

DELTA

MARCH 2021 ISSUE #02



ARE YOU READY FOR THE DIGITAL HEALTH

REVOLUTION?

The rise of the healthcare social media influencer // Building the hospital of the future
// Deep 6 AI: the smart software breathing new life into clinical trials // Numbers,
navigation, and narratives // Cracking the virtual congress code // Launching in a
virtual world // Healthcare tech: the driving force behind value-based care?



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CONTENTS

Letter from the editor.....	4
The rise of the healthcare social media influencer.....	6
Building the hospital of the future.....	12
Deep 6 AI: the smart software breathing new life into clinical trials.....	20
Numbers, navigation, and narratives.....	28
Cracking the virtual congress code.....	32
Launching in a virtual world.....	36
Healthcare tech: the driving force behind value-based care?.....	42

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LETTER FROM THE EDITOR

Healthcare is in the midst of a paradigm shift.

The COVID-19 pandemic accelerated the adoption of digital technology, driving seismic changes to the care pathway. As the virus took hold, we witnessed a single moment in time when the entire stakeholder ecosystem came together to forge a path for digitalization—an essential strategy for containing the virus. In a matter of months, we plunged into a new digital age.

With vaccines and new treatments providing light at the end of the tunnel, the question now is whether the remote solutions that got us through the pandemic are here to stay, and if so, in what capacity?

This month, [STAT News](#) reported telehealth visits are declining but remain well above pre-pandemic levels. Healthcare systems are carefully recalibrating to determine which type of appointments will best suit virtual care, which will demand in-person attention, and which combination will be most cost-efficient for providers.

While the dangers of the virus inspired the regulatory changes and rapid adoption of the healthcare technology needed to spark digitalization, lasting changes to stakeholder behaviors will decide which innovations are here to stay.

Patients and healthcare professionals have glimpsed the possibilities of digital healthcare. Today, many patients are demanding more personalized and user-centered care that facilitates shared decision-making. With some scientists predicting COVID-19 will become endemic, healthcare professionals are also looking for services that enable them to better understand and connect with their patients and facilitate faster decisions while maintaining remote communications.

Over the last year, we have proved in many circumstances that not only can patients receive the same quality of care in a telehealth appointment, but we have also made leaps in improving access to treatment and care. In a matter of months, patients could take part in remote trials, speak to a doctor from their own homes, and have vital medicines delivered to their doors.

In this edition of Delta, we explore the impact of these innovations on care pathways and how life science companies can adapt to the changing landscape. We investigate changing patient and healthcare professional behaviors and reveal the innovations transforming the industry.

We begin on [p.6](#) by exploring the rise of the healthcare social media influencer, discussing how life science companies can leverage patient advocates across social platforms to drive patient engagement.

On [p.12](#), Senior Consultant Leah Carlisle discusses the growing trend of hospitals without walls—the idea that hospitals can exist as digital ecosystems rather than circumscribed physical spaces.

Digital innovation is particularly evident in the clinical trial space. The pandemic put clinical trials on hold, but regulators, drug developers, and healthcare technology entrepreneurs raced to ensure lifesaving research could continue despite the contagious nature of COVID-19.

Organizations like [Deep 6 AI](#) are becoming integral for breaking down siloes in care. The decentralized clinical trial software not only uses artificial intelligence to identify patients at lightning speed, but it also connects all stakeholders in one ecosystem centered around the patient. On [p.20](#) we speak to CEO Wout Brusselaers to find out how the technology works and what it takes to develop a fully connected digital ecosystem.

Healthcare technology has the potential to drive cost-cutting efficiencies, freeing up much-needed time for doctors to spend with their patients. On [p.42](#), venture capitalist Sunny Kumar discusses how the industry could leverage these advancements to bring us one step closer to a model of value-based care.

As stakeholder behaviors change, life science companies will need to rethink their approach to the product launch, a subject we discuss in our article on launch excellence in a hybrid virtual and face-to-face world on [p.36](#) and our virtual congress case study on [p.32](#).

The digitalization of healthcare is a huge topic and far too deep and wide to cover in a single edition of the magazine. So, we are continuing to explore the implications of this paradigm shift on the [Fishawack Health](#) website. Don't forget to sign up for our [newsletter](#) to receive more content like this directly to your inbox.

Natasha Cowan
Corporate Communications Manager

What are your predictions for the digital health landscape? We are keen to hear perspectives from people across the industry. Tweet us [@fishawack](#) to share your views. Alternatively, contact us at newbusiness@fishawack.com to find out about our work in digital health across the product lifecycle.

THE RISE OF THE HEALTHCARE SOCIAL MEDIA INFLUENCER



By Daniel Brackins
DIRECTOR,
ENGAGEMENT STRATEGY

6699
68% OF PEOPLE
believe consumers
have the power
to force businesses
to change

The consumer industry has long been leveraging the power of social media influencers with enormous success. But can the highly regulated healthcare industry achieve the same results? Daniel Brackins explores the influencer marketing opportunities for life science companies and answers your questions.

Over the past few months, consumer trust has waned across all institutions, from the government to the media. Trust in traditional sources is now at an all-time low. However, despite this decline, consumers still trust business. Moreover, according to the Edelman Trust Barometer, the only institutions considered both competent and ethical are businesses.¹

At the same time, we're seeing a revolution in the role of the voice of the consumer, with 68% of people believing consumers have the power to force businesses to change.¹ Today, the most trusted spokespeople in society are academic experts and the every-day person — more than the government, CEOs, and journalists.

Healthcare and pharmaceutical companies now have an opportunity to not only make their own voices heard but to partner with patient influencers, who have built large followings based on their authenticity and relatability.

Consumer businesses often view social media influencers as a way to speak to their audiences using a trusted persona. While healthcare has been slow to adopt the influencer voice, influencers can help healthcare companies to build trust, especially in an era dominated by fake news

and misinformation. Forming partnerships with these individuals can also enable life science companies to elevate the patient voice in their communications, leading to a more patient-centric brand.

Social media platforms have democratized the creation and dissemination of information—anyone can express an opinion and share it with their followers. Their content extends to in-depth customer reviews and highly personal stories that drive disease awareness.

Consider that when an influencer shares content, 93% of followers are likely to ask their physicians or healthcare professionals for more information about a specific medication, when an influencer shares information about a specific medication, 87% of followers are likely to ask their physician or healthcare professional about the treatment.²

In contrast, studies show that celebrities have very little influence on decision-making within healthcare. Researchers found that including a celebrity voice in a campaign did not inspire the patient to act and search for more information, discuss the disease with their doctor, or ask for a prescription—the same holds true for expert endorsers.^{3,4}

1. <https://www.edelman.com/sites/g/files/aatuss191/files/2021-01/2021-edelman-trust-barometer.pdf>
2. <https://www.wegohealth.com/2019/08/20/wego-health-influencer-series-micro-influencers/>
3. <https://www.emerald.com/insight/content/doi/10.1108/IJPHM-05-2013-0024>
4. <https://pubmed.ncbi.nlm.nih.gov/25797861/>

While expert endorsers, or key opinion leaders, remain important for building trust, they are less effective in the diffusion of prescription drug information among consumers.⁵ Experts make a product or brand credible, but patients see consumer influencers as their trusted peers. Their content is more relatable, especially for patients who are less health literate. As a result, the most powerful campaigns combine the voices of experts and consumer influencers.

When it comes to building trust, patients are already turning to digital and social platforms to find information, including platforms like Facebook and Google. When brands build trust there, consumers reward them with loyalty and defend and advocate for the brand. It is not just about the initial engagement or purchase. It is about building the trust, beliefs, and sharing experience that inspires patients to buy again—all elements social media platforms provide.

The rewards also become exponential. Trust is built across 3 key pillars—trust in the product itself, trust from customers, and trust from broader society. Brands that can tap into all 3 key pillars increase the number of customers who buy, stay loyal, and advocate and defend the product in the long term.

If trust with the product is shared with other consumers and even across society, the trust increases by multiple factors. The fastest and most effective way to share this type of content is through influencers who act as brand advocates. They will motivate and persuade other consumers to try the products and, in turn, drive the community-at-large to become aware of the brand as well through an ever-expanding circle of influence.

“ ”

When an influencer shares content, 93% of followers are likely to ask their physicians or healthcare professionals for more information

5. <https://doi.org/10.1108/IJPHM-06-2019-0042>

FINDING THE RIGHT INFLUENCER

How do we find the right influencer?
There are several criteria to look at:



REACH & ENGAGEMENT:

Do they reach a significant number of people, and do they drive enough engagement with the people they do reach?



RELEVANCE:

Is their content relevant or related to your product, brand, or message?



AUTHORITY:

Do they have the reputation and clout to influence people when speaking about your product or message?



ACCESSIBILITY:

Is the information they are posting about accessible to your target audience?

Influencers are so powerful because they provide authenticity. Often brands try to control the content, creating incongruence with the baseline content on influencer channels. It is important to give influencers the ability to develop content without too much constraint, although this is often difficult with regulatory and review boards.

By creating a set of guardrails for influencers, you can provide guidance without being overly dictatorial with content creation while allowing them to maintain authenticity. Additionally, ensuring proper timelines for incorporating reviews and feedback will prevent approval delays. A good rule of thumb is to treat influencers as a partner and not a vendor. They know their audience, so their feedback on what works and what does not is essential as you develop your plan.



