INNOVATION UNCOVERED

SHINING A LIGHT ON INNOVATION AND CREATIVITY IN HEALTHCARE COMMS

LEARNING FROM FAILURE

WHY OMNICHANNEL HAS THE POWER TO CONNECT EXPERIENCES IN HEALTHCARE

IN CONVERSATION WITH... ANDREW BINNS

PATIENT-CENTRICITY: UNLEASHING CREATIVITY AND INNOVATION IN HEALTHCARE COMMUNICATIONS

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hca healthcare communications association

CONTENTS

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INTRODUCTION TO
LEARNING
FROM FAILURE

"I have missed more than 9,000 shots in my career. I have lost almost 300 games. On 26 occasions I have been entrusted to take the game winning shot, and I missed. I have failed over and over and over again in my life. And that is why I succeed."
Michael Jordan

In this edition we embrace our inner 'Air Jordan'. Not by playing basketball with Bugs Bunny, but by acknowledging the catalytic power of failure. We ceaselessly celebrate success through awards and competitions, so it's nice to learn from what went wrong when trying to innovate and ideate.

The most creative act any of us will make is to overcome the fear of failure, what I've dubbed: 'conquering the blank page'. We've certainly done that this month.

We've a first-person piece on Learning From Failure, courtesy of digital marketing guru Paul Dixey. You can hear Communiqué Chief Judge and AstraZeneca Head of Innovation, Andrew Binns, talk frustration, fiasco, and the pride he feels in pharma. We also clock on for creativity, hearing how Janssen and Edelman innovated to learn and improve the lives of people with blood cancer through TimeKeeper.

We step away from confronting failure to hear about Takeda's focus on best practice in patient-centricity from Mark Reale of Takeda. A double-header of omnichannel articles might be thought a duplication failure on our part, but we meant it. Julie O'Donnell of Evoke Kyne shows us how omnichannel can connect healthcare experiences, using a COPD case study. Dominic Marchant then gets deeper into implementation, explaining a three-step model for omnichannel engagement: Drive, Discover, Dive.

Generative AI couldn't fail to catch your attention in the past months, though of course there have been many **misfires** and **mistakes** in the preceding decades. Our very own Alister Sansum rounds up the potential impact of ChatGPT for healthcare communicators (spoiler, a lot).

Finally, Alison Doughty and Peter Impey have been on duty. They've been in Austin, Texas soaking up the ideas pouring out of South By Southwest (SXSW), one of the world's greatest showcases of innovation.

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LEARNING
FROM FAILURE

PAUL DIXEY, PHARMA DIGITAL MARKETING, SALES AND COMMUNICATIONS SPECIALIST //
LEARNING FROM FAILURE

"I HAVEN'T FAILED 10,000 TIMES, I SUCCESSFULLY FOUND 10,000 WAYS THAT WILL NOT WORK!"

The above quote[1] is credited to Thomas Edison one of the most prolific inventors. But how many of us would have the persistence and management support to fail that many times?

However, trying, failing, and learning is the way we develop from our first years... we stand up, take two steps, fall over, and get up again. But what happens when we get into the world of work in general and pharma in particular? We are often expected to succeed every time. Not delivering a project on time, not hitting objectives, or going over budget is often considered a career limiting step.

In particular, how do we spot the early signs that something isn't going right enabling us to pivot or stop in time? by creating a culture, developing skills, and putting in processes to allow us to experiment, sometimes fail, always learn, move on and succeed.

And if all does go the shape of a pear, what can you and your organisation do to learn and do things differently next time?

"One of the things that makes Edison stand out as an innovator was he was very good at reducing the risk of innovation - he's not an inventor that depends on just one thing...He knows that if one idea or one product doesn't do well he has others...that can make up for it."[1]

So, in other words he spread his bets. But when it is not possible to do this, and resources are not unlimited then what can you do?

SETTING OBJECTIVES, TESTING AND LEARNING

Firstly, are you specific about exactly what it is you want to achieve?

How much time have you spent really understanding the needs, Jobs to be Done[2], Pains and Gains[3] of your target audiences. We collect lots of data and transform that into information, but it is insights about our customers or target audiences that really provide that "Aha" moment - a penetrating discovery about a customer or market that can be used for business advantage.

"PEOPLE DON'T WANT TO BUY A QUARTER-INCH DRILL. THEY WANT A QUARTER INCH HOLE."

THEODORE LEVITT, ECONOMIST

Often you think you are clear about what you want to achieve, and you set off on a project, and then 6 months or more later, once it has got through the various rounds of approval, the project goes live and then......nothing!

What if you could test what you were trying to achieve was likely to succeed as you went along? For those who are familiar with the Agile Manifesto as a method of facilitating rapid decision-making and learning cycles, you will know the value of the team approach (we succeed or fail as a team), building a MVP, regular releases, repeatedly testing with your audience and retrospectives. For further information on Agile methodology see the article by Caroline Stern and Philip Atkinson in Edition 2 of "Innovation Uncovered".[4]

A test and learn approach can also be taken as outlined in this case study of Airbnb example by bestselling author and Chief Strategy Office at Croud - Avinash Kaushik on his website.[5]

''After months of data gathering to understand the needs of the patient, the clinician and of a variety of other stakeholders including pharmacists, family members and carers we believed that we had everything we needed to create a ground-breaking product. So we proceeded to spend a million pounds on software development and clinical testing.

Three years later when we still weren't making any money, we realised we had missed a critical stakeholder in this data gathering. We never clarified how an NHS CCG lead would pay for the product, and it was this that ultimately led to the demise of the business and could've been avoided had we asked the right question of the right people in the first place.

The framework of avoiding such an issue is now known as riskiest assumption testing or RAT and is rapidly displacing MVP development as the first and most important step in any product development project.''

If only I'd known about that...

Matt Goodman //
Medical Director, Lucent biopharma

USING A MEASUREMENT FRAMEWORK TO TRACK PROGRESS

Another framework that might help you work out whether you are likely to hit your business objective is that of Input Lead and Output/Lag Performance Measures or KPIs.

Often, we measure activity or our Input measures because that is what we think matters, and it does to an extent but only normally because the end result, Output/Lag, is often some time away.

"By the time your perfect information has been gathered, the world has moved on."

Phil Dourado, The 60 Second Leader: Everything You Need to Know About Leadership, in 60 Second Bites

Lead measures show whether you are on track to hit your end objective and if not then you can adjust your activities (Input) and see what difference that makes. This is where, particularly in digital channels, it is normally easy to get real-time data back in time for you to course-correct. Working with your data or analytics team earlier on in a project so that they can put dashboards in place is a worthwhile move.

Performance Measures	Description	Role	Examples
Output/Lag measures	The measurable outcomes of a strategy or an activity. Can sometimes be referred to as a goal or objective of a strategy or activity.	Primary measures for indicating the success of a strategy or activity	• TRx, NRx, NBRx • Market share • Revenue and sales • ROI • Preferred formulary placement
Lead measures	Measurable changes in customers that provide an early indication of whether the strategy or activity is working. Should be externally focussed measures.	These should be predictive of likely results as measured by output indicators	• Brand awareness; message recall • Share of voice • Net promoter score • Downloads, shares • Click-through rates
Input or internal measures	The measurement of the implementation of individual elements of the activity and resource plan	Indication of scale of activity	• HCPs reacted • % of invitees attending conference • Impressions • Video reviews

LEARNING FROM OTHERS

There is nearly always someone else out there who has already tried what you are attempting to do, or something very similar, who you could learn from... as long as your biases (see later in this article) or the organisation's "not invented here" don't get in the way.

"Those who cannot remember the past are condemned to repeat it."

George Santayana,
Spanish-American philosopher (1863-1952)

But sometimes, despite your best efforts and that of your team - planning, testing, and learning - a project or campaign may still fail.[6] So how can you and your organisation learn from this failure and recycle learnings to minimise the chances of future failures?.

AFTER ACTION REVIEWS (AARS)

One way to learn following completion of a project, is to conduct an After Action Review (AAR) and not just for failures[7] but also successes. And by AAR I don't mean a *"who got this wrong?"* finger pointing exercise, or a *"didn't we do well?"* back slapping event, but *"a pervasive process that explicitly connects past experience with future action"*.[7]

This article[7] describes how a US Army Brigade – OPFOR (Opposing Forces) uses AARs and how they have now become a business tool used by organisations such as the NHS.

THE AAR ADDRESSES FOUR QUESTIONS:

1 WHAT WERE OUR INTENDED RESULTS?

2 WHAT WERE OUR ACTUAL RESULTS?

3 WHAT CAUSED OUR RESULTS? AND

4 WHAT WILL WE SUSTAIN OR IMPROVE?

This model treats every action as an opportunity for learning about what to do but more importantly how to think, recognising that flawed assumptions are the most common cause of flawed execution.

"I was running a media campaign with a patient organisation, the hours were long, materials extensive and we weren't getting any traction. We'd regroup every couple of weeks and just keep building on what we were doing, writing more content, pushing the same channels, nothing worked. We were so invested that by the end of our campaign time we were exhausted, deflated, and frustrated. Months passed and we all collectively tried to forget what happened, until we met with doctors who told us that in fact we should have targeted the nurses as they were the ones most likely to support individuals with that particular condition. The sunk-cost fallacy happens to us all; it's OK to course-correct, don't stick with something if it's not working."

Aristides Grau, Novartis, UK

COMPANIES CAN ALSO CARRY OUT BARS - BEFORE ACTION REVIEWS - ALSO WITH FOUR QUESTIONS:

01

WHAT ARE OUR INTENDED RESULTS AND MEASURES?

02

WHAT CHALLENGES CAN WE ANTICIPATE?

03

WHAT HAVE WE OR OTHERS LEARNED FROM SIMILAR SITUATIONS?

04

WHAT WILL MAKE US SUCCESSFUL THIS TIME?

The responses to those questions align the team's objectives and set the stage for an effective AAR meeting following the action.

"We've all had those occasions where a novel communications project we worked incredibly hard on didn't work for one or several reasons. After experiencing that initial gut-wrenching disappointment, one exercise that always helped with recovery was an After Action Review with the cross functional team. That way, we were able to learn from that failure and know the weak spots or what to do differently next time in order to achieve success."

Edel McCaffrey, Head of Corporate Communications, LGC Group, UK

BUILDING A PSYCHOLOGICALLY SAFE ENVIRONMENT

Amy Edmondson (Novartis Professor of Leadership and Management at the Harvard Business School), in her paper Strategies for Learning from Failure[8] describes three main categories of failure in a spectrum from blameworthy to praiseworthy.

01

PREVENTABLE ONES

in predictable operations, which usually involve deviations from spec;

02

UNAVOIDABLE ONES

in complex systems, which may arise from unique combinations of needs, people, and problems, and

03

INTELLIGENT ONES

at the frontier, where "good" failures occur quickly and on a small scale, providing the most valuable information.

However, learning from failure is not simple because the 'blame game' gets in the way. The challenge is more than emotional; it's cognitive, too. Even without meaning to, we all favour evidence that supports our existing beliefs[9,10] rather than alternative explanations. In addition, we also tend to downplay our responsibility and place undue blame on external or situational factors when we fail, only to do the reverse when assessing the failures of others - a psychological trap known as Fundamental Attribution Error[11].

Leaders need to create an organisational culture in which employees feel safe admitting or reporting on failure. They need to accept that failure is inevitable in today's fast moving complex work environment.

