



Behavioral Economics: Significant GROWTH BEYOND THE PILL

The promise behind behavioral economic principles can bring big wins to all healthcare stakeholders.

According to EY, the single biggest opportunity to improve health outcomes and reduce the growth in healthcare expenditures is behavior change. As a result, life-sciences companies must begin to think of themselves in the business of helping patients change their health behaviors, rather than in the business of selling pills or devices. While some companies have begun to use behavioral economics (BE) as part of their compliance and adherence programs, there are larger implications for the industry's business model that have yet to be addressed.

"We are in the early days of applying behavioral economics to healthcare, and to its credit the pharma industry is beginning to look beyond the pill and experiment with patient services and apps," says Gautam Jaggi, managing editor of life sciences thought leadership at EY. "The first place the industry is using behavioral economics is adherence."

By using behavioral economics to determine the best way to communicate and reach patients, pharma is hoping to stem the financial loss from patient nonadherence.

"Nonadherence is a big challenge and a \$290 million a year problem in the United States alone, so nipping it in the bud with BE is a win-win for everybody, but there are also other opportunities where behavioral economics could apply," Mr. Jaggi says.

While some companies in pharma have taken advantage of what Mr. Jaggi calls the low-hanging fruit of prevention and adherence, there are more opportunities especially for chronic diseases, to modify behavior across the spectrum of care.

One of the reasons that pharma has been slow to the table is that not everyone in the industry is aware of these opportunities, and others may be having difficulty getting stakeholders onboard. Plus there is a big disconnect between the industry's current business model and where its focus has to be to embrace BE.

"Large organizations find it challenging to invest adequately in strategies that go beyond what has historically been their core business," Mr. Jaggi says. "It is challenging for large mature companies to disrupt their business models and turn their focus from their traditional revenue source to opportunities that are removed from that. This is where the dots aren't being connected. The industry has many changes to make before it will be in a position to use behavioral economics to drive business model innovation."

According to Daryl Travis, founding partner and CEO at Brandtrust, the pharma industry is still on pace with most industries in terms of applying behavioral economics principles, except for the financial services and insurance sectors, which are ahead of the curve.

"We work across many leading industries

and have found behavioral economics awareness and implementation to be much more prevalent in financial services and insurance sectors," Mr. Travis says. "As behavioral economics awareness grows within pharma, the potential applications will gain momentum, but currently there is a lot of headroom and low-hanging fruit that could easily be realized."

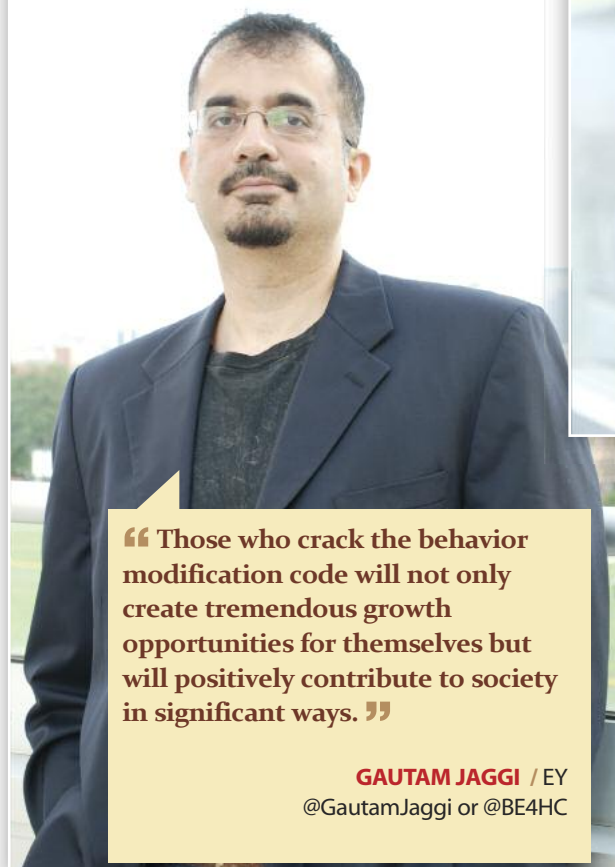
Novartis and Sanofi are two of the very few companies that have implemented BE principles in their compliance and adherence programs.

As more companies follow suit, Mr. Travis predicts that innovation and various applications will soon follow as a result of the increased awareness and greater realization of the benefits behavioral economics can provide.

Behavior economics has been around in theory since the 1970s, but it has only gained mainstream implementation in the past decade, Mr. Jaggi says. Its application to healthcare is being driven by the combination of rising healthcare costs, the emergence of BE in the mainstream, and enabling technology.

"The mainstream awareness of behavioral economics at the same time as the industry is trying to meet the huge challenge around healthcare costs makes this a very happy confluence," he says. "The timing could not be better."

Mr. Jaggi predicts that the practice will



“Those who crack the behavior modification code will not only create tremendous growth opportunities for themselves but will positively contribute to society in significant ways.”

GAUTAM JAGGI / EY
@GautamJaggi or @BE4HC

continue to grow within the industry, because both the need and the opportunity are huge.

“It seems inevitable that BE is going to grow because people have been trying to improve adherence for decades with little success,” he says. “Healthcare systems will have to focus on BE more, especially as incentives are changing in that direction.”

According to Eric Althoff, head of Novartis global media relations, Novartis is one company that is embracing the principles of behavioral economics and applying them to its outcomes-oriented strategies in both clinical trials and external operations, which range from novel technologies to collaborative work within healthcare systems.

“With the growing demand for healthcare and increasing patient expectations, the pharmaceutical industry has been undergoing a transition away from the traditional transactional approach, which centers on selling pills, toward a greater focus on bettering patient outcomes,” Mr. Althoff says. “Novartis has developed its focus to encourage improvements in treatment and adherence, and to facilitate treatment progress by making it easier for patients and physicians to monitor and assess results.”

