



## Multimedia Solutions Successful in Engaging Patients' Lifestyles

*A dosed digital multimedia intervention engages patients on therapy and drives adherence and compliance. By understanding how approaches from consumer media can be used to build engagement and adherence programs, marketers can build behavior-altering programs to improve communications as well as health outcomes.*

BY ADAM KAUFMAN

Consumers with chronic diseases are not only making product decisions based on their condition, but, more importantly, on their lifestyle. “How will this product and therapy impact my life?” becomes an important question in the selection of a treatment. Many, if not all, treatment decisions impact patients’ daily lives from simply putting them on a medication schedule to impacting what they eat and what activities they can or cannot engage in; treatments for chronic conditions generally imply dramatic changes in their daily habits.

In consultation with their clinicians, patients must make very important therapy decisions. Many of these are not solely based on clinical outcomes, but also on the impact these therapies will potentially have on one’s lifestyle. One example of this thinking is the diabetic patient’s “decision tree,” which is the process of determining when and how to start insulin, and choosing the accompanying delivery schedule and device.

Past studies have shown that a significant percentage (28.2%) of patients are reluctant to take insulin if prescribed and the remainder, while indicating some degree of willingness, in general still have reservations. Results of patient willingness to start insulin reported slightly willing (24.0%), moderately willing (23.3%) to very willing (24.4%). The number one reported reason, for patient reluctance mentioned by 56.1% of respondents who would be unwilling to start insulin, was the belief in insulin therapy’s restrictiveness. In other words, patients answered affirmatively on the survey that they believed “insulin therapy would restrict my life; it would be harder to travel, eat out, etc.”<sup>1</sup>

Taking this insight, a goal when educating consumers about therapies for chronic conditions would be to not only include descriptions of the therapies themselves, but also to teach patients (1) how to minimize the negative and maximize the positive impacts of the therapies, and (2) how the therapy can

fit into their lifestyle. Programs should go beyond educating. They need to provide support for the patients to help fit the therapy more easily into their lives and, ideally, should reduce the overall lifestyle burden of the condition itself. This will improve therapy adoptability, and in the end engender greater behavior change and better outcomes.

### Interventions via multimedia

Multimedia digital technologies provide a cost-effective solution to lifestyle support that engage patients beyond the medication or device. Lifestyles are unique to the individual and multimedia technologies – whether online or mobile – allow for mass message customization and the capacity to provide for tailored communication and deeper exploration. Additionally, digital approaches enable multiple media formats such as video, articles, and interactive content, dynamic question and answers, and polls or quizzes. This breadth of content, coupled with the ability to personally tailor how and when the content is delivered, ensures that each patient receives the personalized support in the unique way(s) that best fits his/her life.

Multimedia digital solutions also provide a natural platform to engage patients beyond the particular product and therapy to also address behaviors that co-determine therapy success. These behaviors include diet, physical activity, social support, and coping. For example, a digital solution that educates on administering insulin would naturally help a patient understand how taking insulin is connected to dietary and physical activity habits. But a truly impactful program would also work to reduce the perceived “restrictiveness” of insulin therapy on the patients’ lives by helping patients adopt improved eating and physical activity habits, thus actually enabling a richer life. This enhanced solution might therefore provide cooking tips and recipes that are both diabetes-friendly and fun to make. This enhanced support goes beyond the base impact of the therapy to more broadly engage and impact patients’ lifestyles. Furthermore, leveraging pervasive modern digital technology, the solution could be

personalized to help identify and serve appropriate content. In this example, perhaps a recipe right for grilling during summer.

While each interaction can be optimized to support therapy adoption in the context of individual lifestyles, the most successful programs consider not just the current program interaction, but are designed to engage a patient over time and deliver content based on a longitudinal curriculum and optimized to the patient’s progression through therapy adoption and disease maintenance over time. Digital solutions should incorporate behavioral tracking and feedback mechanisms to help patients recognize the patterns in their own behavior and link those patterns to healthy outcomes. For example, diabetic patients can track therapy management against feelings of well-being to help illustrate patterns. This personalized progress can then feed into the content resulting in a deeper level of personalization. When all elements are tightly integrated and utilized together, this type of program will engage patients more deeply, keep them engaged longer, and ideally produce better outcomes.

Digital solutions, when appropriate, can also incorporate support and connections in the form of social media by providing connections to other patients on therapy.

