2017 HEALTHCARE TRENDS
Data and predictive analytics are rapidly evolving how we target customers and develop integrated communications plans that flow seamlessly across channels. Today it’s possible to pinpoint exactly where to find your most likely customers and even know just when to connect with them.

The one thing the numbers can’t tell you: how to best engage those customers. Answering that requires a different set of questions, like...

*What expectations do people have for those channels?*

*What experiences will stand out in increasingly crowded spaces?*

*What do people really want right now?*

That’s why we collect trends. Trends show us those shifting customer expectations. They reveal data and clues about changing habits and preferences. They uncover brands that are making unique connections and getting to white spaces first.

For healthcare marketers there are four types of trends that can reveal new opportunity:

- **CONSUMER**
  Expectations created by media, peers and entertainment

- **DIGITAL**
  Behavior changes influenced by technology, tools and devices

- **COMMUNICATIONS**
  Shifts in how brands are earning time, attention and loyalty

- **HEALTHCARE**
  New realities in accessing, giving and receiving healthcare

This year, we worked with over one hundred trend spotters from across the inVentiv Health global footprint to identify the shifts most relevant to healthcare marketers. These trend spotters work on the front lines of our business and bring us insight and clues from across the industry and well beyond it.
This year, the big healthcare highlights start with exciting partnerships between man and machine, debates about both dollars and data and a new generation changing the physician-patient relationship. Patients are getting involved in commercialization strategies, grabbing healthcare on the go, and deciding just how much care is too much.

See those trends and more on the following pages.
Artificial intelligence is already changing the way major academic and research institutions assess, diagnoses and treat complex diseases by bringing to bear a much broader command of scientific evidence than any one doctor ever could. These machines are able to read the equivalent of as much as one million books per second and have the ability to create connections in that massive body of knowledge to uncover entirely new thinking. In 2017, we’ll be watching new collaborations between humans and machines that let doctors rely on the information in computers like Watson and invest their time and growth in engaging patients in new ways.
BETTER TOGETHER

“The best chess player in the world is not a human. It’s not an AI. It’s a human plus AI. It’s these centaurs. The best medical diagnosis: it’s not human; it’s not AI; it’s doctors plus these things. We are going to make all these other kinds of AIs to work with us. Working with us, it makes us more powerful.”

Kevin Kelly, Newsweek, 2016

UNC STANDARD OF CARE

IBM recruited 20 top-cancer institutes to teach its Watson supercomputer about genomics and oncology. In one study at the University of North Carolina, 99% of the time Watson made the same treatment recommendation that humans did, and in 30% of those cases, it found something new that the doctors hadn’t. Partnering with Watson has become the standard of care at UNC to help doctors efficiently find new treatment options.

60 Minutes, 2016

THE CURRENCY GAP

About 8,000 new scientific research papers are created around the world every day – more than 1,000 each week are high-quality enough to push science forward step-by-step. The inability to keep up can create real gaps in the awareness of treatment options.


“There’s a 7-year knowledge gap between a community oncologist and an academic oncologist.”


TEVA AND WATSON TEAM UP

Teva and IBM have expanded their global e-health alliance with a 3-year collaboration focused on the emerging field of drug repurposing. Their goal: find new uses for existing drugs to streamline the time and cost-intensive process of bringing new drugs to market. The partners expect this systematic process for drug repurposing to become a new blueprint for the industry.

IBM, 2016
Do facts really matter any more? We may be living in a post-proof era where objective science, evidence and data are no longer seen as absolute. A history of contradictory studies has left people unimpressed with the wisdom of science. Instead, they increasingly act on their own beliefs even when presented with researched evidence to the contrary. Everything, it seems, is a matter of opinion. The impact of medications, the effectiveness of vaccines, the reality of climate change – all just possibilities in the public discourse. Online, data may mean even less as people keep clicking and tapping to find a headline more aligned with what they already believed.
EVERYTHING/NOTHING IS TRUE

“An explanation of climate change from a Nobel Prize-winning physicist looks exactly the same on your Facebook page as the denial of climate change by somebody on the Koch brothers’ payroll. And the capacity to disseminate misinformation, wild conspiracy theories, to paint the opposition in wildly negative light without any rebuttal—that has accelerated in ways that much more sharply polarize the electorate and make it very difficult to have a common conversation.”