For example, Novartis is increasing transparency around clinical research through alliances with public and private institutions. By pooling knowledge and resources, researchers and doctors are given not only a bet-



“Behavioral economics provides a new way of thinking about health choices and about the entire continuum of diabetes — medically, socially, and culturally.”

DENNIS URBANIAK / Sanofi US

ter understanding of who is at risk for which diseases, but also knowledge of how to more effectively treat patients once affected. This awareness, in turn, can better guide physicians toward superior treatment regimens for their patients. Additionally, Novartis has worked to create new technologies, such as tablet programs and mobile apps, that strengthen caregiver communication and empower individuals to better manage their own health and monitor long-term outcomes.

The American Academy of Family Physicians Foundation, with support from Sanofi US, launched a diabetes management program as a result of an innovative discussion held at the 2011 Behavioral Economics Roundtable on Diabetes. (See the digital edition, for exclusive bonus content.)

Out of 50 cities, Birmingham, Ala., was selected to pilot the program, called Cities for Life. The city was selected because it has one of the highest rates of diabetes in the country and for its visible commitment to improving the lives of its citizens. Cities for Life has both a clinical and a community component. The clinical component includes local family medicine practices that refer patients living with or at risk for type 2 diabetes to patient navigators. The patient navigators have special training and an extensive knowledge of existing programs and services within the Birmingham community that can help patients manage their disease or reduce their risk for developing diabetes. The patient navigator works with patients to identify the best programs in their local areas, encourages program participation, and serves as a resource for patients in addition to their physician.

A community-action team of more than 80 organizations have joined together for the community component of the program. They include local primary care, health, civic, business, faith, and media organizations. The community action team informs the local community through events and a free, cus-

tomizable website called mydiabetesconnect.com, which alerts people to the availability of programs and services in Birmingham.

Principles Behind BE

Several studies have already proven that applying the principles of behavioral economics to disease management can improve patient adherence and compliance.

One study in Denmark — the Steno-2 study, which was a randomized, open, parallel trial undertaken by the Steno Diabetes Center in Copenhagen — showed that addressing several risk factors reasonably well actually pays greater dividends than doing one thing perfectly. The study reports that a key part of behavioral economics approaches to change behavior for better outcomes focuses on encouraging small, achievable goals. Progress with small steps reinforces them and encourages additional improvements.

A good example of this principle is the Cities for Life program, says Edwin Fisher, Ph.D., professor of health behavior, University of North Carolina, and global director, Peers for Progress, American Academy of Family Physicians Foundation.

Specifically, the program creates linkages

Broadening Behavioral Economics to Business Models

Beyond the low-hanging fruit of compliance and adherence, pharma must also address the principles of behavioral economics in its business models. To achieve this, companies need to significantly extend their business models to be:

- » **Data-centric** to harness and monetize insights from data obtained from sensors, devices, social media threads, etc.
- » **Behaviorally savvy** to better understand and influence patient behaviors.
- » **Experience-focused** with personalization, mass customization, and an increased focus on industrial design.
- » **Holistic** with approaches that encompass the cycle of care and the life cycle of the patient.
- » **Revenue-flexible** as companies capture value in different ways, reflecting the changing ways in which they are creating and delivering value.

Source: EY, Progressions: Global Life Sciences Report 2012.
For more information, visit ey.com/p12



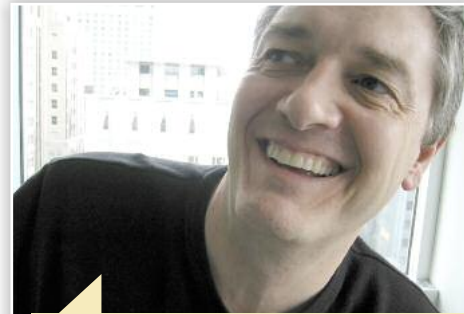
“ It is important for industry to recognize that healthy communities, healthy behaviors, healthy lifestyles, and following a medicine regimen all go hand-in-hand.”

DR. EDWIN FISHER
American Academy of Family Physicians
Foundation



“ Novartis is embracing the principles of behavioral economics and applying them to its outcomes-oriented strategies in both clinical trials and external operations. ”

ERIC ALTHOFF / Novartis



“ As behavioral economics awareness grows within pharma, the potential applications will gain momentum, but currently there is a lot of low-hanging fruit that could easily be realized.”

DARYL TRAVIS / Brandtrust

between existing community resources and family physicians, ensuring that people living with diabetes or at risk for diabetes are aware of and have access to the programs they need to effectively manage their condition.

“Within Cities for Life, the principle of small steps resulting in broader and larger ones is very much at play,” Dr. Fisher says. “People living with diabetes who may not have seen their disease as manageable are receiving encouragement and being pointed to community resources to help them start those small steps, such as joining a neighborhood walking group. Success in one area leads to success in others; this and the encouragement of family, health providers, friends, and the broader community can become a powerful cycle of change.”

Jeff Elton, Ph.D., managing director, Accenture Life Sciences, agrees that successful patient adherence and compliance to treatment is through small, tightly integrated steps, which may lead to better outcomes for patients and the healthcare system, but also for the industry.

“The thinking behind this approach is that by providing tools and encouragement for the patient’s own ability to manage care, it will increase patient activation and improve long-term health metrics,” Dr. Elton says. “The ability to more effectively engage patients will likely not only improve patient health but provide payers and health systems with less costly overall costs of care by avoiding emergency room visits, readmissions, and progression of disease to a more ‘expense state,’ with the further potential to generate value to pharmaceutical companies by increasing the adherence of patients who are beneficiaries of a company’s therapeutics.”

According to Sanofi’s Dennis Urbaniak, VP

and head of the U.S. diabetes patient-centered unit, the company is taking a leading role in the industry by applying the principles of behavioral economics to managing diabetes and helping physicians and patients to reach better health outcomes through the Cities for Life program.