"I believe in creating an environment where failure isn't something to be feared but rather celebrated. It's through our mistakes that we learn and grow and, as a leader, I make it a point to set this example for my team. I openly share my own failures and mistakes, and we even have a special section called 'When Sh*t hits the fan' in our monthly meetings where we discuss what went wrong and how we can improve.

By embracing failure as a learning opportunity, we create a culture of innovation and experimentation. We encourage our team to take risks and try new things, knowing that it's okay to fail sometimes. This creates an exciting environment where everyone feels empowered to contribute their best ideas and take bold action.

Ultimately, this approach leads to a team that's not only resilient and adaptable but also focused on continuous improvement. We celebrate our successes, but we don't shy away from our failures. Because we know that every failure brings us one step closer to making the world a healthier place."

Christopher Silverwood, International Head of Media, Real Chemistry, UK
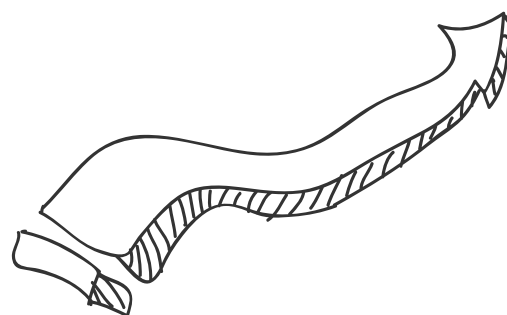
IN CONCLUSION

Nobody sets out to fail - unless an individual or group purposefully chooses to violate a specified process or practice. Today's world is changing so fast that one needs to constantly measure, test, adapt and learn - otherwise the targets for your programme or campaign might have changed or their expectations morphed many times as you wait for your budget to be approved, suppliers to go through compliance or copy to be approved.

And if it does go wrong, in total or in part, evaluate in a structured way, in a blameless environment, why that was and learn the lessons for yourself and your organisation.
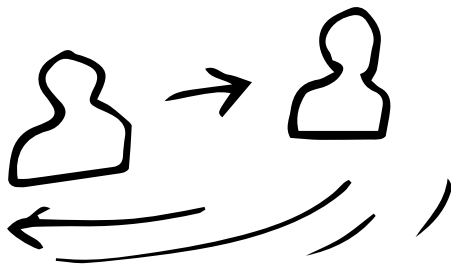
"To be an effective leader you need to be authentic. That means showing some humility and demonstrating that you're not infallible - showing that you're willing to take risks to push the business forward which don't always pay off. The organisations which create an open environment from the top down which allows teams to experiment, push boundaries and fail on occasions, are often the ones which ultimately succeed and are known as innovators in their space. To create such an environment, leaders should foster a 'no egos' culture within their teams and encourage junior colleagues to shadow senior leaders to learn from their failures as well as successes."

Nick Murphy, Communications Lead,
Sanofi UK & Ireland

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IN CONVERSATION WITH…

ANDREW BINNS //
INTERVIEW

I'm so proud I work in pharma. The sector is now ahead of the curve creatively, making it the most exciting place to work.

Currently Chair of judges for Creative Execution at Communiqué, Andrew Binns has been an agency stalwart for decades, before joining AstraZeneca as Head of Innovation and Digital in 2021. We sat down to hear about his views on creativity in the pharmaceutical industry, and the importance of owning failure as the route to success.

Hi Andrew, can we start by learning a bit more about what you do all day?

I'm Head of Innovation and Digital in AstraZeneca's team, which is across therapy areas. The role is about driving customer engagement and impacting people's thinking, both internally and externally. Previously digital meant websites and emails, and buzzwords such as omnichannel created hypothetical linear journeys. Now we're getting people to understand that empathetic, impactful content is required to really drive prescribing behaviour change.

Is that something the pharma industry needs?

I don't buy into this belief about pharma being behind the times. In my opinion pharma is now ahead of the curve creatively, compared to most sectors. Certainly, the talent that's been brought in is as good as any I've worked with in marketing. The validation and proof that's needed means instinct and gut feeling, whilst still relevant, is less dominant without any detriment to creativity or impactful content.

We feel like we should climb a barricade after that kind of inspirational talk.

It's such an amazing, exciting sector to be in. I will never understand people who whine and revel in self-pity when they should be skipping to work every morning.

We've heard in our last issue about an influx of talent. Is this the cause of your optimism?

I think there's two things. The value of creativity is as high as I've known in pharma, and the respect that creative agencies and creative people get is really well deserved. But also, I'm seeing proper marketing strategies coming in, and to achieve these aims you need impactful, amazing creative.

We're also seeing changes to the way agencies are commissioned, so that we don't have to use agencies which are traditionally associated with working with pharma and we can expand our pool. The traditional career progression conveyor belt of rep to brand lead is less and less dominant, which means different people from different roles, all offering new thinking and new ideas. The right people in the right positions, and agencies like 21 Grams [Editor's note, 21 Grams is the agency behind AstraZeneca's The Big Sneeze campaign, see below] are putting us on a par with FMCG creative.

Wow!

Now I think people are also realising that it's all very well being strategic, and I'm from a strategy background, but strategy pragmatic people are dominating now. Whilst thought and insight is essential, it falls down if the end product is just a vanilla, classic pharma picture of a grandad pushing a child on a unicycle down a hill to show that he doesn't have arthritis anymore.

The next question, is there anything that stood out for you so far this year?

I can only speak from an AstraZeneca point of view. What I think is super encouraging is that after The Big Sneeze, a disease awareness campaign which absolutely cleaned up last year at just about all the awards, our Country President tasked us with using the same level of creativity for HCP engagement.

Now we have a campaign for one of our respiratory products which really challenges the conscious and unconscious bias that GPs have around treating COPD in smokers. Coming up with a campaign that is impactful, and works is the aim. The brand needed a really exciting creative piece, and I can't wait for that to get pushed out.

Sounds like a brave piece of work

This isn't a piece of work that is there to provoke needlessly, it's obvious what mindset is needed to shift here.

I guess historically it was always the case of you can never tell a health care professional they're doing things wrong. Pharma wasn't in a position to question health care professional decision making.

No HCP thinks they're a god. They're human beings. They laugh at themselves. They're self-critical. They are desperate to be as good as they can with all the constraints that they are faced with.

Remember the advert with the big belly chasing the middle-aged guy around London with that song going 'Belly's gonna get you. It's this <u>one</u> It's not showing a stick-thin Marathon runner. It's basically saying, buy these trainers because you need to get a little bit fitter. There are very few people so insecure that they're offended by being told something that is beneficial to them.

HCPs, primary or secondary care, are just like everyone else, and they want to be entertained. They want to be educated, and yes, from time to time they want a mirror held up to their professional life.

On a practical level, I'm asking, does this tick all the boxes on the brief? Is the impact there? Does the messaging demonstrate you know the target audience? But, at the back of my mind, I'm thinking, will this make a difference to our clients and, ultimately, our agency?

Has fear paralysed pharma?

I think the fear of risk is high. We self-regulate. But we have experts in compliance who we engage with so we can push the boundaries but not overstep the mark. So, let them do what they are good at and let us focus on impact through creativity.

Speaking of fear, is there also a fear of failure? Or more accurately is there an unhealthy obsession with success?

Yeah, I think it's short-sighted, because in any form of life I will far rather hear about what's gone wrong, because I'll change, and it'll be for the better. If I get a pat on the back, I'll do it again and again and again.

Of course, no one likes to fail. No one likes to get things wrong, but every single one of us, every single day does something wrong, and I think, being able to say that allows me to learn, it allows me to do things better than what I was previously doing.

You can't innovate without risk. Otherwise it's not innovation. It's business, as usual. You can't be creative without risk.

Pharma is also an environment where we're not afraid to fail. Indeed some of the best medicines have come from failure, from clinical trials that failed initially, but by following the science and learning from our failings, we have gone on to find medicines that have changed outcomes for patients.

Will you expand on what does failure mean to you?

It's the opportunity to change, to improve. In a past role we worked with a big rugby club. We couldn't get it right. It was a really complicated digital project. Without getting all geeky it was all around integrating the Press Association feeds for the results, and that would update the leagues automatically, and the player stats from Opta, and the ticketing system. It was incredibly difficult project, and we were failing at it.

But we were so terrified of telling the client we just delayed and delayed, and kept coming up with excuses, and in the end they fired us. And in a wrap-up meeting they said: 'If you'd just come to us and told us you are having these problems, we would have worked with you to get over those problems. The fact that you've hidden them from us and being dishonest in not telling us, that's why we're getting rid of you, the trust has gone.' It made me feel ashamed.

There's always a solution. And there's always the chance to put things right. That really, really resonated with me.

Now I'm at AstraZeneca, I always say to agencies, just be honest if you're gonna miss a deadline, it's not the end of the world. We need to pass on the freedom to acknowledge failure as the first step to putting things right.

A second example of failure was a million-pound contract with a big trade union. We had sold them a first-class content management system. It allowed implicit and explicit personalisation. It had full tracking across every single customer. It completely bombed because it just wasn't right for them. We replaced it with WordPress. It cost them nothing.

That failure taught me you don't always have to go gold if it's not gold that's required.

I had to front up to them. I said, 'Look, here's the problem. Here's the mistake we've made. Here's the solution to that problem. Here's what we're going to do to resolve it.'

They could've fired us. But they said, 'All right, fair enough. We signed it off. You've not tricked us. We bought into it.'

That's two great case studies in empowering agency people. Thanks. And what about in industry. What needs to change there, do you think?

One of the things we're really trying to do at AstraZeneca is stop people making decisions who shouldn't be making those decisions. Agency partners are no longer chosen solely on cost. Collaborating with procurement means they now encourage agencies to provide added value rather than discounted fees, which equals cost savings.

Also, Compliance. Their role is to make sure we are medically sound and not bringing AstraZeneca into disrepute through inaccuracy. In the past they might also have commented on colour schemes, language, and accents of actors, but that's not using Compliance's expertise. Helping people know where their expertise is and isn't needed can be hugely empowering.

How do you get to that position?

Trust. Our agencies know they'll be treated fairly. They know they'll get an accurate brief and a series of KPIs to be assessed on.

Tell us about the briefing process you have in place.

From this year every single campaign needs a one-page brief. So, no dumping a 100-slide brand strategy plan on a poor midweight strategist in an agency that a creative director will just ignore.

We worked with 4 creative shops to come up with a one-page brief that they wanted to respond to. Broadly it boils down to: What is the challenge? What is the problem we're trying to solve? Who are we trying to talk to? What do we want them to think, feel and do? Now, sum this brief up in five words.

And then the second thing that we're doing, when appropriate, is we're removing this need for three quotes like we're going to a bunch of painters and decorators. If we're confident enough in our expertise and our knowledge, we should be able to understand the brief and then know the best agency to respond. That way we're not spending three months going through an RFP process when we already know who we want to work with, and no agency is wasting time and money.

Sounds like Nirvana.

It's not the Wild West, but it's about simplification and removing unnecessary process.

What should the pharma industry be doing to know agencies, if pitching is not the best way? Is a roster helpful?

If you are starting from scratch, a roster split across needs makes a lot of sense: A couple of behaviour change specialists, couple of content creators, a couple of scientific narrative agencies, and three creative shops. Then you can build up relationships with them and understand their strengths and their weaknesses.