“ ”

Treat influencers as a partner and not a vendor

A GOOD INFLUENCER STRATEGY IS MORE THAN PR

Many companies struggle to take their influencer marketing beyond celebrities or one-off activations that provide little value beyond PR. Here are 4 common questions and our advice for developing impactful influencer marketing programs.

1. Will influencers work with pharma?

There is a palatable trust gap between patients and pharma. This gap forces companies to spend a significant amount of time developing relationships. To make the process more efficient, consider an agency that has already developed existing relationships within multiple disease states.

2. Is there any hope of getting this through MLR/PRC?

Even if the perfect influencers are found, often the hopes of developing authentic content are killed by the regulatory and legal review wall. So, it's important to work with an organization that is experienced in the medical review process.

3. Can influencer marketing become a foundational direct-to-consumer initiative?

Due to regulatory pressures, many influencer programs have become one-off activations. Data show that influencers, even those with the smallest followings, are much more likely to generate real engagement versus other marketing initiatives. Creating an evergreen or always-on influencer program will continue to effectively drive marketing efforts.

4. Are there real business results?

Measurement and optimization are necessary for any marketing program, and the same is true for influencer efforts. Set measurable KPIs and review the metrics continuously, as this will help you optimize your strategy and achieve your goals.

Our ambition is to use the power of influencer marketing to build the trust and authenticity that leads to stronger relationships between brands and patients. By doing so, we can ensure our clients meet their goals and, ultimately, ensure patients receive the life-saving education and treatment they need.

CASE STUDY: INFLUENCER MARKETING TO REACH PEOPLE WITH RARE DISEASES

As a practical matter, most life sciences companies we have worked with do not hire patient influencers solely to promote a specific drug. Companies enlist influencers to help with disease awareness campaigns and educate their peers about better managing a complex or chronic disease.

For example, recently one major pharmaceutical company asked patient influencers with a rare disease to encourage their peers to download a resource kit designed to help them better track and manage their symptoms.

The 90-day campaign targeted women in underserved, minority communities who can be difficult to reach through traditional channels. The company hired patient influencers to create educational videos for Facebook and Instagram. The campaign drove 1.6 million impressions and more than 240,000 views of patient videos. In the end, from an engagement perspective, the company reported results that were 3 times better than other channels it had previously used to connect with this patient population.

Forward-thinking brand marketers recognize that asking patients to help them pitch drugs is counter-productive. Instead, they collaborate with influencers to help them reach patients through a voice that is both empathetic and authentic. Patient leaders use their stories and real-world experience to help their peers understand and cope with their condition. That, in turn, builds brand trust.

The ultimate safeguard, of course, is the doctor. Unlike virtually every other consumer product, the patient is not at liberty to simply purchase on a whim any new drug or device they may have just learned about through a peer.

There are limits to what even the most persuasive patient influencer can do in an industry as highly regulated as healthcare. If one of their followers believes they could benefit from a new therapy or treatment option, they have only one choice: Consult a doctor.

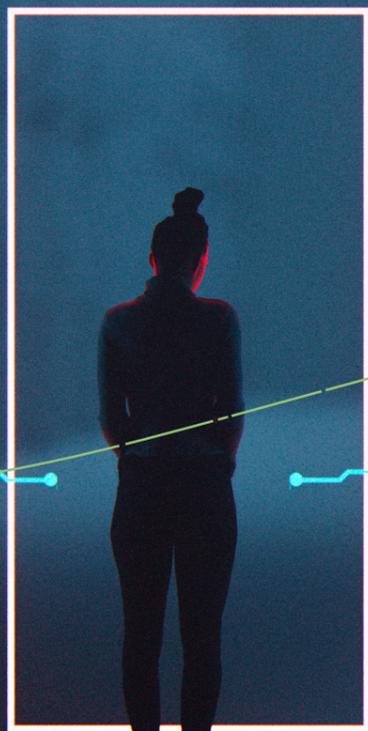
“ ”

The campaign drove 1.6 million impressions and more than 240,000 views of patient videos

BUILDING THE HOSPITAL OF THE FUTURE



By Leah Carlisle
SENIOR CONSULTANT



Digital innovation is not only changing the way we communicate—it is changing the essence of how care is delivered

Senior Consultant Leah Carlisle explores the growing trend of virtual hospitals and what it takes to develop a holistic digital ecosystem centered on the ultimate patient experience.

Every patient, every doctor or nurse, every hospital worker is a human being influenced by their experiences outside of healthcare. In the consumer world, we have all come to expect speed and interconnectedness, and value personalized products and services tailored to our lifestyles and needs. These expectations carry over into healthcare, where patients and healthcare professionals leverage a wide array of channels to meet their needs and feel frustrated when their expectations are not smoothly met.

The digitalization of healthcare is one factor driving this change in behavior, and while social distancing has pushed the use of healthcare tech into overdrive, this trend was emerging before the COVID-19 pandemic. For example, in 2019, 76% of US consumers searched online to learn about their health and care, and nearly half digitally tracked a health metric, such as weight or blood sugar levels.¹

Sitting at the center of the convergence between digital innovation, big data, and shifting stakeholder demands is the emerging trend of hospitals without walls, in which hospitals represent a digitally connected community rather than a circumscribed physical space.

During the past year, many hospitals and health systems have formed digital centers of excellence and innovation teams designed to meet patients and

customers where they are, improving both their experiences and their outcomes.

As Mark Wehde, Chair, Mayo Clinic Division of Engineering, explains: “Healthcare is shifting from a traditional hospital-centric care model to a more virtual distributed care model that heavily leverages the latest technologies around artificial intelligence, deep learning, data analytics, genomics, home-based healthcare, robotics, and 3D printing of tissues and implants.”²

One catalyst for this has been the COVID-19 pandemic, which has pushed providers to find ways to deliver high-quality care remotely, as quickly as possible, to minimize the chance of infection. Digital innovation projects, which may have been slower to gain traction before, have now been prioritized, prompting enhancements in technology and infrastructure to keep up with the evolving and increasing demands.

“Almost overnight, we’ve gone from face-to-face consultations to the vast majority being what we’d call digital-first—by phone, text, video call, or online. That has fundamentally changed the way that we deliver care,” says Saira Ghafur, a respiratory physician and the lead for digital health policy at Imperial College London’s Institute of Global Health Innovation.³ Today digital innovation is not only changing the way we communicate, it is changing the essence of how care is delivered.

1. <https://rockhealth.com/reports/winning-at-the-digital-front-door>
2. <https://www.mddionline.com/general-hospital/get-ready-hospital-future>
3. <https://www.theguardian.com/society/2021/jan/02/hospitals-without-walls-the-future-of-digital-healthcare>

The hospital of the future

4 fundamental healthcare technologies are driving the trend of hospitals without walls—each of which was in use in some form before the pandemic, but often in isolation without the digital ecosystem necessary for joined-up seamless care.

1. Telehealth and virtual care

The growth of telehealth has enabled direct connections between patients and providers through video, messages, and phone calls. The technology can be used from home, another convenient location such as a school or office, or even within a hospital (eg, reducing wait times for an emergency psychiatric patient to see a specialist by connecting them quickly on a video call). Not only does this bring convenience and efficiency, but it also facilitates access to specialists. For example, emergency room or ambulance care providers can connect with specialists remotely to help manage patients more effectively.

Telehealth communications are also being integrated with **remote care devices** to broaden the type of care provided virtually—for example, a robotic machine called **Rebless** can stand in for a physical therapist at a patient's home. Meanwhile, a tool called **MedWand** features digital instruments ranging from a stethoscope and throat illuminator to temperature, respiratory rate, heart rate, and oxygen level sensors. The doctor can use the MedWand to perform a live remote exam or review the results later using cloud-based software.

2. Remote monitoring

Remote monitoring has advanced our ability to capture and track continuous and point-in-time data about a person's health and well-being, acting as a digital biomarker. The technology varies from wearables to vital sign monitors and prescription compliance devices. The data generated serve numerous purposes, such as symptom tracking, care reminders, and personalized reporting, often with a feedback loop to the physician alerting them of important events or changes. With increasing investment, these devices are improving to provide an increasingly seamless experience—for example, glucose monitoring without skin penetration and lightweight ECG patches.

Digital therapeutics are also beginning to see regulatory success, broadening our methods for treating disease.

3. Flexible sites of care

Sites of care are expanding and evolving to overcome barriers such as time, cost, travel logistics, and trust. Telehealth, remote monitoring, and at-home testing kits for genetics and other biomarkers have turned the home into a site of care, while retail clinics such as those provided at pharmacies can offer services such as vaccination and consultations. Mobile clinics can also travel into a community to provide testing and other healthcare services closer to home. Local clinics and primary care physicians are also becoming better equipped to provide care outside of specialist hospitals, bolstered by remote access to specialists and clinical decision support tools.

4. Electronic health records

Electronic health records have long enabled data to be captured and shared across a health system. Improvements such as the data infrastructure and advanced analytics provided by companies like **Flatiron Health** allow these data to be analyzed in increasingly meaningful ways and integrated with other data to inform real-world evidence generation and drug development.

Across and because of these trends, we're generating vast amounts of **holistic and longitudinal data**. Rapidly advancing technology such as AI and machine learning and clinical decision support tools help analyze and make these data actionable.