“Cities for Life links primary care practices to community resources by creating partnerships that increase potential for patient-centered care both inside and outside of the exam room,” Mr. Urbaniak says. “Patients living with diabetes or at risk for diabetes are benefiting from increased engagement with community resources. The primary care practices are also benefiting from these enhanced relationships.”

However, encouraging patient adherence and activation is not a one-size-fits-all solution, Dr. Elton says. It requires stratifying patients, not only by disease state, but also by social and economic factors, as well as access to care.

“Behavioral economics provides a new way of thinking about health and about the entire continuum of diabetes — medically, socially, and culturally,” Mr. Urbaniak says. “Healthcare stakeholders, particularly the pharmaceutical industry, must help create an environment that supports and constantly reaffirms healthy choices.”

Despite Effectiveness, Challenges Stymie Industry

Attempting to modify and predict patient behavior has always been a big challenge to the industry.

“As a species, we have solved the most difficult challenges of infectious diseases, but our healthcare advances are in danger of being undone by what appears to be relatively easy challenges: eating healthy, exercising regularly, taking our medications on time,” Mr. Jaggi says. “But these seemingly easy challenges have proved stubbornly hard to fix.”

It is incredibly difficult to modify human behavior, but before the industry can get patients to change, companies must make some changes of their own.

“Beyond the changes in strategy, stakeholders must also change their mindset around what will engage and motivate them to improve behavioral outcomes,” Mr. Jaggi says. “This is all relatively new for pharma. Companies have always worked closely with providers, but now they must get closer to patients and develop an understanding of the real end user.”

The industry has always played a significant role in the treatment end of chronic diseases, and its new challenge will be to remain relevant throughout the patient journey. Companies will need relevant products and services for each stage — when the patient moves from being in the general population to being at risk, becoming diagnosed, gaining control of the disease, having relapses and comorbidities.

“The challenge for companies is to remain connected across the whole spectrum,” Mr. Jaggi says. “As payers focus on prevention and better disease management — which are typically much more cost-efficient than treatment — pharma has to not just be in the pills business but learn how to participate across the entire span of the disease.”

These care delivery solutions will allow companies to move from their reliance on products to potentially entering the market of product-plus-service to a model that is sus-



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tainable and scalable, Dr. Elton says. As large pharma companies engage in behavioral economic pilots to learn where unmet patient needs are and test innovative care delivery solutions to address these needs, they will be effecting change throughout the entire health-care system.

Besides looking beyond the pill, pharma will also have to expand its view of the patient. Programs will need to consider the many facets of a patient's life, such as his or her community, family, caregiver, and healthcare provider. According to Dr. Fisher, behavioral economics and behavior science in general

both recognize that rarely is there just one reason for any choice or action; behavior is determined by a number of factors ranging from communities to genetics. Dr. Fisher notes that it is important for industry to recognize that healthy communities, healthy behaviors, healthy lifestyles, and following a medicine regimen all go hand-in-hand.

"The more communities encourage healthy lifestyles including healthy eating, physical activity, and nourishing social relationships, and the more individuals are able to adopt such lifestyles, the more they will also benefit from the medications they need," he says. "It makes good sense for all of us to encourage the kinds of healthy communities and healthy lifestyles that will enable people to live healthier lives."

Pharmaceutical companies and physicians may also need to change their perceptions of the true value they bring to the patient. According to Dr. Elton, some companies tend to believe they bring ample resources to the partnership with their assets being the pill and information-focused care services. Along the same lines, providers have the bias that they offer high-value patient access and data.

"The reality is, however, that the pill and data are only as valuable as their collective ability to generate practical insights on how to generate more value for the patient, provider, and payer," Dr. Elton says.

Dr. Elton adds that he has witnessed a rise in these types of collaborations and agrees that they are necessary for success.

"Pharmaceutical companies alone cannot engage in behavioral economics to encourage patient behavioral change," he says. "It requires coordination and close collaboration with providers, health systems, payers, and other patient services entities. Stakeholders are beginning to agree on the importance of this research, and collaborations are increasing in frequency and scope."

Dr. Elton also raises the challenge of legal and compliance restrictions in allowing ideas and concepts to advance to pilot or practice. It is not uncommon for pilot programs that look to test behavioral economic thinking to sit in legal review for several months, and as more collaborators are added across the continuum of care, this wait time increases significantly.

"Many great hypotheses or new care management models have been brought forward, but one of the biggest challenges is the current restrictions on how different collaborators can come together," he says. "While these restric-

"The ability to beneficially modify patient behavior holds the potential to capture great value for the health system, patients, and pharmaceutical companies."

DR. JEFF ELTON
Accenture Life Sciences



Five Steps to Enable Behavioral Changes

To help patients adopt healthy lifestyles, companies can use behavioral economics levers through technologies, social networks, gamification, and contracts. A number of pilots and start-ups have creatively combined multiple behavioral levers to achieve significant improvements in household savings, drug adherence, weight loss, and exercise.

To help patients process information in areas where there is considerable uncertainty and an overabundance of data, companies need to focus on communicating in clear and neutral ways. Individual preferences will need to be kept in mind, instead of aiming for a one-size-fits-all solution.

These following five principles can be used as guidelines for implementing behavioral change:

- 1. Communicate clearly.** Empower patients to make better decisions with relevant, concise, neutrally framed information.
- 2. Account for individuals' preferences** with customer segmentation, mass customization, and more.
- 3. Learn from behavioral economics,** a field that has actionable insights on the behavioral levers that actually motivate patients.
- 4. Experiment and be flexible.** There's much to learn about patient behavior, but companies have a trove of information about their customers.
- 5. Extend your business model** with more patient-centric value propositions and enduring relationships with customers.

