



10 Effective Techniques to Inspire Patients to Tell All



TABLE OF CONTENTS

1. Drawing Tool
2. Blobs
3. Split Canvas eCollage™
4. Circles
5. Appointment Journey
6. Think – Say - Feel
7. Best/Worst Case Scenario
8. Treatment Diary
9. Engines & Anchors
10. Email a Friend

INTRODUCTION

Ever get the feeling you're not getting the whole story? We know patients are people with unique voices and experiences, but health problems can often be uncomfortable to talk about. How do you get patients to open up and tell what's *really* on their minds (and in their hearts)? You have to get creative.

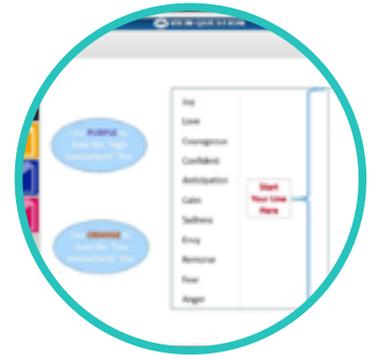
Developing more than 10 creative techniques, rooted in qualitative research, we tested these in a quantitative online setting, fielding an A&U study with patients battling Crohn's Disease. We interacted with 300 US adults, including a mix of mild, moderate, and severe symptoms, to gain insight into how their disease fits into and shapes their lives.

On the pages that follow, we'll take you through each of these 10 techniques and the unique insights we uncovered.



The impact of Crohn's is not uniform

From our quantitative close-ended findings, we know 79% of patients say Crohn's impacts their day-to-day lives, but how? What better way to find out about their highs and lows than to ask them to put pen to paper (virtually, of course).



WHAT DID WE LEARN?

With this online drawing tool, we asked patients to draw their symptoms over the course of a typical day, from when they wake up to when they go to bed. Then we asked them to explain the highs and lows and any triggers that accompany them. Through this exercise, we found Crohn's is impactful for nearly all patients (supported by the 79% stat above), but the impact is not uniform. We also found Crohn's is not experienced equally by all patients or at all times. Throughout the day, patients experience highs and lows with symptoms, and these peaks and valleys are different from patient to patient. From this, healthcare marketers should understand that not all patient experiences are the same; they may need more or less attention at different times of day. Solutions can't be one sized fits all.

Many find symptoms track with their meals

Some experience symptoms more so in the morning, while others feel more at night – after a day of eating, being active

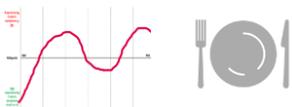
A few don't see any patterns at all – symptoms are constant or unpredictable

DRAWING TOOL

With our drawing tool, respondents draw a picture in response to a prompt and then explain in a series of follow-up questions.

When I eat

"Symptoms usually **begin after I eat**.... then subside. Then again after **lunch**.... **symptoms begin again. After supper, before bed. It seems the worst because I haven't felt well all day**....it will be a while before I can relax and sleep."
- Female, 61, moderate



In the morning

"I experience a lot of symptoms in the morning and it is triggered by having a bowel movement. I usually have a few symptoms in the early evening, but I have no idea what the trigger is."
- Female, 30, mild



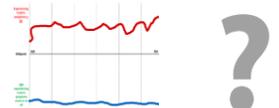
At night

After lunch I start losing energy and my stomach starts hurting and getting bloated. I have to lay down every day in the afternoon... after dinner my digestion is all screwed up. After being active all day and eating meals the pain and digestive issues really kick in."
- Female, 33, moderate



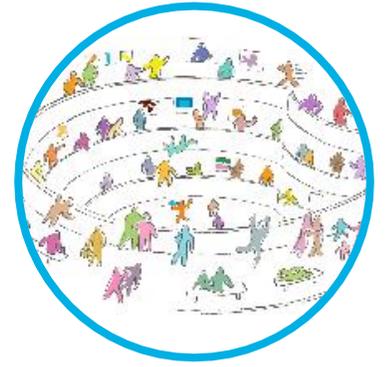
No rhyme or reason

"No triggers. Has mind of its own."
- Male, 55, severe



There are good days & bad days

We know a “typical day” has its ups and downs, but are all days the same? To get patients to open up and bare all about their good days and bad days, we asked them to pick a Blob to represent their feelings on a good day and a bad day and explain. Blobs are a technique invented by Pip Wilson, a therapist who developed these to help patients open up.



WHAT DID WE LEARN?

