



DIG

Wicked Pharma

By

Nic Howell
David Carr



DigitasLBI



DIG

Summary: Wicked Pharma

Growth Hacker. Product Manager. Service Designer. These are just some of the new job titles and skillsets that our industry has thrown up in the past years when faced with a myriad of new challenges and demands. But when we set out in partnership with AstraZeneca we found that it was a much older label that had the greatest influence: Strategy.

Strategy meant making the choice to go beyond the brief and have a larger cultural and business impact on agency and client, by breaking down any barriers between the two and inspiring the formation of a co-funded innovation unit.

Strategy meant creating and curating tools to democratise thinking and maximise the

entire team's involvement, whether exploring the problem behind the problem in a workshop, prototyping in the studio or learning in the field from patients and physicians.

Strategy meant leading the action and the thinking but recognising that one person, discipline or organisation couldn't have all the answers when you are looking to tame the Wicked Problems in health.

And on the way Strategy helped create DIG, the Digital Innovation Group, to develop digital products and services at pace, reframing the challenges faced in Pharma and healthcare to benefit doctors, improve the lives of patients and get drugs to the right people sooner.

(word count: 212)



This is a story about transforming an industry at the heart of the most wicked of Wicked Problems: Big Pharma.

Ultimately, it's about the changing skills and roles of agency and strategist, and how both need to have "skin in the game" if they are to drive a cultural shift in how a multi-billion dollar business thinks, feels and does.

When AstraZeneca first approached us with the challenge to improve the experience of conference delegates we didn't know that it would lead to the creation of a \$multi-million innovation unit, services to help drug trial participants and heart-attack patients, ethnographic health studies in Africa, new social networks for lung cancer survivors or a whole new way (and place) of working.

But not knowing was OK. In fact, not knowing – or leaping – to the answer, or even the problem, would become a theme behind our success, along with marrying traditional insight and strategic rigour with the latest product innovation and digital business thinking.

This is the story of DIG, the Digital Innovation Group, an incubation unit funded by AstraZeneca to bring new tools and services to the healthcare sector, and a new way of agile problem solving to its corporate culture.

Health is a Wicked Problem

Not all problems are created equal: some are wicked. A Wicked Problem, as first defined by design theorist Horst Rittel in 1972¹, is entwined with other problems with no single root cause. It's tough to describe; conditions are constantly shifting and there's no right or final answer.

Sitting at the intersection of human biology and behaviour, policy and science, healthcare is a tangle of Wicked Problems. From non-adherence to medications – the WHO records that on average only 50% of prescriptions are completed – to squaring the circle between ageing populations and finite resources, or the inexorable rise in chronic illness that comes with rising living standards, health has some of the most difficult Wicked Problems.

With its mission to "push the boundaries of science to deliver life-changing medicines" Britain's second-biggest pharmaceutical firm, AstraZeneca, operates at the heart of tackling these Wicked Problems. And it has challenges of its own. In 2014 it fended off a £70bn takeover bid from US rival Pfizer. In 2016 the patent expires on Crestor, its cholesterol-lowering blockbuster medicine. Such patent cliffs are a hazard of the market. In response CEO Pascal Soriot has focused on true scientific leadership and an entrepreneurial mindset, building a new portfolio of innovative therapies targeting increasingly niche patient populations, such as those with ovarian cancer who have the BRCA gene mutation made famous by Angelina Jolie.

