

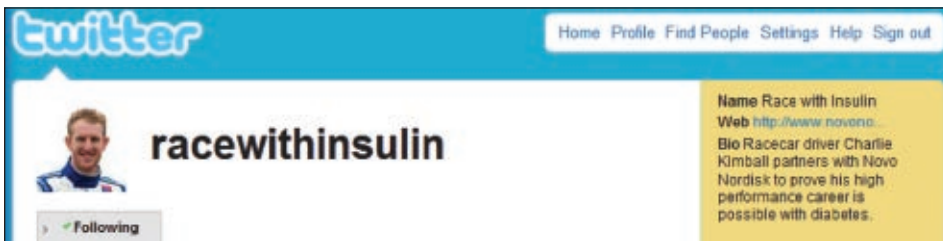
The Krū Report: e-Patient Connections

Reach, Engage and Educate Today's Digital Health Consumers

July, 2009 Volume 1.3

The Pharma-Twitter Experiment: How Brands Can Achieve a 14% Response Rate

The first pharmaceutical branded tweet was sent out on June 18, 2009 on behalf of Novo Nordisk. It was sent by racecar driver and Type I diabetic, Charlie Kimbell, using his @RaceWithInsulin Twitter profile.



Labeled as “sleazy Twitter spam” by some and “a great start” by others, the resulting coverage revealed just how little is known about how Twitter can be used as part of a brand manager’s direct-to-consumer plan.

Recently, Krū Research conducted a marketing experiment to determine the optimal way a pharma brand can connect with health consumers on Twitter. We will leave the more philosophical questions to others. This article is not designed to address the ethical issues of using social media for sales, or even the often cited claim that a sales goal in itself is counter to building authentic relationships.

Our experiment is simply designed to understand the behavior of Twitterers as it relates to healthcare marketing.

Similar to how pharma uses CRM opt-in email campaigns, the goal was to see if Twitter could be used to build a list of target prospects who could then be contacted and converted to new patient starts.

Questions We Sought to Answer

In Phase One of our Pharma-Twitter experiment we set out to answer the following questions:

1) If you use Twitter search to identify

and then contact people with a specific condition, will it be rejected as Twitter-spam or be welcomed for its contextual relevance and timeliness?

2) Do people prefer to follow a person or a brand, and by what margin of difference?

3) What type of person-profile will get the most follow-backs? Specifically:

- A person who shares your condition
- A person who shares your condition, but is representing an unbranded website
- A brand manager for an insomnia drug

In Phase Two we sought to answer a fourth question:

4) What impact does your profile picture have on follow-back response rates?

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What's the “e” in e-Patient?

A term coined by Dr. Tom Ferguson to describe people who are equipped, enabled, engaged and empowered to manage their health and make health care decisions.

We're adding a few more e's to the definition, including **educated, expressive, expert,** and **electronic.**



Kevin Kruse

“Sometimes we want to lurk and listen, other times we want to connect.”

The **Krū** Report: e-Patient Connections Newsletter™

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Editor/Publisher

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Who Says You Have to Be “Social” on Social Media?

Our cover story this month focuses on the results of our marketing experiment, which shows how pharmaceutical brands can potentially use Twitter for direct to consumer (DTC) marketing purposes.

Did you gasp when you read the previous sentence, or were you intrigued?

While I think many pharmaceutical marketers will be interested in our results, I think many more social media purists will be sending me hate mail, and “hate tweets.” I predict I’ll be told:

“Twitter is being ruined by people trying to make a buck and pharma spam is no different.”

“Social media should be about two-way conversations, not another broadcast channel.”

“You’re evil!”

First, the sentiment that “social media is being ruined by people selling stuff” is reminiscent of what people said in the early Internet days. Not too long ago, the early adopters of the Web—primarily students, academics and scientists—lamented the fact that the Internet was going commercial. Big business on the Web would ruin it. For many years I attended the big annual expo called Comdex. And one year a much talked about article lamented the fact that Comdex attendees suddenly sported more suits than pocket protectors. And of course years later we don’t hear these objections, billions of dollars of commerce flows over the ‘net, and Amazon and eBay are household names.

