Patient Storytelling Marketing

Creativity vs. Truth in Pharma Advertising

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“I take it a day at a time. I know there’s no cure for COPD, but I’m not thinking in negative terms. I’m thinking positive.”
“Now more than ever, we need to focus on making brands memorable and storytelling is the way to do this,” advised Ash Rishi, Co-Founder and Managing Director of COUCH, in a LinkedIn post titled “Data gives credibility, storytelling provides truth in pharma” (see here: http://linkd.in/1vUx0w6).

“Engaging consumers through the art of storytelling can enhance a brand’s strategy more effectively,” says Rishi. “Data gives credibility, but stories provide truth, what’s more, your consumers are more likely to engage with stories that resonate with them. We are all in such a crowded marketing space, but now we are competing with super brands that fully incorporate the art of storytelling into their marketing.”

Cannes Lions Health Awards Tells the Story

These days, patient storytelling is all the rage. More often than not, however, patient stories told by pharma marketers are not “providing truth” in the sense that they are real patient stories. To highlight this point, you only need to look at which marketing campaigns that use patient storytelling win the highest praise from the advertising industry. And the place to find such praise is the Cannes Lions Health Festival held every year in Cannes, France.

The Cannes Lions Health 2014 2-day “festival of creativity” in healthcare communications, held 13-14 June 2014, was part of the Cannes Lions International Festival. A big part of the festivities are the awards given to ads and ad agencies in various categories. The Health Festival focused exclusively on health advertising.

"Made by advertising agencies and for advertising agencies, Lions Health could not find a grand prix winner in Cannes this year," noted Piotr Wrzosiński, Digital Marketing - Informatics Project Manager at Roche and author of K-Message.

Although none of the 517 entries from 35 countries in the Pharma category at the recent Lions Health Festival was a grand prix winner, one campaign did win a Gold Award: Janssen’s Simponi’s “Cate” campaign.

Cate vs. Cathy

Dr. Rita Charon, author of "Narrative Medicine," presented at the Festival. Her message? "Healthcare is for truthful, authentic, discovering accounts of self." Unfortunately, the story of “Cate” is not that. Here’s how McCann Health Australia, the ad agency who created this campaign, described it:

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Figure 1. Disclaimer at End of the Janssen's Simponi's "Cate" Video
"When you treat RA with Simponi, it only takes about ten minutes, once a month. This means Simponi is the treatment you hardly even notice. Great news when often RA is burden enough to a patient. We wanted to capture the non-invasive nature of Simponi in our creative. So we set out to capture a month of a Simponi patient on film and show how non-invasive it is. Literally. This film features a typical RA person – female between 50 and 60. It shows hundreds of moments (selected from over 10,000 shots captured by our photographer) that represent a month in the life of a Simponi patient, Cate Jackson. Amongst the hundreds of shots, there is only one that features Cate injecting herself with Simponi. The shots are run together so quickly in the film, it is near impossible to spot the moment that treatment takes place. This technique/idea highlights the fact that Simponi is very non-invasive, so you'll hardly notice. After watching a collage of her life, a super tells us in the many shots/moments we just watched only one featured Simponi. The super then challenges: 'Bet you hardly even noticed. Neither did Cate Jackson.'"

Did you catch the phrase "a typical RA person" in the agency's description? As revealed by the hazy disclaimer at the end of the video, Cate Jackson is NOT an "authentic" patient: "This patient story is fictional. A model was used in the photographs" (see Figure 1, page 1).

Meanwhile, a campaign featuring a REAL patient story was only good enough to earn a BRONZE award (see “Cathy’s Story” on MSinspiration.com, which is a TYSABRI branded website; http://bit.ly/1v0Vy29).

ePatients vs. fPatients
Cate is not the first fake patient story dreamed up by an agency. In 2010, I reported a case where an IT company demonstrated its prowess by creating a Facebook page for a fake ePatient named Sara Baker (read "Nobody Knows You're a Fake Patient on the Internet!"; http://bit.ly/19nw9lS). The agency claimed that "ePatients like Sara Baker are the future of eHealth. And she will be the driving force behind your healthcare organization's ePatient revenue center."

Although this was not an attempt to persuade marketers to develop fake patient stories, it did lead to a conversation about the issue. Phil Baumann (@PhilBaumann), an authentic ePatient, coined the term "fPatient" to distinguish the likes of Sara from real ePatients (see "fPatient – Ethics and Mediocrity in Healthcare Marketing"; http://bit.ly/1pBZUwh).

Is it ethical or even necessary for pharma marketers to employ fpatients? "Marketing not only has to be effective, it also has to be respectable," says Baumann. "Why create a fake social object when so..."

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much more social capital can be built by simply being honest and truthful and direct? Why not take advantage of direct interaction and feedback?”

Truth Trumps Creativity
Speaking of respect, a sentiment frequently expressed in Twitter posts by attendees of Cannes Lions Health was "we get to do great work and save lives. That matters." Yet none of that great work won the grand prix award. "Does it prove lack of creativity, or rather that the whole concept of advertising in the healthcare industry is wrong?" asked Wrzosiński (http://bit.ly/1yJubKg).