Along with symptoms and pain, bad days are isolating and make patients feel helpless, angry, depressed. Good days they feel “normal” and go out without worry. From this, we get a better idea of major challenges or worst case scenarios patients deal with, as well as what they are striving for –positive experiences and feelings they get on a good day.

GOOD DAY

“I’m very happy, have a lot of energy, I’m able to do things especially maintaining my home, going out with friends and family.”

- Female, 49 severe

BAD DAY

“Because it’s basically like this guy here falling... There’s nothing you can do while it’s happening. Just wait for the impact and hope it’s not a bad one.”

- Female, 31, moderate

GOOD DAY

“On a good day I can usually forget about it and spend time with my loved ones.”

- Female, 35, moderate

BAD DAY

“I just want to lie in bed, and it makes me angry that I can’t do anything. I think this figure is withdrawing and that is what I do.”

- Female, 63, moderate

GOOD DAY/BAD DAY BLOBS

This Blobs exercise provides richer responses about how patients are feeling and why. These go beyond the standard list of superficial or surface emotions we get when asking patients to pick some emotions from a list.

Good Day



Happy, on top of the world
No symptoms



Can forget about my disease



Feel like my “normal self”



Can be out/spend time with family and friends
Not in the bathroom all day or in pain

Bad Day



Feel alone & isolated, or want to be left alone



Angry & frustrated



Helpless, barely hanging on



In pain



Sad, depressed
Tired and sluggish, exhausted; can’t get out of bed

Visualize life before & after

For a better understanding of how Crohn's Disease has impacted their lives, we needed to find out how their lives have changed since being diagnosed. eCollage™ gives patients an opportunity to reflect and articulate thoughts, feelings and activities.



WHAT DID WE LEARN?

Life for many of our patients was carefree and happy before they were diagnosed with Crohn's Disease, but there was also confusion about symptoms before diagnosis. Similarly, life after can be much more restrictive and challenging, but some feel empowered by the diagnosis because they now know the enemy and how to fight. Getting a deeper understanding of life with Crohn's and how it can trigger different emotions for different people can greatly impact language and imagery used to communicate with patients.

“After my diagnosis I felt a sense of fear and freedom at the same time. Prescription medication made me feel better but I was nervous about the side effects and long-term treatment.”
- Female, 35, moderate

“Before I was diagnosed I was in to sports and was very active, and after I feel like I hit a brick wall about never knowing how my day will be.”
- Female, 45, moderate

Before Crohn's I felt like I could do anything and go anywhere. After everything feels like medicine, luck, and timing. I picked the after images to reflect how stuck I feel. Always on meds wondering how to manage my time when I'm in the bathroom.
- Female, 30, Severe

SPLIT CANVAS ECOLLAGES™

eCollage™ uses imagery as catalysts to help reveal thoughts and feelings. In this study, we asked patients to utilize a split screen to illustrate life before and after Crohn's diagnosis.

Before

Happy & carefree with no limits or boundaries

Could eat and do anything

But also struggled with symptoms, confused about cause, some find diagnosis process difficult

After

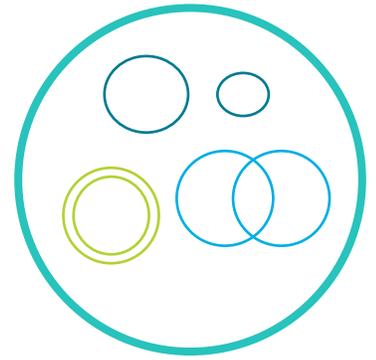
Some feel more restricted, isolated by symptoms, pills, appointments, having to know where bathroom is

Frustration, sadness, pain, exhaustion from the disease and worry about financial impact and coverage

Proper diagnosis brings relief – more equipped to deal with symptoms; feel empowered, can get back on track

Relationships with HCPs range from disconnected to unified

We know HCPs play a huge part in a patient's diagnosis and treatment plan, and each interaction adds another layer to the relationship. How do we get patients to communicate how that relationship feels? We asked patients to use visual representations.



WHAT DID WE LEARN?

We found about half of patients characterize the relationship with their main provider as a partnership, while about 1 in 5 feel it is even closer. However, others describe feeling unequal or disconnected from their HCP, in particular if they do not feel listened to or taken seriously. And, we can tie these feelings back to satisfaction ratings. When patients and HCPs are on equal ground, with mutual understanding and communication, or on the same page about treatment decisions – as in a partnership or unified relationship – satisfaction is higher.

PARTNERSHIP

“Teamwork. It's all about meeting of the minds and meeting in the middle sometimes.”