Source: EY, Progressions: Global Life Sciences Report 2012.
For more information, visit ey.com/p12

tions are meant to protect patients, they may also have the unintended consequence of slowing the speed to market of new interventions and approaches that can improve patient health, decrease the costs of care, and improve provider and patient satisfaction.

"This is still a new frontier, rapidly evolving, with the promise of assuring that needed therapeutic innovations can be accelerated to patients, increase their engagement, and increase the value realized by the healthcare system," Dr. Elton concludes.

But facing these daunting challenges is worth the effort, says Mr. Travis. A deeper understanding of cognition, biases, and decision science offers significant opportunities to improve compliance and adherence issues and will provide pertinent information to create and build greater brand preference. Using these approaches will also lead to greater awareness, understanding, and acceptance of various disease states, he says.

Going forward, the understanding, application, and democratization of behavioral economics will improve health outcomes as new methods gain traction.

"As we gain critical knowledge, we can construct better incentives to steer consumers toward healthier behaviors," Mr. Jaggi says. "It is critical that we no longer create incentives based on how we think people behave, which is common sense, but rather based on validated empirical evidence about how they actually behave. Behavioral economics has shown repeatedly that, when it comes to human behavior, 'common sense' is anything but. Those companies that crack the code of behavioral change will not only create tremendous growth opportunities for themselves, but will also positively contribute to society in significant ways." ^{PV}



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ERIC ALTHOFF

Head of Global Media Relations,
Novartis

Novartis is currently exploring technologies in clinical trials that allow for remote monitoring of drug safety and efficacy and encourage better patient compliance. These could improve patient outcomes by simultaneously encouraging patient adherence to treatment and allowing healthcare professionals to evaluate treatments and identify problems remotely and in real time.

Some of Novartis' most innovative work toward improving patient outcomes is being implemented throughout its chronic obstructive pulmonary disease (COPD) portfolio. Novartis is addressing the unmet needs of patients with COPD through a range of medicines, devices, and services. For example, the Breezhaler device, used by patients to administer treatment, provides multiple forms of feedback. It encourages compliance by allowing the patient to see when the capsule inserted into the inhaler is empty and emitting a distinctive sound and taste when administered properly.

Novartis has also developed the Exelon Patch, the first and only transdermal therapy approved to treat all stages of Alzheimer's disease that releases medication continuously for 24 hours making it a good alternative for patients who have trouble swallowing pills. By writing the date and time on the patch, caregivers also have visual reassurance of when the patient was last given the medication. Novartis also designed a mobile app, called the PatchMate App, to help keep track of when and where the patch was applied. This allows caregivers to better organize and record patients' use of the patch, including when and where it was placed on the patient's body.



EDWIN FISHER, PH.D.

Professor of Health Behavior, University
of North Carolina; Global Director of
Peers for Progress, AAFP Foundation

The Cities for Life diabetes management

program has already achieved a great level of success at the community level by hosting 36 local events and speaking engagements, reaching more than 7,400 people in the community and using six participating physicians to refer more than 160 patients to patient navigators.

How does all of this come down to the individual and the behavioral economics of their choices and lifestyles? By making resources not only available but salient, by providing encouragement and assistance in accessing those resources, by linking all of this with encouragement from patients' family doctors, and by wrapping it all with a community that understands diabetes better so it can encourage better diabetes care. By doing all of these things, Cities for Life brings incentives, opportunities, and facilitation together to help individuals make — and sustain — the choices that will advance their health.



GAUTAM JAGGI

Managing Editor of Life Sciences
Thought Leadership, EY

Life-sciences companies can learn from other sectors whose business models have been disrupted by similar forces. These sectors include newspapers, electronic gaming, retail trade and commercial banking. In these industries, information technology — a trend that is now disrupting health care — has empowered customers with transparent information and greater control, compelling companies to revamp their value propositions, change the relationship with the customer, and expand their sources of revenue. For example, the retail and advertising industries are leaders in using BE to become close to their customers and price and position their products. Pharma now needs to do the same, to understand the patient and design products and services around that understanding. It's also important to appreciate that not all patients are identical. Each one has different preferences and medical decisions should not be made based on

the masses. For example, three different doctors treating the same condition may prescribe three different interventions, none of which might be the patient's preference. To empower patients to make decisions that reflect their own preferences and values, the industry and physicians need to communicate clearly in ways patients can understand. There is a lot that pharma can be doing in this area, but it is just getting started.



DARYL TRAVIS

Founding Partner and CEO,
Brandtrust

For the past 15 years, we have routinely used social psychology and behavioral economics research methodologies to gain deeper understandings of the psychological and emotional motivations and barriers influencing clinicians and patients. We've discovered how emotional and psychological factors influence motivations and drive behaviors in more than 40 disease states and clinical specialty areas. These insights have revealed significant implications and advantages for marketing and brand positioning and, in some cases, led to behavior changes for adherence and how patients access various health and wellness services.



DENNIS URBANIAK

VP, Head of U.S. Diabetes Patient
Centered Unit, Sanofi US

The Cities for Life diabetes management program is demonstrating and documenting the value of innovative approaches in working through the primary care setting in which most patients receive their care. The program then links patients to community resources that can help them sustain their daily diabetes management. As full program results are identified and evaluated in Birmingham, Ala., a new model for diabetes management can be developed for other communities across the country to follow. **PV**

