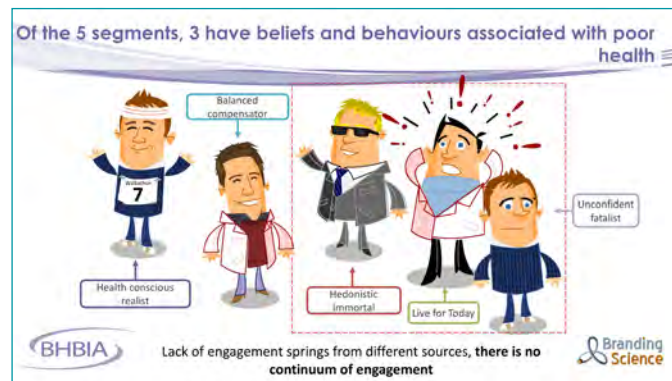


'Can't cope, don't care'; Examining one size fits all in patient support?

Conference Winning Training Session



In 2010 a team working with NHS England, using a robust and rigorous research process, developed the 'Healthy Foundations Segmentation'. Five major health personalities emerged from this research, two with broadly health positive attitudes and behaviours, three with traits more likely to compromise their health and be unhelpful in the event of illness. In contrast to other patient engagement models, this work showed that there are quite different drivers at work producing disengagement.

- Some simply have higher priorities than their health, they are more driven by the pursuit of pleasure and do not believe that they will get ill.
- Some just live in the here and now, struggle with planning and often seem disorganised or chaotic.
- Others are different again, pessimistic and fatalistic they do not believe they can do much to influence their health 'outcomes'. Their response to illness tends to be passive and resigned.

Crucially these three segments each present different healthcare challenges. They are disengaged from their health but in different ways, **the source of disengagement is very different for each segment.**

Different segments, different nudges?

In February 2018 we conducted online interviews with 320 people taking regular treatment for chronic conditions. Each was 'typed' and presented with a series of propositions each of which could be part of a treatment support package.

The 11 support propositions went across a spectrum of offerings, e.g.

- 'boot camp' style re-education
- 'reward' schemes incentivising good health behaviours
- 'buddy' schemes designed to create patient communities
- 'mentor' schemes to lead the patient to better health behaviours

We wanted to see whether different offerings would appeal to one segment more than others... was a 'one size fits all' approach sub optimal?

In some ways our research proved the hypothesis, but it also brought some surprises.

Patient support beyond the pill

In the end of interview open ended responses there were a few challengers' who felt there was little point in offering such supports, but this was 5 or 6 participants out of 320. The vast majority of comments were positive.

In our analysis of responses we looked at how many participants gave a proposition appeal scores of 8, 9 or 10 [out of 10]. When we did this we found that even the poorest performing proposition has over a quarter of the sample giving it high scores, whilst the strongest performer has over half the sample giving high scores. Nearly everybody likes some of the ideas and some rated quite a few highly. All of this seems to support the hypothesis that there is an appetite for support that goes beyond the pill.

The reward principle

Although we wanted to see whether some ideas played better in one segment rather than another, a couple of propositions appeared to do well across the board. The idea of an 'air miles' style reward scheme ['health miles'] top scored in each segment. The second support proposition that performed well across the board was a 'fit bit' style of feedback mechanism. People like to get feedback provided it is not judgemental, patients want to know am I doing this right or am I messing up?

What psychologists have known since Pavlov, and what Behavioural Economists currently make much of, is that rewards can motivate the behaviours we want.... In this research the reward principle scored highly.... The challenge is to find ways of working with the reward principle, pharma companies should be exploring ways of building reward into treatment packages.

Different strokes for different folks

Whilst reward/feedback offerings appealed to all segments, others clearly had more attraction for some types. The most health positive patient segment appeared on a quest for self-improvement, they like the idea of feedback on positive and negative behaviours or a programme that can help them understand themselves better and therefore address their health more positively. Ironically these are also the patients who are most often interested in more information in spite of the fact that these are the people who probably already know the most.

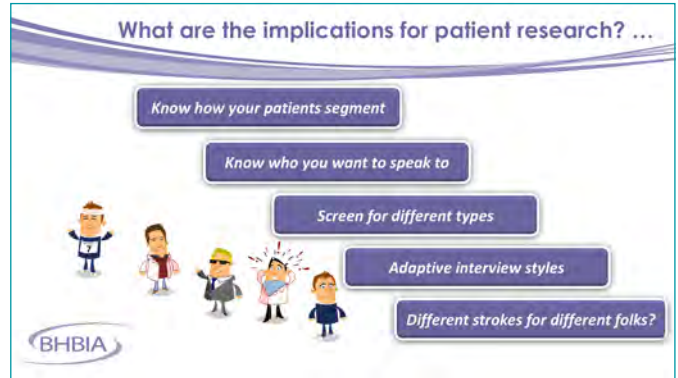
By contrast, those segments with less positive health behaviours get excited about support ideas a little less often. In particular, people with more disorganised and chaotic personalities are difficult to engage with. They get less enthused than others about many support ideas and remain uninspired by offers of personal support. Perversely, this research suggests that memory and compliance aids may have the most positive traction with patients who are positively engaged and far less so for the chaotic patients who they would help the most.

Patients from the fatalistic and lacking confidence segment have different needs from patients who are disorganised, lack structure and who can't plan. Here there appear to be real differences of need... and these are needs that are unmet. Our research showed those who are fatalistic and lack confidence often respond positively to a range of support propositions. They want lots of personal support and assistance in order to feel they are not alone.

Where do these findings take us?

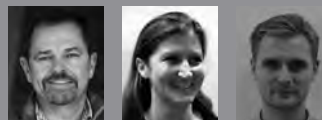
Amongst other things we concluded:

- Objectives in patient research ought to be broadened to include an exploration of 'health personality' and the identification of how this impacts response and behaviour.
- In any treatment area it is interesting and important to know how any particular patient audience segments; how do diabetics segment?... asthmatics?... IBD? Etc.
- It will be useful to know in advance if, in patient interviews, we are about to talk to a hedonist, chaotic, or fatalist, so that we can adapt our interviewing style... asking questions in different ways and maybe even asking different questions.



We are increasingly finding that clients want to better understand 'total patient pool journeys' and how best to engage and support HCPs and their patients along those journeys.

The evidence strongly suggests that patient journey research informed by a deeper understanding of patient healthcare personalities enables our clients to design treatment support packages that can make a real difference to both patients and HCPs whilst allowing our clients' products the best chance to really work in the way they were intended to. We remain keen to continue working closely with our clients to further develop our work in this area.



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