President Barack Obama, 2016

1 + 1 = THEY’RE COMING FOR OUR GUNS

A recent study asked participants to solve a fairly difficult problem that involved interpreting the results of a (fake) scientific study. One group was told the study was for a new face cream; the other group was told the study explored the effectiveness of a gun control program. The result: wildly different answers to the same problem, and the participants who were actually best at math were also the ones most likely to skew their answers and proofs to match their political leanings.

Yale University, 2015

FALSE FACTS WIN

In 2016, outrageous myths not only earned coverage and clicks, they actually changed elections. In the UK, many claims of the Leave campaign in the lead-up to the Brexit referendum were demonstrably false. In the U.S., independent fact-checking site, Politifact, rated more than 70% of Donald Trump’s campaign statements as “mostly false.” “false” or “pants on fire false.”

Quartz, 2016

CLOSING DEBATE

The BBC has launched a special series to try to get ahead of the new war on vaccines. Their Medical Myths program takes on old wives tales and urban legends with detailed science. If you’re wondering – no, you can’t really drown in quicksand and there is no scientific proof of a relationship between mental illness and creativity… or genius.

BBC, 2016
Doctors are asking tough new questions about the measures of success in clinical trials. It is no longer enough to show a positive endpoint. Instead, they want to understand increasingly sophisticated interpretations that take in a wider range of evidence, from secondary end points to safety and from the size to the quality of trials. Some specialties are adding additional cost-value expectations and baselines of life-extending benefit as well. Increasingly, the measures that earn approval are not the same as the ones that earn adoption.
NEW BAR: CLINICALLY MEANINGFUL IMPROVEMENT

The global clinical trials market has been estimated to reach $14.2 billion in 2016 and is projected to reach around $22 billion by the year 2021, growing at a CAGR of 7.5%. One of the big drivers of growth comes from trials that focus on safety by different sub groups or ethnic populations. In 2017, look for even more of these trials designed to prove specific endpoints with very targeted populations.

Mordor Intelligence, 2016

SUB POPULATIONS DRIVING GROWTH

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Mordor Intelligence, 2016

MORE & MORE NUANCED QUESTIONS

Does a P value of <0.05 provide strong enough evidence? What is the magnitude of the treatment benefit? Is the primary outcome clinically important (and internally consistent)? Are secondary outcomes supportive? Are the principal findings consistent across important subgroups? Is the trial large enough to be convincing? Do concerns about safety counterbalance positive efficacy? Is the efficacy-safety balance patient-specific? Are there flaws in trial design and conduct? Do the findings apply to my patients?

New England Journal of Medicine, 2016

NEW METHODS FOR NEW MEDICINES

“It's not enough to simply rethink the endpoints we're using—we need to evolve our entire approach to clinical trials. For example, flexible clinical trials, such as those using adaptive designs, allow us to adjust ongoing studies based on new scientific data. Seamless designs combine the typical clinical trial phases into a single study that can be evaluated and adapted at multiple points.”

James Reimann, PhD, Genentech, 2016
Millennial physicians and nurses are making a huge impact on the practice of healthcare. These younger professionals are redefining what a career in medicine looks like with new team-based environments, shifting metrics of success, and a preference for group learning and development. Their professional goals are much more likely to include moving easily between employers and geographies than building a private practice. Millennials are changing the experience for patients, too, by expecting them to come into the exam room educated about their conditions and ready to try more than just taking medicine to live well.
NEW GENERATION, NEW APPROACH

When it comes to treating their millennial patients, millennial doctors feel they need to take a different approach. Four out of five of millennial doctors think that their Gen Y patients require a different relationship with their doctors than non-millennial patients (only 57% of non-millennial doctors shared this sentiment) and 66% of millennial doctors actually act upon this by changing their approach.

GSW and inVentiv Health, 2016

LEARN TOGETHER

Only 14% of millennial doctors prefer to learn independently. The majority prefer two-way conversations when learning about new treatment options (52%), and their favorite conversation partners happen to be their peers. Nearly half of millennial doctors found educational experiences that are driven by their peers to be the most relevant for learning about new treatments (only 18% of non-millennial physicians agree).

GSW and inVentiv Health, 2016

RESEARCH BUT DON’T ASK

Seventy-one percent of millennial doctors believe it’s helpful for patients to do online research before their appointment. However, this new generation of physicians won’t be swayed by requests from a more-informed patient – only 23% of millennial doctors say they are influenced by patient requests when it comes to prescribing a treatment (whereas 41% of non-millennial doctors report finding those requests influential).