The three elements of content, tools, and online community should be integrated into a self-management program so that content connects to community forums and other opportunities for social interaction, and tracking results provide feedback to tips or other content that are applicable to the patient. A patient’s lifestyle is tricky, multifaceted, and deeply individual. Successful digital programs should provide tremendous breadth and depth behind a personalized yet simple user interface.

### Interventions in action

A good case study of a vendor thinking deeply about patient lifestyles and the larger lifestyle impact of their product, and deploying a multimedia digital solution to support both lifestyle and behavior change, is Valeritas, makers of the V-Go™ insulin delivery device.

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Valeritas realized early that its product represented a substantial change in the delivery of insulin for people with type 2 diabetes, and that it had the potential to help overcome the perceived lifestyle “restrictiveness” of taking insulin. Looking to maximize the patient’s chances of successful therapy by increasing its focus on the broader lifestyle challenges of diabetes, Valeritas partnered with dLife to develop the V-Go Life™ Online Self-Management Program. The program engages patients who are using the V-Go device with a structured 12-week multimedia dosed curriculum program that allows patients to adopt and sustain self-care behaviors at their desired pace. It delivers a mix of education, entertainment, support, and general lifestyle information around healthy eating, physical activity, coping, and behavior change. The program delivers this information through a variety of media channels, including videos, articles, interactive quizzes, polls, and expert question and answers online. The program is aimed at engaging the V-Go Life program users in a 360-degree self-management support program that helps them adopt and stay engaged with their personal self-care and the V-Go product.

### Future of multimedia in patient care

Both behavior change and lifestyle support programs are core to a product offering to engage patients, change behavior, and drive outcomes. These programs offer the opportunity to not only position the product more successfully in patients’ lifestyles, but actually reduce the broader lifestyle impact of the conditions they treat. To support individual lifestyles, it will become increasingly more important to understand the nuances of patient decision making around self-management and therapy selection, and to have the ability to reach them with effective messaging when and where they are the most receptive. In order to do this, it will be increasingly important to keep current with the ever-changing world of multimedia technology and utilize it. Multimedia solutions must leverage digital technologies’ capacity for highly personalized, deeply engaging programs that provide tremendous sources of information, entertainment, and support both behavior change and individual lifestyle. **DTC**

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### References

1. Polansky, et al. “Psychological Insulin Resistance in Patients with Type 2 Diabetes” *Diabetes Care* Vol: 28 #10 2005, pp 2543-2545
- V-Go is a registered trademark of Valeritas, Inc.
- V-Go Life is a registered trademark of Valeritas, Inc.

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mentions, overstated claims, adverse events, and other promotional missteps made by unknowing consumers is warranted.

So what is a marketer to do if they see the value in a two-way dialogue? If that marketer works in a pharmaceutical company, they look for industry examples to show their regulatory reviewers. And the examples are out there if you look for them:

1. UCB Pharma hosts an active Facebook page called Epilepsy Advocate, with over 42,000 “likes.” The page offers an open and active “wall” with lively discussions offering support and encouragement.
2. AstraZeneca leverages live two-way digital dialogue on its branded Crestor.com website. On the “Contact Us” page, users can have a live online chat with the AstraZeneca information center.
3. Novartis’ MyCFCconnection represents an active online community for people living with cystic fibrosis.
4. Boehringer Ingelheim’s global corporate Twitter handle, @Boehringer, has long been heralded as one of the best examples of pharma’s use of two-way dialogue on Twitter.
5. Sanofi’s diabetes social media ecosystem, Roche’s Accu-Chek social presence, and Johnson & Johnson’s network of blogs represent dialogue-driven trailblazers still in existence today.

In general, existing examples of two-way dialogue in pharma are largely unbranded and often moderated, thereby reducing risk. Apps on Facebook and moderation tools on blogs can help mediate conversations so that they stay in compliance. But newer platforms such as Pinterest pose even more challenges for pharmaceutical marketers because moderation options do not yet exist. It’s important to understand the limitations of emerging platforms before using them, and to watch them as they evolve.

### Redefining DTC to be DWC

Though there has been progress, the industry is far from being considered a social butterfly. It’s time the industry understands and recognizes the difference between one-way broadcasting and two-way dialogue. It’s time pharma companies blaze even more trails towards understanding the consumer perspective and meeting them where they are with a more open mind and open discussion.

It’s time to scrutinize the term “DTC” – marketing direct to consumers – and redefine it as DWC – creating a dialogue *with* consumers. **DTC**

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