- Male, 45, moderate

UNIFIED

“We understand each other and he knows my disease very well...offers new tests and medications when available.”

- Female, 50, mild

UNBALANCED

“It's as if we meet in the middle but yet he can't feel what I'm feeling to truly understand what it is I'm going through.”

- Female, 38, severe

DISCONNECTED

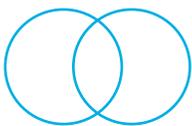
“My doctor doesn't listen to me at all about my disease and symptoms and what I think should be done regarding testing, medicines, treatment. He acts like he knows it all and I know nothing.”

- Female 33, moderate

CIRCLES

Patients pick a pair of circles to represent the relationship with their HCP and explain how it is representative.

Partnership



~50%

Somewhat separate but work together. Equal weight in relationship.

Unified



~20%

Very close relationship. Listens and is on the same page.

Unbalanced



~15%

May not be a full understanding but some can find compromise. Unequal.

Disconnected

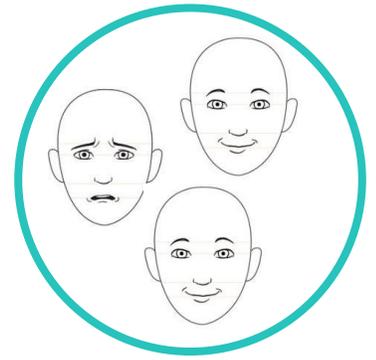


~15%

Not connected or do not agree. HCP doesn't listen or take patient/ symptoms seriously.

Doctor visits bring a mix of emotions, often worry

How do patients feel when they have a doctor appointment approaching? Do these feelings vary before, during and after? By allowing patients to choose expressions and describe feelings along their journey to/from the doctor we can understand what they are feeling as well as WHY.



WHAT DID WE LEARN?

Here we see even more layers to the patient-HCP relationship. Even though most patients report being satisfied, and many describe overall good relationships with their HCPs, the experience of going to the doctor is often worrying, and relief often does not come until it is over. An HCP who listens, answers questions fully, and is easy to understand can relieve some anxiety. A good visit can even bring some optimism. But a bad one with confusion or unanswered questions can leave patients frustrated and worried about the future.

- Worried and anxious (50%)
- Neutral, part of routine (20%)
- Optimistic, looking forward (15%)

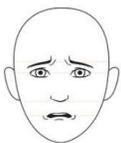
- Still worried, nervous, confused (50%)
- Calm, relieved by doctor listening, helping, answering questions (35%)

- Relief it's over, satisfaction, optimism (65%)
- Worry, skepticism about future; frustration with appt or outcome (25%)

APPOINTMENT JOURNEY

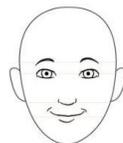
Patients choose facial expressions and describe feelings along their journey to and from the doctor.

ON MY WAY TO APPOINTMENT...



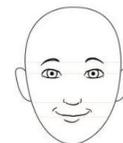
Nervous. Are they going to tell me I'm **not improving** or getting worse? Is my medication working?

WITH THE DOCTOR...



Overall, **my doctor listens** to me and **cares** about helping me so that makes me **feel good**.

ON MY WAY HOME...



Relieved to be done but **concerned** about the **new information** I might've learned. Probably **weighing out decisions** I'll need to make.

Understand multiple dimensions of an HCP interaction



There's always more to the story than what he said/she said. Patients and HCPs, or just humans in general, are constantly processing what they think, say and feel during an interaction. We asked patients to share these layers with us through imaginative play.

WHAT DID WE LEARN?

To get a multi-dimensional understanding of what happens when patients interact with HCPs, we asked them to imagine they are visiting their main provider (typically a gastroenterologist). Questions included: what are you thinking? What are you saying to the doctor? And how are you feeling? Here we learn what they say is not necessarily what they are thinking or feeling. Patients may be reluctant to share their true thoughts and feelings or have difficulty communicating these in what they "say" to their doctors. This means doctors may not be getting the whole story, and there may be opportunities for marketers to help establish better lines of communication, as well as speak to patients' deeper needs or concerns.

THINK

"Are my problems getting worse and are my pills doing any good."

- Male, 49, moderate

SAY

"I always ask if there are any new treatments nearing approval, any new treatments I can currently try."