And agency of record?

You're destined to fail because no one agency can do everything to a super high standard. Trust me, they'll say they can, I know because that's what I said when I was agency side.

And me!

All these bigger agencies say they can. They can't.

Are you a one-off? Will there be more like you in pharma?

I'm nothing special. I'm no like, Guru, or the greatest marketer on earth, or anything, just someone who is empowered by great leaders at AstraZeneca to use common sense and put marketing ahead of process.

Any last words?

Only what I tell anyone. Pharma is the most exciting place to work right now. Yes, it is challenging. Yes, it is frustrating. If it wasn't any of those things, if it was easy, then it wouldn't need strong marketers.

If you wanna work where you've got to validate all of your decisions, and you've got to show how you can go through compliance, then you're a senior marketer, and you should be proud. I'm so proud I work in pharma. If you can't enjoy working in pharma, then you won't enjoy marketing.

What a rallying cry to end on! Thanks Andrew.

Thanks!
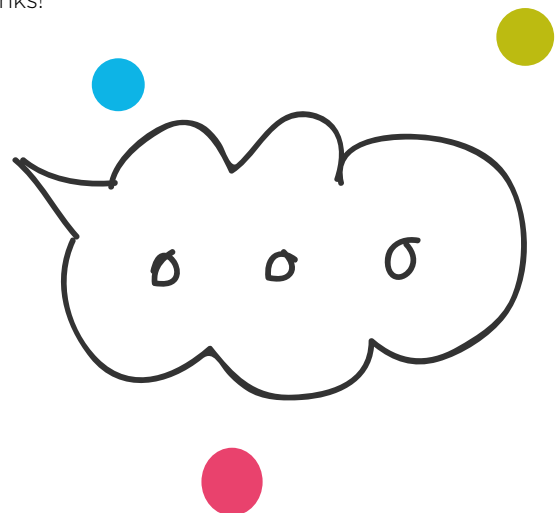
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PATIENT-CENTRICITY: UNLEASHING CREATIVITY AND INNOVATION IN HEALTHCARE COMMUNICATIONS

MARK REALE // HEAD OF PATIENT ADVOCACY AND COMMUNICATIONS, TAKEDA EUROPE, AND CANADA.

The opinions and thoughts expressed below reflect only Mark's views and not those of Takeda.

In 2019, I was among several senior communicators invited to participate in the HCA initiative 'Cannes or Canned?', designed to uncover why pharmaceutical communications are consistently omitted from recognition at the Cannes Lions Festival of Creativity. The initiative identified roadblocks to creativity and offered recommendations for improvement, for instance getting close and personal with stakeholders. Working in Patient Advocacy epitomises just this; unearthing the biggest needs and challenges faced by patients and using this insight to drive positive change. Whilst collaborating with patients can certainly fuel creativity and innovation, the ultimate priority should be adding real value to the patient. This can only be achieved by adopting a truly patient-centric approach.

Patient-centricity is a term frequently used within the pharmaceutical industry yet few pause to reflect on its true meaning. Put simply, patient-centricity means placing the patient's needs at the heart of all strategic decision-making, no matter the function or stage in a product lifecycle. When following these principles, the opportunities for collaboration are endless: from inviting feedback on study protocols, drug development and HTA assessments, to the co-creation of support materials for patients and their families or caregivers.

So, for a term so widely used, why is an industry as innovative as healthcare falling behind? Regulatory constraints, risk adversity and lack of resource all contribute as barriers. However, from my experience, often the biggest hurdle is the change in mindset necessary to reframe value from the perspective of a patient, rather than an organisation.

To firmly embed patient-centricity within company culture, I believe in prioritising a few fundamental actions:

01

CORPORATE STRATEGIES

should include patient-centric objectives, tracked with KPIs (however non-traditional) that demonstrate impact on the organisation's overall success.
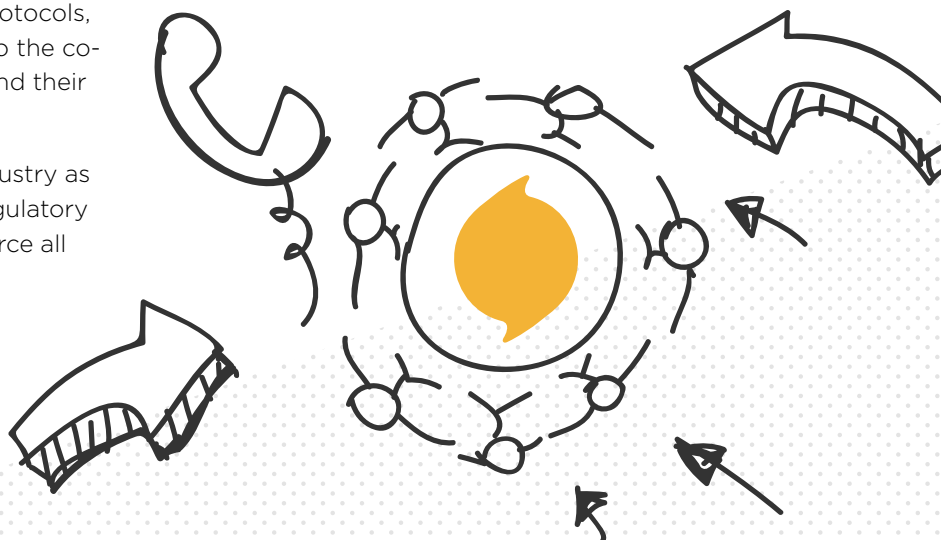
02

TEAMS

should have the resources necessary and individual guidance to incorporate patient-led practices into daily tasks.

03

FOCUS

on forming positive, collaborative relationships with patients and patient organisations to bring objectives to life.

PATIENT CENTRICITY AT TAKEDA

Our approach to patient advocacy at Takeda focuses on three broad areas: improving access to treatment, empowering patients with knowledge and skills, and fostering proactive relationships with the patient community to ensure that we are always addressing their needs. Developing a dedicated, patient-first culture both regionally and locally has been key to delivering on our promises.

Beyond shaping company culture, a critical part of my role involves improving engagement with patient organisations, fuelled by mutual understanding and regular feedback. Our Patient Leaders Councils were established to do just this, granting Takeda leadership the opportunity to regularly meet with senior leaders from European cancer patient alliances. The meetings are invaluable, facilitating collaboration and the generation of solutions that help overcome roadblocks to optimal practice. We also regularly conduct the Takeda Patient Organisation Reputational Survey; this comprehensive survey collects feedback from patient organisations located across the Europe and Canada region. This year we were proud to secure responses from over 220 patient organisations, representing a 78% overall response rate across 34 countries. The feedback captured will be critical to informing our future ways of working, ultimately improving relationships.

The lived experiences of patients provide a unique perspective and should consequently be incorporated wherever possible during the product lifecycle. In research and development, we are currently partnering with a leading blood cancer organisation on the development of one of our pipeline treatments. Real-world experience of the burden of disease, as well as treatment, unmet need and the balance of benefit and risk, has informed critical decisions on both study design and future drug development. As our oncology pipeline continues to grow, we are striving to include patients as active participants as early as possible in clinical development.

At Takeda, we believe that data, digital and technology serve not only as useful tools, but are key to achieving better patient experiences and outcomes. We are currently in the final stages of the development of a digital dashboard to track a standard set of metrics for the Patient Advocacy function. Whilst most functions will be familiar with such a tool, tracking the value of patient-centric activities with tangible metrics is still not an industry standard. We believe the data generated will allow us to both demonstrate the value of our work in Patient Advocacy and establish the business function as truly strategic.

Patient engagement consultant Kathy Redmond said: **"It has been a pleasure for me to work on this project with the Takeda OBU Patient Advocacy Team. We are developing a truly innovative way of capturing not only what Patient Advocacy Leads do at a country and regional level, but more importantly the value that they create for both patient communities and Takeda. I'm looking forward to seeing the end result"**.

PUTTING THE PATIENT FIRST AT THE INDIVIDUAL-LEVEL

Practising patient-centricity requires empathy and a true understanding of the impact a disease may have on a patient and those around them. Whilst patient organisations play an important role, connecting with patients on an individual level helps make this a reality.

During the 2022 Takeda EUCAN Oncology Summit, I chaired a panel discussion designed to give senior leaders across oncology the chance to hear from patients themselves. Joined by four European cancer patient advocates, we discussed the most pressing topics currently faced by the community, such as delays in diagnosis and the balance between quality of life and survival. Patients were given the opportunity to appeal to leadership teams directly, solidifying our commitment to truly listening to their needs. Feedback from all parties was overwhelmingly positive, with requests to include patients as active participants more as we move into new areas of oncology and build plans for the future.

A LOOK OUTSIDE OF THE PHARMACEUTICAL INDUSTRY

Outside of Takeda, I try to support the cancer community wherever possible. Young adults (aged 20-39) account for 4% of all UK cancer cases, yet often fall through the cracks when it comes to care. Cancer services are either targeted to the older demographic or have an age limit of 24. As a result, young adults often feel incredibly isolated and unsupported, particularly as they try to navigate through a number of life hurdles, from finishing higher education to starting a career.

Trekstock is an organisation that aims to improve quality of life by offering guidance and community to young people facing cancer. As a member of the Development Board, I utilise my experience in patient advocacy to help with anything from forming connections within the pharmaceutical industry, to offering guidance on communication plans.

Despite being small, Trekstock's ceaseless dedication and creativity continues to impress. By forming innovative collaborations, campaigns have delivered high impact and wide reach. Perhaps the most successful example is the 'Merch for Good' campaign, launched on World Cancer Day, which features an exclusive range of t-shirts designed and donated by some of the world's leading recording artists. Partners include The Cure, Ellie Goulding, and The Chemical Brothers and all profits go directly to helping young adults with cancer.

"As a board member of Trekstock for 6 years, I am acutely aware of the power of a creative mindset in helping to secure the survival of these all-important patient support services. We are continuously looking for innovative ways to create self-sustaining routes to fundraising, and to ultimately ensure that our voice is heard by those who need us most" said Eva Reynolds, Transformation Business and Mindset Coach, Engagement.Coach.

During my time with Trekstock, I've witnessed first-hand the impact of a safe, inclusive community for young people affected by cancer. The optimism and unwavering dedication of the team is simply infectious. Looking to my professional life, I've gained a better understanding of how patient organisations function and plan never to use lack of resource as an excuse for lack of creativity!

CONCLUSION

Adopting a patient-centric mindset requires a shift in perspective, from what is important to an organisation to what is important to a patient. To fully embed this shift into company culture, patient-centric objectives should form part of the corporate strategy and their success measured with KPIs. Fostering meaningful relationships with the patient community is also key to developing a comprehensive understanding of the impact a disease may have.

With the push for a more personalised approach to healthcare, together with rapid improvements in data collection, the expectation to collaborate with patients will continue to increase. The clinical trial setting is a prime example, where patient perspectives are already having a huge impact on study design. By ensuring trials are as close as possible to real-world experiences, patient outcomes have the potential to greatly improve, meanwhile benefiting data quality, recruitment, retention and diversity.

In conclusion, when asked whether patient-centricity drives creativity and innovation or vice-versa, my answer is always the same – both live hand in hand. Adopting patient-centricity requires continuous innovation and a huge shift in mindset. But once you begin to peel back the layers of the challenges faced by patients, you'll never find yourself short of creative ideas.