When it comes to social media, I agree that it would be nice to not have so many spam followers and commercial tweets. But our experiment isn’t about what should be, it’s about what is; how do people react to business actions on Twitter? Big companies like Dell sell on Twitter, as do small independent coffee shops. How would the Twitterverse react to direct communications from pharma? Nobody had the answer.

Second, the purists who are critical of health marketers that aren’t very “social” on social media, assume that all social media users are alike and want to be social. The reality is that users of social media are mixed in their use. Sometimes we want to lurk and listen, other times we want to connect. Using myself to illustrate the point:

- I use Twitter to follow individuals like Steve Case, hashtags like #hcsn, and companies like Forrester. I follow them to learn, to discover new trends, or for personal entertainment. Yet, so far, Steve Case hasn’t responded to any of my messages (and that’s OK).
- I also use Twitter to meet new contacts and stay in touch with old friends, and look forward to the quick and easy interactions facilitated by the 140 character limit.

I agree that ideally a doctor or patient following a pharmaceutical product on Twitter should be able to ask a question or make a comment or suggestion and get a response. But I would also suggest that many docs and patients would be interested in monitoring the disease education tweets of a brand and/or learning of value-added health offers, even without personal interaction.

Regardless of your personal views on social media marketing, we think you’ll agree that the opinion that counts is that of the Twitter user. We hope you’ll appreciate the insights into their behaviors.

Kevin Kruse

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Research: Social Life of Health Information

Susannah Fox, of the Pew Internet & American Life Project, has released her latest research report, "The Social Life of Health Information." With a survey conducted in Spanish and English, and a sample size of 2,253 adults, the Pew report is the definitive guide to the prevalence and practices of digital health consumers, or "e-patients." Major findings along with Krū perspectives are below.

Everyone Is An E-Patient (well almost)

Not surprising but reassuring to those focused on the e-patient movement, the survey found that 8 in 10 internet users look for health information online and that number continues to grow. The use of traditional information sources remains static and 86% of adults talk to a doctor about their health conditions. This just indicates that being an e-patient doesn't mean you aren't also a patient who uses books, doctors, friends, or other influencers. The Internet has reduced the friction associated with access to information and socialization, but doesn't replace other sources.

Many Read; Few Contribute (and that's quite alright)

The Pew report shows that e-patients are more passive than active. While 41% have read someone else's comments or blog, only 5–6% post online. This is just an extreme Pareto principle at work and can be seen in online groups as well as offline groups. How many people at a conference raise their hands and ask questions? Probably 5 out of a 100. How many church members volunteer to collect money or greet parishioners or bring in flowers for Easter? Maybe 5 of a 100. I don't think that number will change, and I think that's just fine. If 5% of all people with a certain condition contribute, that's a lot of content and good sample size that should accurately represent the whole.

Few e-Patients are Joiners (but what about serious chronic conditions?)

One of the apparent losers in this study is online social networks, which would include Facebook health groups, private networks like CML Earth, legacy community email lists like ACOR, etc. In fact only 6% of e-patients have started or joined a health-related group on a social networking site.

But what I'm curious about, and don't think the survey queried, is what percent of e-patients with serious and/or chronic illnesses have joined an online group. The total population of e-patients of course includes mostly healthy adults who may be using the Internet to check out flu symptoms, diet pills, or what the procedure is like for a vasectomy. No need to join an online group for these issues. But what percent of people with cancer join a group? What about people with ALS? Or chronic depression? My guess is that the percentage of "joiners" in these groups would be much higher.

Online Health Info Is a Major Influencer (so shift your resources marketers)

Health marketers and communicators everywhere should note that 60% of e-patients say their health query online influenced their treatment decision and 38% said it influenced their decision to go to a doctor. Whether you're trying to engage people on the topic of H1N1 flu, diabetes, insomnia, cancer or anything else, you need to dramatically shift your time, energy and money to the web.