All of these innovations can be used in harmony to develop digital services that ensure patients can receive care rapidly, outside the confinements of the hospital walls. So what does it take to build a connected stakeholder experience?

Optimizing the health system experience

Leveraging the potential of digital advancements and meeting the rising demands and expectations of a seamless healthcare experience requires a stakeholder-centric, forward-thinking strategy, which begins with human-centered design.

Human-centered design is an insight-driven, agile, and co-creative approach that helps you design a customer-centric service. Human-centered design starts with **patient journey maps**, which are visual representations of the patient experience and are based on rich insights. They can help you design and pilot solutions that proactively meet prioritized needs and demands across the whole patient journey. All of this is critical information for determining the behaviors you want to drive internally and externally, and assessing the capabilities, opportunities, and motivations required to achieve the desired behavior change.

The map visually charts the patient journey and shows how other stakeholders and environmental factors influence their journey holistically. You can then identify gaps, barriers, and opportunities for your service to impact the health and health system experience.

Experience maps should consider the digital front door (and back door), which **Rock Health** defines as all digital touchpoints along the care access journey—beginning when the patient first decides to explore care options and continuing to the point at which they access care. Remember, digital interactions do not happen in isolation—so connect every step, touchpoint, and interaction (online and offline) in one ecosystem.



Stakeholder journey maps can be valuable in **brand strategy development**, as they enable you to think holistically about the brand experience, including the potential points of differentiation. This drives truly customer-centric value propositions that consider the **4 Corners of Brand Experience**—expectations, usage, identity and environment. Each corner represents an important aspect of the brand experience and involves asking yourself what the stakeholder expects of the brand, what the user experience looks like, how the brand matches up to the stakeholder's personal values and identity, and what other environmental factors shape their experience.

Patients interact with numerous stakeholders, and their experiences can positively or negatively affect the patient journey. For example, logistical burdens can cause barriers that prevent the patient from

quickly accessing care. When mapping the patient journey, assess each stakeholder's needs and perceptions of any proposed service changes and optimize the front or back end accordingly.

Additionally, economics, education, lifestyle, and a wide variety of other factors often outlined as social determinants of health have a significant impact on patient outcomes. A holistic analysis of these factors, and of patients' lives outside of the health system, can reveal what role the hospital can play in combatting environmental, economic, personal, and social factors that negatively affect the patient's health. **Systems thinking** is a practice that can guide this analysis. Armed with this information, you can improve patient outcomes and uncover opportunities to enhance the offering, including what the hospital's role should be and which partnerships are the most beneficial.

Innovation inside and out

Developing an outstanding brand experience starts from within. Ensuring the right people, platforms, and processes are in place is fundamental for better equipping the health system to implement your services and solutions and build on the innovation continuously.

A **capabilities assessment** around what is required to deliver the experience you have designed, which includes assessing where investment will have the biggest impact and optimizing these capabilities continuously, will ensure innovations are delivered effectively and seamlessly on the front and back end.

The most successful organizations **create a culture of innovation** so that ideas can be explored and implemented rapidly and with agility, even beyond the acceleration and time pressure placed by the pandemic.

Take Google's 20% policy, for example. The company encourages employees to spend 20% of their time developing their own business-related projects. The initiative has resulted in innovations including Gmail, Google Maps, Google News, and AdSense—to name a few. Another example is 3M, which encourages the development of diverse cross-functional teams of Scouts, Entrepreneurs, and Implementers, and constantly reforms and recombines the teams to develop fresh solutions to the company's challenges.

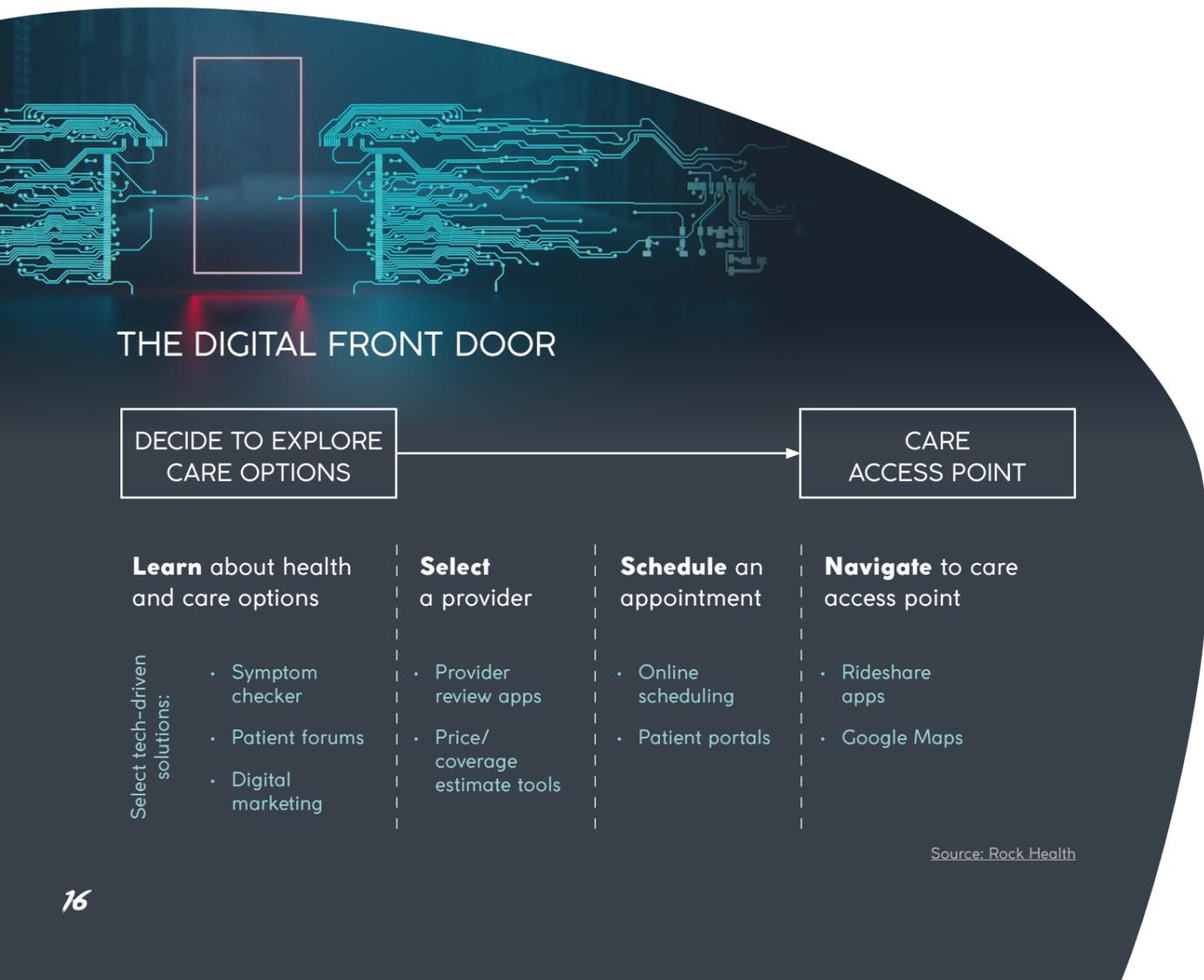
Finally, **training and education** across the company are fundamental for ensuring the technology is not only understood but embraced and championed.

Become a future-proofed brand

Before the pandemic, most hospitals had not been focused on contagion. It took a huge global event to drive improvements, such as the ability to quickly convert rooms to negative pressure. The more proactively these events and opportunities can be identified, the better positioned a health system will be moving forward.

Taking a forward-thinking approach based on **scenario planning** will not only help future-proof your service, it will help you stay ahead of the competition. Scenario planning involves predicting potential events and determining how these events could impact the different aspects of the healthcare system and how the system should respond, from the design of the hospital and the services provided to the way data are collected and the effect of events on internal functions. Teams can decide how to respond to these scenarios and develop solutions that not only ensure the brand is competitive, but also proactively improve the customer experience and the quality of care.

The paradigm shift of customer-centric provision of healthcare across physical and virtual channels has gone into hyperdrive. This creates massive opportunity for hospitals and health systems to find new, better ways to improve the health of patients and society and to create exceptional experiences for their teams and their communities. To truly seize this opportunity requires a relentless focus on and investment in future-oriented patient and customer experience and behavior change.



6 PRINCIPLES FOR DEVELOPING AN OPTIMAL HEALTH SYSTEM EXPERIENCE

“Seek ways to incorporate real-time human interaction”

1. STRIVE FOR EQUITY

As healthcare becomes digitalized, more people can access treatment no matter their location. However, it's not enough to add remote functionality. It's important to ensure a range of communities can benefit from the services and solutions.

Consider barriers in underserved communities, such as limited broadband access that may hinder the ability to engage with technology solutions. Expand knowledge and innovations outside of specialist academic centers and ensure the services are affordable, even for patients who are not commercially insured.

Think about how the solutions you provide can improve health literacy and engagement while building trusting connections between communities and healthcare professionals.

2. BALANCE CONVENIENCE AND SIMPLICITY WITH SAFETY AND CREDIBILITY

While it can be tempting to implement every innovation that seems to add value and make people's lives easier, it is important to focus on generating evidence that demonstrates a significant impact on outcomes and experiences without compromising safety.

