

# Patient Activation Podcast Excerpt: What patient activation means to all the constituents in healthcare



This is an excerpt from the Pharma Marketing Podcast, the official podcast of the Pharma Marketing Network, interviews with leaders and innovators in the field of healthcare and pharmaceutical marketing.

In this episode, host Don Langsdrof talks with Bob Baurys and Mark Stinson from 83bar and the authors of *Patient Activation*.



**Don Langsdrof**

## **Don**

**Before we jump into to the meat of the interview here. Mark, Bob, if you wanted to give us a little background on yourselves, what you do, and why you're involved in what you're doing.**

## **Bob**

I come to the pharma space from being a medical operator of clinics for the last 15-20 years, where we took care of patients with specific disease conditions that were often overlooked, chronic fatigue, fibromyalgia, ADD, ADHD, and serviced those patients through a series of national clinics.

*"When the process of taking somebody from awareness to activation is fulfilled in a regimented way for all three parties:*

- The patient understands, they know what they have to do, and they want to do it.*
- The doctor is getting a prospective patient that is prepared, ready to act, and has key questions left instead of 14 or 15 questions.*
- And the manufacturer is making sure their story is being told in the way that is proper and correct."*

## **Mark**

My background for decades now is in pharma marketing and branding, working with all sorts of pharma products, devices, diagnostics. It's HCP marketing and communications, as well as to direct-to-consumer and patient platforms. I've worked on all sorts of marketing and advertising campaigns, and also market research, strategic planning, and workshop facilitation.

## **Don**

**You have some proprietary software and some tools that you employ with your clients. A lot of different software companies build software for healthcare, but at the end of the day they all start out as software companies. What's the significance of this in relation to the approach that you take?**

## Bob

It's because after operating clinics, what I learned is that patients really don't absorb the information as easily as we think as medical marketers that they do.

Often they understand they have a need and they would want to come and get some treatment, but there be a lot of hesitation because their peripheral knowledge of what it involved, how much it was going to cost, and what their requirements that they were going to have to be involved with were very limited.

For as many patients who would begin treatment, we had often hypothesized that there were probably 5- 10 patients who would have an interest level, but wouldn't take the next step because they didn't have the knowledge, they didn't have the assets available to them to be able to shape their decision making and give them the confidence to move forward.

## Don

**Patients need to be aware of their conditions and also motivated to see their doctors for treatment**

## Mark

That's the challenge. As Bob and I were talking about our experiences, almost every strategic or kickoff meeting I would go to, the client at the pharma company would say, "There's X million underacknowledged, underdiagnosed, and undertreated." It could be a magnitude of half, or it could be a magnitude of 90%. That a fraction of the people are actually getting the medical care.

But I think you've touched on something that we didn't build a software platform and go to a medical company and say, "You could use this." We understood the medical process and journeys of these patients and said, couldn't something software based, some digital health mechanism, enable these people to find the care they want it? So it was definitely from that angle rather than, we have a software program, can't somebody buy it for healthcare?

## Don

**My understanding is it's beyond just software as well. It's more about the process of patient identification, aggregation and then of course this term activation, that you do at more of a concierge level. You're really connecting one-on-one patient with provider.**

## Bob

That's exactly it. We spend a good deal of energy identifying patients who have a possible need for a medical condition, or a product, or a service, and then through the technology we gather the information from that patient, provide them with some beginning point of education and then our software starts to hook into the human element.

We have dozens of nurses around the country who work for us, who are in contact with the patient directly and then act as that intermediate step.

If you think about every time someone gets sick in a family, there's always a go-to person in the family who's usually a nurse, or somebody in the medical field, that everyone turns to and asks for help translating and giving them the insight of what they think they should do before they actually interact with the medical system, which can often be confusing.

Our nurses act as that person. Our nurses act as that confidant to the family and begin to provide education services to that person who's seeking a solution.

But I think you've touched on something that we didn't build a software platform and go to a medical company and say, "You could use this." We understood the medical process and journeys of these patients and said, couldn't something software based, some digital health mechanism, enable these people to find the care they want it?