This is Just the Beginning

Trends in wireless adoption and inevitable impact of age will be accelerators to the e-patient movement.

Quoting the report:

"Indeed, those with mobile access to the internet are more likely than those who have tethered access to contribute their comments and reviews to the online conversation about health and health care. And mobile access is on the rise.

Adults between the ages of 18 to 49 are more likely than older adults to participate in social technologies related to health. As younger adults face more health care questions and challenges, they may turn to the tools they have sharpened in other contexts of their lives to gather and share health advice." **K**



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Philadelphia, PA

www.ePatient2009.com



Interview: Ash Damle, Founder, Medgle

MEDgle's flagship site is MEDgle.com which is a personalized medical search engine. But unlike other search engines, MEDgle uses an expert system that connects 7000 symptoms to 2000 diagnoses and factors in personal information like age, gender, and lifestyles.

Ash Damle, the founder of Medgle, is a rare breed. He's a code-slinging, patent-holding, MIT-grad but he's no nerd. His natural social skills would put most sales people to shame. I first met him at the Health 2.0 Boston conference as I waited for the Hello Health demo session to begin. I was in the back of the room with a frustrated, cranky crowd—not enough chairs, the session was late, lunch was inedible, black-shirted Hello Health youth marched through the group and stepped on our feet...

Then suddenly a friendly guy strolls through the door smiling, looking everyone in the eye as he walked past and announces to nobody in particular, "Pretty crowded in here...I just got in from a red eye." Within minutes our little group was chatting, actually laughing, and of course I soon got "Hi I'm Ash, who you with?"

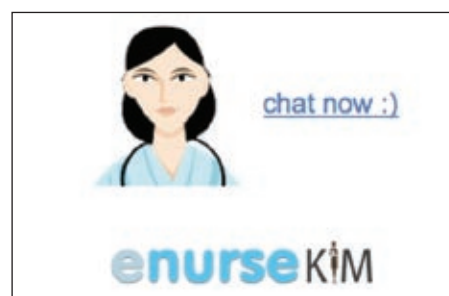
While Medgle, and Ash, are well known in the Health 2.0 crowd I don't think this company is getting the attention they deserve. A strong, unique technology poised perfectly for the booming EHR/PHR space. I caught up with Ash shortly after the conference...

Krū Research: Who is Medgle for and what does it do?

Ash: We really want to help people understand their medical options. Medgle is for anybody who has a symptom or was told a diagnosis, who wants to understand what that actually means and potentially what the next steps are.

Krū: Is this built with your own in-house technology or is this built on top of another search platform?

Ash: This is our home grown technology which provides a strong base for a different type of search. We are now going to be marrying it with the semantic analysis stuff we also developed.



Krū: I see I can chat with eNurse Kim. Is this a bot or a live chat application?

Ash: This is a purely virtual nurse. It's basically the MEDgle platform but in a conversational format. This is one way to get the power of MEDgle to more people, to make it more accessible.



Krū: And you also have a site called HealthierMee.

Ash: HealthierMee uses the same MEDgle engine but instead of looking for a particular symptom or diagnosis, it's about taking you as the query and telling you what you are at risk for and what you can do about it.

Basically it takes your height, your weight, your age, your lifestyle... family history and comes back to what we call a fit score. We identify what things have exacerbated your risks and specifically what's the biggest bang for your buck for improving your fit score.

Krū: Is this something similar to the Real Age Quiz?

Ash: Very much so but instead of a real long list of questions you kind of get your answers a bit faster. [Laughs] Second of all, we took a much more scientific approach to the whole issue in terms of what's going on with their health and as they continue with their current health trajectory, what does it look over the next five, ten, fifteen years.

Krū: Tell me about the MEDgle widget.

Ash: The widget enables people to put MEDgle on their own website and have people access it in sort of a quick pop-up window. It's one of our experiments, like the eNurse, to try

to make it even easier to deploy the MEDgle platform.