WHY OMNICHANNEL HAS THE POWER TO CONNECT EXPERIENCES IN HEALTHCARE

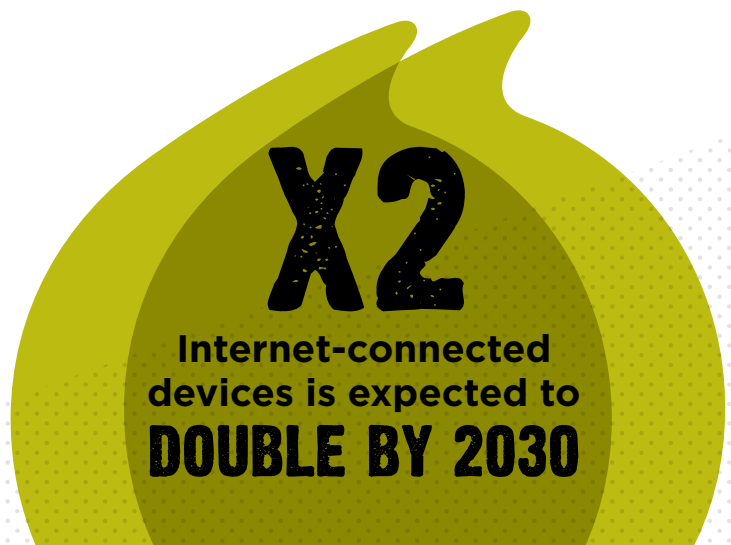**JULIE O'DONNELL //** GLOBAL HEAD OF DIGITAL, EVOKE KYNE

The number of devices, platforms, and channels where people access information grows by the day – in fact, the number of internet-connected devices is expected to double by 2030[1]. Organisations must consider a variety of audience touchpoints that will be available to engage with their audiences in the future. Engaging on one channel alone or on multiple without an orchestrated effort, unified voice, solid storytelling, and customer service approach will not make a significant impact – especially in a complex field like healthcare. Both from a patient and healthcare provider (HCP) perspective, there is too much competition for brain space – the likelihood of reaching and activating your audiences is very limited, if not impossible.

THE POWER OF COHESIVE BRAND EXPERIENCES

Omnichannel is the solution – an insight driven approach, putting the customer at the centre and mapping the optimal channel (an ever-growing list includes website, social media, emails, television, radio, e-commerce, chatbots/live chats, mobile apps, physical locations or online stores, in-office sales) and content mix to reach and engage them – providing a seamless experience as they engage with you on- or off-line, across and between channels to capture and sustain attention, and support them in the treatment journey.

This approach requires breaking the traditional mindset of silos and developing campaigns that capture audience attention through a continuous experience in their on-line and physical lives. Where previously organisations may have had their marketing, sales and support team all working in different streams and with different goals, omnichannel strategy requires them to think of holistic solutions.

[1]https://www.statista.com/statistics/1183457/iot-connected-devices-worldwide/

X2

Internet-connected devices is expected to DOUBLE BY 2030

OMNICHANNEL NOW AND BEYOND

Omnichannel may sound new, or like today's latest buzzword, but at its core, it's truly the perfect partnership of the fundamental principles of great marketing and communications – timeless secrets of success. Devices, platforms, and channels will continually evolve, while critical elements of omnichannel will not:

01

DATA SHAPES THE STORY.

Most healthcare organisations have loads of data available from web searches, social media listening, and advisory board feedback to patient advocacy group input, all of which should be used to inform strategy. What's most important is to identify the "must win" moments in the primary audience's journey and build from there.

02

GIVE THE AUDIENCE WHAT THEY WANT.

Start by looking at the intersection of what your audience needs and what your brand wants to say. Are you speaking to the audience at a level where they begin to feel connected to your messages? This should be your guiding star when shaping content strategy.

03

CONNECT THROUGH STORYTELLING.

Put yourself in the audience's shoes. Do you want to continue hearing about an organisation's objectives? Communication is not about pushing your message until you cannot anymore – it's about making people feel connected, seen and heard, listening, and breaking down barriers they may face in their journey, each step of the way.

04

TAP INTO ALL CONTENT TYPES.

Multimedia is a brand's best friend. Think strategically about the types of content you have or will need for your efforts – and ensure you can tailor them across channels with minimal additional effort and investment.

05

INTEGRATE PERSONALISATION AND INCLUSIVITY.

Omnichannel brand experiences shouldn't interrupt – but rather provide solutions that simplify and/or improve your audience's ability to achieve their goals. What's critical is understanding your audience's varying levels of comfort with, and access to, certain digital channels and building a plan that takes these insights into consideration.

BENEFITS MAKE UP FOR REQUIRED TIME AND EFFORT

Establishing an omnichannel campaign is not always easy. It requires deep strategic thinking, time and tenacity to unite internal stakeholders and the constant attention and energy to move the campaign from concept to execution to measurement and evaluation. But the potential payoff is significant. Organisations utilising omnichannel strategies are likely to benefit from a 5-10% higher year-over-year satisfaction and HCP experience[1] and a 5-10% growth.[2] This is because the audience learns to expect and appreciate a cohesive and dependable experience with your brand – whether it's a biopharmaceutical company, vaccine or treatment, advocacy group, private practice, or hospital network. They begin to turn to your brand as a trusted resource and guide for the specific challenges you have shown you can help them with.

An additional benefit – if done well – is the ability to gain new audience insights and utilise the learnings to adjust your campaign in real-time as well as for future planning purposes. With even greater pressure to show results quickly and even tighter budgets, omnichannel communication strategies provide the opportunity to unite efforts across various teams, finding efficiencies in shared goals while making greater impact on their most important relationships – patients and HCPs.

McKinsey & Company. (2021). The Internet of Things: Catching up to an accelerating opportunity (Final). Retrieved from https://protect-us.mimecast.com/s/5Bh eCYEN8DlkO2OJF0x9Ht?domain=mckinsey.com

McKinsey & Company. (2021). How Medtechs Can Meet Industry Demand for Omnichannel Engagement. Retrieved from https://www.mckinsey.com/industries/lifescience/our-insights/how-medtechs-can-meet-industry-demand-for-omnichannel-engagement
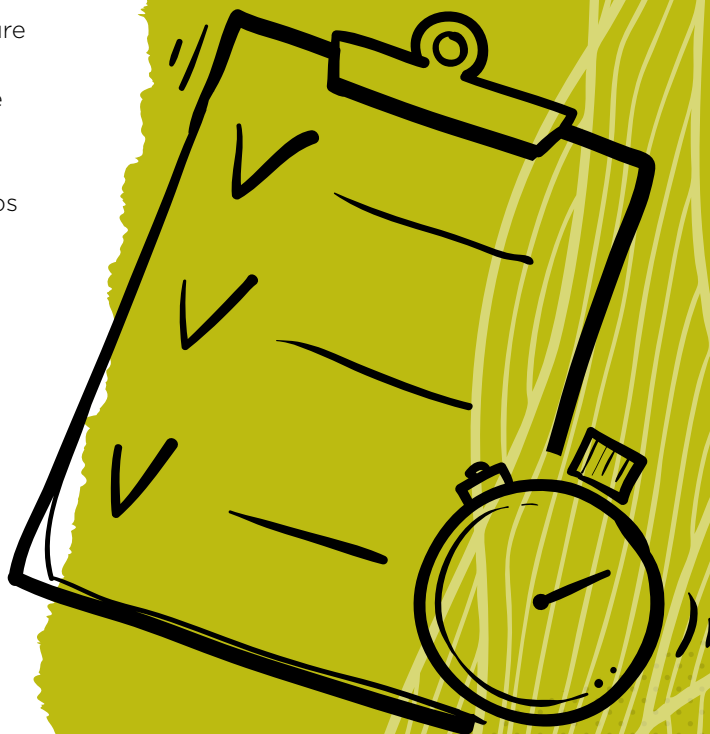
# CASE STUDY: HOW OMNICHANNEL IS DRIVING BETTER COPD HEALTH OUTCOMES

JULIE O'DONNELL //
GLOBAL HEAD OF DIGITAL, EVOKE KYNE

" Chronic obstructive pulmonary disease (COPD) is a growing cause of morbidity, disability, and mortality worldwide. It's estimated that nearly 400M people globally between the ages of 30-79 are living with COPD, and with an ageing population, this figure continues to grow. People living with COPD are prone to exacerbations, or flare-ups, which can cause permanent, irreversible lung damage, accelerating disease progression and even death. Despite their long-term impact, flare-ups are often under-recognised, under-reported, and under-treated. "
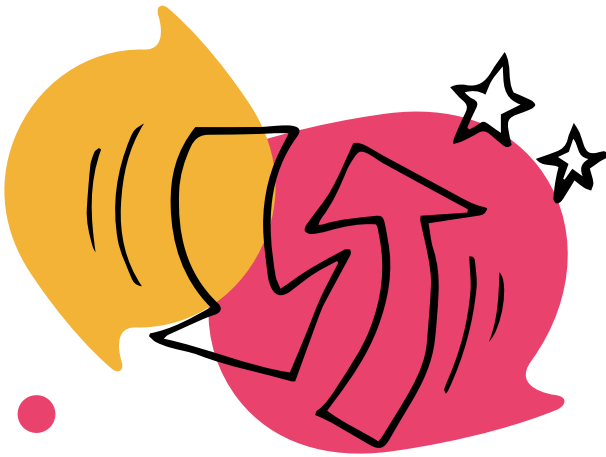
Campaign research – including the analysis of social media conversations, patient interviews, healthcare provider (HCP) survey inputs, discussions with patient advocacy groups and engagement of an external HCP steering committee – showed that:

- Many patients were disengaged with their condition and had limited understanding of the long-term impacts of flare-ups;