**Bob Baurys**

So it was definitely from that angle rather than, we have a software program, can't somebody buy it for healthcare?

**Don**

**Sure. It's beyond getting the person managing their conditions, beyond getting them off the couch. It's actually connecting them, motivating them to actually see their doctors and leading them to this right solution.**

**Mark**

Exactly. When you mention this word "activation." You can think of it as maybe the medical side of activating synapses, or activating receptor sites, or what the drugs do. But we really found that this was what we were doing for patients, that saying that we were patient education, that wasn't enough. Saying that we were patient engagement wasn't enough. Because that getting-off-the-couch factor is exactly what we're talking about.

How many campaigns was I involved with that ended, "ask your doctor if it's right for you?" As a patient sometimes these people don't even either have a doctor that they could ask, or know what does it mean to ask a doctor, or feel empowered enough to ask the doctor.



We really felt all of those folded into this term, activation, that we needed to move from just, I'm aware of my condition, or aware of a new drug, or aware of some new treatment. But really that I had to be educated, empowered, navigated to find the right doctor to stand in front of that we could have that dialogue.

**Don**

**Based on what you just said, one of the first thing that comes to mind for me is clinical trials. Your platform seems like it would be a perfect fit for recruiting for clinical trials and helping marketers reach patients who might be interested in those clinical trials. Do you also connect patients with the clinical trial folks?**

**Bob**

Yes, we do. The clinical trial model is broken and needs to be enhanced. The current concept is if you find a patient, and they want to become part of a clinical trial, you can imagine that patient has significant questions before they'd go through something which would be an experimental procedure.

How they are handled in the current model is basically the marketplace gathers these people and sends them into a research site and then hopefully the research site has enough time to explain what's going on to them, and then they have to make a decision.

Where's that step in between, where we identify the people and we give them a 15 or 20 minute conversation, plus send them information? Make them fully aware of what they're signing up for and give them the background they need to be able to make a decision.

*"So that when they do show up at the research site, they're prepared and they're ready to act. It works for both parties at that point."*

**Don**

**Great. I'm interested in what you just said from the marketer's standpoint. I think a lot of our listeners would be interested in that as well, because marketers, pharma marketers and healthcare marketers, are looking to reach these patients directly. How does your platform enable that?**

**Mark**

It can be a bit of a blur between what the marketing department at a company handles and what the clinical development department handles. But the word "marketing" is not describing a department here. If you're talking about patient outreach and identifying people who could be good candidates for a clinical trial, you just have to think in a different way.

We start off working with a lot of clients who are only putting up a poster in the hospital hoping to catch somebody who's standing in a hallway and might like to be a part of a clinical trial. But instead at 83bar, we're turning it on its head and saying there are people outside the clinic who are looking for answers who might be good candidates.

*"These four steps may seem common and we thought this was the natural patient journey. But could we facilitate that? Could we speed that up and accelerate that on behalf of the patient?"*

**Don**

**Speaking about activation, you've coauthored a book called Patient Activation. We know that in recent years the concept of patient activation has been gaining credence and is widely being accepted among clinicians, academics, and think tanks worldwide. So let's talk a little bit about it. What does that mean and where does that come from? What are some of the principles and philosophies that are the foundation to this approach?**

**Mark**

Patient activation springboards off patient education, patient outreach, patient engagement. A lot of pharma and biotech companies now have this concept of patient centricity with people in the C-suite who ask, "Are we keeping the patient at the center of everything we do?"

For us though, it was the idea that a patient who is more aware, motivated, and then moved to a behavioral change, whether that's to call to make an appointment, or stay compliant, or be part of a clinical trial. Can they take an action, rather than just be more educated?

That principle and philosophy is what we capture in the book. The book was certainly a way for us to articulate these four steps: first you have to identify; then you educate; then we navigate; then we show patients how to advocate for their own health.