Krū: Now let's talk about the business side of things. How are you funded?

Ash: We are self funded. I think it's important to build something initially with real value and it's very important to find the right partner VC partner—it's not so much the money per say but finding the right partner for the long term perspective.

Krū: What's your business model?

Ash: We have a premium type model where we offer a base set of functionality that everyone can use and obviously for those who are interested we can offer additional services. We license our API. It's not yet publicly available but it's being offered to select companies who are interested. We licensed it to the folks at Hello Health.

Krū: Who would you consider your competition?

Ash: There are a lot of people focused on general web health search, or people focused on creating thousands of articles. I don't know anyone who has the approach we have in terms of focusing on how everything connects. And creating the algorithms and knowing the probabilities necessary to make those connections for an individual.

Krū: The ability to connect to relevant data is the key.

Ash: Exactly. What we really focus on is how everything connects. What are all the probabilities and algorithms needed to give relevant accurate answers? An EHR or PHR company can come to us to help transform their interfaces to make them much more assistive and intelligent for both the health care providers as well as their consumers.

Krū: Your focus is more B2B than B2C but have you had much traffic to Medgle.com?

Ash: We did about 200,000 people last month, 600,000 page views. We haven't really done any for advertising or anything there but people seem to find what we had and like it.

Krū: Are there opportunities for Medgle to partner with pharmaceutical companies?

Ash: We are very excited about working with Pharma in a way that adds value to both the company as well as the consumer.

One way would be for Pharma to advertise on Medgle because the ads would only appear in places that makes sense--only within the context of this particular disease or this particular age group or a particular lifestyle. We understand all those pieces and therefore can help them do a better job with their targeted advertising. And our system also understands the issues around comorbidities. We get those connections and are enhancing our API to deal with this type of thing.

Krū: Ash, thanks for the time and keep us posted.

Ash: Thanks. **K**

www.Medgle.com

www.HealthierMee.com

Choosing a Condition—Insomnia

For the experiment we chose to focus on the condition of chronic insomnia. It was picked for a variety of reasons including the fact that insomnia is a common condition, thus likely to have a lot of observable mentions on Twitter. It's also a condition where patients have a lot of influence over whether or not they choose to treat the problem, and over which type of insomnia medication to choose.

Creating a Fictitious Drug and Profiles

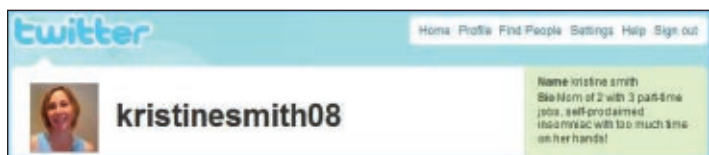
We created four different fictitious profiles on Twitter. These were:

1. A regular person with no association to insomnia or a drug; this was our control
2. A person who mentions they have insomnia in their profile; this was considered a patient-peer unaffiliated with pharma
3. A person with insomnia who is representing an unbranded insomnia website; this was our paid patient opinion leader profile
4. An insomnia brand

The fictitious brand was called Restira, and the simple profile is shown below:



All three people profiles looked something like this:



All profiles used similar photographs of the same person and similar, generic information for the name and bio. All profiles posted one tweet on the first day of the test and then were silent.