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All the best,



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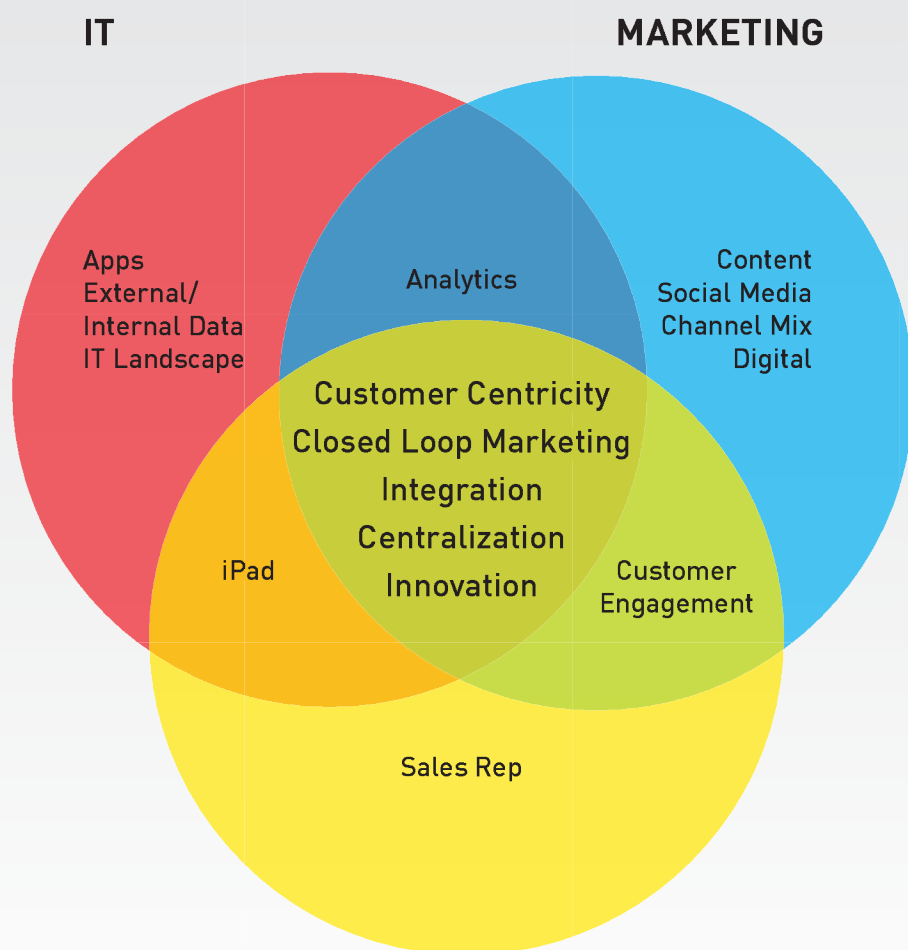
“Technology has already given us the tool to make marketing efficient. It’s the organizational structure that is holding us back! I look forward to attending the conference and brainstorming with industry thought leaders on overcoming the hurdle.”

Daniel Camardo

Senior Director, US Marketing Operations. **Astellas**

Conference at a Glance

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“I am glad that eye for pharma is organizing this Multichannel Engagement conference. This will provide an opportunity for all of us in the pharma industry to collectively share and learn how to develop capabilities to enable non-traditional channel capabilities and integrate all channels for our industries.”

Dev Dutta, Associate Director of Multichannel Marketing, Global Human Health, **Merck**

Session 1: Paradigm Shift

Pharma's missing compound: Integration

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Dev Dutta, Associate Director of Multichannel Marketing, **Global Human Health, Merck**

Knock down the organizational walls

PANEL

- Uncover the potential of cross-functional teams
- Redefine your sales force through the lenses of Multichannel Marketing
- Sell your strategies internally and make sure all stakeholders are on board with new plans

Daniel Camardo, Senior Director, US Marketing Operations, **Astellas**

Trish Nettleship, Director Social Media & Influence, **UCB**

Pharma's optimal Multichannel mix: the perfect blend of channels, tactics and customer engagement

PANEL

- Develop a customer-centric model to enable optimal orchestration and synergy between sales and marketing channels
- Discover the importance of organizational integration in driving true Multichannel Marketing

Aaron Uydess, Director, Digital Strategy, **Novo Nordisk Inc.**
Hans Sjoquist, CEO, **GCMS**

Session 2: We Live in a Digital 'World

Make the business case for Multichannel Marketing

PANEL

- "Market" Multichannel strategy internally to gain internal buy-in so you can deliver digital contents and options seamlessly
- Learn to allocate your marketing budget and reach target customers' digitally and efficiently

Craig DeLarge, U.S. Leader MultiChannel Marketing & Customer Business Line Support, **Merck**

Speaker from **Janssen** to be announced

Ensure seamless channel integration

- Explore how you can consolidate channel strategies as a whole rather than looking at individual channels
- Channel integration is about how individual channels can complement one another so you can magnify each marketing effort
- Learn how to measure campaign ROI across all channels and identify what's working and what's not

Christie Markowitz, Senior Digital Strategist HCPs and Patient, GI, **Shire**

Speaker from **Bristol-Myers Squibb** to be announced

Social media marketing meets regulation: the Zoetis EQStable social and mobile case study

CASE STUDY

- Align your legal and marketing teams to optimize your social media efforts
- Engage your customer with compelling and compliant information via the channels they prefer to increase brand awareness and boost ROI

Ed Stening, Senior Manager of Digital Strategy, **Zoetis**

Measure impact at the customer level

- Utilize technology innovations to execute marketing and sales strategies at a customer-by-customer basis
- Make big data practical: discover how to capture and store data to identify effective activities
- Understand what drives prescriptions to help optimize customer channel mix, message mix and service mix offers

Markus Hauser, Director Strategic Commercial Effectiveness, **Biogen Idec**

Understand Endo's Promotional Mix Optimization (PMO)

CASE STUDY

- Learn about Endo's PMO approach and how it drives marketing ROI
- Map your revenue to define and measure the effectiveness of your promotional activities
- Learn how to use PMO to inform changes in budget or forecasts so that your investments work harder for you

Kara Zubey, Senior Director, Business Strategy, **Endo Pharmaceuticals**

Session 3: Listen to Your Data

Make big data small and usable from both internal and external sources

- Discuss how you should allocate your budget to analyze internal and external data to meet the increasing demand for data-driven insights
- Identify actionable third party data to complement internal data so you can generate customer insights and engagement strategy
- Uncover the potential of big data: Learn how Pfizer maximizes the value of its marketing and sales data