- Female, 59, moderate

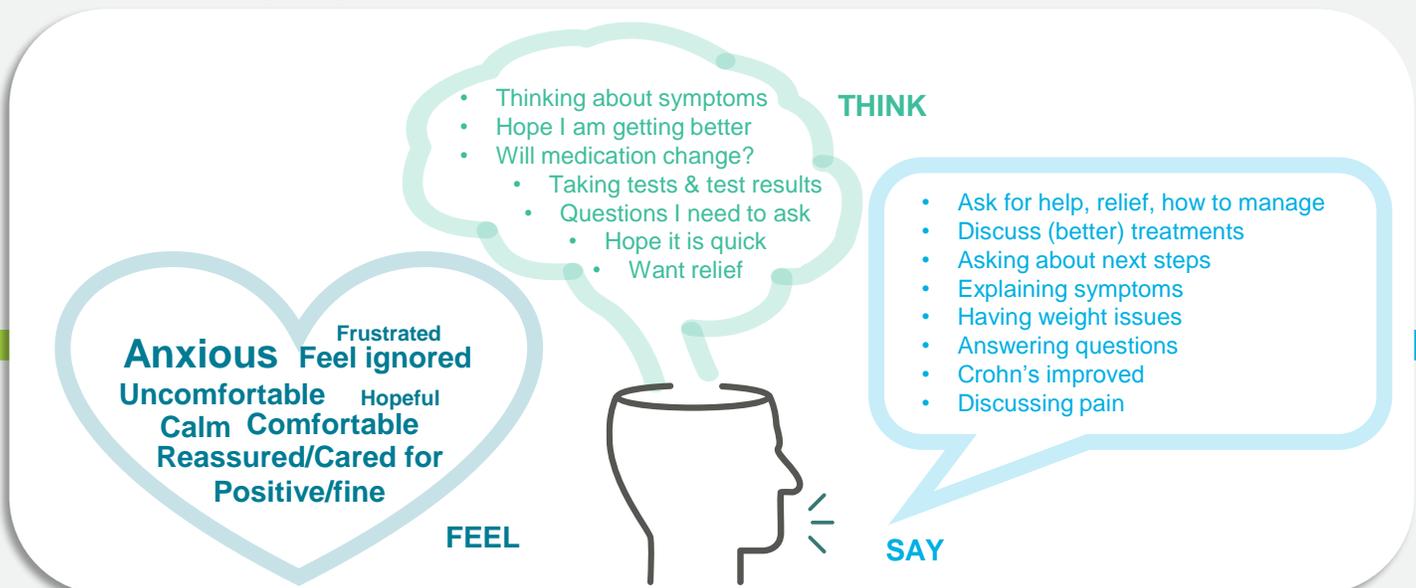
FEEL

"Wish they would notice and do something about the emotional impact this disease has."

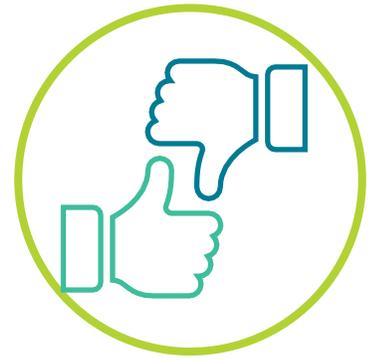
- Female, 44, severe

THINK – SAY – FEEL

Patients were asked to imagine they were in an exam room and share what they think, say & feel. These are some of the top responses.



What are patients looking for in a treatment?



Standard quantitative questions can certainly uncover drivers of treatment, but to find out what patients are really looking for and what they really want to avoid – without prompting – we asked them to share Best Case and Worst Case Scenarios for treatment.

WHAT DID WE LEARN?

The ideal treatment provides relief from symptoms, but beyond that - also a cure. Patients want to be able to feel normal without symptoms or side effects. Worst case scenario is something doesn't work, as well as difficulties and complications such as juggling multiple medications, having to take medication too often, and experiencing side effects. Here, it's good to understand what patients are really looking for in treatments, completely unaided, plus what will be a real turn-off for them. Also, knowing what aspects of a treatment to emphasize or play down.

BEST CASE

“The best-case treatment scenario will be I am cured. I will be back on my normal day life. I hope treatment helps me relieve pain and decreases inflammation.”

- Male, 47, moderate

WORST CASE

“Bad side effects and trouble affording the medication.”

- Female, 53, severe

BEST CASE

Best case, less frequently taking pills, maybe even if I have to inject myself biweekly or monthly, every 6 months if we are talking best case.”

- Male, 34, severe

WORST CASE

“That I could not find anything to help me - that I would always be in pain for the rest of my life.”