GSW and inVentiv Health, 2016

CULINARY + CLINICAL

The newest elective at Tulane University School of Medicine takes students out of the classroom and into the kitchen. The T1/T2 course has seven 4-hour cooking classes which are integrated into community cooking classes. Lessons are keyed to both the basic science curriculum (biochemistry, physiology, etc.) and building the practical clinical skills needed for patient-physician discussions about the importance of dietary and lifestyle changes.

Tulane University, 2016
Health literacy is back in the spotlight. The perennial challenge of helping people better understand and navigate health and healthcare has gained new urgency as payers have taken stronger control of the options available to patients and as questions of efficacy and value have become more complex. Healthcare professionals and advocates around the world want to give patients more control of their health by improving their knowledge regarding what to expect and how to make better choices. In 2017, look for a drive for simplicity in communications and a groundswell of conversation about how to decode healthcare for the people who need the knowledge the most.
HOW DOES THIS WORK AGAIN?

Only 7% of the U.S. population showed an understanding of all four of these basic health insurance terms:
- Healthcare premium (62%)
- Health plan deductible (62%)
- Out-of-pocket maximum (36%)
- Co-insurance (32%)

UnitedHealthcare, 2016

LOW LITERACY; LOW ENGAGEMENT

In a recent study of 4,974 consumers, researchers explored whether health literacy was associated with the use of four types of digital tools: fitness apps, activity trackers, nutrition apps and patient portals where they can access their EHR. The researchers found 16% of respondents had low health literacy and the lower a participant’s health literacy score, the less likely they were to think those digital health tools were easy to use or even useful.

University of Texas at Austin, 2016

MISREADING THE RESULTS

Researchers asked 424 adults in Japan to read health checkup reports that had been specifically designed for the study. About 70% misread the normal/abnormal classification for at least one item. Those with lower health literacy scores were significantly less likely to recognize the problems, risk of illness and need for preventive action for the examinee, and also less likely to express their willingness to take preventive action in compliance with the doctor’s advice after having received the health checkup report.

Environmental Health and Preventive Medicine, 2015

REIMAGING THE INTERFACE

Healthcare leaders, like Cigna and UnitedHealthcare, are recreating the interfaces of customer-facing tools to help users focus on the most critical information and plan appropriate next steps. Cigna’s Compass tool employs visual dashboards to show users their progress towards financial and preventative goals. UnitedHealthcare sends members simple text alerts if they are missing important medical treatments or tests.

Cigna, MobiHealthNews, 2016
2015 and 2016 brought us big news around more targeted and personalized therapies. A steady stream of real and prospective advances fueled patients’ expectations that their genes would point to a greater chance for a cure through more targeted or even customized therapies. But – as many patients learned – medicine has its limits.

When diagnostics reveal that personalized or targeted therapies aren’t an option – or aren’t the best option – physicians increasingly find themselves having challenging new conversations about expectations, efficacy and value. In 2017, there will be a new push to carve out a clearer role for targeted therapies and fit it into the greater context of what medicine has learned about how to best treat disease.
BY THE NUMBERS

At MD Anderson, 2,600 people were enrolled in a sequencing program; 6.4% were paired with a targeted drug for identified mutations.

When patients with diverse, relapsed cancers are given drugs based on biological markers, only around 30% respond at all, and the median progression-free survival is just 5.7 months.


A FORMAL DIAGNOSIS

“Michael Lerner, a writer who worked with cancer patients, once likened the experience of being diagnosed with cancer to being parachuted out of a plane without a map or compass; now, it is the oncologist who feels parachuted onto a strange landscape, with no idea which way to go. There are often no previous probabilities, and even fewer certainties. The stakes feel higher, the successes more surprising and the failures more personal.”


NEW TRIALS UNDERWAY

In the UK, a trial, called Optima, is being run by University College, London. It will recruit 4,500 women with breast cancer, and their tumors will be genetically tested as soon as they are diagnosed to establish who will respond to chemotherapy and who will not.

Of the 50,000 or so women diagnosed with breast cancer in the UK each year, about 40% are currently given chemotherapy, but only half of them do well as a result of treatment; in the other half, the benefit is unclear. Researchers hope to find out which of the latter group actually need chemotherapy.