- The term 'exacerbations' wasn't commonly understood by patients and therefore using 'flare-up' would be much clearer.
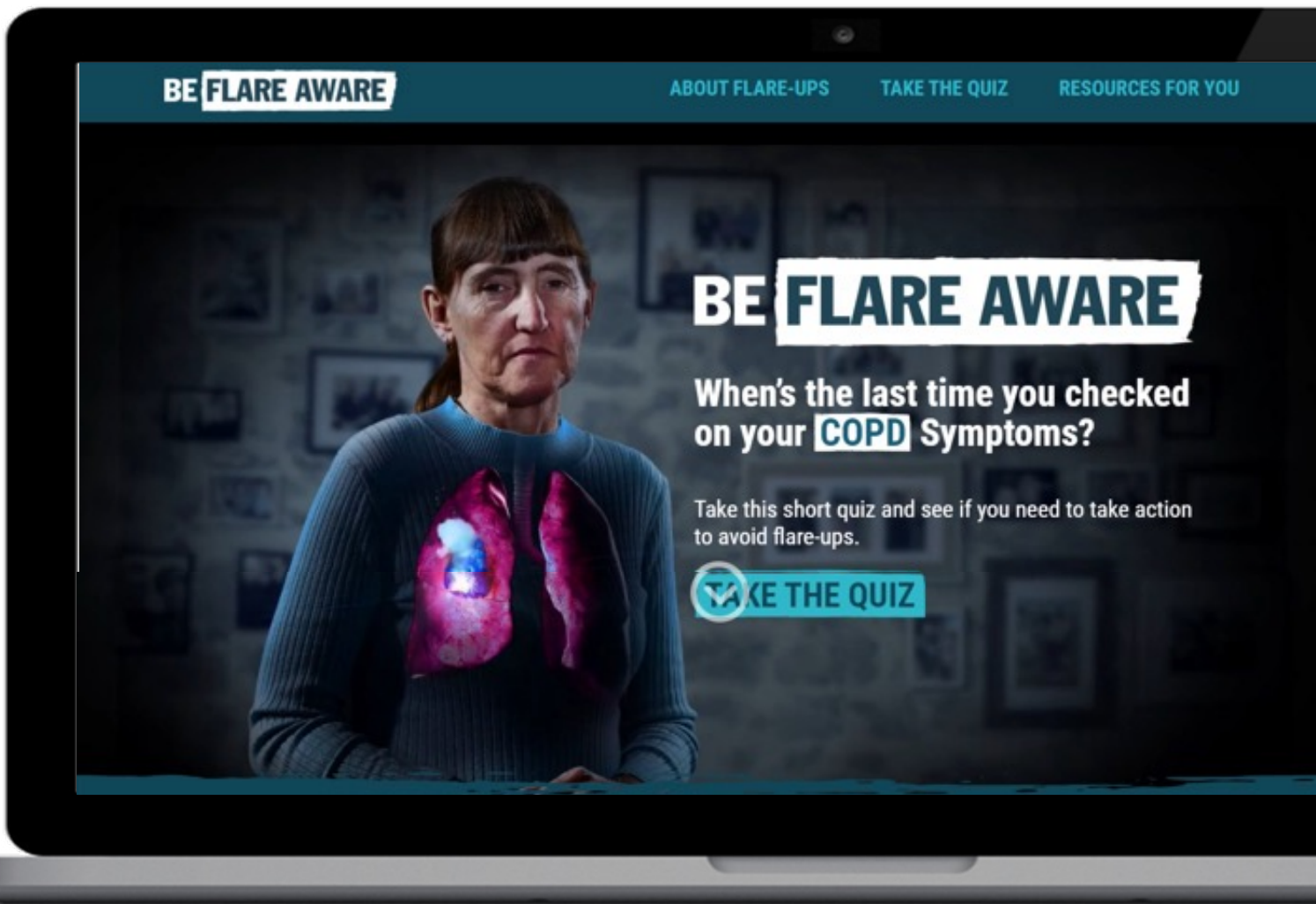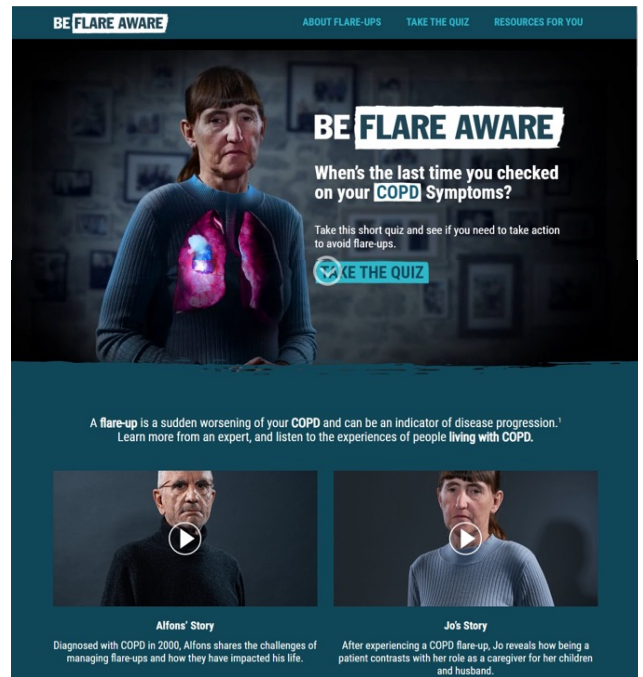
As a result, a patient-facing campaign was developed to equip people with COPD and their carers with the tools needed to recognise the symptoms of flare-ups and help instil a greater sense of urgency in reporting and addressing them.

An omnichannel communications approach was deployed to disseminate all content and maximise campaign reach and impact through:

- Personalised campaign microsite using tested creative to evoke emotion and action with customised experiences;

- Global digital advertising campaign to amplify messaging, including search engine advertisements aimed at patients and carers, and YouTube advertising of patient educational videos;

- Pharmacist educational and printed materials for local market utilisation;

- Affiliate toolkit with guidance and templates for omnichannel activation, including for local radio, out of home and display advertisements;

- Advocacy group partnerships to help extend content to patient networks, including the development of tailored and translated social media toolkits in seven languages for additional global coverage.
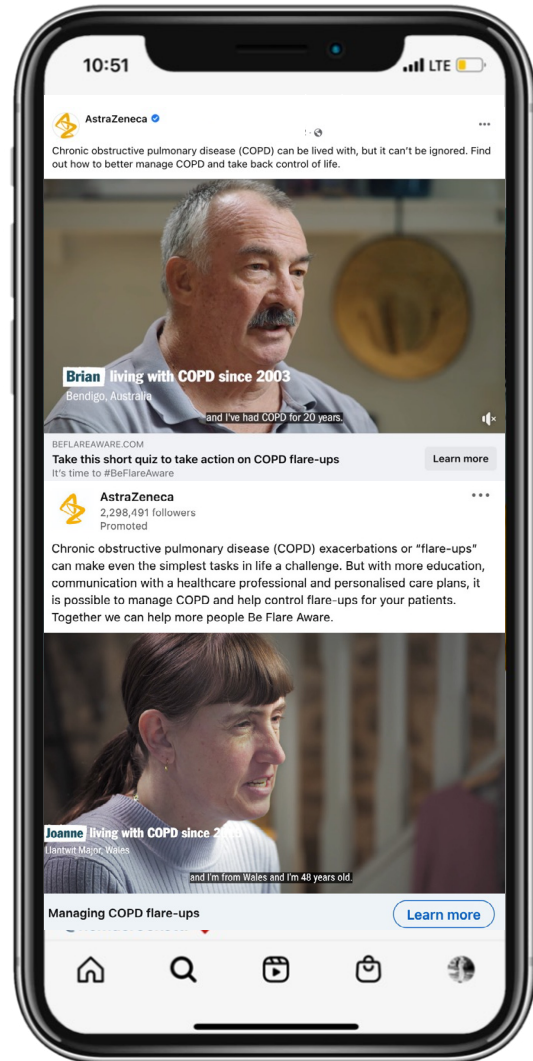
Proximity-based interaction replicates real-world encounters (image used with permission of www.gather.town)

All content and materials purposely elevated the campaign's simple and singular call-to-action: to initiate a conversation with their HCP on how to better manage their COPD as part of their overall health and wellbeing. Preliminary results showed the campaign consistently outperformed pre-determined KPIs across the spectrum of its omnichannel approach. Perhaps the most promising of all is that as a direct result of engagement with the campaign, we have started to see patients signalling their desire to explore conversations about their flare-ups and schedule appointments with their HCPs – meaning that we are driving true behaviour change.
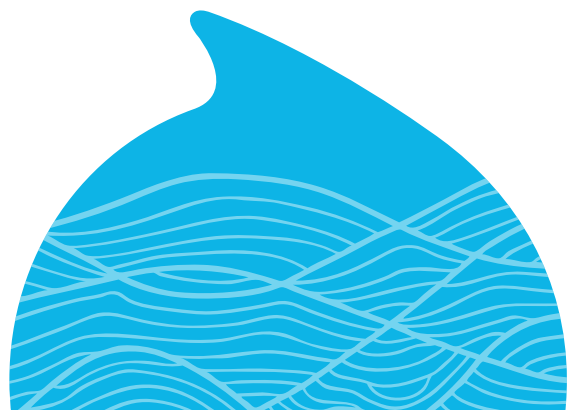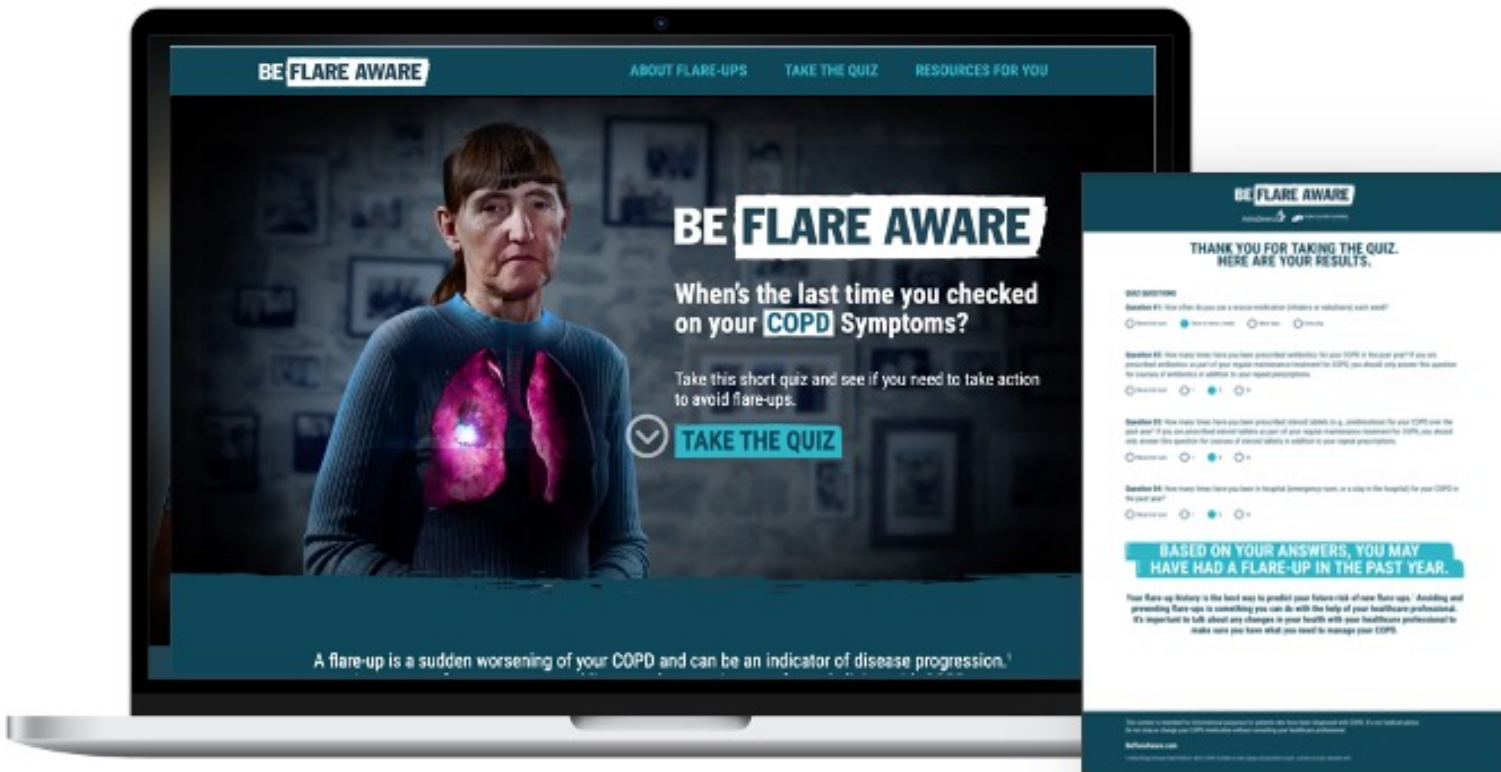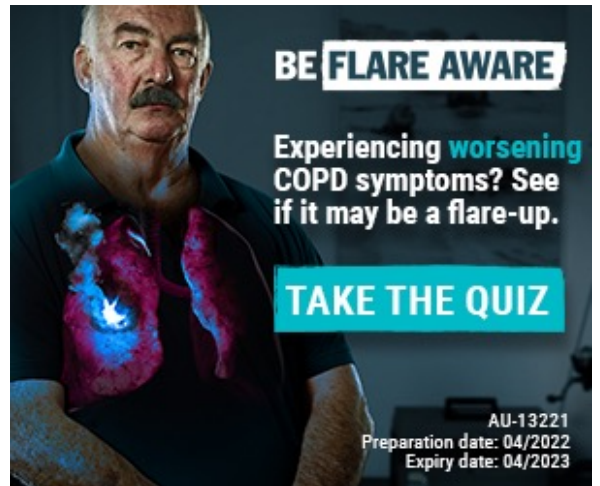
DRIVE, DISCOVER, DIVE - SIMPLIFYING OMNICHANNEL

DOMINIC MARCHANT //
CHIEF CREATIVE OFFICER, OPEN HEALTH

> **"SIMPLE CAN BE HARDER THAN COMPLEX: YOU HAVE TO WORK HARD TO GET YOUR THINKING CLEAN TO MAKE IT SIMPLE. BUT IT'S WORTH IT IN THE END BECAUSE ONCE YOU GET THERE, YOU CAN MOVE MOUNTAINS."**
>
> One of my favourite Steve Jobs quotes.