3. KEEP IT HUMAN

As you expand the digital solutions, seek ways to incorporate real-time human interaction—for example, through texting and chat functionality—and ensure the digital content and services maintain an authentic, approachable tone. Maintaining a stakeholder focus and co-creative approach, incorporating feedback from patients and other users, will help to achieve this.

4. OPTIMIZE THE ROLE OF DATA

The increasing quantity and breadth of data generated by technological advances hold incredible value for making informed decisions and enabling continuous improvement of outcomes and experiences.

Consider what you are trying to achieve, what data are required to do so, and what additional data would be useful. Invest in ensuring the security of the data, as breaches to security can be make or break.

Be transparent and collaborative with patients in collecting and utilizing their data. It is vital to ensure patients understand what they, and other patients like them, are getting out of sharing their data. Create a feedback-loop, so they realize the information learned as a result of their participation. Additionally, consider how you can empower patients to be the owners of their data.

5. DON'T REINVENT THE WHEEL

As you think broadly about the content and services you are creating, build on what other companies are already doing and what your customers are already using. For example, integrating with rideshare apps or with voice and natural language processing technology. Be clear on your hospital's values and ideals, and identify partners aligned with these, and strive to engage people where they already are.

6. TAKE BURDEN AWAY, DON'T CREATE IT

Map the technological and practical capabilities required when implementing the service and consider these when prioritizing solutions to ensure you're finding ways to avoid or reduce any extra burden created for physicians, patients, or other staff. Not every solution has to happen immediately—avoid overwhelming internal and external stakeholders, implement quick wins, and thoughtfully roll out high-priority larger initiatives.

DEEP 6 AI: THE SMART SOFTWARE BREATHING NEW LIFE INTO CLINICAL TRIALS



By **Natasha Cowan**
CORPORATE COMMUNICATIONS MANAGER

Fishawack Health interviews Wout Brusselaers, the Deep 6 AI CEO using artificial intelligence to solve one of the greatest barriers stagnating healthcare innovation—clinical trial recruitment and retention.

Wout Brusselaers has spent his life on a quest to achieve one career goal—to work with smart people on a meaningful project that makes a difference to people’s lives. This mission saw him become a diplomat in the Middle East, a McKinsey consultant in Asia, and take on roles in international intelligence before realizing he could use his knowledge and skills in solving complex problems to crack one of healthcare’s greatest challenges—accelerating clinical trials.

Patient recruitment and retention in clinical trials have long been significant challenges for drug developers. As patient populations have become smaller and more niche, organizations have struggled to build the visibility and trust needed to recruit the number of patients required for a viable trial. At the best of times, 85% of clinical trials fail to recruit and retain enough patients to meet their enrollment timelines, with 15–20% of clinical trials failing to recruit a single patient.^{1,2} These setbacks lead to losses of an estimated \$600,000 to \$8 million per day.³ With a majority of patients unaware of clinical trials, finding an eligible patient can be like finding a needle in a haystack.

Then the pandemic hit. During the last year, the healthcare sector (like the rest of the world) turned upside down. Patients were unable to see their doctors, hospitals canceled appointments, and healthcare systems struggled with the monumental task of shifting their services online. Many clinical trials were halted or postponed, causing significant financial losses, stagnating innovation, and delaying patients receiving life-changing treatment.

Four years before the pandemic, in 2016, Wout set up **Deep 6 AI**. He saw the benefits of not only digitalizing the clinical trial recruitment process but of the endless applications of artificial intelligence (AI) for finding the right patient at the right time and joining up siloed systems.

66 99

85% of trials fail to recruit and retain enough patients to meet their enrollment timeline

What makes the Deep 6 AI platform unique is its ability to overcome one of the most significant barriers to digitalizing clinical trial recruitment: up to 90% of patient data is unstructured and much of it is siloed across different systems. As a result, trawling through a physician’s notes in electronic medical records (EMRs), pathology reports, and other medical data to determine the most important insights could take human beings months. However, Deep 6 AI has developed cutting-edge technology that pulls insights from this chaotic data in minutes.

During the past 5 years, the organization has built a client base of some of North America’s biggest healthcare systems, including Cedars Sinai, MD Anderson, Rutgers, and the Texas Medical Center. Investors have also bought into the promise of the software. In 2019, the company received \$17 million in fresh funding in the company’s Series A. Today, it has built up an expansive ecosystem of hospitals and patient data, as well as an abundance of information and knowledge on stakeholders across the research journey and how they intertwine. As a result, while many clinical trial recruiters were adjusting to the pandemic, Deep 6 AI was well-positioned to rise to the challenge. We sat down with Wout to find how the technology works, the impact of COVID-19 on clinical trial recruitment, and the key to creating a digital ecosystem that improves patient outcomes.

1. <https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04358-3>

2. <https://www.centerwatch.com/articles/15855>

3. <http://www.pharmafile.com/news/511225/clinical-trials-and-their-patients-rising-costs-and-how-stem-loss>

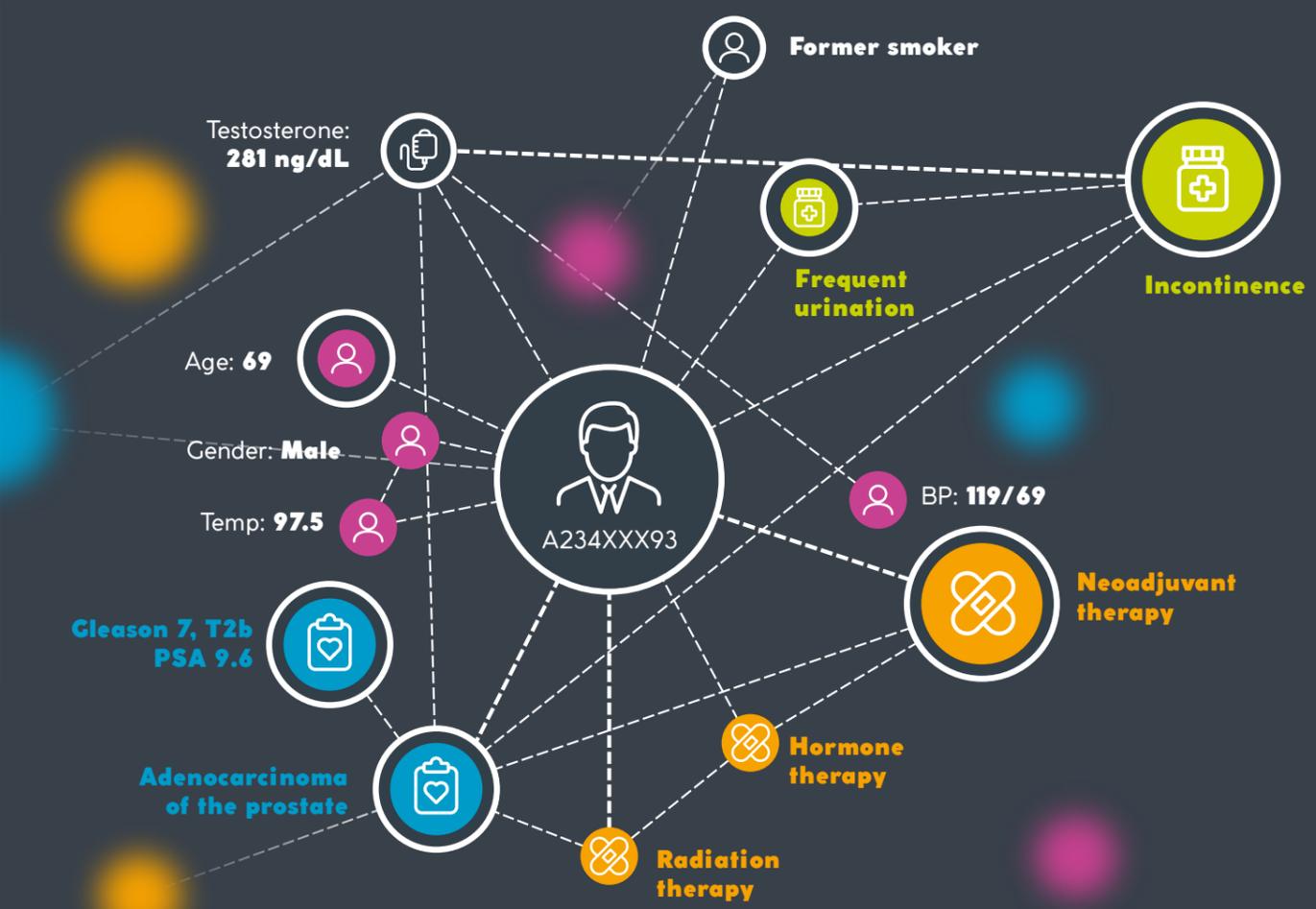
PATIENT INFO
 Gender: **Male** Age: **69**

VITALS
 Temp: **97.5** BP: **119/69**

HISTORY OF PRESENT ILLNESS
 Mr. Jasper is a **69 year-old male** returning for this monthly follow-up to assess the status of his **adenocarcinoma of the prostate**. He's a **former smoker**.

He is receiving concurrent **neoadjuvant therapy** and **hormone therapy** plus **external beam radiation therapy** for a **Gleason 7, T2b PSA 9.6 adenocarcinoma**. His radiation therapy started in March 2016. Since then, he has been generally stable despite some **incontinence** and **frequent urination**.