Mayank Misra, Director, BI & Advanced Analytics Lead - US BioPharma; Data Management & Analytics CoE, **Pfizer**

Marketing gets personal

- Personalize your marketing and contextual relevance to build and maintain strong relationships with your customers
- Identify customers' interests to create more targeted marketing and sales campaigns
- Read your customers' mind by reading their data

Peter Lammers, Retired VP of Commercial Operations, **GSK**

<Non-Pharma Insight> Spotlight on Closed Loop Marketing in a relegated industry

- Learn how a large financial service develops a robust customer database for Closed Loop Marketing efforts
- Apply out-of-industry best practice to benchmark pharma data analytics strategy

Matt Miller, Director of Digital Platforms, **American Express**

Make data tell a story

- Discuss ways to ensure data gets translated properly into actionable marketing strategies
- Lost in translation: Train your analytic teams with consulting skills so they can effectively communicate with marketing and sales
- Manage internal expectations from both data analytics and marketing teams to achieve underlying objectives

Speaker to be announced

"The Multichannel Engagement conference is a unique opportunity to interact and share best practices with other peer experts across the pharma and biotech industry."
Dave Moore, Chief Business Officer, **Ocera Therapeutics**

Session 4: Drive Customer Centricity

Create a consistent customer experience

- Put your customers first: create a cohesive customer experience across all brands
- Discover how GSK gained internal buy-in across franchises to centralize and streamline their marketing operations
- Speed up your content cycle with centralized operations

Peter Lammers, Former VP of Commercial Operations, **GSK**

Payer Panel

CUSTOMER PANEL

- Understand your new customers' digital behavior in order to engage them via best channels
- Spotlight on new customers, ACOs and State Insurance Changes: identify the healthcare landscape

Moderator: David Moore, Chief Business Officer, **Ocera Therapeutics**

HCPs Panel

CUSTOMER PANEL

- Discover what information HCPs really need from your organization and provide best in class aides
- Find out how you can NOT waste HCPs time but deliver value added services

Moderator: William J. Tunno, Director, Global Oncology, **Boehringer Ingelheim**

Leverage the power of analytics to influence and engage payers

- Use effective data analytics to understand payers' digital behavior
- Understand how healthcare reform has reinforced the power of the customer so you can develop strategies to influence the payers' decision making process

Speaker to be announced



Session 5: Utilize Technology

Define Closed Loop Marketing

- Really close the loop by creating a synergy between marketing and sales
- Identify where Closed Loop Marketing belongs in your organization and whose responsibility it is to close the loop
- Understand each of your stakeholder's underlying objectives to implement real CLM

Evan Caivano, Manager, Closed Loop Marketing - Field & Marketing Operations, **Sanofi**

Analyze marketing and sales data holistically

- Insights on how you can view data as a whole and as an organization
- Learn what customer centricity means in day-to-day practice
- Hear how Boehringer Ingelheim streamlines data processing to achieve marketing and sales integration

William J. Tunno, Director, Global Oncology, **Boehringer Ingelheim**

The Commercial Organization and Information Technology

PANEL

- Insights on how to collaborate to deliver Multichannel Marketing excellence
- Deliver seamless commercial operations by maximizing your technology capabilities

Mike Stankevicz, Director of IT Account Management, **Merck**
Emily Sellers, Global eDetailing Capabilities Leader, **Merck**
David Rosner, Principle, **Deloitte**
Gerry McCormick, Strategy & Operations Lead, **Deloitte**

Sales Force Panel

PANEL

- Learn how to manage sales force expectations and ensure the sales force maximize the usage of iPads and mobile apps
- Debate where your sales force stands: Reposition sales force to incorporate with your Multichannel Marketing strategy

Moderator: Scott Powers, Manager, Oncology Field Analysis, **Novartis**

Session 6: Nimble Pharma

Consolidate your IT infrastructure

- Ensure all technology investments are worthwhile and meet your marketing and sales needs
- Debate whether to develop marketing solutions in-house or work with external partners
- Advice on how to get all stakeholders on board with technology investments

Daniel Camardo, Senior Director, US Marketing Operations, **Astellas**

Leverage the value of remote channels to complete your Multichannel Engagement strategy

CASE STUDY

- Key learnings from remote sales deployments across pharma and vaccine businesses
- A Merck case study: integrate personal, non-personal and remote channels

Eric Rothstein, Executive Director, US Customer Contact Center, **Merck**

Operationalize Multichannel Marketing

- Incorporate MCM into your day-to-day practice
- Learn how Shire implements their MCM strategies and keep them alive
- Ways of finding the right talents and cross-functional team to reach full MCM potential

Ed Kloskowski, Director, Business Partner, US Commercial Operations, **Shire**

Marketing innovator panel: Innovation and moving forward- thinking outside of the box

PANEL

- Discuss ideas on how pharma companies can be more efficient and nimble by advancing technology and Multichannel Marketing strategies
- Look inside the box and create cross-functional teams to achieve internal alignment on marketing operations and Multichannel Engagement initiatives

Christian Scheuer, CEO, **Leo Pharma**

"As the environment continues to put pressure on the industry, the interplay between functions -marketing, managed markets, and sales- needs to improve. Marketers, sales professionals, and sales operations groups can benefit from a more evidence based look at how you invest in and promote your brands to the wide variety of customers: patients, payers, and health care professionals. This conference will share case studies to help you achieve your marketing objectives."