Why?

Because we tend to make things complicated quickly when, in fact, we should be looking at defining the problem as simply as possible before even beginning to think about solutions.

And omnichannel is an area of healthcare communications that is, if you are to believe the many LinkedIn articles from omnichannel experts, a discipline riddled with complexity. We talk about personas (why not personae?), digital integration, user experience, snackable content - all good stuff, but it is somewhat overwhelming to the uninitiated.
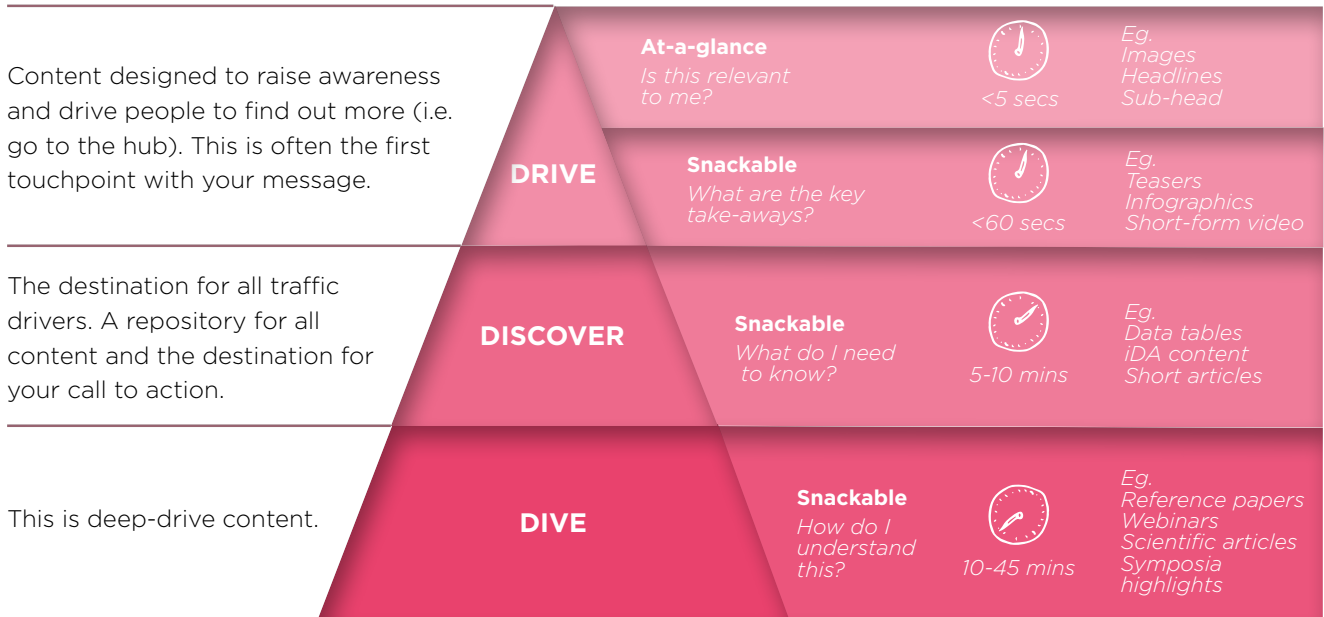
Broadly speaking the issue is how can we get our wonderful content to the healthcare professionals in the right channels, in the right format, at the right time. Move away from simply pushing a message to understanding what HCPs are looking for and where and then delivering content appropriately. And, for many, omnichannel is about that trade-off between consistency and personalisation - that we say the same thing, albeit tweaked for the channel/format and for that audience type.

Let's make it even simpler.

What if we look at omnichannel through the lens of attention: the attention of our audience? How much time can we feasibly ask from our time-starved specialist /GP to get them to listen to our new data/ brand message? Maybe we don't look at delivering the whole enchilada (in terms of messaging) in the first touchpoint with them?

Here's a diagram to illustrate the point:

Content designed to raise awareness and drive people to find out more (i.e. go to the hub). This is often the first touchpoint with your message.

DRIVE

At-a-glance
Is this relevant to me?
<5 secs
Eg. Images Headlines Sub-head

Snackable
What are the key take-aways?
<60 secs
Eg. Teasers Infographics Short-form video

The destination for all traffic drivers. A repository for all content and the destination for your call to action.

DISCOVER

Snackable
What do I need to know?
5-10 mins
Eg. Data tables iDA content Short articles

This is deep-drive content.

DIVE

Snackable
How do I understand this?
10-45 mins
Eg. Reference papers Webinars Scientific articles Symposia highlights

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The time, indicated by the stopwatch, is the amount of attention we are asking for from our HCPs. This is the crux of our omnichannel engagement plan. So when we think about putting out some ground-breaking content, we think backwards from the whole enchilada: what is it we want (ultimately) our audience to see?; then, how can we create something in stages that asks a little bit less each time in terms of their attention until we end up with the smallest entry point to that big message?

Now, just to test the theory, let's play that forwards. The triangle starts at the sharp point (the smallest point) and gets wider and bigger as you move down, reflecting our user journey in terms of message and attention - everything gets bigger the more you move towards the ultimate destination (the deep dive content).

Simples.

I'm not suggesting that this now "solves" omnichannel but it is an effective way of looking at how we can take folk on a content journey with a new focus... **Attention.**

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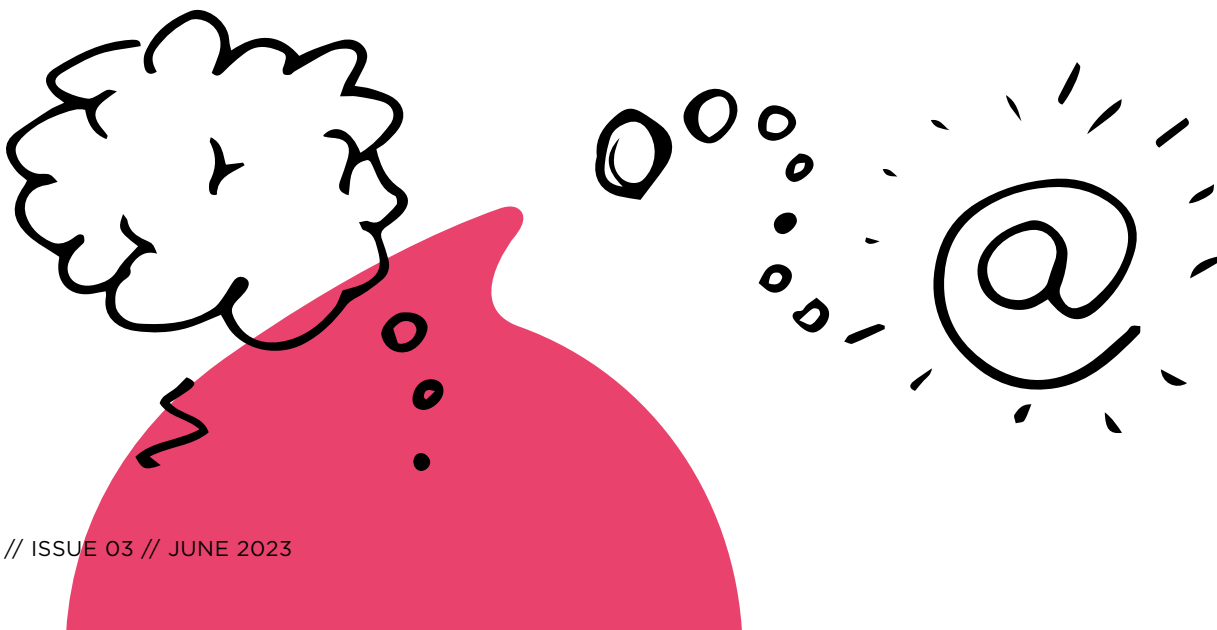
IF YOU LOVE INNOVATION, YOU'LL LOVE SXSW

**ALISON DOUGHTY //
PETER IMPEY //
HEALTHCARE COMMUNICATIONS
INNOVATION AND STRATEGY
CONSULTANTS**

SO WHAT IS SXSW?

South by Southwest (SXSW), or "South By" as it's affectionately called, is a festival celebrating innovation. Held every March in Austin, Texas, it kicks off with a weeklong conference exploring industry and cultural trends, followed by its world-renowned music and film festivals. SXSW describes itself as at the cutting edge of culture, entertainment, and technology, covering a range of subjects, from the latest on psychedelic therapies, to the secrets of unicorn start-ups, to shopping in the metaverse, to name just a few.

SXSW is a place to share ideas, meet new people, challenge your thinking and be inspired. There arguably isn't a conference anywhere in the world with so many progressive thinkers all in one place. It's innovation personified! Brands as diverse as 23andMe, L'Oréal, NASA and Porsche rub shoulders with cannabis growers, politicians, futurists and A-list celebrities. All this creates a special place where new ideas are born out of the cross-fertilisation of thinking across many different worlds.
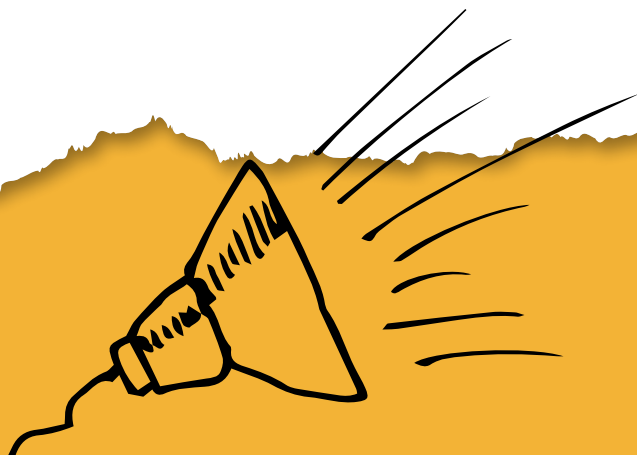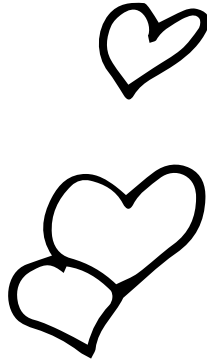
PHARMA INNOVATION SHOWCASE

There was a good showing from pharma, with the likes of AbbVie, Astellas, BI, BMS, J&J, and Moderna, raising their profiles as major innovation stakeholders. Some were looking to attract new talent and customers, while others were looking to build partnerships, expand their reach and showcase their technological expertise. The pharma sessions focused on improving health access, driving clinical trial diversity, and leadership during the Covid-19 pandemic. Healthcare agencies also had a presence, with GCI Health, Ogilvy and Real Chemistry hosting sessions, covering everything from Artificial Intelligence (AI) and Extended Reality (XR) to how HCPs and pharma are using TikTok.