Deep 6 AI's software leverages AI and natural language processing technology to take unstructured patient data and transform it into rich clinical vector



“ ”
 We provide the connective tissue between all the stakeholders in the clinical trial [...] and empower them with a holistic view of the patient based on real-time data

How does the Deep 6 AI software work?

WB: There are many layers to it, but ultimately, Deep 6 builds clinical trial acceleration software. We provide the connective tissue between all the stakeholders in the clinical trial, such as research staff, care staff, patients, collaborating partners and sponsors, and empower them with a holistic view of the patient based on real-time data.

In healthcare, despite many efforts, there is no true Big Data yet. Instead, there is lots of "little data" spread across many disparate systems.

This data is often fragmented, siloed, and unstructured. Much of the information is free text in EMRs, lab data, medication records, registry data, pathology or '-omics', etc. Identifying and sifting through all that information, and reconciling it manually, is a titanic task.

So we use AI to analyze this unstructured data and natural language processing to determine whether the information refers to a symptom, a diagnosis, a mutation, an outcome, a lab result... the list goes on. Then, the software fits the data into a model, which unifies the patient's clinical journey.

Rather than using traditional relational database models, we represent patients as multi-dimensional vectors. Each different condition, diagnosis, social determinant, outcome, or genetic mutation is a dot or "node" in a multidimensional graph. The graphs also display all the edges, or connections between the clinical concept nodes, which helps identification of correlation, and co-occurrences.

Another important feature is that you can keep on adding data to the model, without excessively cumbersome data normalization efforts. So you end up with a extensive and very deep representation of a patient that acts as an almost ideal SOFA—subject of analysis—which you can run any query against.

On top of this, specific workflows tailored to the various stakeholders in the research process empower the right people to make the right data-driven decisions at the right time, and this is essential for moving the project forward. For instance, a principal investigator can build various patient cohorts, experimenting with different eligibility criteria, to optimize her study protocol prior to Institutional Review Board (IRB) approval. Once approved, she can then track any patient across participating sites through the recruitment funnel. Similarly, treating physicians receive alerts when one of their patients matches a study, allowing them to discuss treatment benefits and refer patients to the study team.

You started your career as a diplomat. What made you want to work in healthcare?

WB: I believe one of the greatest luxuries in life is to put meaning into your work. If you are going to spend most of your waking hours working, it might as well be useful for society. Healthcare is an area of huge opportunity—there are so many opportunities and such an abundance of data, which is hardly being used to its full potential.

Two hurdles to overcome in clinical trial recruitment are ensuring patients know about the trial and building trust. How are you solving those challenges?

WB: You nailed the major issues on the head. You need to approach patients in a respectful manner, with tailored, relevant information that prioritizes their health. And you cannot bombard patients with an over-abundance of information or choice. We make sure our health systems only share precision-matched study opportunities, based on the patient's up-to-date clinical data. Rather than sending 25 options, we send one or two trials that we know the patient is eligible to participate in, and validated both as a match and as a beneficial treatment option by the trial site's research and care staff.

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Healthcare is an area of huge opportunity—there are so many opportunities and such an abundance of data, which is hardly being used to its full potential

That is why we connect all the major stakeholders in the decision process. For patients, the most trusted source is the treating physician and nurses. So, when we match a patient to a study, the research team will know about it, but the care team will know about it too. The physician will receive a notification that says, based on the latest imaging report, the patient is now eligible for this study. The doctor and patient can then discuss the trial with them during their next appointment. So, the treating physician is empowered to share the information with the patient, and then the patient feels empowered as they can learn more about the study directly through the patient portal. It builds the knowledge and trust that leads to informed, shared decision-making.

How has the COVID-19 pandemic changed attitudes to decentralized clinical trials?

WB: The pandemic has been a wake-up call where health systems have realized they have to change the way they do things. They want to be crisis robust—not just in how they treat patients through telehealth and analysis but also in how they continue their research.

The only way to do this is to make sure the research is data-driven and digital. Data helps us reduce dependencies on in-person contact. You can leverage digital tools, create digital workflows, and connect remotely with people. Since COVID-19, the need for a connective ecosystem has grown. A digital system enables the sponsor to reach out to a principal investigator, the principal investigator to connect with the nurse, the nurse with the treating physician, and the physician with the patients—despite each of them being in different locations.

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There is this exciting, creative part of being the outsider that somehow allowed us to build something really innovative and new that 'insiders' perhaps hadn't thought of.

Wout Brusselaers,
CEO, Deep 6 AI



It's easier said than done, right? What does it take to build a digital ecosystem like the one you just described?

WB: Many health systems underestimate the commitment to a digital transformation. They think that once they have purchased the software all their problems are solved.

There is an incredible opportunity for healthcare systems to beef up their digital capabilities in research. I believe there will be a kind of winner-take-all model where life sciences companies will partner with organizations that are crisis robust and high-performance with minimum risk and delays. Healthcare systems need to have a holistic, clear-eyed view of what it takes to implement a digital ecosystem to be one of those winners.

It isn't just about buying software or changing a process here or there. You have to think about the entire—value chain of clinical trials, right? Starting with study selection, a true data-driven approach to feasibility should inform whether you should conduct the study at all. If you cannot find patients who match your protocol in your data set, you risk pledging resources to a project that will fail. So, redesigning an organization's entire research approach around better data and software can bring incredible benefits. Back to our study feasibility example, imagine reducing your number of failed studies from an incredible 30%-40%, which is true for many if not most organizations, to single digits or even zero.

Similarly, the software can boost patient recruitment for clinical trials by connecting the research teams and care teams—leveraging that important trust relationship we discussed earlier. But, organizations and their leaders must also communicate, empower and incentivize all of those participants, so they seize the opportunity to play their part at the right time in the right interaction with the right patient.

What does the future hold for Deep 6 AI?

WB: Good things, I think. Originally, we focused almost entirely on healthcare provider systems, but we are now pivoting to working with life science companies to have them join that real-time, real-world data ecosystem and building workflows specific to them.

We had many opportunities to work with life sciences companies in the past, but we didn't have the scale to work with them. Some offered to help us grow to scale faster, but those efforts did not yield much—I'd rather over-deliver than over-promise.

We wanted to have a significant number of research sites and a significant number of patients so we could drive meaningful interactions based on a statistically significant data set. I feel we're there now. Our ecosystem contains really rich, deep data across a large collection of premier research centers. And the great thing is, we also connect all of the stakeholders who work with the patients at those locations, via our software, to work together towards better study results.

A sponsor can share a study query with a site to get real-time feasibility numbers for that site. Once they reach an agreement, those pre-identified patients are ready for the site to be recruited, via the researchers, the care team, and the patients directly.

As we start working more with life sciences companies, we're also continuing to deepen our understanding of patient data. We have been using our AI and natural language processing on unstructured data for years. The next step is to disambiguate the data across the entire patient journey and reduce it to more narrowly defined actual events.

As you know, there is a lot of bloat in most patient records. There is a lot of copy-pasting, differential diagnoses, testing, hypothetical issues, and things like that.

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Many health systems underestimate the commitment to a digital transformation. They think that once they have purchased the software all their problems are solved

There is too much noise to easily retrieve the signal. So, that's what we are working on at the moment, and if we can cancel out the noise to develop concise patient journeys and graphs, it will be amazing. We will have a much more digestible patient profile, which will be an even stronger analytical object.

Finally, if you could go back in time to 2015, what one piece of advice would you give yourself?

WB: Only one piece? There are so many things I could have done better, smarter, faster. I would probably warn myself: it is going to take longer than you think.

You know, when you start, you are very enthusiastic, you have this big vision and this passion. It all makes so much sense—surely everybody will see that, right? But in reality, getting the world to reflect your vision takes a long time, a lot of effort, and at least some luck. The vision and strategy were always there, but execution takes time. Healthcare moves slowly.

We've built and are still building our ecosystem by selling our software into a healthcare system and driving adoption, but it's a very convoluted, long-winded process—30+ people need to say yes, but if one person says no, you're back to the start line.

I recently heard a historian refer to herself as a "prophet of the past". Even hindsight is not exactly 20/20. So, would we have done things much differently? I don't know.

There is this exciting, creative part of being the outsider that somehow allowed us to build something really innovative and new that "insiders" perhaps hadn't thought of or dismissed, because, unlike us, they knew how hard it would be. Maybe we took the longest route, but now we have built this amazing solution, and we're on the cusp of unlocking its value for all participants. I think it's pretty unrivaled. The unstructured data mining, the ecosystem, the collaborative workflows... I don't think there's much like it out there.

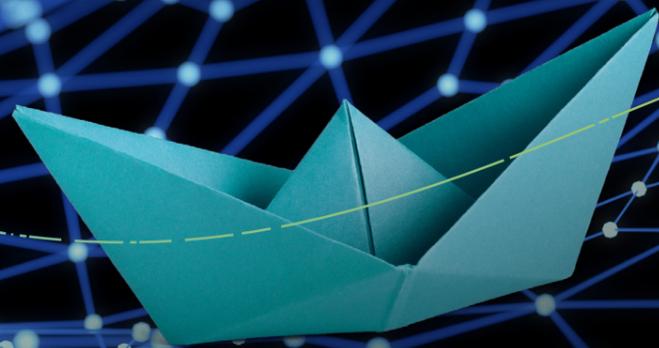


To find out about how we're transform medical information into engaging and impactful communications, get in touch with newbusiness@fishawack.com

NUMBERS, NAVIGATION, AND NARRATIVES DIGITAL STORYTELLING IN MEDICAL COMMUNICATIONS



By Amy Jackson
SENIOR EDITORIAL DIRECTOR
and Gary Lyons
HEAD OF STRATEGY



Narratives change
medical practice
and patient
outcomes

Science and storytelling aren't often seen as compatible. One is based on cold, hard facts, while the other is synonymous with improvisation and theater. However, when done well, storytelling can be an essential tool for medical affairs, bringing data to life and engaging patients and healthcare professionals in novel and more meaningful ways.