Kara Zubey, Senior Director, Business Strategy, **Endo Pharmaceuticals**

Exclusive networking opportunities:

COMMUNITY: Join the discussion on how to break down the organizational silos to create synergy on your Multichannel Marketing strategy

SPEAKERS: Industry experts, forward-thinking innovators, HCPS, payers and hand-picked vendors will help you break down internal and external barriers to successful customer centric marketing ROI

NETWORKING: With over 150 senior decision makers in attendance, Multichannel Engagement USA in Pharma is the ultimate conference for you to learn, brainstorm and exchange ideas and proven practices

EXHIBITION: Meet the latest and most integrated technology providers, data sources and consultants with experience and proven records in maximizing your marketing dollar and efforts

Who Should Attend?

VPs, Heads, Directors and Managers of

- Marketing
- Sales
- Marketing Operations
- Commercial Operations
- Sales Operations
- Marketing IT
- Field Marketing
- Digital Marketing
- Emarketing
- Multichannel Marketing
- CLM/CRM
- Field Analytics
- Marketing Analytics
- Data Analytics
- Customer Centricity
- Brand / Product

"This conference can help attendees learn from one another, share best practices and success stories, helping our organizations differentiate in an extremely challenging marketplace. We can compete against one another, while collectively helping to enhance the customer experience in the marketplace."

Nick Ambrose, Commercial Integration Manager, Field Mobile, AstraZeneca

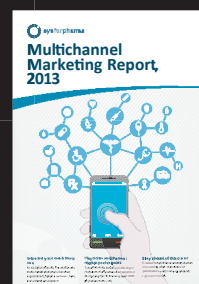
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EXCLUSIVE REPORT

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Our primary research with top pharma companies reveals how they use Multichannel Marketing to improve customer engagement, increase brand loyalty and provide greater value

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- Comprehensive analysis on the digital footprints of patients and physicians
- Data from pharma/healthcare professionals on their priorities and who they see as leading the way in digital
- Expert opinions on the future Multichannel Marketing and the anticipated regulatory context from 46 industry experts from Pfizer, Merck, GSK, Janssen, Roche, AstraZeneca, Takeda and Almirall
- 51 exclusive interviews and 10 case studies from North American and European regions to learn from



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Multichannel Engagement 2013 is the ultimate Multichannel Marketing event in North America – the conference will tackle 30+ senior level speakers and network with an audience of over 150 attendees from Marketing, Sales, IT, Data Analytics and Operations

- **Break Down the Silos:** Join up Marketing, Sales and IT to overcome your organizational hurdles and align the business objectives of each department
- **Paradigm Shift:** Discover how GSK is centralizing and streamlining their Operations and Marketing team to provide real time content and seamless customer experience
- **Nimble Pharma:** Learn from Sanofi on how to drive agile and effective Multichannel Marketing with a robust CLM strategy that enhances field performance
- **Marketing Gets Personal:** Deliver customized and relevant content that your customers actually care about by utilizing data analytics to engage your customers on a personal level

“Our customer's preferences for communication channel continue to evolve and our business reality dictates that we develop the most effective and efficient methods for engagement. This conference will provide an opportunity to learn from our customers and industry experts about how to take Multichannel customer engagement to the next level.”

Eric Rothstein, Executive Director, US Customer Contact Center, Merck

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Director, Digital
Platform
American Express



For the full speaker line-up and the most up to date information, visit:

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AAFP Foundation and Sanofi US' Behavioral Economics Roundtable

According to Dennis Urbaniak VP, head of U.S. diabetes patient centered unit at Sanofi US, the Behavioral Economics Roundtable on Diabetes was a valuable reminder that a holistic approach is necessary when managing diabetes. It requires behavior change among multiple players, including individuals living with diabetes, their families, their healthcare providers, hospitals, employers, communities, and policymakers.

"Each one of these players is part of an intricate web of social, psychological, economic, and biological factors affecting individual health decisions," Mr. Urbaniak says. "When it comes to health decisions, the roundtable reinforced the idea that behavioral economics can help explain why people make seemingly irrational decisions regarding their health."

BE practices also show how behaviors can be changed to improve health outcomes by suggesting incentives and other strategies for promoting healthier choices. One example discussed was the power of substitutes.

"Simply asking people to give up foods they love to eat will not result in much success, but if you replace these behaviors with healthier but still attractive alternatives, it can lead to incremental progress," he says. "Small changes across several behavioral measures add up to making a big difference over time, both at the individual and population levels."

Another event hosted by Cities for Life this past May brought together a diverse group of physicians, healthcare professionals, practice managers, diabetes educators, and faith-based, health and community organizations. This group discussed the importance of community collaboration and peer support and how to help those living with diabetes manage their disease outside of the doctor's office.

"The energy of this group and their recognition that, by collaborating, they can accomplish great things, was inspiring," says Edwin Fisher, Ph.D., professor of health behavior at the University of North Carolina, and global director of Peers for Progress, American Academy of Family Physicians Foundation.

"We think that we can make important contributions by helping to jump start, if you will, this kind of collaboration that will lead to organizations and leaders recognizing how they can build on each other's resources and strengths to lead to a healthier community."

One of the greatest challenges of managing diabetes is that it is a 24/7 disease, he adds. People living with diabetes likely only see their primary care physician three to four times a year. Even if they spend six hours a year with their physician and clinical team, that leaves 8,760 hours each year in which they are largely on their own to manage their disease. During this time, individuals can turn to family members, colleagues, and other sources of community peer support to help them better manage their diabetes. For example, family members can help to encourage healthy eating, while colleagues can start walking groups during their lunch hour.

"It's this 24/7, 365-day-a-year environment of diabetes management that Cities for Life is looking to enhance and link with medical care to create a powerful collaboration for healthy lives and a healthy Birmingham," Dr. Fisher says.

The Cities for Life team has defined specific metrics to determine the success of the project

and the AAFP National Research Network (NRN) will conduct practice-level evaluations.

Measurement at participating physicians' offices will include physician and staff interviews at baseline and endpoint to gauge satisfaction and/or areas for improvement with the program; perception of assistance for patients and evaluation of patient navigation model; site visits to collect process and workflow data; and evaluation of the referral and tracking system.