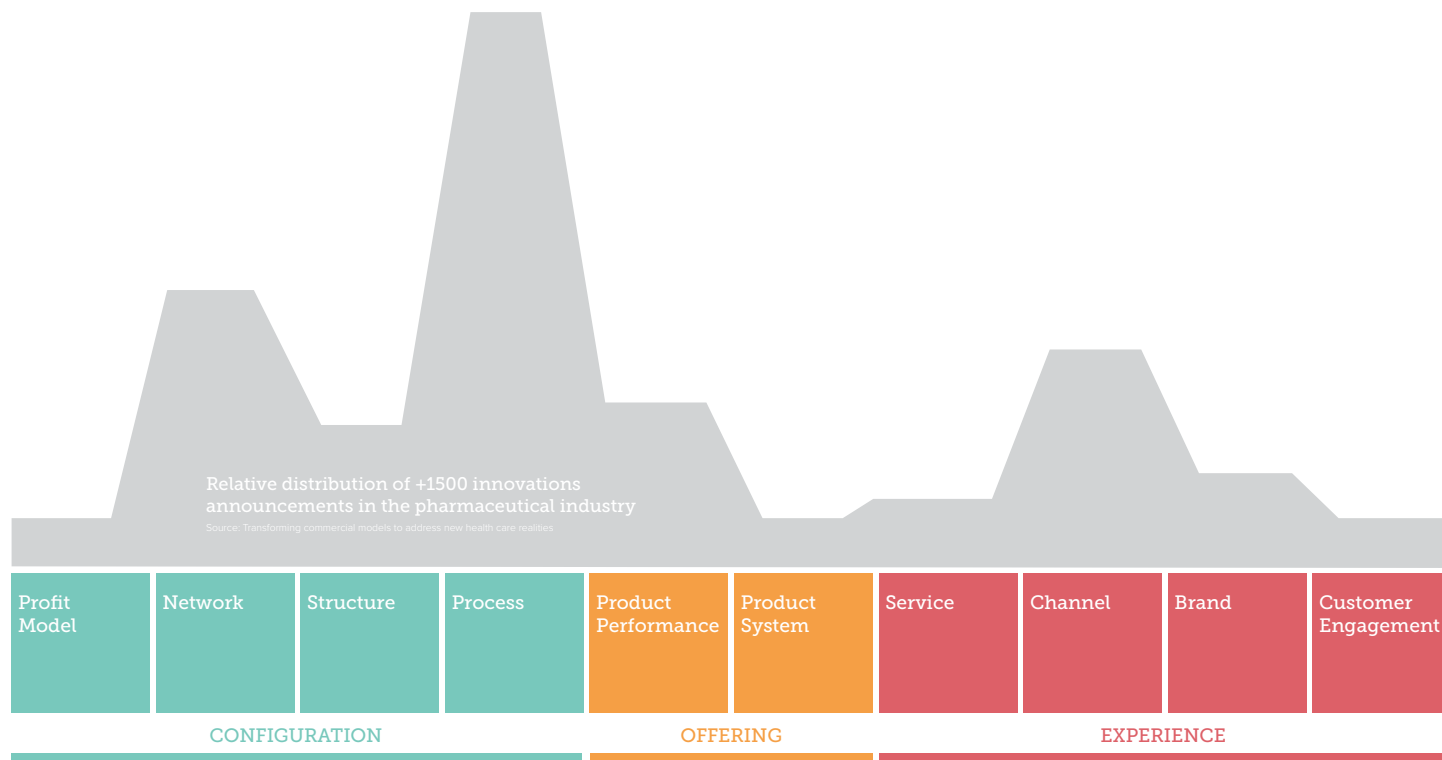
Against this background, in 2013 AstraZeneca came to us with a brief for an innovative conference experience. The initial challenge: how could we replicate the experience of going to a medical conference that would be better than being there?

Unexpected (positive) side effects

To unpack the problem Strategy led a multi-disciplinary team to medical conferences, meeting practitioners to learn first-hand how these events fitted into their lives. We saw the "iPad wave" as time-pressed delegates held up their tablets to capture the most compelling speaker content. Through a mix of ethnographic observation and expert interviews, we learned that delegates loved networking but struggled to absorb and organize all the information they received. Doctors wanted more value out of their time there. In response we created the first application capable of letting potentially thousands of delegates simultaneously notate speaker content on their own hand-held devices.

We also got closer to AstraZeneca and their health, science and R&D expertise. We were inspired by their passion to achieve scientific leadership and serve unmet needs "beyond the pill". We learnt about Pharma's challenges with true patient-centricity in the face of regulations, multi-decade lead-times, organisational culture and randomised controlled trials. In the process Strategy discovered a greater opportunity to help the company.