Storytelling is intrinsic to human culture. We use it to explain the universe and to contextualize and resolve universal struggles—those that define the human condition. Seismic shifts occurred in the pattern of human existence during the Neolithic revolution, whereby larger, permanent settlements and agriculture replaced many hunter-gatherer societies. At this time, the stories told undoubtedly changed, but we continued to tell them as a primary means of knowledge transfer. Over millennia, as societies became more complex and technologically advanced, organized religion took hold, and those stories changed again, but we continued to use storytelling as a principle means of communication.

The human brain has evolved for stories—storytelling effectively populates our cerebral hard drives: we are hardwired to remember stories, not facts.

The perplexed human now has access to the Internet and boundless amounts of data and knowledge. Watching YouTube videos is the new way of storytelling and sharing, but we engage with these videos because of the content the YouTuber creates, not because we're excited by the technology or channel. So, in the blink of an evolutionary eye, human society has changed dramatically, but our brains are still configured in the same way as our ancestors'—stories resonated, inspired, explained, and educated then as they do now.

Why? Because they drive our emotions, and emotions drive our behavior.

There is growing acknowledgment of the role and potential of storytelling in business. Marketers know that customers purchase specific products in recognition of the brand story. When consumers buy a pair of sneakers, they are buying more than shoes. They are adopting a form of identity anchored in the brand's myths and meaning.

Scientists also embrace storytelling, not only using it to disseminate hard evidence to their audiences but also to make the evidence more likely to change behaviors or current practices. It is therefore not surprising that stories and narratives are gaining more traction in the medical profession.

Since the 1980s, American medical schools and hospitals have promoted so-called narrative medicine in healthcare curricula to facilitate reflection and reduce the distance between technical understanding of the disease and the patient's subjective experiences with illnesses. And it works: a recent study of medical students demonstrated that the use of narrative medicine improved their ability to self-reflect, empathize, and enhance patient-healthcare provider communication.¹ Narratives change medical practice and patient outcomes.

1. <https://doi.org/10.3390/ijerph17041135>



STORYTELLING IN MEDICAL COMMUNICATIONS

And what of medical communications? As an industry allied to marketing, branding, science, and healthcare, it is of little surprise that storytelling is becoming increasingly important to medical affairs teams, in addition to its strong position in pharmaceutical marketing.

At Fishawack Health, we recognize the ability to navigate through complex data to tell a compelling story is a requirement for success. Perhaps the most obvious example is when we develop an asset's scientific narrative. There is a malevolent force (the burden of disease and the unmet need), a means of emancipation (the promise offered by an asset through its mode of action), and resolution (a thumping weight of compelling evidence underpinning efficacy and safety).

Although scientific narratives represent a small tranche of our business, they are essential for reflecting scientific positioning and setting up the strategic "red thread"—a metaphorical link that connects a series of ideas to express its fundamental essence. So how do we apply the art of storytelling—and the "red thread"—to a wider range of deliverables? And why is this so important for digital communications?

We often turn to the Duarte approach to storytelling, which follows the framework set out by Nancy Duarte following her in-depth analysis of the 100 greatest speeches. She sought to understand what creates tension in a story and how it is resolved through catharsis and transformation, thereby engaging the reader.

Much of her work focuses on presentations, but we can apply the principles widely to digital projects. Deliverables should be viewed in three parts: the beginning, middle, and end. The first section should articulate the status quo with its inherent limitations. Classically, in medical communications, this is where we cover the unmet patient need.

The middle section focuses the user's gaze upon the sunlit uplands of a new asset, treatment paradigm, or diagnostic while reminding the user of the status quo. The final part should form a call to action, which shows how the adoption of the new asset, treatment, or diagnostic could transform patients' lives.

Although these principles are relatively easy to grasp, application is harder. And before we can craft a story, insight gathering and analysis need to be done. All projects need to be underpinned by a clear understanding of the needs of the target audience. We must develop the overarching message or story, and select the most appropriate communication channel. This is perhaps even more pertinent to digital projects because often clients are seduced by the idea of cutting-edge possibilities and lose sight of the true purpose of the narrative—to change behavior.

Having more communication tools at our disposal is empowering, but it can also feel overwhelming—helping our clients navigate the digital (and analog) choices available is where we can offer valuable counsel. When the right channel is selected, the target audience defined, and the message delineated, the power to change behavior through artful storytelling is amplified.

OPTIMIZING STORYTELLING FOR DIGITAL MEDIA

Due to modern work–life (im)balances and information overload, our audiences are almost always short of time and have numerous competing priorities. We need a powerful hook to draw them in, and we need to ensure that the experience offers the tension and catharsis we are hardwired to appreciate. We also need to leave them with a clear message and call to action—often referred to as a conversion point.

THE HOOK: To draw the audience in, we need to think about appropriate (wholly compliant) nudges, incentives, and direction to engage. For example, a new disease awareness website needs search engine optimization, and the relevant community, be it healthcare professionals or the public, needs to be made aware of its existence. It should be distinctive and, above all, easy to navigate. It should serve an obvious purpose for the user.

THE STORY: The narrative needs to resonate—the unmet need must be real. Case studies and patient testimony are often meaningful ways of adding a human element to the story. Social listening can come to the fore as we monitor what patients really think about their condition. What troubles patients most may not be the salient symptoms of the disease.

For the healthcare professional, any new treatment or asset needs to offer the promise of a distinct benefit, either to them directly (eg, saving time in clinic) or, more often, to the patient and their caregivers. Is it greater efficacy? Enhanced safety? Better quality of life? Cost-effectiveness? Greater convenience? Concise, compelling copy is key throughout.

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Scientists, being rational animals, may be persuaded by facts and figures, but data alone do not convey the full story

Scientists, being rational animals, may be persuaded by facts and figures, but data alone do not convey the full story. As such, "layering" can be valuable—the user can tailor the detail they access to the time they have available (or their preference for hard data to convince) by skipping through content or, alternatively, to find out more by clicking through from statement to graphic, to raw data. And the final section/tweet/screen needs to convey the promise of the new message—the user must be left feeling optimistic, energized, and inspired to change their behavior in the way intended. Throughout, we need to draw upon our amazing creative and digital teams to ensure that the visuals are enticing and the experience rewarding.

The possibilities of using digital media in medical communications are endless, limited only by our imagination and creativity (and compliance and budget). Irrespective of these boundaries, blending traditional storytelling with innovative media offers a potent means of engaging, inspiring, and changing behavior, ultimately improving patients' lives.

CRACKING THE VIRTUAL CONGRESS CODE



By **Natalie Boyd**
COPYWRITER

Copywriter Natalie Boyd has spent the last year helping life science companies transform their congress strategies and pivot in a virtual world. Here, she reveals 5 key learnings for developing a standout experience that captivates healthcare professionals.

Since March 2020, almost everyone has had some type of major event postponed, and professional meetings and events look very different today than they did 18 months ago. For instance, while the scale of disruption forced every industry and organization to quickly pivot and chart a new path forward for our healthcare clients, this meant rethinking how they could shift an inherently personal industry to the most impersonal of places—online.

At first, this shift to virtual was less than graceful, maybe even a little frantic, but it also sparked a necessary change. For years, the healthcare industry has grappled with how to compliantly embrace evolving technology and use it to communicate with healthcare professionals and patients effectively. For congresses in 2020, COVID-19 forced the issue.

After coming to terms with the fact that traditional congress would not return in the near future, there was not only the immediate need to prepare for fast-approaching summer meetings but also the more farsighted need to lay the groundwork for future congresses by rewriting the engagement playbook and adapting to a virtual model.

As we prepared for one of our client's biggest conferences of the year, we looked for ways to preserve the best of in-person experiences on purely virtual platforms. Rather than simply fleshing out the restrictive virtual booth template offered on the academy's congress site, we created an additional virtual experience fully customized to meet our client's needs. The stand-alone destination for healthcare professionals allowed them to engage, interact, and connect with our client and their products on our terms.

“ ”

We created a stand-alone destination for healthcare professionals that allowed them to engage, interact, and connect with our client and their products on our terms

Here are 5 important considerations to keep in mind when developing digital events, as we look to the future.

1 | Bring the “human” to the “virtual”

Humans crave connection, but without the option to connect face to face keeping congress attendees engaged at the same level in a virtual setting requires a shift in strategy.

In addition to learning the latest industry news and technology, most attendees come to conferences to network. While we may not be able to perfectly replicate the energy of a crowded exhibit hall or the excitement of sitting in the audience listening to a notable expert, virtual experiences can provide interactive and user-led opportunities that draw (and keep) participant engagement.

Whether delivering various chat room opportunities or virtual lounges where attendees can interact with each other between sessions, it's incumbent on organizations to enhance a virtual event by considering how attendees can find the sense of community they crave in the virtual landscape.

