

Mobile and the Patient-Centered, COLLABORATIVE AND CONNECTED FUTURE

Thousands of smart editorials over the last few decades have been penned documenting the challenges we, as a nation and industry, face relative to patient health literacy and adherence — problems we've tried to address via unbranded disease-state and branded therapy education, wellness initiatives, co-pay assistance programs, and patient advocacy. And, with mixed reviews, we've leveraged mobile as a component of our programs. Even given this, you're likely intimate with the current adherence stats. That is, how well we score as patients who take, or do not take, our meds as prescribed. But let's look at the numbers once more to set the stage for why a real and timely change is not only necessary, but also imminent (and possible, with mobile help):

- » According to the Centers for Disease Control (CDC) 20% to 30% of prescriptions are never filled. Think about that: people (me, and maybe you) went to the doctor for a check-up or because they didn't feel well, and were prescribed a treatment designed to help them that they ignored.
- » 50% of the prescriptions that are filled (many for chronic illnesses) are not taken as prescribed or are stopped, typically after six months.

When you consider that by 2020, the CDC predicts that more than 157 million Americans will be affected by at least one chronic illness, we're talking about a lot of untreated or undertreated people. For many of them it is because they decided against treatment that their doctors had prescribed (due to side effects, cost or because they're asymptomatic), or because they are not taking their meds as prescribed (dose, time of day, with or without food/drink, etc.).

The Cost of Nonadherence

The implications are sobering. And they become even more concerning when you consider that pharmaceutical manufacturers and patient advocacy groups have committed considerable resources to guide folks, such as emo-

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tional support designed to help them accept a diagnosis, disease-state and treatment educational content, tracking tools, adherence programs, and financial support designed to keep patients informed, engaged and on track over time (persistence). We've even introduced advocates into this mix at the most critical points during a treatment journey, such as diagnosis, start of initial therapy, follow-up, changing or adding of meds, etc.

Unfortunately, we patients are a stubborn lot. Despite efforts made by our own duly-appointed healthcare providers, the good people who make therapies, the compassionate volunteers who man the phones at disease-support organizations, technological advances, and our circle of caregivers, we defy help and instruction, and we suffer. And it's not in silence or without cost.

The cost in health outcomes becomes clear when you consider hospitalizations and readmissions due to nonadherence. And the cost in human lives is terribly sad. In fact, the Council for Affordable Health Coverage (CAHC) cites that lack of medical adherence leads to 125,000 deaths per year in our country, \$290 billion in annual healthcare-related costs, and accounts for 69% of all medical-related hospital admittance. We're hurting ourselves.

But change is being driven by the following three factors (and yes, this is where mobile must play a central and even more critical role):

- » Technology
- » Culture Shift
- » Healthcare Reform

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Technology

It's no secret that in the last decade we've seen meteoric advances in technology that have improved our ability to communicate, compute, and collaborate.

We are at an ever-evolving technological crossroads that affords us the ability to tailor support and outreach on a meaningful personal level. As an industry, while we have been using technology devices — desktop, mobile (smartphones and tablets), and other multichannel tactics — to reach, surround, and educate patients, there exists an historic opportunity to truly optimize mobile for what it's good at. Despite our efforts, we've only just begun to put mobile at the core of our patient initiatives.

The good news? According to a TIME Mobility Poll, 84% of us (patients, too) can't go a day without our devices. And 45% can't go more than a few hours without them. And guess what? According to a recent Kantar study, 87% of us are using those devices to look for health-related information. A Greenway Medical Technologies study dives deeper: 57% of us are researching medical conditions and/or

treatment options. And 42% are online re-searching prescription drugs.

Translation: we have an audience actively looking for more help. And we have the technology to reach them, collaborate with them and do more to help them. And technology continues to advance.

More tools are debuting to this end that integrate with the very smartphones and tablets we can't seem to live without. We've entered the age of the "quantified self" the "Internet of things" and "wearables" — devices we wear designed to encourage personal health accountability and record our health-related information day to day so that we can monitor things like blood pressure, blood sugar, etc., and share that "big data" back to our healthcare providers.

All in the pursuit of a whole new kind of collaboration that leads to healthier outcomes. Innovations like:

- » The Jawbone UP/UP 24 that pair with your smartphone to track and record activity, set goals, and provide social connectivity.
- » The iHEALTH Wireless Smart Glucose Monitoring System and the iHealth Blood Pressure Wrist Monitor that measure your glucose levels and BP, respectively, and send the information over Bluetooth to an iHealth App on your smartphone.
- » The Pebble Smartwatch that links to your smartphone and runs apps (fitness, health and more!) and provides timely notifications (refills, take your meds, etc.).