NOT LIVING UP TO PROMISE

“Precision oncology promises to pair individuals cancer patients with drugs that target the specific mutations in their tumor in the hope of producing long-lasting remission and extending survival. Enthusiasm has been fueled by reports of exceptional or super-responders — individuals for whom experimental therapies seem to work spectacularly well. Yet, despite the hype surrounding rare cases such as these, most people with cancer do not benefit from the precision strategy, nor has this approach been shown to improve outcomes in controlled studies.”

Dr. Vinay Prasad, Knight Cancer Institute, 2016
The shift to outcomes-based metrics has finally put the spotlight on the member of the healthcare team most able to drive persistency and commitment: the patient. Providers are making significant investments in patient engagement and activation programs. They’re stratifying populations not just by health risk but by level of engagement. Research backs up those moves with proof that consistently shows that patients who are more involved in the self-management of their health are less likely to be hospitalized or to develop a chronic condition than those with lower engagement scores.
$39 BILLION MARKET BY 2024

The global market for patient engagement solutions was benchmarked at $7.4 billion in 2015. It’s expected to enter a period of rapid growth over the next eight years with a CAGR of more than 22%. The market for tools that engage patients is larger still: by 2024, the smart inhaler market alone will be $3.56 billion and the connected device market will be $612 billion.

Grand View Research, 2016

ENGAGEMENT CHANGES OUTCOMES

Ochsner Health System helped more than two-thirds of their hypertension patients get their blood pressure within normal range in just 90 days by using a connected device. Users’ at-home measurements triggered coaching from non-physician hospital employees, as well as reminders and encouragement via text messages and emails.

In the end, the average blood pressures dropped to 135/77 from 150/83 at baseline.

Dr. Richard Milani, Ochsner, 2016

WHAT’S YOUR PAM?

A new retrospective study used the Patient Activation Measure (PAM) test to quantify the impact of engagement. The test identified where an individual fell within four different levels of activation and self-management. Over four years, the study showed that PAM scores were a strong predictor of chronic disease development, emergency department visits and hospitalizations.

Health Services Research, 2016

AETNA, APPLE AND EXPECTATIONS

North America is leading the globe in patient engagement offerings, accounting for 40% of the market, and payers, like Aetna, are stepping in with health tracking programs and Apple Watch subsidies. In Europe, growth is coming from public health systems such as the NHS. In Asia, increased income, new expectations for quality care, and a rapidly aging population are behind the move towards increasing patient engagement.

MobiHealthNews, 2016

North America accounts for 40% of the global patient engagement market
Many pharmaceutical companies are giving patients a greater role in influencing development and commercialization strategies by creating models that examine every decision through the lens of the ultimate end user. Increasingly, that starts with bringing the patient voice into clinical trial design, thus ensuring that everything measured and evaluated aligns with what patients care about most. In 2017, that patient mindset will drive more and more pricing models, too. Brands will develop insights and communications connected to what patients find valuable and leverage those to proactively address challenges with coverage or market acceptance.
BY THE NUMBERS

– 85% of pharmaceutical executives have piloted patient-centric models
– 83% of executives expect to further restructure their commercial model in the next two to three years
– 51% have widely adopted patient-centric approaches
– Still, less than half of the companies surveyed are able to precisely measure the impact of their services on patient and business outcomes

Pharmavoice, 2015; Accenture, 2016

ENGAGEMENT BY PHASE

The pharma industry is currently engaging patient groups at every stage of development:

![Graph showing engagement by phase](image)

PATIENT CENTRICITY GAP

More than 70% of pharma professionals believe their companies are patient centric, but only 6% of patients agree. Engaging patients earlier can bridge the historical gap between clinical and commercial and enhance the perception of the industry and individual companies among consumers.