And then there's a benefit for the provider because now they're going to be able to see and help more patients. And there is a benefit to the company that they're able to make their product more accessible and more available. Maybe get out of the clinical trial faster, or help more patients with a drug that's on the market.

Certainly as a marketing process, we were happy to articulate that in a book. What surprised us is that many people have responded, by saying this also helps if a lay people and patients themselves read this book. It's not a marketing process for them, it's an a-ha to know more about how the system works, how to take advantage of the system for their own healthcare, how to navigate to their benefit.

We even had reviewers on our Amazon book page who are medical professionals say, "Gosh, I wish I knew more about this idea before because it helps me communicate with patients better." So all the way around, we're glad to see that it is more than just a business to business book, which may have been how we started out.

**Don**

**It seems to me from what you're saying, the patient activation four-point process that you've presented in your book seems to be really a foundation for a more fully integrated system that will help patients and healthcare providers move from awareness to action.**

**Bob**

It is. There's three constituents in the party. You have the patient, the patient's aware, but they don't know the next steps to take. And so we're providing them the tools and the assets to be able to help them make that decision.

The provider, I could tell you this from being a provider for many years, the provider is sitting there and trying to run an efficient business model, but the prospective patient is coming in unprepared, uneducated, and starting from ground zero, or worse yet, they're carrying 60-70 pages worth of Dr. Google, uncurated information from the web. So it doesn't work for them.

The clash of the patient wants to know more, wants to try to be activated, and wants to try to move forward, but the physician doesn't have enough time to do it because they can't distill the 60 or 80 pages in the allotted time. That's a breakdown in the process.

And then ultimately the other party in the transaction is the manufacturer or distributor, who's trying to get their message to the consumer in a direct and correct manner, so that everybody understands the information that is proper.

When the process of taking somebody from the state of awareness to activation is fulfilled in a regimented way for all three of those parties - The patient understands, they know what they have to do, and they want to do it. The doctor is getting a prospective patient that is prepared, ready to act, and has key questions left instead of 14 or 15 questions. And the manufacturer is making sure their story is being told in the way that is proper and correct.

**Don**

**Sure. We circle back to something Mark had said earlier about this concept that we're all very familiar with in the recent decade - "patient centricity." It seems like there is no patient centricity without some sort of process like patient activation, because the patient's not involved until they are aware, until they're ready to take action, and they've been guided to the right referral to a physician, or a provider, or a clinical trial. It's not really centered around the patient until the patient is a part of that equation.**

## Mark

Exactly. I think in our discussion so far we've been maybe very clinical and very businesslike about how this model works. But I think one thing that will strike a reader from the book is that the tone or the style is very first person, because these stories are also personal to Bob and I as patients, as family members with people who need care, and the total breakdown that we have all experienced when we've tried.

We're educated people in the medical field, even if it's just from a communication standpoint, we're not doctors, but I'm talking about we have experience on how to talk to doctors. And yet I can tell you, I will go into a doctor's office and freeze. Won't know what to say. Or I'll be talking to my mom and she says if the doctor wanted her to know about a new drug, he'd tell her. That's not the way it's supposed to work.



Now several places in the book, we're also, let's say honest, if critical might be too strong, about the current healthcare system, how insurance works and how the providers get paid, and how your deductibles may never cover what you really want or need as a patient. So it is multifactorial.

We're not saying that all doctors are bad or all manufacturers just want to sell drugs. That's not the point of the book. But rather, we're trying to bring some patient centricity and their voice to the party. We've developed these four steps that if all of the three constituents Bob was referencing, if the patients, the providers, and the manufacturers could see their way to this is the natural journey and we facilitate and accelerate that journey for everyone's benefit.

*"You can't hold a patient to blame because they didn't read the Merck Manual before they went into the doctor's office."*

## Don

**So what you're saying is this is less of a criticism and more of a reality check. We have to understand the rules of the game and what the playing field looks like before we can engage with it. Your book helps outline that process. The services that you provide at 83Bar help guide that process of building that awareness. It's educative and then it continues on to connecting the patient with the right provider.**

## Mark

Yes. We talk about empathy. Even for the doctors. I don't know how many meetings I've sat in where someone says, "If only the doctors, were aware, were educated." Well, far be it to accuse today's family practice physician for not being educated in the 493 diseases they see every day, and in the seven minutes they have to treat a patient. You can't hold them to blame.

