional pharmaceutical marketing mix. This raises internal challenges and questions about implementing a different way of thinking, such as those related directly to a patient-centric/community-oriented strategy:

- Is this the right place to start?
- Is this the right community organization to support?
- Does this organization follow our key company and industry policies?
- Isn't this advocacy relations? ...or is it about establishing genuine relationships?
- How will the impact be measured?

### What the agency faced....

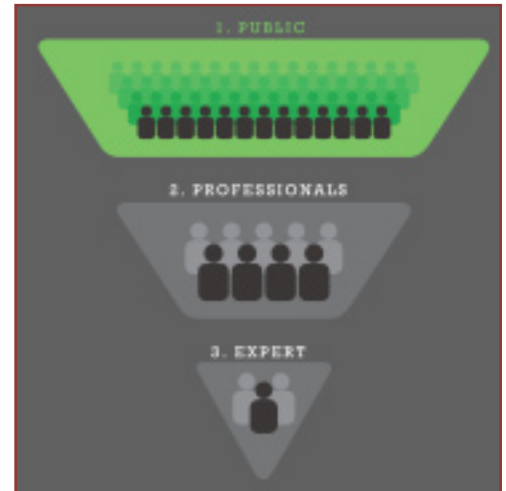
And, finally, from the agency perspective, working with and helping to bring together the pharmaceutical and community-based organizations posed many challenges:

- Billable work – Is this an initiative that can generate revenue?
- High profile work – Particularly when compared with traditional approaches that utilize celebrities and that draw top-tier media attention, does working on this initiative help reflect the agency's leadership and technical expertise?
- Meet client needs – Can we satisfy our clients and effectively serve their needs?
- Measurement – How do we measure community impact?
- Internal resources – Have we adequately trained our personnel in a non-traditional approach?

### Goals and operating principles

So, with these goals and internal challenges, the pharmaceutical company, community-based organization and agency came together with the common goal of decreasing the number of smokers in Orange County, California, by educating and encouraging smokers to properly utilize recommended quitting methods.

However, the strategy was going to turn the standard communication approach on its head. The program was driven by this single overriding strategy – it was community-driven.



The tactics were therefore driven by three operating principles that were adhered to with each program element. The first principle was that trusted members of the community were supported – the community-based organization and the local influencer – not the national celebrity and world-renowned doctor. The program was designed around the community talking to the community.

The second principle was that any message delivered had to have meaning to that community. It had to push the hot buttons that had meaning to that community, not for New York or Chicago or Phoenix, but for Little Saigon in Orange County. Since men constituted the majority of smokers, the message was crafted around them and the things that meant most for them:

- His family's future
- His social status as a capable provider
- His personal view of self-worth, and
- His wife's and children's health

Additionally, the message must provide help, not from outside "experts" but from someone who is just like someone from the community.

And, the last principle was that that message had to be delivered in the manner that the community wanted. That meant the right people, in the right language, at the right venue, with the right tone.

### What happened?

The community responded! Two hundred doctors and dentists at a dinner seminar, more than 75 at follow-on sessions ...

and there were even results that weren't sought – media stories in top-tier Vietnamese-American media, as well as repeated expressions of gratitude and thanks to the pharmaceutical company for its role in reducing smoking. And, then the best of all, smokers quitting! As one doctor said, "Since the program started, I have had 4-5 patients per month quit smoking, which is 4-5 times more than I usually have."

## Key Learnings

Here are some applicable key learnings that were uncovered as we implemented an effective patient-centric, community support approach ...

1. **Bolster Community Trust for Corporations** – To be effective, a pharmaceutical needs to help community organizations to overcome the idea that corporations are only in the game for profit.
2. **Put Community First** – Supporting trusted community organizations and respected community advocates creates a more receptive community environment. Put aside money making objectives and design the program with sole objective of eliminating the disease. You may be surprised by the patient/community response and with the results.
3. **Approach Community Leaders in the Right Way** ... and with the right intentions.
4. **Find Common Ground** – Finding it is harder than you think, and making sure it is found with every tactic can be even harder.
5. **Support the Relationship** – Make it more than just a money transaction. Make sure it is sustainable by spending time and energy. And, when you want to assess the relationship, ask these questions, "Is it a friendship or an acquaintance?" and "Can the relationship be counted on in a crisis?"
6. **Utilize an Agency that Can Serve as the UN** – Engage an agency that can act as buffer, a convincer, and a sounding board. And, by all means make sure the agency is pro-active.
7. **Respect Each Other's Points of View and Leverage It**  
*Pharmaceutical* – Demonstrate genuineness to receive community support.  
*Community* – Convince patients through programs that truly help the community.  
*Agency* - As the intermediary, mediate, explain, and find that common ground.

## Implications for your business

So, the next time you start to think about a program, make sure that a patient-centric approach is a part of each and every strategic decision. Why? Because the old marketing adage that the customer is always right applies even more to the pharmaceutical industry than it ever did before.

And, remember that being patient-centric is not what often passes for advocacy relations. This is not about a one-way money transaction; this is about building a relationship with communities and people who support the patient.

Above all, instead of focusing on typical secondary metrics – Internet clicks, top-tier media placement or advertising viewers – focus on the end goal that has real meaning: patient impact that reduces disease incidence, improves adherence, eases access or lowers co-pays. When these end goals are achieved, the business metrics of increased revenues and market share growth will follow.

These are the true benefits of a patient-centric approach that rotates the standard approach on its head – achieving both business and social goals in the same program. For the pharmaceutical company, it protects and enhances corporate reputation, market share and revenue. For the community, its much needed programs get funding and support to achieve social good and reduce disease incidence. What could possibly be a better result? **DTC**

---

*Mark Saunders is a strategic marketing and communications expert proven by two decades of health and wellness business experience with GlaxoSmithKline. He is currently principal at Saunders Innovative Strategic Planning & Communications, and can be reached by e-mail at Saunders\_Online@yahoo.com or by telephone at (412) 215-0357. Leonard Tran is the co-founder and executive director of the Asian Health Foundation, a non-profit organization devoted to improving the health of all Asian Americans. He can be reached by e-mail at leonardtran@yahoo.com or by telephone at (949) 400-8578. Michael Wong leads the pharma/biotech practice for DAVIES Public Affairs, where he helps solve some of the toughest business problems and reputation challenges for pharmaceutical and biotech companies by motivating HCPs, patients and third-party advocates. He can be reached by e-mail at mwong@daviespublicaffairs.com, or by telephone at (847) 770-5582.*

## References

- 1 Ben Hirschler, "U.S.-style TV drug ads a big mistake – Roche exec," Reuters (Dec. 2, 2008).
- 2 <http://www.quotationspage.com/quote/26032.html> (searched Sept. 26, 2009)
- 3 A Provider's Handbook on Culturally Competent Care, Smoking Among Asian Americans: A National Tobacco Survey
- 4 US Department of Health and Human Services, "Treating Tobacco Use and Dependence" (June 2000).