Searching Twitter for Insomniacs—400 People a Day

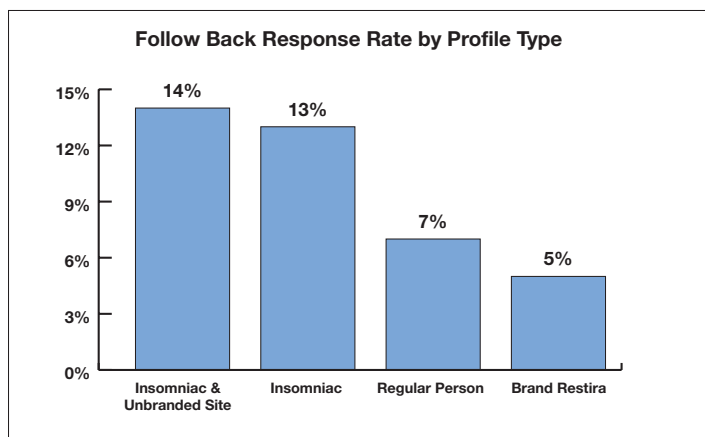
We searched twitter for the term “insomnia”, then scrubbed the list to eliminate all those who were talking about the song insomnia, the band insomnia123, the book, the movie, nightclubs, coffee shops, and people who wished they had insomnia in order to get more work done. We kept only those Twitterers who were talking about having insomnia,

and after looking back about 8 hours in the course of a single day, we found more than 400 people who fit our criteria.

We followed all the people on Twitter within a day of their tweet about “insomnia.” We rotated the fictitious profiles so each profile followed 100 Twitter insomnia sufferers. We then watched what happened over the next two weeks.

Which Profile Got the Most Follow-backs?

Our control profile, a mom with no relevance to insomnia, was followed back by 7 percent of the people. Our two self-proclaimed insomniacs came in virtually tied with a 14% response for the person associated with the unbranded website, and 13% for the person without that affiliation. The non-person profile, the brand Restira, received a 5% response.



Discussion on Response Results

Our control profile, the generic mother of two, received a 7% follow-back response rate, which is actually lower than we would have guessed since we falsely assumed that most people have setup an auto-follow feature on Twitter.

While it's true that the Restira brand performed poorest of our four profiles, a 5% response rate would be considered an amazing success by most direct response marketers.

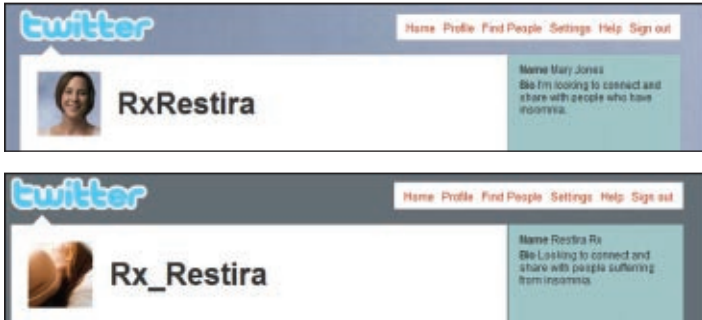
What's most interesting is that in this experiment people were twice as likely to follow a fellow insomniac as a generic person, and almost three times more likely to follow a health peer than a branded drug. Rather than being turned off by the obvious search and follow approach, it actually doubled the chance that someone who be interested in following someone back.

Phase Two—What Difference Does An Image Make?

Still wondering whether existing in Twitter as a brand was possible if the goal is to gain followers, we set up two new profiles. Specifically we wanted to test the idea of

personalizing the brand with the name and picture of the product manager, and also test the idea of using more of a conceptual, interesting profile photo.

For both profiles we used a similar profile name for our fictitious drug Restira, the same bio, and custom backgrounds. Then we chose two different pictures. One was a professional head shot of what could be the Restira brand manager, and the other was a conceptual image of a sleeping woman. These profiles are shown below.

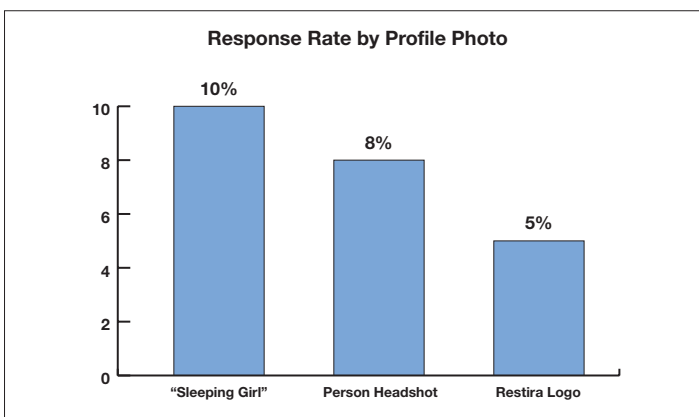


Over a one week period each profile followed 200 people who matched our previous insomnia criteria.