EyeforPharma, 2016

EARLY AND OFTEN INVOLVEMENT

Sanofi and Genzyme have Guiding Principles for Collaboration with Patients starting as early as the pre-clinical stage where input is solicited to determine if the asset is efficacious and important. UCB listens, understands and acts upon patient values by using social media to build and participate in patient forums and communities. BMS has had an advocacy lead dedicated to the clinical team for the last six years.

inVentiv Health, 2016
In the U.S., rising deductibles and cost-shifting strategies leave many consumers wondering how to pay for essential healthcare needs. In Europe and Canada, long waits to see GPs and specialists frustrate anxious patients. Their response: work-arounds. Patients are actively dodging the formal healthcare system and searching for care they can quickly access and more easily afford elsewhere. They’re searching online for less expensive and readily available drugs, using quick-stop urgent cares to replace primary care visits, and seeking out herbal and food-based self care plans to use at home. The new care algorithm for many people starts with homeopathy + home care + hope.
IN THE U.S. - MORE COSTS

A review of the insurance plans of 750 major employers reveals even more cost-shifting going into the new year:
– Individual deductibles are up 40%
– More tobacco and spousal coverage surcharges
– Emergency room co-pays are up 22%

Benefits Pro, 2016

IN CANADA - LONGER WAITS

“Waiting for treatment has become a defining characteristic of Canadian healthcare.”

Bacchus Barua, The Fraser Institute

On average, Canadians wait 18.3 weeks to see a specialist – that’s 97% longer than in 1993, when it was just 9.3 weeks. Today, wait times exceed a clinically “reasonable” length in 66% of cases.

The Fraser Institute, 2016

Median Wait Time in Canada by Specialty (Weeks)

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<tr>
<th>Specialty</th>
<th>Wait from GP to Specialist</th>
<th>Wait from Specialist to Treatment</th>
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<tr>
<td>Internal Medicine</td>
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GMDC, 2016

PHARMACIST INFLUENCER

Pfizer recently sponsored a detailed study of the evolving role of the pharmacist in light of cost pressures which are driving more consumers to self-care. They looked at emerging guidelines for self-treatment, new collaborations between pharmacists and physicians, and critical education and resources needed to make the transition.

John Bell, et al, 2016

AT HOME FIRST

Home is becoming the new doctor’s office of choice for many consumers as healthcare continues to shift from the institutional settings to “wherever the patient is.” In an effort to reduce personal expenses, 8 in 10 consumers prefer using OTC self-treatments before visiting a healthcare professional and thus frequent clinics and physician’s offices less often. Today nearly every household is engaged in self-care in one way or another.

GMDC, 2016
Dislike like going to see the doctor? Then don’t. In 2017, the scales are firmly tipping towards more flexible models that allow people to connect with doctors via smartphone, videoconferencing, kiosks, and other technology tools. At one major health network, 52% of its 110 million annual interactions between physicians and patients are already happening remotely. Those devices are also giving physicians more access to one another, with robots and interfaces allowing peers to actively collaborate in exam and operating rooms no matter where they happen to be.
QUIT NOW
The American Lung Association teamed up with Pfizer to give anyone attempting to quit smoking immediate access to a physician via telemedicine. Their website, QuittersCircle.com, includes detailed information about how telemedicine can help people quit and also offers direct links to two top telemedicine providers: American Well and Doctor On Demand.

QuittersCircle.com, 2016

ANYWARE FOR EVERYONE
New York-Presbyterian health system is among the first to roll out complementary digital tools for both patients and providers. NYP OnDemand includes telehealth services, emergency tools, digital follow-ups, second opinions and acute stroke care.

MobiHealthNews, 2016

MORE POCKET DOCS
Telehealth leaders, such as Teledoc, continue to see major growth (575,000 consults in 2015; 900,000 in 2016) and high satisfaction (95%) among new users. More radical innovations, like Babylon’s “pocket doctor,” take those services even farther, letting users book video visits with full-time doctors and order tests for things like cholesterol and kidney function.

Teledoc, 2016

TECH, DON’T TREK
Last year, more than half of the patient-physician interactions at Kaiser Permanente were done via smartphone, videoconferencing, kiosks and other technology tools.

“What we’re now seeing is greater interaction with our members and the healthcare system. They’re asking different questions; they’re behaving more like consumers; and medical information now is becoming a critical part of how they’re making life choices.”

Many diseases that were once acute and immediate threats to life—like AIDS, heart disease, and some types of cancer—are now much more like chronic ones. Massive advances in scientific knowledge and pharmacological treatments have made it possible for people to live with these diseases well into old age. As the years pass by, these patients face not only the health challenges of other chronic diseases but also the comorbidities and complications of their underlying disease and treatment. In 2017, we’ll hear more conversations and see more advocacy emerge around how to address the unique needs of people aging with now-chronic diseases.
A SUPER RISK FACTOR

“With the advances in HIV treatment, HIV is now a risk factor for other chronic diseases, such as cardiovascular diseases and diabetes. Patients, clinicians, public health professionals and others interested in reducing the public health and economic burdens of chronic disease may benefit from viewing HIV not as a single chronic disease, but as a precursor to other chronic diseases.”