- Female, 62, moderate

BEST/WORST CASE SCENARIO

Patients explain best and worst case scenarios – in this case for treatment.

Best Case Scenario



- Relief from symptoms (25%)
- Cure/remission (25%)
- No pain (15%)
- Able to feel normal (15%)
- No side effects (15%)
- Easy to use (15%)
- Long lasting (10%)
- No diarrhea/regular bowel movements (5%)
- Less expensive (5%)

Worst Case Scenario



- Doesn't work/flare-ups (40%)
- Side effects (35%)
- Need to take daily (15%)
- Need multiple medications (10%)
- Needing surgery (10%)
- Cost/not covered (5%)
- Colon bag (5%)
- Having to go to hospital (5%)

What do patients do to treat Crohn's throughout the day?

Throughout the day, how can we get an even better understanding of how patients actively manage and treat Crohn's? Are they taking medication as prescribed? Are they taking other medications? What else are they doing that we might not think to ask about?



WHAT DID WE LEARN?

We asked patients to share some "Diary Entries" detailing treatment actions they took at different points in their days: morning, midday, and evening. Along with taking medication (particularly in the morning), patients describe how they adapt eating and drinking to mitigate symptoms. For some, keeping stress down during the day and making time to rest and relax in the evening are also important parts of treatment. From this, we can understand if there are times that work better for certain treatments and where there might be openings.

MORNING

"Take my meds....make sure to eat a decent breakfast."

- Female, 35, moderate

MIDDAY

"Tend to drink water as often as I can. Eat a sandwich and other bland meals. Snacking through out the day. Visiting the bathroom, a lot."

- Male, 27 moderate

EVENING

"Eat lightly to try not to upset my stomach, take my medicine."

- Female, 36, severe

TREATMENT DIARY

Patients explain in diary entries what they do to treat Crohn's at different times of day.

Morning



Take medication (60%)

- Including prescriptions, vitamins, nausea med, pain med, laxatives

Watch eating/drinking (40%)

- Eat healthy or bland/light; some avoid food and caffeine

Midday



Watch eating/drinking (50%)

- Eat healthy or light lunch; drink fluids, some skip lunch

Take medication/pain med (20%)

- + try to keep stress down

Evening



Take medication/pain med (35%)

Watch eating/drinking (35%)

- Eat healthy/light meal + rest and relax

Patients rely on functional & emotional support

In quantitative findings, we know nearly all patients need (and get) at least a little support. But what do these support systems look like? How can we understand what helps them manage, treat, or live with Crohn's, and what hinders them? Providing a visual representation of their journey through Crohn's Disease can help patients open up.



WHAT DID WE LEARN?

Patients were asked to imagine a speedboat represented their journey with Crohn's Disease and to list things that keep them going (like an engine) or hold them back (anchors). Patients value both functional and emotional support. They feel most supported by both medication and their doctor, as well as loved ones and even "hope." Similarly, patients' main challenges (the anchors) are both functional and emotional. Yes, the symptoms, food restrictions, and pain can hold them back. But so does depression, stress, and embarrassment.

ENGINES

Family, friends, goals, hobbies

ANCHORS

Stress, lack of energy, loss of hope, depression
- Female, 19, moderate

ENGINES

Husband, mother-in-law, Humira

ANCHORS

Doctors, work, food
- Female, 37, moderate

ENGINES

Working out, friends, clean diet, water

ANCHORS

Frequent bathroom visits, stomach pain, loss of appetite, lost time at work for many bathroom visits
- Male, 27, moderate

ENGINES & ANCHORS

Patients list top things keeping them going (engines) and top things holding them back (anchors) in dealing with condition.

Engines - pushing you forward

Doctor
Eating right/diet/exercise
Friends
Boyfriend/spouse
Medication
Hope
Family



Anchors - holding you back

Symptoms/flare-ups
Embarrassment
Diet/food issues
Depression
Fatigue
Pain
Stress
Money/Side effects/other conditions



Friendly advice is full of insights

We wanted to turn the lens away from patients themselves to learn how they would talk to someone else with Crohn's. By doing this, we could find out what really matters and works for them to get through tougher times.



WHAT DID WE LEARN?

A change in perspective can lead to deeper insights. By putting patients in the mindset of writing to a friend, they share much more than revealed with direct open-end questions, and offered insights probably not uncovered via closed-ended questions. From their emails, we found Crohn's patients value support but are also active and take initiative in treatment.