Phase Two Results

Using a person's name and image instead of the brand logo indeed had a dramatic impact. The follow-back response for this profile was 8%, significantly better than the 5% rate the logo alone got. Very surprising though was the fact that the "sleeping girl" picture received a 10% response rate. This doubles the result of the logo alone, and is 25% better result than a picture of an actual person.

Additionally, after a two week period, all of our profiles had a similar block rate of about 14%.



Results Will Vary, and Next Steps

The results of the first two phases of our research suggest that brand managers would be wise to use patient opinion leaders tied to an unbranded website to maximize their

twitter followers. As with any study, the results presented here should be viewed as general indicators and should be used to shape the design of further research. One cannot assume that response rates in different disease states would match those we found in insomnia. Critics of our study might point to the limited number of people followed, the fact that we did not have a chain of prior tweets in each profile, or even be critical of the profile pictures themselves. Our next report will show the results of our experiment to drive followers to an unbranded website, and ultimately to convert to coupons for prescription starts. **K**

**Learn to Use
Twitter &
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to Reach Digital
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The Bayer Didget™: Diabetes Meter for the Gamer Generation



Nine years ago, Paul Wessel made a simple connection. His young son, Luke, suffered from Type 1 Diabetes, a condition requiring several glucose readings per day. In order to take these measurements, a small blood sample was fed into a colorful handheld reader that theoretically, was simple enough for a child to use, and appealing enough for a child to want to use it.

However, Luke seemed less than enthusiastic about keeping tabs on his readings. “At about age six Luke began losing his glucose meter way too often,” Wessel related in a 2003 interview. “But he knew exactly where his GAMEBOY was, even if it was under the sofa. So I thought – Why not combine the two devices into one?”

Today, Wessel’s idea has developed into a commercial product due to be released in the U.K., the Bayer Didget. The Didget is a glucose meter modeled off of Bayer’s Contour meter and features a sleek design reminiscent of the iPod. After plugging the meter into a port on a Nintendo DS game system, a diabetic patient can translate consistent glucose readings into videogame prizes, including unlockable arcade-style games in which players can repel alien spaceships. Additionally, the Didget provides access to an online community of other Didget users, fusing the addictive nature of handheld videogames with peer support and additional extrinsic motivation.

The Didget has raised considerable buzz in both the realm of tech-gadget related blogs and the online diabetic community; Wessel seems to have tapped into a need that Bayer failed to initially factor into its product. Designing and marketing an effective glucose reader is merely the first step; convincing a child to actually maintain a regular testing schedule is another.

Wessel’s first crack at combining entertainment and medicine was the Glucoboy, released in the Australian market in 2007 after three years of legal wrangling with Nintendo. A clear precursor to the Didget, the Glucoboy became the first piece of medical hardware licensed to interface with the Gameboy, and was even covered under most Australian insurance policies. Wessel’s new product sports a sleeker look and a more sophisticated design,

with customizable settings permitting older users to adjust their HI/LO blood glucose target range and set daily alarms, as well as a child-friendly “basic” mode.

Far from the days of badgering young patients into paying even the most cursory attention to their readings, Bayer and Wessel count on kids being so engaged that they run the risk of *over-testing*. In fact, a *maximum* limit of readings per day is programmed into the game.

While the marketplace success of the Didget still remains to be seen, Jim Wessel and his new meter provide a great example of what’s possible from empowered caregivers, and offers a glimpse into the future of health devices that are mobile, social, and drive motivation.

New White Paper!

Patients Rising

How to Reach Empowered, Digital Health Consumers

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