All of these innovations, and more, appeal to our mobile culture looking for help on the road to improved wellness.

On the topic of wearable health technology, Accenture did a recent survey in Australia, Canada, India, South Africa, the United Kingdom, and the United States that produced very telling data: 54% of respondents were interested in buying a health monitor (either as an application on their mobile phone or tablet, or as a dedicated device). And 52% were interested in buying a fitness monitor device or application. Given these numbers, it should come as no surprise that more than 40 million remote patient monitoring wearables were sold in 2013, and that number is projected to rise to more than 70 million by 2018, according to the Consumer Electronics Association.

Clearly mobile technologies are empowering and ubiquitous — and we need to put them to best use in our industry.

Culture Shift

Patients, who happen to be people, are very

accustomed to personalized service these days in just about every other industry. Today, it's not about the brand. It's about the customer, and the patient. It's about "me." Me being each of us who have personal stories that define us and inform our needs. Thanks to the Internet and its 24/7 stream of information that we devour largely via our mobile devices, we have access to and expect more personally relevant on-demand information — when we want it and how we want it (i.e., videos, social media, push updates, etc.).

Our attitude has changed about everything, including our health. For those committed to healthier behaviors and outcomes, the online world can offer us access to improved health and wellness education and support from credible and trusted sources. As stewards of professional and patient-facing efforts for our clients, customer-centricity and data-driven mobile solutions must be our foundation if we want to really make a change. We need to use technology to truly connect with patients on a 1:1 level, and connect them to their healthcare providers. And we can.

Sounds like science fiction? It isn't. It is necessity. Only when we accept that our best efforts so far have produced marginal results can we tap the willingness of a mobile culture that wants help. When we embrace the need to focus on "me, you, and each of us that is an N of one," we will change things.

Out in the real world, Amazon, Apple, and all those who have embraced their customer-centric data-driven, mobile-enabled service model have built truly 1:1 platforms proven to reach, engage, inform, inspire and motivate — all on a very personal level.

Healthcare Reform

The Patient Protection and Affordable Care Act (PPACA) is here. Based on behavioral economics, the law is designed to encourage changes in patient and healthcare provider health-related attitudes and behaviors, transitioning from episodic care to a long-term healing and wellness model. The ultimate goal of the law being better patient care and outcomes, and reduced costs.

According to the New England Journal of Medicine, behavioral economics state that patients are motivated to improve, manage, and protect their own health through patient-centered care that supports their active involvement — and the participation of their families/caregivers — in healthcare decision-making. Technology, like wireless devices, is intended to play a critical role in the engagement and education of patients and their circle of caregivers

over time in this new long-term healing and wellness model.

Core measures or "meaningful use" stage 2 provisions of the PPACA are listed here, and this is where mobile can be the great facilitator:

- » The implementation of clinical decision support and patient compliance tracking.
- » Physicians providing patients with clinical summaries within 24 hours of an office visit.
- » Implementation of electronic health records (EHR) to distribute patient-specific education resources.
- » Outreach to patients with specific conditions for improved care.
- » Use of secure messaging between physicians and patients.
- » Timely patient access to their own electronic health information.
- » Preventative reminders and follow-up reminders to patients within 24 hours of office visit.

Doing all of this is designed to reduce healthcare costs by encouraging doctors, hospitals, and other healthcare providers to form networks to coordinate care better, and mobile can play a part in that as well. This coordination of care not only can improve patient care and outcomes, but also should keep costs down.

These mandates can be an opportunity for us in the pharmaceutical manufacturing world to really be groundbreaking. And we need to be. If we keep doing what we're doing, we'll keep getting what we've got. We need to abandon one-size-fits-all patient programs and, per the PPACA, adopt patient-centered methodologies facilitated on the very devices we carry with us everywhere and check every few minutes. (Admit it, you do.)

We have the technology. We have a culture using that technology that wants health-related support. And we have legislation designed to improve patient care and health outcomes driving greater mobile use. When you combine the three factors driving change, hopefully you see what I see: We need to be online, offline, mobile, wearable, convenient, intuitive, connected, inspiring, collaborative, and responsive to best practices, and worst behaviors.

Here's to your health. 

Ogilvy CommonHealth Worldwide — the health behavior experts of Ogilvy & Mather — is committed to creativity and effectiveness in healthcare communications, everywhere.

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