BETWEEN CURE AND CANCER FREE

In the seven years since Ellen Smith was diagnosed with advanced-stage lung cancer, she’s remarried, traveled to England, Scotland, France and Italy, and has seen five new grandchildren added to the family.

“April 6th, I celebrated seven years living with cancer. Neither I nor my oncologist talk about my cancer as a terminal disease.”


THE NEW CHRONIC

In the U.S., the Centers for Medicare and Medicaid lists 19 diseases as chronic conditions, including Alzheimer’s disease, heart failure, arthritis, HIV/AIDS, depression, diabetes and four types of cancer: breast, colorectal, lung and prostate.

Centers for Medicare and Medicaid, 2016

NO LONGER A DEATH SENTENCE

“I haven’t seen someone die of HIV for years. It’s now incredibly rare to die as a result of HIV/AIDS in this country. A recent large epidemiological study showed that, for those diagnosed with HIV now, life expectancy is similar to someone who does not have the virus. The medical profession now considers HIV a chronic disease; it’s regarded in public health terms in the same category as, for example, type 2 diabetes. As a doctor I can tell you that, medically speaking, I’d rather have HIV than diabetes.”

Dr. Max Pemberton, The Spectator, 2016

CMS’s 19 Chronic Conditions:

- Alzheimer’s Disease and Related Dementia
- Arthritis (Osteoarthritis and Rheumatoid)
- Asthma
- Atrial Fibrillation
- Autism Spectrum Disorders
- Cancer (Breast, Colorectal, Lung, and Prostate)
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure
- Hepatitis (Chronic Viral B & C)
- HIV/AIDS
- Hyperlipidemia (High Cholesterol)
- Hypertension (High Blood Pressure)
- Ischemic Heart Disease
- Osteoporosis
- Schizophrenia and Other Psychotic Disorders
- Stroke
Boomers were the first generation to broadly challenge their doctors and actively question painful life-extending procedures. But, they certainly won’t be the last. The new question many patients are asking: do I want the best remaining days or the most remaining days? That’s prompting challenging conversations between patients and their families, as well as between patients and their care teams. In 2017, look for new tools and ideas on how to make informed choices about advanced treatments and how to best support patients who choose to set their own course.
**BUDGET BARRIERS**

“One in eight people with advanced cancer turned down recommended care because of the cost. And one in four cancer patients or their families said they used up all or most of their savings to pay for treatment.” In the U.S., those cost challenges include treatment costs, deductibles and co-pays. Those can be even further complicated by pre-existing conditions and complex plan designs that require denials and appeals for every advance in treatment.

AgingCare.com, 2016

**UNEQUAL ACCESS TO PALLIATIVE CARE**

The U.K. has long been ahead in building a palliative care infrastructure thanks to a significant strategic investment in the 1950s. This is not so in other countries, including France and India. The Indian Association of Palliative Care discovered that Indian doctors were so focused on keeping people alive that they often suffered long declines alone. In fact, the people most likely to hear patients’ last words were their nurses, not their families. The association gathered patients’ “last words” from 200 nurses to start a new conversation about what kind of last days people really want.

Cannes Lions Health, 2016

**THE 2% CRISIS**

“Skills in helping patients to navigate life’s final stages also need to be tested after they are taught. Right now only two percent of the board-certification examination for oncologists, for whom palliative medicine is clearly relevant, is devoted to end-of-life care. Before getting a license to practice, any provider, not just cancer physicians, should prove competence in this vital area.”

Scientific American, 2015

**ROMANCE DESPITE WARNINGS**

Katie and Dalton Prager made big news in 2016 with a real-life *The Fault In Our Stars* story: each had cystic fibrosis. They met on Facebook and were warned by doctors not to meet in person because Dalton had Burkholderia cepacia, a contagious and potentially deadly infection for people with CF. The two decided to choose love over risk and not only met but quickly married. They fought through lung transplants and infections together before both died days apart, satisfied with their choice to listen to their hearts instead of their lungs.