## Bob

From employing physicians myself, I can tell you the number one thing that burns out physicians is the stress level of feeling like they try to condense an 8- 10 minute visit and feeling like they might've missed something that will literally come back to haunt them. Something happened to the patient.

If the process of having the patient ready and having the patient ready to activate themselves, organized their thought processes, and are able to communicate effectively, this gives that physician more time to be able to practice the art of medicine rather than to practice the art of diffusion, which is what is happening when they're trying to understand and interpret all of the data coming at them and then try to feed it back into the patient into a layman's language

The constant all revolves around the patient. If the patient isn't ready for the appointment, the appointment is not going to be efficient. If the appointment's not going to be efficient, there's a risk of error. When there's a risk of error, the stress level goes up. There's nothing more frustrating for a physician to feel like at 8:00 at night when they go home, "God, I hope I didn't miss something." That happens because there's just not enough focus time, because the processes are not prepared.

## Mark

Going back to the clinical trial application too. It's not just the physician burnout, but you think about clinical site coordinators. Every one of these trials has exclusion and inclusion criteria. If they're spending half their day talking to people that are already excluded, they feel like they have wasted time.

It seems simple, but by having the patients answer our health assessment quiz online, by having them talk to one of our nurse counselors on the phone, not to help guide or steer them or provide medical advice, but just rather to make sure it's the right fit and then to make sure they can get the appointment in a timely fashion.

This is some of the simple logistics stuff that these are the realities that we were talking about before. If you can't get an appointment for six months, if you can't get an appointment for six weeks, that's not good for the whole system.

## Don

**Once you get that appointment, it's even more so important knowing that you've got limited time with your provider to make sure that you're prepared, that you have a sufficient amount of knowledge to get the best outcome**

## Bob

I think it's also the psychology of winning plays an effect here. When the patient isn't prepared in a physician office, the doctor could only lose so many times in a given day before it starts to affect their psyche.

Likewise, if you're running a clinical trial, you're at the front desk and you're running screens, your screen fail rate is 70-80% at the front desk because they weren't the right patients that came in, at some point, there's a psychological issue that starts to happen where the system is really set up where it just becomes nonfunctional because you're losing too many times.

*"To create efficiencies, you really need to make sure that patient's educated and screened before they get through the process. Ultimately, that creates efficiency. When people start to feel like they're helping the person in front of them, the morale and the overall lift of the stress begins to happen."*

## Don

**That's a great point. How do your clients at 83Bar, or other leading healthcare organizations, how are they applying your model successfully in any of a wide range of different initiatives?**

## Bob

We work on behalf of any number of diagnostic device and pharma companies.

Just to give you a for instance, what we just talked about in terms of being able to make the process efficient. If you have a device that is only really works if as a third or fourth line where the patient has had a fail, one or two pharmaceuticals haven't worked for them, physical therapy hasn't worked for them, and that type of patient really only qualifies for that device once they pass those thresholds, by using a service, by using a process like we do in terms of our activation process, what we're doing is we're taking that massive amount of patients who may be afflicted by this condition, in this case it was overactive bladder, so you have a massive amount of population that's affected by over active bladder.

But instead of sending all of those people into their physician office and trying to get asking questions about of something they learned about on TV or something learned about in an advertisement, what we're doing is we're intervening in the middle of that and we're helping them understand is that really appropriate for them? Are they qualified for that? Where is the local place where they can get it done?

Here are some of the questions you should be really thinking about before you go.

What that does is it takes this massive big patch of population and cultivates it down to the patients who it's really appropriate for and the patients who are really prepared to have that serious conversation as to whether they want to move forward.