2 | Elevate interactivities

In the virtual world, today's focus has shifted wholly to delivering compelling digital content. And while cracking the code for virtual attendee engagement is still in the works, there are a few things organizations can do to ensure they deliver more than a passive experience on the other side of the screen.

A wide variety of digital tools are available for grabbing a viewer's attention and quickly enlivening the conference experience:

- Videos, such as live-streamed lectures or recorded keynote speaker performances
- Polls and surveys
- Gamification
- Embedded social media feeds and platform links
- Live updates and news through email or an event app

With a plethora of interactive and convenient tools at your disposal, going remote actually has quite a few exciting perks. As virtual experiences continue to evolve, it's imperative we continue to integrate innovative interactivities.

3 | Optimize exhibitor site opportunities

At a live event, there is a naturalness to navigating a physical space that is lost online. In a sea of information, sponsorships can give a company prominence on the congress website and provide important, exclusive wayfinding opportunities—a chance to stand out in an overly crowded virtual environment.

Strategically placed advertisements such as rotating ads and marquee messaging in the lobby, lounge, or exhibit hall not only serve to make a company's presence felt but also provide direct links to the company's exhibit booth or virtual experience. Additionally, higher level exhibitors will benefit from preferential placement, so when attendees visit the crowded virtual exhibit floor, it will be much easier to find your booth.

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A wide variety of digital tools are available for grabbing a viewer's attention and quickly enlivening your conference experience

4 | Create a network of drivers

Even if you create a stellar virtual experience, your efforts are wasted if you can't attract an audience.

While sponsorship packages offer many opportunities to drive attendees to your virtual experience, it's only part of a larger strategy—one that includes other drivers independent of what the academies can offer. In other words, don't wait around for the congress to direct your audience to you: reach out, set expectations, and drum up excitement with multichannel, multi-touch marketing.

Before the event, pique attendees' interests with tailored content and messaging, enticing them to mark their calendars. Whether it's a landing page with a sneak peek of what they can expect to see at your experience, social media campaigns, or pre-event email blasts, any effort to reach out will make your virtual booth even more personable and memorable.

The same goes for during the event. Find any means possible to let attendees know: "We're here. Right now. Come check us out." In order to motivate attendees to visit your booth, you must elevate your synchronous experiences, such as live speakers and symposiums, and promote them to drive traffic.

Without the natural curiosity and investigation that takes place on the showroom floor, utilizing drivers outside of what is offered within your sponsorship package is crucial.

5 | Virtual is here to stay

The dust has settled since the rapid shift from in-person to virtual, and one thing is clear: virtual events are likely here to stay, becoming fixtures for congresses moving forward. We can use these considerations to continue to learn about our audience, nurture new skills, and streamline our processes in preparation for what lies ahead.

How these virtual experiences will then intertwine with live events remains to be seen, but we are eager to find out.

During the COVID-19 pandemic, access to healthcare professionals plummeted and the life science industry faced new challenges in customer engagement. So what does this mean for life sciences launches, and how can companies succeed in the „ИЕМ ИОРМАГ..“?

LAUNCHING IN A VIRTUAL WORLD



By Louisa Stewart
CONSULTANT

and Daivik Gandhi
ACCOUNT MANAGER

6699
87%

of physicians report that they would like to maintain restrictions to in-person meetings

“Short attention spans and a lack of time amongst stakeholders mean that it is easy for stakeholders to switch off”

One of the most important factors in developing a successful product launch is ensuring customers receive the relevant communications at the right point in their journey.

The backbone of a successful omnichannel or digital-only launch is similar to the backbone of a traditional launch. It is based on a solid understanding of the competitive market, defining the patient populations, and developing a deep understanding of your target stakeholders based on rich insight.

Only then can you begin to develop a stakeholder-centric launch strategy that prioritizes the customer experience and leverages the right mix of channels for engaging customers.

While the pharmaceutical industry has been slow to adapt to digital advancements, significant steps have been made in recent years to embark on the digital transformation journey. Although life science companies were facing customer engagement challenges before the COVID-19 pandemic, including

reduced access to physicians, during the pandemic, far stricter restrictions were put on many of the traditional interactions pharmaceutical companies relied on, such as face-to-face meetings.

With 87% of physicians reporting that they would like to maintain restrictions to in-person meetings, it is clear we need to optimize the way we engage with the customer across both digital and in-person channels.¹

Post-COVID-19, the engagement between life science companies and healthcare professionals will require a hybrid model, with greater integration of both in-person and remote interactions. The mix of channels will depend on geography, specialty, and site of care, as well as individual customer preferences. Above all, ensuring each interaction is value-adding will be essential.

THE FUTURE IS OMNICHANNEL

Adopting an omnichannel approach to launching a product is key to success. However, we need to ensure the right mix exists between both digital and traditional channels. While digital channels are an essential and continuously growing channel for engaging customers in a product launch, we must not rule out traditional channels. Having a personal connection builds trust and minimizes misinterpretation and misunderstanding. According to research, requests made in person were 34 times more likely to elicit a positive response than emails.² However, while nothing can fully replace face-to-face interaction, digital engagements can enhance these conversations.

There is no one-size-fits-all approach to an omnichannel launch. The communications that stakeholders require, their needs, preferences, and how they use digital channels differ by market and region. Life science companies must target the right audiences with useful and transparent content, using the right channel, and base

engagements on the audience's unmet needs. In doing so, brand teams will generate quality metrics and feedback that will inform future messaging and outreach and drive further relevant interactions.³

Short attention spans and a lack of time among stakeholders mean that it is easy for stakeholders to switch off. Digital messages and solutions must be simple, easily understood, and accessible to your target stakeholder.

Life science companies must adapt accordingly to the constantly evolving needs of their audience. When utilizing digital channels, ensure you stay in tune with your customer's needs and adapt your communications and services to align with their evolved requirements. It will be this that will ensure the best customer experience is provided.

Physicians tend to listen to other physicians. Life science companies can leverage these relationships by providing resources and platforms that facilitate discussions and interactions with other stakeholders.

1. https://www.accenture.com/_acnmedia/PDF-130/Accenture-HCP-Survey-v4.pdf

2. <https://www.forbes.com/sites/carolkinseygoman/2018/11/14/has-technology-killed-face-to-face-communication/?sh=6d236145a8cc>
3. <https://pharmaintelligence.informa.com/~media/informa-shop-window/pharma/2020/files/whitepapers/pharma-marketing-2020-maximising-product-launch-success-amid-complex-legislative-change.pdf>

Co-creation of content between life science companies and physicians could increase the value we provide to our physicians because it is coming from their peers.⁴

Whatever channel you choose, remember that stakeholders seek transparent, informative, and accurate information, and this should never be jeopardized.

The way life science companies engage with customers is transforming in the wake of the pandemic. Many healthcare professionals have reported they are inundated with digital communications. As a result, brands need to position medical science liaisons (MSLs) and sales representatives as partners in care, supplementing one-to-one communications with digital tools and services that help them add value and better serve their patients.

Building this relationship early on, during the product launch, will form the foundation of a trusted relationship between the brand and customer and helps position the brand as a leader in the therapy area.

“Stakeholders seek transparent, informative, and accurate information, and this should never be jeopardized”

CASE STUDY: A HYBRID ONCOLOGY LAUNCH

We recently put our omnichannel launch excellence approach to the test, working with a top 20 pharmaceutical company to launch an oncology product at the height of the pandemic.

Oncology is rife with products that have multiple indications. These products are a one-stop powerhouse, providing healthcare professionals with a simple and effective choice for treat a range of conditions, some of which they might only come across once or twice a year.

However, often brands are unable to invest the time to focus on all the conditions the product is indicated for. Instead, they focus on the indication that makes their product the most profitable.

Sales representatives and MSLs must then decide whether they should focus on the ultra-rare indication or instead speak to the doctor about the conditions they come across most often in their daily practice.

During the COVID-19 pandemic, many hospitals placed restrictions on unnecessary visits to hospitals to protect their staff and patients. As a result, many sales representatives and MSLs were limited to short online calls (eCalls) with doctors to discuss the new research and clinical study advances of their products.

Brand teams then faced two challenges. Firstly, how can sales representatives focus on the more common conditions the product treats without losing sight of the less common indication? Secondly, how can sales representatives engage doctors in the conditions they rarely come across?

Solving these challenges requires prioritizing messages and taking an omnichannel approach, with key touchpoints across the customer journey.

The brand team focused on conducting direct calls with doctors about the indications most relevant to their daily practice. However, they also developed an online platform focused on educating healthcare professionals on the less common conditions and intricacies of the rare disease—from guidelines to updates to new data.

The MSLs and sales representatives directed the doctors to an above-brand disease awareness website, which sent them to a secure, localized platform containing promotional content that showcases the power of the product against the rare disease.

The customer could spend their time reviewing the disease awareness elements of the site. They learned about the rare conditions and could also access the promotional site to explore how the product effectively treats the condition.

Though the conditions are rare, and the doctor may not often see a patient suffering from the disease, the site acted as a reminder to review new content, revise their understanding of the condition, and learn about new data updates.

For the brand, the development of the disease awareness website does two things. It allows the sales representative to focus their calls on the questions most pressing for their customer. It also allows them to share their knowledge and understanding of the rarer condition, promoting confidence and positioning the brand as a leader in the disease area.