Perhaps it’s not a lack of creativity that is the problem, but a misguided idea of what is and is not creative in healthcare advertising. I think many people will agree with me that real patients stories like Cathy’s are much more inspiring—even if not more creative—than made-up stories like Cate’s.

“No doubt a story would be more convincing if it is true, and we can envision drugmakers discrediting any fake narrative floated by a competitor,” noted Fierce PharmaMarketing in a story focused on my critique of the “Cate” story (see http://bit.ly/1l3v0Lf). “That's a PR problem in the making. But given all that DTC history of fake patients, one could make a case for ‘typical patient’ stories. Either way, it sounds like a conundrum drugmakers need to address up front rather than risk being blindsided by criticism.”

Meanwhile, there are many true patient stories featured by pharma marketers that have not (yet) won any awards. One example is Alice’s story about coping with COPD on GSK’s COPD.com website (see Figure 3, below).

Brand-Centric vs. Patient-Centric
It seems that there is a difference in opinion as to what the “truth” is. Marketers especially have a difficult time telling the truth (see “Is Pharma Marketing a Lot of BS?”; http://bit.ly/YFkjDZ). They may also have problems in how they go about defining the particular “truth” that they wish to convey to their audience.

Take, for example, Rishi’s methodology for obtaining a “collection of truths” from which pharma marketers can “pull together” their stories:

“Get yourself into the mindset of your consumer to understand their psychology,” says Rishi. He proposes asking and answering these questions:

- What is the question your customer won’t ask out right about your brand (e.g. price)
- What does your customer expect from your service?
- What’s your ideal customer’s experience with your company? (How is it better than your competitors?)
- What information does your customer need to be persuaded to take up your call to action? (You have a call to action right?)
- What is motivating your customer to take this action?

This, of course, informs marketers how to tell stories about their brands, not about telling stories about patients. It's a brand-centric approach to marketing, not a patient-centric approach.

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By the Patient, for the Patient

Social media and patient stories are a “match made in heaven” and several pharma marketers are using social media to listen to patient stories and to leverage those stories to help motivate other patients. In the process, of course, they also enhance the image of their brands.

Sanofi US, for example, describes its Diabetes Experience (DX) campaign as “by the people, for the people” (see the video: http://vimeo.com/84127479).

The DX offers an interesting mix of stories, both original as well as curated from trusted sources around the web (see Figure 4, below). Laura Kolodjeski, Sr. Community Manager at Sanofi US Diabetes and recipient of the 3rd Annual Pharmaguy Social Media Pioneer Award, says the DX is not “about marketing our products, but to enhance our overall value to our customers. Sanofi is adopting the mindset of patient first versus brand first.” This is refreshing when many pharma marketers are talking about being “patient-centric,” but are not actually practicing what they preach (for example, listen to this podcast: “Why is Putting the Patient at the Center So Difficult?”; http://bit.ly/pgdaily121213-1A).

Can You Be Too “Patient-Centric?”

While sharing real, truthful patient stories can be an essential facet of a “patient-centric” organization, marketers have the ability to be TOO patient-centric. It’s possible to combine “big data” from a variety of sources with self-reported patient stories on social media to track real people.

Shire, for example, holds out the possibility that it may access big data sources to track individuals. Shire’s Privacy Policy for its “Your ADHD - Own It” web site states:

"Publicly or commercially available information is defined as information that an individual makes or permits to be made available to the public, or is legally available through an independent list broker or other third party, and/or is legally obtained and accessed from, amongst other sources: government records that are available to the public, journalistic reports, or information that is required by law to be available. We may collect publicly available information or purchase commercially available information about you from third parties."

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Figure 4. Discuss Diabetes Patient Stories. This part of the Sanofi US Diabetes Experience.
This smacks of Big Brother. Should pharma companies collect publicly available information about individual patients? Why would they do this?

Let's assume a pharma company wants to use “big data” technology to be truly patient-centric and send out customized promotional and other messages based on what they have learned about individual patients.

A pharma company, for example, may monitor individual patient conversations to determine if a patient is engaging in a lifestyle that counteracts the effect of the company’s drug. A Chantix patient, for example, may admit to smoking a cigarette. Pfizer, which markets Chantix, could remind the patient—via private channels such as email, which it may have collected via a couponing program—that smoking while on Chantix is not recommended.

I’m not implying that Pfizer has any plans to do this. But it is possible. Consider this case: Art Caplan, director of the division of medical ethics at New York University’s Langone Medical Center, recently wrote a column for NBC News, which described a liver transplant team’s quandary over its discovery of a Twitter photograph of a patient drinking alcohol—an obvious no-no that could disqualify him from the life-saving surgery (read "Social Media Policies Should Address ‘Spying’ by Physicians"; http://bit.ly/pgdaily121113-1).

This Twitter post seems to have been an inadvertent discovery, not something the physicians were actively monitoring. But with social media monitoring/listening tools and minimal personal information as described above, it may be possible to actively monitor individual patients on social media.

Caplan says three basic principles should be part of any social media “code of ethics”:

1. Notification to patients;
2. The right of patients to “rebut, explain or challenge” the information; and
3. A ban on what he calls “systematic snooping or surveillance.”

"If social media info is used in patient care," says Caplan, "my view is that it ought to be disclosed to [the] patient.” Now, that’s a patient-centric approach!