Now it takes a lot of stress off the healthcare system. It takes a lot of stress off the front desk and it gives and elongates the period which the patients who are prepared will actually get to spend with their provider. If done correctly, the system becomes much more efficient for everyone involved.

### Mark

Another way, Don, the clients are using us, as we move down this journey a little bit, to this third step called Navigate, is after so many of these ads end with "ask your doctor."

Patients run into a wall in real life. They do want to talk to a rheumatologist about this new drug, or they do want to ask an orthopedic surgeon about this new device, but they can't get an appointment. They don't know which provider is covered by their insurance. Or tried to call the office, left a message, but no one called back. Patients get very frustrated with this. They go to a physician locator online, they click on the locator, but the doctor's moved their office.

*"So, clients see our system as a way to cut through some of those problems. That's where the word concierge like service comes in. You can't get a reservation at the fancy new popular restaurant downtown; that's what a concierge is for. We want to help you get an appointment with the doctor that can help you the most, answer the questions, and we have ways of doing that."*

### Don

**The techniques that you have both been speaking about for our own listeners, primarily in the pharma marketing, healthcare marketing space, how can they apply these techniques in their own efforts from a marketing perspective?**

### Mark

Look at it across your marketing plan. If you have a classic marketing plan, you need to address current patients, promoting compliance and adherence. You might have part of your marketing plan to reach new, undiagnosed patients, and educate them. You might have part of your plan to help the HCPs see more patients or give them better tools to communicate with their patients.



Then, let's cross the hallway into the clinical development side, and you might be in phase two or three of a trial, and wonder how do we accelerate that? Because only 3% of the population right now are participating in a clinical trial.



How do we get that word out more? And everyone knows the benefit of accelerating the trial is that the drug gets evaluated quicker, it gets submitted to the FDA quicker, and gets approved quicker. There is a commercial benefit to that. But mainly it's to get the right medicine to the right patients faster.

### Bob

I'd just like to add that at a core level, I think one thing that marketers can do is really start to think and continue to think about patients that are really a human being that aren't attached to the healthcare system. Doesn't understand the nuances of the healthcare system. Lives in a completely different ecosystem than we live in as people who work in the healthcare field.

Our knowledge base gives us an unfair advantage when we're dealing with healthcare. It also taints our thinking a little bit. So you want to think about a human being who has no idea what any of the medical terms mean, has no idea what each type of doctor is for, really doesn't understand his insurance all that much.

If you take that baseline, really start to figure out what are the steps that person needs to go from that baseline of knowledge to a point where they can actually make a decision.

It's really less about, "try my drug," or it's less about this is what this can do for you. It's really more about here's the condition. Here's the multiple options you have. Here are some of the points you might want to consider. Here's some of the questions you should be asking. Give them the ammo that they need to be able to help self-service their own issues in a way that doesn't have the expectations of being in a healthcare environment their whole life..

*This podcast is a copyrighted production of the Pharma Marketing Network.*

*Opinions expressed are those of the individuals, not necessarily the Pharma Marketing Network. To hear more great content like this, please subscribe to the Pharma Marketing Podcast on the Apple Podcast app or at [www.pharmamarketing.com](http://www.pharmamarketing.com).*

## Patient Activation

83bar has developed a 4-part patient activation system integrated to:

- LOCATE prospective patients through risk assessment and health surveys;
- EDUCATE them to offer solutions and help them make informed decisions;
- NAVIGATE patients to action by appointment scheduling or service fulfillment; and through comprehensive follow-up; and
- ADVOCATE on behalf of improved treatment and health care.



**\$1 billion+ in  
DTP acquisition**



**18% average  
Facebook  
conversion**



**1,000,000+  
patient prospects**



**>7:1 average  
ROI for partner  
companies**



**25+ partner  
companies**

### Patient Activation

is available on Amazon  
in paperback & Kindle



For full report data, contact:

**Bob Baurys**  
**President & CEO**  
**(512) 592-9177**

**[bob@go83bar.com](mailto:bob@go83bar.com)**