BBC, 2016
The big new number is a really small one: as little as 27 percent of a physician’s work day is spent on face time with patients. The modern burdens and tools of healthcare – data entry, administrative work, etc. – are increasingly limiting the time that doctors have to connect with patients without an intermediary screen. That’s less time spent on prevention, goal setting and building lasting relationships. Plus, it’s more time spent catching up on nights and weekends. The cumulative effect? More physicians are struggling with burnout, and fewer patients are ready to take the next step in their care.
WORST 2 FOR 1 DEAL EVER
The American College of Physicians recently interviewed doctors in family medicine, internal medicine, cardiology and orthopedics. They found that for every hour spent with patients, nearly two additional hours were spent on paperwork and EHR system entries. Furthermore, they discovered that the paperwork even crept into the time the doctor was physically in the exam room with patients.

American College of Physicians, 2016

FEMALE DOCS SPEND MORE TIME
Medscape recently asked 19,200 doctors in 26 specialties to report the amount of time they spent with patients. The most commonly-reported average was 13-16 minutes. Forty-nine percent of female physicians and 41% of male physicians reported spending 17 or more minutes with each patient.

Medscape, 2016

The most commonly reported amount of time spent with patients was 13-16 minutes

PAPERWORK PILE-UP
“If medical school curricula were based on what a recent study says many doctors actually do with their time, more than half of medical school would be on how to do paperwork. Medical school admissions essays would be on ‘why I really want to do paperwork when I grow up.’ Required classes would be ‘Introduction to Filling Out Forms’ and ‘Advanced Form-filling.’

Bruce Lee, Forbes, 2016

BURNOUT
“Physician burnout has become a global trend that describes more than an alarming accumulation of facts, figures and anecdotes – it points to a systemic problem. According to a recent study by the Mayo Clinic, more than 54% of physicians in the United States suffer from burnout in one form or another, almost 10% more than in 2011. In Canada and many European countries, levels of burnout and depression among doctors hover around 50%.”

Georgia Health News, 2016

54% of physicians in the United States suffer from burnout. In Canada and the EU, levels of burnout and depression also hover around 50%
The workplace is fast becoming the hub for health coaching. Employees are seeing financial incentives to participate in weight management programs, medical screenings, and fitness contests. The goal: improving employee wellness to reduce healthcare costs, avoiding unnecessary absences and increasing productivity. In the coming years, these programs will become more sophisticated, helping employees step through relevant screenings and finding personal coaching and advice.
WHO’S IN?

An estimated 70% of employers in the U.S. offer some form of wellness program. While 37% of employees said they participate in an employer-sponsored wellness program, disparities exist among age, geography, household size, income and education level.

- Boomer 38%; Gen X 44%; Millennials 31%; High Income 48%; Low Income 28%.


GAMIFIED, SUBSIDIZED, RE-ENERGIZED

“Corporate wellness programs will start to incorporate more fun activities that motivate employees to participate and stick with the programs, including enhanced technology, gamification, competitions and other similar ideas. As part of this transition, we’ll see the ‘sticks’ start to disappear in favor of more ‘carrots,’ encouraging employees to take action without feeling forced to do so because of penalties.”

Kelly Johnston, Health Advocate, 2016

WAIT, WAIT, DON’T TRACK ME

Some employees and advocacy groups are dubious about sharing wellness information with employers. The AARP, a consumer advocacy group that represents older Americans, filed a suit saying the programs violate anti-discrimination laws aimed at protecting workers’ medical information. The suit also questions whether the programs are truly voluntary as the price of not participating can be high.


BIG LEAGUE HEALTH

Toronto’s League Health connects insurance pools, providers and employers through its consumer-facing app. Its “peace of mind” plan provides comprehensive coverage for unexpected emergencies, as well as a range of life and health insurance products that let employees find and pay for services not offered in their current plans, such as dental or mental health services.

MobiHealthNews, 2016
The latest unhealthy behavior industry leaders are tackling isn’t one we’re even aware of: it’s unconscious bias, the underlying beliefs that lead us to treat people unfairly in healthcare. Brands, advocates and artists are shining a light on these inaccurate beliefs to show people what it’s really like to both fight a disease and fight a misperception. They’re uncovering how hidden biases shape how we communicate, prevent and even diagnose key conditions. This emerging awareness is creating a need for new conversations and new tools to change the behavior of not just patients, but also providers, payers and marketers, too.
INVESTING IN CHANGE

Companies are running the numbers, discovering unconscious bias and acting to create focused change. Roche Diagnostics is aiming to make its managers more aware of unconscious bias. It held two bias acquaintance sessions with its senior and middle managers in recent months and has plans for a third at its national sales meeting in late January.