At the patient level, the AAFP NRN will evaluate by conducting a historical review of patient charts from pre-Cities for Life to endpoint; a review typical clinical markers; A1C, random or fasting glucose levels, body mass index, blood pressure, and documentation of referral to program and follow-up; and baseline and endpoint patient surveys and/or one-on-one interviews to assess patients' self-perception of self-efficacy and self-management skills. **PV**

Behavioral Economics Crucial to Disease Management

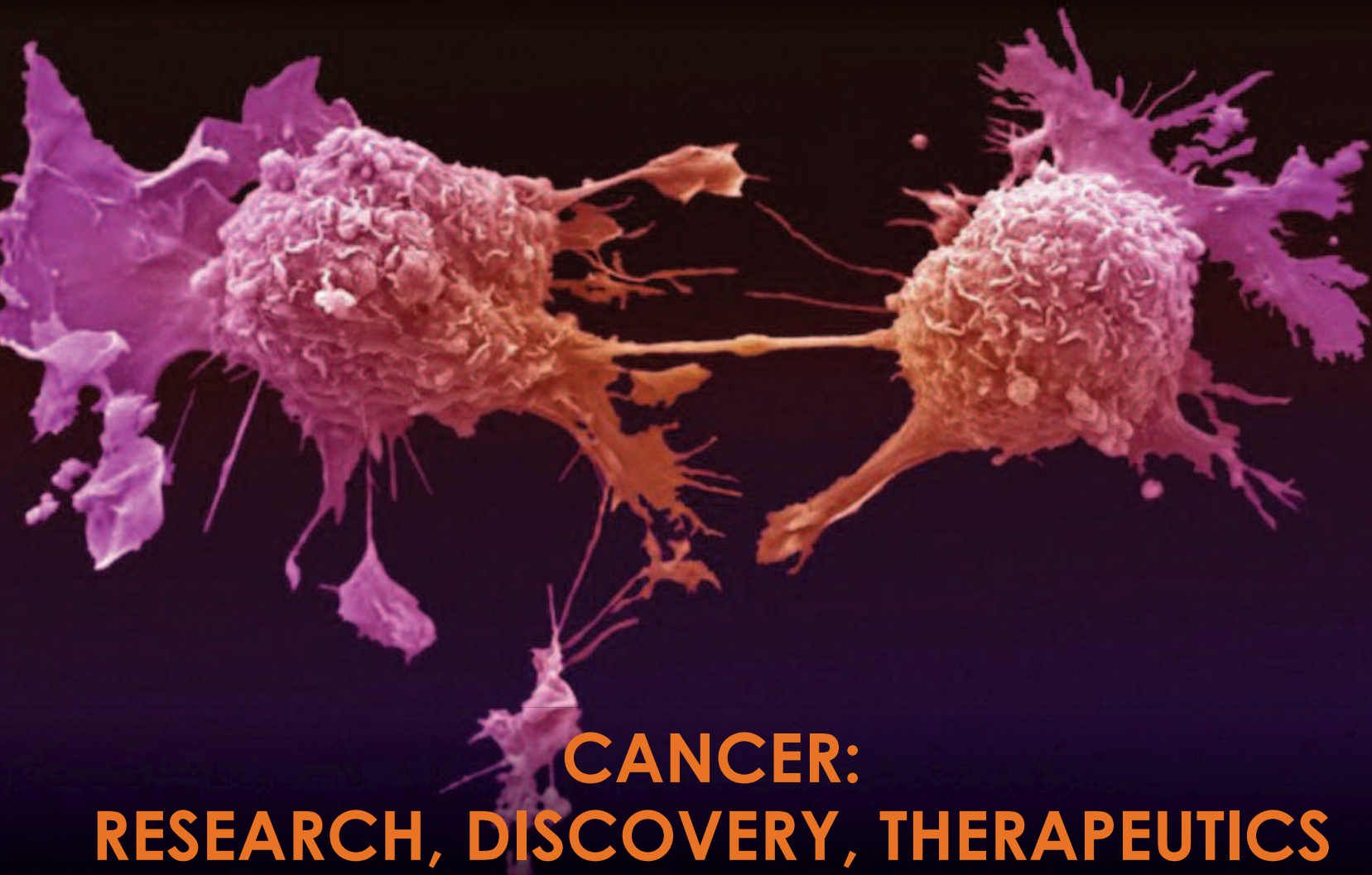
On June 2, 2011, the American Academy of Family Physicians Foundation hosted the Behavioral Economics Roundtable on Diabetes in Washington, D.C. The roundtable, made possible with support from Sanofi US, gathered more than 30 primary care physicians, diabetologists, behavioral economists, public health and behavioral scientists, government officials, and diabetes stakeholders to explore applications of behavioral economics to diabetes management and care.

In addition, several NIH studies with strong behavioral science components have demonstrated the success of diabetes management. The Diabetes Control and Complications Trial showed that a coordinated, comprehensive approach to intensive diabetes management, including extensive patient education and support could improve patient adherence to complicated treatments and achieve substantial improvements in clinical status. The Diabetes Prevention Program

illustrated that a modest amount of weight loss through dietary changes and increased physical activity sharply reduced the chances of people at increased risk of diabetes actually developing diabetes.

To translate these findings into practice, the NIDDK, part of the NIH, and the CDC jointly created the National Diabetes Education Program, which includes participation by more than 200 health professionals, community organizations, consumer groups, and private-sector organizations that want to help address the problem of diabetes. Additionally, in 2010, the Affordable Care Act authorized the CDC to implement the National Diabetes Prevention Program and establish a network of evidence-based lifestyle intervention programs for those at high risk for developing type 2 diabetes. Critical to all the areas in which these programs have shown success are behavior and motivation.

Source: AAFP Summary Report



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