TECH'S DIVERSITY PROBLEM

The tech world is known for being male-dominated, and the 'tech bro' culture in Silicon Valley is a prime example. SXSW knows this, and they're making an effort to change things. The themes of fostering diversity and celebrating female leaders and leaders from diverse backgrounds were featured throughout the festival. At the same time, leaders in venture capital were calling on the need to invest in companies that promote diversity if emerging technology is going to serve the needs of everyone.

WHAT WERE OUR HIGHLIGHTS?

It was AI that dominated this year, pushing crypto, NFTs and the metaverse into their winters. The resounding message was to get involved in AI or get left behind. The co-founder, president and chairman of OpenAI, Greg Brockman, took centre stage in a featured session about ChatGPT, DALL•E and the impact of generative AI. Brockman discussed health as a high-stakes area, commenting that ChatGPT should not replace medical care but rather be seen as a health assistant that augments it.

The 'SXSW XR Experience' expo was a must-see showcasing the latest in immersive storytelling. You could be transported to war-torn Ukraine, joining artists as they protect and rebuild their cultural heritage (You Destroy, We Create), attend a K-Pop girl group gig in a mystical fantasy land (aespa), see the world through the eyes of someone living with autism (Lou), or lie on a comfy bed and become a brave little Rocket called Crimson who is bringing dead planets back to life (Rockets, by Pillow)! One highlight was experiencing an 'emotionally-responsive film' that watches you as you watch it (Consensus Gentium). The plot is different for each viewer as it responds to micro changes in facial expressions...a technique the company is applying in the field of ADHD to identify changes in attention.

Another fascinating tech session highlighted how digital twins can be used to mimic real patients in gaming apps that guide doctors through patient management scenarios or surgical techniques using their mobile phones. According to Sam Glassenberg, CEO of Level Ex, who has former experience working in gaming at Lucas Film and Microsoft, 'Doctors enjoy playing these games more than Netflix!' The technology is also capable of being used at scale, with hundreds of doctors collaborating and competing at the same time. With this popularity level, we can see a world where this kind of physician 'edutainment' becomes more widely adopted.

Astellas, Real Chemistry, TikTok, and an OBGYN specialist with 1.7M followers (@alirodMD), discussed the power of TikTok to communicate health messages that engage and empower. What made this stand out was the staggering statistic that TikTok estimates there are over 312 billion views across all health-related categories on its platform. It really does make TikTok a key part of the channel mix to consider when looking at where audiences are getting health information.

Finally, in the exhibition hall, the attention grabber was the giant five-metre-tall dancing robot hologram by the British company, Hypervsn, whose technology also showcased gigantic heart and internal organ holograms. What's not to like about that? A must-have for any medical conference!

ARE WE IN A HYPE CYCLE?

It's easy to get caught up in the optimistic mood surrounding emerging technologies at SXSW, especially around AI. That said, many of the presenters and panellists highlighted the same issues time and time again, urging the audience to find solutions.

REAL-WORLD UTILITY:

Many presenters warned against using 'technology for technology's sake'. Use it because it's the right thing to do, not because it's the latest new thing. For example, consider the cognitive load needed when using immersive experiences in the metaverse. If it makes the experience more draining or complicated, then that's not a viable solution... maybe 2D is better than 3D in this instance?

ACCESS:

Costly hardware, software subscriptions and 5G (or better), will only create wider 'digital divides'. Addressing access barriers, especially for economically challenged and remote communities, will be critical.

OUTPUT ACCURACY:

'Garbage in, garbage out' was a recurring theme, reinforcing the importance of the quality of the data that AI tools are trained on. Neglecting this will lead to an amplification of health misinformation. The situation is further complicated by the ability of these tools to 'hallucinate' fabricated answers. It's got us thinking that our role as guardians of accurate, unbiased and ethical health information will be more important than ever before.

DATA BIAS:

Although a well-recognised issue with the current AI tools, more must be done to fix the data gaps before AI-assisted tools represent population diversity.

COPYRIGHT/IP:

From artists whose work is training AI tools without their permission to ensuring adequate copyright protection for organisations producing content using AI image software, it is clear that this is an area that needs guidance and regulation.

IMPACT ON JOBS:

There was lots of debate around the loss of jobs as AI automates tasks, but this is a simplistic view. This may be the case if we don't learn how to use these new technologies, but if we do, it will be our job descriptions that will change as we incorporate these tools into our work. We mustn't forget that new AI-related communications jobs will be created that we don't even know exist.

LIFE AND DEATH:

Lastly, there's a lot at stake. If the machines get it wrong, it's people's lives on the line.

So what were our key takeaways?

GET CURIOUS
AND EXPERIMENT WITH AI TOOLS:

Build in the time to learn, practice and understand how to apply AI in our communications. At the very least, it should help free up time from repetitive tasks so we can focus on creating even better outputs. When it comes to people using AI chatbots like ChatGPT to search for health advice, we see our role as communicators and educators to help users navigate this new world more safely. Perhaps the more specialised medically-trained GPT platforms will be key to this, like bioGPT. And what about having ChatGPT included as a faculty member at your next conference or advisory board? ChatGPT made several appearances as a panel member at SXSW. It could be a great way to dip your toe into the very deep AI water.

IS AUGMENTED BETTER
THAN VIRTUAL?:

XR has so much untapped potential for creating experiences that capture the imagination of people, patients and physicians. Experiment with it to understand its storytelling power so you can be inspired to use it in your own work. Fully immersive VR experiences do have limitations of scale, as headsets and haptic suits aren't widely available. But don't let that put you off. An easier entry point is to focus on AR, which is probably one of the most underutilised XR formats, given that we all have the hardware in our pockets–our mobile phones. Ultimately it comes down to budget and how many people you want to reach.

DOCTORS LOVE
HIGH-TECH GAMING:

Don't underestimate the power of gaming in medical education, as stimulating dopamine reward pathways using sophisticated gaming platforms reinforces physician learning. Ultimately it can help HCPs experiment with patient care processes and techniques risk-free, allowing them to build confidence and improve their expertise more quickly (and enjoyably) than ever before.

LOOK
TO THE EARLY ADOPTERS:

Gen Z are early adopters of technology and are a glimpse into how the future will play out when it comes to engaging communications. They're totally comfortable using virtual worlds, AI, and their mobiles to access information about their health. They led the rise of TikTok, which is now being rapidly adopted by older generations. Where will their attention go next?
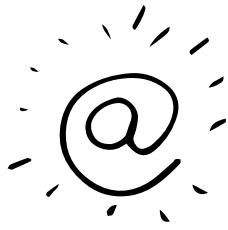
TIKTOK

IS TOO BIG TO IGNORE:

TikTok is full of engaging health content from people, patients, and physicians, some with followers in the millions. The opportunity for healthcare is massive, so think about how we can work with more of these content creators to communicate health messages, to more people, in a more authentic way.

MAKE

HEALTHCARE EASY:

People now expect to consume their healthcare services with the same ease and user experience as they do with everything else in their lives. Given the potential financial rewards, bold start-ups and big tech are entering this space to make looking after your health a seamless and gratifying experience. Keep an eye open on what they're doing and how they're communicating. What can we learn from them as they take a consumer approach to health?

THE LANDSCAPE IS SHIFTING TOO QUICKLY TO DO NOTHING

What was clear at SXSW is that the AI revolution is going to be the most significant technological advance we'll see in our lifetime. We'll only get ahead if we embrace emerging technologies, creating 'safe spaces' for experimentation to see what works and what doesn't, celebrating our failures as much as our successes. Importantly, now is the time to work together to share industry-wide best practices and learnings so we can advance confidently into this exciting new era.

YOUR INNOVATION CUP WILL BE FULL!

There is something for everyone at this annual event in beautiful Austin. All you need is a passion for innovation and a desire to learn. According to the website, presentations are available online until the end of the year, so it's all there waiting for you to explore. We guarantee that you'll be filled up with so many ideas that you'll want to start putting them into practice from day one!

www.sxsw.com

CLOCKING ON FOR INNOVATION

STUART MAYELL //
HEAD OF THE CREATIVE DIFFERENCE, THE DIFFERENCE COLLECTIVE

How doing something novel is good for patients, and the pharmaceutical industry

Blending art and science, Time Keeper 'slows time' to improve the lived experience of people with blood cancer. Based on work by neuroscientist David Eagleman, Time Keeper is the first clock app designed to support people with multiple myeloma by empowering them to discover new ways of experiencing time. It was the product of three years development by a team at Janssen and Edelman and to date has been highly successful.

"As a company, we were already focused on the unmet need, we wanted to give patients back time,"

explains Noah Reymond, Therapeutic Area Communications and Public Affairs Lead at Janssen EMEA.

"But then the thought came, what to do with more time, without just thinking about treatment or disease. It went beyond the treatment. It's then we came across work by the neuroscientist David Eagleman. Basically, new things take longer for the brain to process, which gives the perception that time has slowed down. Time Keeper uses this concept to help people reclaim the time that blood cancer takes away. It's about encouraging new activities, because when we do something new, time seems to last longer."

"David Eagleman's work chimed with our insight, that patients, and their healthcare professionals, cared deeply about the time they had and how it was spent. Right there we knew that we wanted to empower people to do more with their time," adds Rob Barlow, Director at Edelman, Janssen's longstanding agency partner.
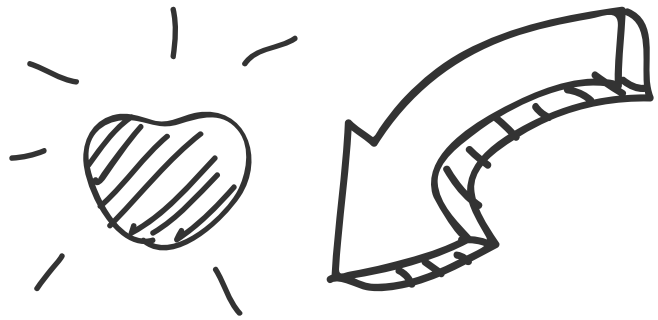
But while to many the likes of Instagram, Candy Crush and doom-scrolling Twitter are more time-sink than time-saver, it's here that COVID made a surprisingly creative contribution.

"We'd originated the idea before COVID, yet the isolation many of us felt during lockdown really brought home in a small way how life must be for a person living with blood cancer, trapped and unable to use time as they wanted," recalls Noah.