“We are trying to ensure that our culture understands how bias exists everywhere, and being aware of it is critical.”

Bridget Boyle, Roche Diagnostics, 2016

EVEN ALGORITHMS DISCRIMINATE

“We are relying more and more on machines to make decisions for us — which route to take, what to buy and where to buy it — but we have no idea how these decisions are made. NPR’s Robert Siegel talks with Julia Angwin, a ProPublica reporter who has spent the year with her team looking at algorithms companies use to decide everything from what headlines we will read to what we will pay for a product. Among her most surprising findings, Asians were nearly twice as likely to get that higher price on SAT prep courses from The Princeton Review than non-Asians.”

NPR, 2016

YOU’D NEVER GUESS

More men than women are dying of breast cancer. Younger women are twice as likely to die of a heart attack than younger men. HIV/AIDS is the leading cause of death among women of reproductive age. Nearly two-thirds of the 450,000,000 people living with a mental health disorder never seek treatment. Health professionals who exhibit an implicit weight bias endorse obesity stereotypes such as lazy, stupid and worthless.

Laura Schoen and Ed Lang and Cannes Lions Health, 2016

WHAT DID YOU ASK ME?

“Who is your gynecologist? When was your last period? Those are questions that no woman would be surprised to hear from her doctor, but they’re also the standard screener for people diagnosed with breast cancer. If you’re a man diagnosed with breast cancer, the answers to those questions just don’t exist. And being asked only adds to the pain and discomfort of the diagnosis.”

Alan M. Blassberg, Director, Producer of Pink & Blue: Colors of Hereditary Cancer, 2016
The pharmaceutical industry is making headlines around the world, but this time, those headlines are not about innovation and new ideas. Coming into 2017 the focus is on critical controversies including pricing, mergers and value. It’s a cascading debate that has politicians pounding podiums, doctors writing OpEds, and families wondering what they can afford or even access. Brands are beginning to open up to show consumers and regulators alike the complex processes and value chains that ultimately drive decision making. In 2017, we’ll see these brands take additional steps into a new, more transparent era as the debate on value moves toward crescendo.
RESURGENCE OF CORPORATE BRANDS

In 2016, Astellas Pharma launched a new corporate TV ad featuring its own employees from around the world talking about their focus to work together to improve people’s lives. The campaign mirrors the efforts of other pharma leaders to humanize the teams behind the molecules. Merck joined in with its online and social campaign, “Humans for Health,” which is a deep dive into its employees’ passions around their work.

Harris FiercePharma, 2016

TOO COMPLEX FOR CONVERSATION

“I laid out that there are four or five hands that the product touches and companies that it goes through before it ever gets to that patient at the counter… Our health care is in a crisis. It’s no different than the mortgage financial crisis back in 2007. This bubble is going to burst.”

Heather Bresch, CEO, Mylan 2016

BACK TO THE BLACK HAT

A Harris Poll last year found that nearly three of every four Americans (73 percent) want price controls placed on manufacturers of drugs and medical devices. That’s up from 64 percent who favored such controls in a 2014 poll.

In fact, currently the #1 healthcare priority U.S. voters have for Congress and the president is “making sure that high-cost drugs for chronic conditions, such as HIV, hepatitis, mental illness and cancer, are affordable to those who need them.”

Harris Poll, 2016

LOOK INSIDE

You’ve seen the headlines and heard the candidates pounding their podiums. The cost of prescription drugs, they say, is too high. But wait, says industry, we produced more than 300 new medications in a decade. Treatments that changed and saved the lives of literally millions of people. There’s value there, not just cost. That may be why Pfizer decided to stop talking about it and start showing it. Their recent ad takes consumers inside the world of drug discovery – not with beakers and futuristic music, but with the hopes and dreams and late nights of people much like you.

Pfizer, 2016
Trends help us create experiences that beat channel benchmarks, that raise expectations, and ultimately help us meet the metric that matters most: engaging more people in critical conversations about the changing possibilities of healthcare.

To download all four 2017 trend reports, go to: inVentivHealth.com/2017Trends

CONTACT:
Leigh Householder
Managing Director, Innovation
leigh.householder@inventivhealth.com