SEEK SUPPORT

Join support group/online (25%)

Get family support (15%)

Look to foundations/CCFA (10%)

LEAN ON A GOOD DOCTOR

Communicate (15%)

Find the right one (10%)

See a gastroenterologist (5%)

PARTICIPATE IN YOUR TREATMENT

Do your research (20%)

Watch diet, keep food diary (15%)

Keep up with medication (15%)

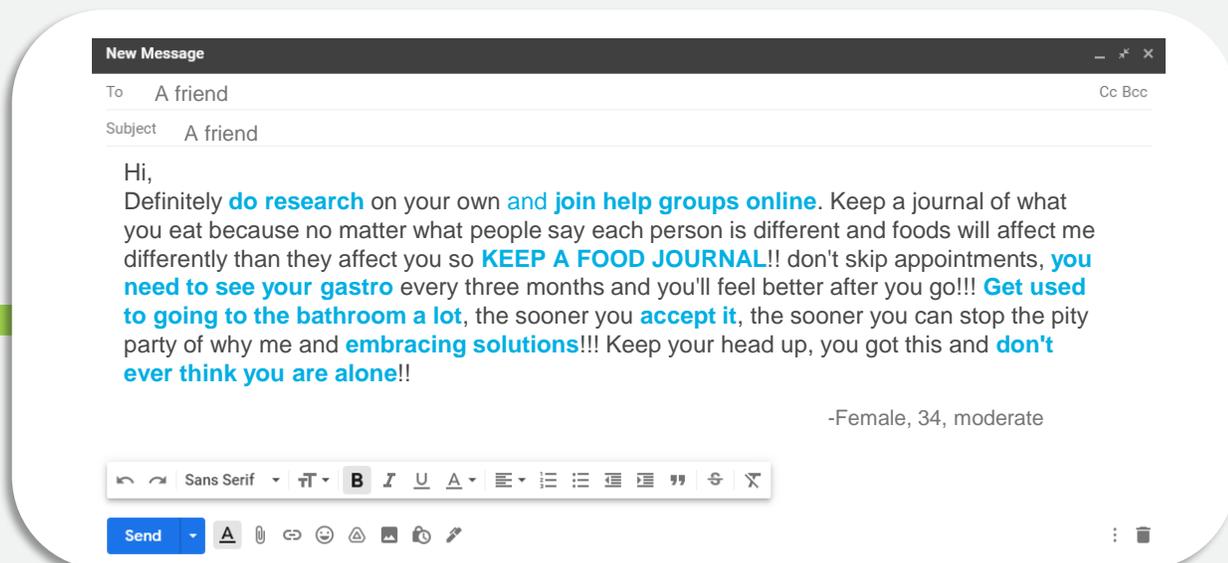
KEEP IN MIND...

Don't be scared or embarrassed (10%)

Life will be different (5%)

EMAIL A FRIEND

An email to a friend exercise reveals more insight than direct questioning. Here is one example illustrating the importance of acceptance and determination.



CONCLUSIONS

With these creative *qualitative* techniques applied in a quantitative setting, we learned much more about patients. We were able to:

1. Move beyond lists of symptoms to understand nuances and timing of what patients experience on a daily basis with their condition.
2. Deepen our understanding of patient interactions and relationships, adding layers to satisfaction ratings and helping to identify needs.
3. Prioritize who and what patients need to get by, and their biggest hurdles.

Crohn's very well may not be your focus, but the advantages of incorporating creative techniques become apparent. Deeper learnings from these approaches can help inform communications, or programs for patients in several important ways.

With these approaches you are better able to...

- **Think about and understand patients as people** with full lives, ups and downs, and a range of experiences and emotions.
 - In this vein, the solutions, like the patients, may not be one-size fits all
- **Gain insight into how the disease fits into and shapes their lives** –
 - What works best for them?
 - What challenges can you help overcome?
 - How can you influence them to take or stay on treatment?
- **Hear patients in their own voices** – and be able to **respond in their language about what really matters** to them.

The techniques in this eBook are adaptable for different lines of questioning and conditions. Each can be customized based to your research needs. And, there are even more techniques developed for this study not included here. If you're interested in learning more, please get in touch.

In sum, creative techniques help enrich A&U studies – revealing more from patients and providing the deep, story-driven insights you require, rooted in quantitative learning that's more actionable.

WANT TO LEARN MORE?

We'd be more than happy to schedule a time to present our Patients Tell All study to you and/or your team. And, if you'd like to learn more about how these techniques can help you in your next study, let us know.

[CONTACT US NOW](#)