The pandemic didn't just offer greater empathy and insight into the lived experience of the patient, as Barlow explains: *"Things were going to be very different. Initially we proposed in-person events to bring people together and share in new activities because we know the power of engaging with other people, but of course that plan just couldn't continue during COVID."*

It's here that Edelman Creative Director Martin Jon Adolffson picks up the story: *"There's a myth in creativity that once the big idea is in place, that's it. But there's a constant problem-solving process. Here we knew we couldn't get people physically together, but we still wanted to do this. Eventually the idea of a clock app designed to support people with multiple myeloma came into focus, and it probably had more innovation because it was overcoming an additional problem."*

PICK YOUR PARTNERS

So Janssen found itself with the Time Keeper app, a creative response to a genuine patient need. What happened next offers guidance for anyone with innovation on their hands, according to Noah: *"We could add detail, but it's basically 'partners'. At Janssen we believe that the patient is at the heart of everything we do, and this was never more the case than with Time Keeper. The campaign just wouldn't have worked without their input. Bake in the touchpoints with patient groups. They will keep you on track and delivering against genuine needs."*

The impact of innovation is internal too, as Janssen and Edelman soon discovered. As well as external stakeholders, the validation and go-ahead from internal stakeholders was essential but there was little guidance on the extent of those needed to be involved. *"An app in multiple myeloma was something completely new for us as a company, and for the individuals working on the project. Early involvement and long-term partnership with Edmond Chan, our Medical Lead, really gave the project a priceless advocate,"* said Noah.

The less obvious aspects of oversight and approval also came into stark focus for the team. Regulatory, compliance and legal teams were central to bringing plans to life, but digital, data and privacy aren't commonly called upon for communications programmes. Early involvement and shared goals, according to the Janssen and Edelman teams, allowed everyone to feel ownership of Time Keeper. *"We come to work knowing that patient engagement is everyone's job. It gave everyone a stake in seeing Time Keeper succeed,"* explains Noah.

Edelman's Barlow explains further: *"There's sometimes a temptation to go to legal or compliance and say, 'This is my idea, can you sign it off? Yes or no.' Quite rightly they won't because you've not really brought them on the journey with you. Our approach was to go through the concept at an early stage, demonstrate that patients are clear that there is a need for this, and ask: 'How can we proceed?'; 'What do we need to do to make this secure?'"*

Local buy-in was a key aspect for Noah too: *"Understanding what your colleagues in country think, what they need and what will work is vital. Think about who to partner with and their timelines. Ask yourself 'is this something that will work locally?'"*

In all this partnership, the one between agency and client is vital. Noah calls Edelman: *"An extension of my team,"* while on the Edelman side, Rob Barlow praises Janssen commitment: *"We have worked with Janssen for more than 10 years. Having such a long-standing client relationship means the vital creative element of trust is present."*

A MOMENT IN TIME

For the whole team, after more than three budgetary cycles and a pandemic, there's understandable pride in making Time Keeper a reality. But the enormity of the benefit for patients is, they feel, encapsulated in just two short films [You can watch these here], produced under COVID-secure conditions as part of the prototyping. Noah picks up the story: *"That video was a turning point. You see how what you built has brought such joy. We heard the happiness as people try their hand at origami, magic, dancing, even beat-boxing. And the simple opportunity the app gives people to talk to their grandchildren about something new."*

SPACE FOR FAILURE, SPACE FOR SUCCESS

There's room for the progressive power of failure here too. According to Noah: *"Innovation wouldn't be possible without failure. I don't see that one can exist without the other. Within a company like Janssen we try to do things, which speaks to the positive culture of the organisation."*

"Ultimately, we were working on a tool that encouraged people to try something new, which inevitably comes with failure as you learn. At a business level we have gone through the same things. It's been hugely important. Every company, of whatever size, scale, or ambition, should be able to say: 'When we innovate, we learn.'"

HOW CHATGPT COULD IMPACT OUR WORK AS HEALTHCARE COMMUNICATORS

ALISTER SANSUM //
PUBLICIS HEALTH

Since the launch of ChatGPT by OpenAI in November 2022 you cannot have escaped the clamour of voices telling us how ChatGPT specifically, and Artificial Intelligence (AI) more broadly, is going to impact all aspects of our lives – for better and worse.[2]

Whenever a new, potentially disruptive technology emerges there is understandably, a mixture of both intrigue and anxiety among those who are going to be affected by it – if you believe everything you read it would seem all of us with immediate effect![3] However, fears of losing our livelihoods to an AI technology can be tempered by being reminded that when autopilot was introduced to aeroplanes, rather than replacing human pilots it became a tool to support their job. ChatGPT and other AI technologies can be seen similarly – tools to enhance our human expertise, imagination, and creativity rather than replace it. The Age of AI is filled with huge opportunities as well as responsibilities.[4]

Over the coming year, the Healthcare Communications Association (HCA) will be exploring ways AI will impact our industry in the pages of this Journal, (see the article in this edition from Alison Doughty and Peter Impey about AI at SXSW), as well as through a range of talks and other initiatives. As a prelude, and as it is currently enjoying the limelight, we will explore below a little more about ChatGPT and some of the ways this technology may influence the field of healthcare and our work as communicators.

So, what is ChatGPT? Standing for "Generative Pre-trained Transformer", ChatGPT is a type of chatbot that utilises the GPT-3 or GPT-4 large language models to generate natural language responses to input text or speech. It is designed for natural language processing (NLP) tasks such as language modelling (the task of predicting what word or sequence of words is most likely to come next in a piece of text, given the words that have come before it), machine translation (translating text or speech from one language to another), and text generation. It has been pre-trained on a large volume of text data from sources including the internet, books, and articles to generate responses in natural language when asked a question. ChatGPT can generate responses using sequence prediction and process the context of the question being asked, which helps it to generate more accurate and relevant responses.[5] This ability to generate human-like text means it can serve as a valuable tool in multiple applications, including chatbots, virtual assistants, and other conversational interfaces. Furthermore, it can be used to generate insights and provide explanations from the analysis of data. For example, by analysing text data in social media posts or customer reviews it can identify patterns and sentiment around a particular topic or brand. Analysis of numerical data such as sensor readings and survey responses can help identify patterns and themes.[5]

Even though ChatGPT is still very much in development its functionality has the potential to impact healthcare in a variety of ways. Its ability to generate human-like text could form part of a virtual medical assistant providing answers to patient questions and basic medical advice, assisting with medical appointments, and allowing it to play the role of a surrogate HCP.[6] Supporting healthcare workers with administrative tasks to improve workflow offers huge promise. For example, Microsoft's Nuance has recently announced it is integrating GPT-4 into voice-enabled medical scribe software, to automatically create draft clinical notes after a patient visit for immediate clinical review and integration into electronic medical records software.[7]
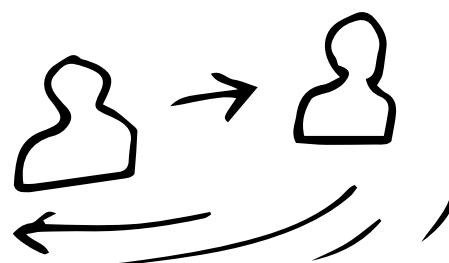
Another potential application is to help improve the design of clinical trials and help recruit patients. Using ChatGPT to analyse large amounts of information, it is possible to analyse patients' electronic health records, social media posts, patient forums, and other online platforms to identify potential trial participants. It could also help identify patient concerns and barriers to participation and support targeted interventions and communications to address these issues.[8]

Content generation can also be supported by ChatGPT. For example, summarizing complex medical information into more accessible language and generating content for different audiences. By analysing patient data and medical history, it could generate educational materials that are personalised, relevant and easy to understand. Furthermore, ChatGPT could be used to analyse medical literature and produce summaries that are easily accessible and understandable for healthcare professionals.[9]

The GPT-4 language model used in ChatGPT is being integrated into clinical applications. For example, Be My Eyes is developing Virtual Volunteer™, a digital visual assistant powered by GPT-4 that will answer any questions about an image and provide assistance to people who are blind or have low vision.[10] The number of use cases for ChatGPT and other GPT platforms are growing rapidly and these examples provide just a glimpse into their future roles in healthcare.

There are however, some important considerations to be addressed and hurdles to be overcome as ChatGPT and similar AI technologies develop. For example, to be used in a clinical setting, such as providing treatment recommendations, the responses generated by ChatGPT need to be accurate, up-to-date, and referenceable. There can be no room for 'hallucinations'– a confident response by an AI that is factually incorrect. Transparency is important for ensuring that it is understood how ChatGPT arrived at its responses and that its sources of data and information are appropriate. The current versions of ChatGPT are general-purpose language models that have not yet been specifically trained on medical subjects or for the purpose of medical writing and clinical support. There are however initiatives where language models are being trained to support medical and clinical applications. For example,

Google is developing MedPaLM (Medical Pretrained ALgorithMs), trained on a broad range of medical datasets specifically for answering medical queries, clinical decision support, clinical research, and patient engagement.[11] Microsoft is developing BioGPT a language model optimised to answer biomedical questions[12] and PharmaGPT is being developed to provide a generative language model that is specific to pharmaceutical information.[13]

We also need to consider that with ChatGPT-like technologies the outputs you receive are only as good as the training data and programming of the model. If the data used to train the model is not representative, then this can lead to issues of bias and misrepresentation. For example, this could result in misdiagnosing certain patient groups that have a history of being underrepresented in existing datasets, further amplifying inequalities.[14] In addition, currently the data cut-off date in ChatGPT is around mid-2021 meaning it's answers do not reflect the latest information and evidence. However, OpenAI is already addressing this by developing plugins for ChatGPT to enable it to access additional data sources including the Web.[15]

There are also important issues to consider around privacy. Questions exist both in terms of how the data to build the language model was scraped without users permission from the internet as well as about how the information entered into ChatGPT is captured and stored.[16] When ChatGPT is trained using real patient clinical data, ensuring the right compliance frameworks are in place to protect patients' identities and personal information will be critical.

Finally, utilising ChatGPT for a medical purpose will likely qualify it as a medical device and as such it will be subject to the relevant regulations. Demonstrating compliance with industry standards may be challenging when using language models such as ChatGPT and solutions to these challenges will need to be sought in active collaboration between developers and the relevant authorities.[17] The pace of change in AI technology is staggering and solutions to many of these hurdles will be found, some more quickly than others.

With the arrival of AI tools like ChatGPT in our working lives we are on the cusp of a new technological era. By understanding what these tools can and can't do, healthcare communicators can consider the appropriate use of such technologies to support and enhance their work. As Faruk Capan CIO at Eversana said

"AI won't replace you, but people using AI will."[18]

The HCA will be digging deeper into this rapidly evolving space over the coming months, exploring the capabilities and limitations of ChatGPT and other AI technologies, providing us all with insights and a greater understanding, so that we can leverage these tools for the benefit of medical communications – watch this space.

Authors note: In the interests of transparency, the open access version of ChatGPT (https://chat.openai.com/chat) was used when preparing this article. It was useful as a brainstorming tool to help generate ideas and seek clarification on certain topics by asking it questions. However, identifying where the information it provided was from was challenging even when citations and sources were sought through the tool as those it provided were frequently incorrect. Everything provided by ChatGPT needed to be verified for accuracy, and citations sourced independently. Therefore, as the article makes clear, in its current iteration ChatGPT is a useful tool that can support, but certainly not replace, the job of the writer.

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