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How can sales representatives engage doctors in the conditions they rarely come across?”

In terms of the website itself, the use of subtle reminders to drive traffic from the disease awareness site to the promotional site allows customers to quickly access the available products to treat the patient's condition.

The customer could learn about the product without the need for a sales representative to explain the content. Rather than replacing the sales representatives and MSLs, the website prompts customers to contact them for further information, providing another touchpoint that deepens their relationship with the brand and driving them down the sales funnel.

Overall, the development of an online platform to deliver both disease awareness and promotional content allows brands to focus on their more profitable conditions while continuing to offer customers in-depth insights into the rare conditions that are often not front of mind.

The customer leaves the platform feeling confident and empowered. They have the knowledge they need to treat the more common condition, but they also have access to information that could prove vital for treating patients suffering from rare diseases.

4. <https://www.linkedin.com/pulse/how-achieve-successful-digital-launch-pharma-dr-timos-papagatsias/>

HEALTHCARE TECH: THE DRIVING FORCE BEHIND VALUE-BASED CARE?



By Anagha Shukla
SENIOR COPYWRITER

and Natasha Cowan
CORPORATE COMMUNICATIONS MANAGER

In 2020, healthcare technology investment went into overdrive. We speak to Sunny Kumar, Partner at GSR Ventures, to find out how COVID-19 has transformed the industry and whether healthcare technology can bring us one step closer to a value-based model of care.

The COVID-19 pandemic has brought about the most unexpected and unprecedented challenges, stretching our finite healthcare resources to an extent where they have reached a breaking point. The pandemic forced healthcare systems and providers to become more agile, and the industry has adopted technologies at a rate like never before.

The numbers speak for themselves. During the last 10 years, investments in the health-tech sector trended between \$2 to \$5 billion. In 2020 alone, this number rose to more than \$14 billion.¹ So how has this rapid adoption of technology transformed the way care is delivered?

Fishawack Health talks to physician and AI informatics expert turned venture capitalist Sunny Kumar to learn how the healthcare technology landscape has changed because of COVID-19. He reveals how innovative technology drives us closer to value-based care and the trends he thinks are worth the hype.

1. <https://rockhealth.com/reports/2020-market-insights-report-chasing-a-new-equilibrium/>

66 99

Healthcare technology completely changes the incentives at play



Sunny Kumar,
Partner, GSR Ventures

What's your role at GSR ventures?

SK: As a partner at [GSR Ventures](#), I oversee healthcare technology investments. We structure our work in a full-stack manner. So, I am involved in everything from developing our investment thesis to finding visionary entrepreneurs to partner with and determining which companies are most likely to create transformative impact in a sector. Once we partner with a company, I support our founders as they scale up and, at the appropriate time, help elevate those companies to the next level.

Do you think the pandemic has been a catalyst for changes in the way care is delivered?

SK: Healthcare is becoming more consumerized. Patients are looking for options designed around them, as opposed to the more traditional one-size-fits-all healthcare system. A meaningful set of patients prefer to get their care delivered through technology, for example, via text message. They want to be able to get everything they need at the click of a button—that really didn't exist before in a scalable manner.

The historical constraints of having to receive your healthcare in a physical clinic are also becoming less limiting. We've partnered with several companies in this space, including [Medable](#), which helps transform traditional clinical trials through technology.

Instead of requiring patients to visit big academic medical centers many times throughout the clinical trial, Medable moves the trial out of the hospital and into the patient's home by using technologies to collect or report information and enable remote patient-provider interactions. Pharmaceutical companies and contract research organizations (CRO) are now adopting this platform technology at a lightning pace.

This rapid transformation is happening on the patient side as well. For example, we have partnered with [Alpha Medical](#), a company that delivers asynchronous telemedicine focused on women's health. They are using technology to ensure that women can access convenient and personalized care, no matter how far away they are from a medical facility. Imagine the impact of being able to receive the best care anywhere in the country at a fraction of the cost... That's what Alpha Medical is delivering today.

How has the healthcare technology landscape changed in the last 12 months?

SK: COVID-19 introduced a whole host of challenges that have led to significant regulatory changes, in particular around the adoption and availability of tech-enabled healthcare.

Telemedicine, for example, has been with us for over 20 years. However, it took a global pandemic of this scale to drive regulatory changes that enable providers to practice telemedicine across state lines—that was previously impossible. Similarly, COVID-19 prompted regulators to allow doctors to use communication tools, such as Zoom, to interact with patients, greatly broadening the available technology infrastructure.

We have also witnessed a considerable change in the behavior of providers and patients. If you look at the data, about 10% of patients engaged with telemedicine services before the pandemic. That number has gone up to 75% of patients since the start

of the pandemic. But most critically, the vast majority of these patients report that they had a positive experience and plan to use telemedicine again, setting the stage for a shift in how we deliver healthcare as a nation.

Further, even though health systems still tend to be fundamentally risk-averse, they are now more broadly adopting these technologies. These systems have witnessed a wider acceptance by patients and physicians and are realizing stronger economic incentives, leading to much greater adoption of these technologies in the past year than ever before.

You mentioned economic incentives. What could be the impact of this in terms of value-based care?

SK: Healthcare technology completely changes the incentives at play. In the past, the hospital generated most of its revenue through in-person care. However, as the COVID-19 pandemic took hold, the situation changed rapidly. Patients were worried about going to the hospital because of exposure risk. Fortunately, telemedicine was able to fill that gap. And now there are economic incentives for using the technology to deliver care. Specifically, reimbursement for telemedicine is now equal to an in-person visit, and all this happened without any major shift in the underlying technology.

The challenge is ensuring that the incentives align. In a fee-for-service model, the doctors and other healthcare providers bill for each service provided, such as an office visit, test, procedure, etc. These financial incentives create pressure on them to administer more care, even if the marginal value is minimal.

Value-based care flips that equation on its head because it's designed to create as much healthcare value as efficiently as possible. Every provider wants to do the best thing possible for their patient, and they all express a desire to shift to value-based care. However, the practicalities of doing so are challenging.



You have an opportunity to change that ratio between cost and value in healthcare in a truly meaningful manner

Healthcare systems are often concerned that the cost of transitioning to value-based care will outweigh the savings brought about by the model. Technological innovations have opened up a transformative opportunity to ensure that the patient still gets the same quality of care, while reducing the resources needed by 5-, 10-, or maybe even 100-fold. Why that gets us so excited is, as this balance shifts, we can now massively change the ratio between cost and value in healthcare. A year or two ago, we didn't have the environment to deploy and scale these technologies, but the pandemic has changed all of that.

What would you tell someone who was worried that technology could take the human element out of healthcare?

SK: Historically, physicians have strived to build a deep relationship with their patients and keep them fully informed and involved in all aspects of their care. But time has always been a major constraint. Now, technology enables physicians to engage their patients through every step of their care journey in a personalized manner. The technology does not conflict with what the healthcare providers or physicians are trying to do—instead it helps them deliver excellent care and focus on healing the patient.

One of my mentors at Stanford, Dr. Abraham Verghese, has always been passionate about the role of human connection in medicine, and he instilled those values in me.

He emphasizes that as a physician, your connection with the patient is absolutely critical to delivering the right kind of healing.

What I found fascinating is that he is also incredibly excited about the potential of these technologies. Because he saw them not as physician substitutes, but as helpful tools that can eliminate the busy work that occupies a physician's time. Physicians can now spend their time prioritizing that human connection with their patients, which is the most critical part of delivering care.

What's your advice for healthcare tech entrepreneurs?

SK: Both sides of this ecosystem—the providers and life sciences companies on one end and healthcare tech entrepreneurs on the other—have been on a learning journey. Technology providers are learning how to work within the healthcare ecosystem, which is very different than the broader technology market.

The often quoted "move fast and break things" mantra does not apply to healthcare. It has taken several years for health-tech entrepreneurs to deeply understand how to innovate within the healthcare ecosystem. But this is now changing quickly and for the better. At the same time, providers and pharmaceutical companies are increasingly recognizing the value of technology and the vast possibilities it brings for providing better treatment and care.

Every entrepreneur needs to think carefully not only about creating disruptive innovation, but also about how to bring that innovation to market and ensure that it is scalable. The challenge is, sometimes innovation and scalability do not go together.

Quite literally, disruptive innovation is disruptive. But, with the risk aversion that has been inherent in the healthcare sector, entrepreneurs have to be thoughtful about how to bring that technology in, who to partner with, and how to create

value for all the stakeholders involved to successfully scale.

What trends do you predict for the industry over the next 5 years?

SK: We will see much greater personalization of healthcare, with technology leveraging a patient's specific health data to tailor treatments to their individual needs and health conditions.

Secondly, the rise of remote and passive monitoring will provide much richer data streams that will allow for care targeted to a patient's needs at a specific moment in time.

For example, we're seeing advancements in mental health technologies that allow an intervention to target a person at the precise moment they need help the most, replacing a fixed weekly or monthly check-in.

Lastly, we're going to see a shift from a fee-for-service model to a value-based model. Emerging technologies can deliver quality care to far more people with the same resources. This is extremely incentive-aligned with value-based systems, greatly reducing the overall cost of care. The deployment of these technologies will enable a shift to value-based care at a rate far faster than ever before.

The advent of personalized, continuous, and value-based care will generate a truly transformative impact on cost of healthcare delivery and lead to massive improvements in health and well-being.



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