The Ten Types of Innovation®



Our research showed much of the innovation in health technology comes from outside the industry. According to Doblin's 10 Types of Innovation Model, core processes received the highest level of investment in Pharma, followed by networking and channel innovations. We saw the opportunity to help AstraZeneca fulfill its strategic goals and make conscious, considered choices to innovate in even more areas to address the Wicked Problems in health.

Wicked Problems need new ways to explore and tame them: they need activism and optimism, maximized involvement and diverse backgrounds². To do this we could marry a collaborative, human-centred way of working with AstraZeneca's science expertise. We pitched not a project or a product but the idea for a new organization: a joint venture staffed by both AstraZeneca and agency people based in the most un-pharma-like Brick Lane.

And so in 2013 AstraZeneca partnered with DigitasLBI to fund DIG, the Digital Innovation Group. Together, we set ourselves the mission of taking on difficult challenges that are of significant value to AstraZeneca and wider society, using digital technology and its agile culture to accelerate a significant impact. We aimed to do this by identifying unmet needs and designing solutions

through which we could deliver an entirely new and positive experience of healthcare.

Strategy for change

One of the Wicked Problems in health faced by Pharma is the value shift from 'product' to 'service' in the context of specialty care. Drugs no longer emerge out of 8+ years' development into a market where a prescription is the only goal that matters. They are increasingly judged on the impact they have in the real world as part of an overall system of healthcare.

This value is increasingly being sought in a system of specialty care. Biotechnology and genomics mean patient populations are becoming increasingly niche. AstraZeneca is developing therapies that treat rare cancers that affect hundreds of patients, rather than the hundreds of thousands treated by previous generations of blockbuster drugs. This shift requires more in-depth understanding of patients and the medical teams treating them.

However Pharma has, for very valid reasons, evolved in ways that can actively deter getting up close and personal with your end-user. To avoid biases, people are anonymised subjects when taking part in a drug trial. Once a drug is in

market, manufacturers are legally bound to follow-up on any adverse reactions that patients report. This makes social media a minefield and deters companies from storing personally identifiable information.

In the face of such challenges, Strategy's role in DIG was to go beyond consumer understanding and build a structure that enabled the team to embody Tom Kelley from IDEO's concept that "Innovation starts with empathy". The Strategy and innovation process in DIG focused intensely on the needs, behaviours and attitudes of patients as people. In-depth ethnographic research, service safaris and interviewing to immerse ourselves in the behaviours and attitudes of the people we're designing for became our starting point before, or sometimes in place of, a brief. Not just Strategists and researchers, but all members of the team, including developers, took part.

Taming Wicked Problems with high-wire strategy

If we wanted to innovate new services we needed to move beyond the complex mechanics of diseases to Wicked Problems based on human behaviour in complex systems.

Wicked Problems have complex, contradictory and often incomplete demands from multiple stakeholders. Often they defy complete understanding – it's only after you invest in creating a solution that you start to appreciate their intricacies. Before you get to a solution, one of the biggest challenges of a Wicked Problem is that stakeholders can barely agree on what the definition of the problem should be.

In this context, we couldn't work in a linear, sequential way; we needed to work in an interactive, agile process: gathering insights, building and learning in rapid sprints. The Strategist became a constant in driving the innovation design process, drawing on research, pulling together stakeholders and inspiring an open-ended journey. This is rapid adaptive, high-wire strategy development: we became catalysts, informed without knowing all the answers.

Just as Wicked Problems demand an iterative approach, we've evolved DIG's approach to make innovation a viable social process between AstraZeneca, DIG and the people we're trying to help; whether that's Stage 4 lung cancer patients, hypertension patients in Tanzania or organizers of multi-site, £multi-million drug trials.





Rather than immerse ourselves in research for days and emerge with a brief, we make the first foray into a Wicked Problem a group activity. DIG typically works in 12-week sprints that begin with an immersion phase and a ‘Theme Day’ workshop, a collaborative session with stakeholders from AstraZeneca and DIG teams to co-create challenge statements. For Bob Allen, who leads the DIG project at AstraZeneca, this is what sets our approach apart: “DIG takes AZ stakeholders on a journey, that starts with defining the problem and understanding what is the right challenge to address”.

Rather than go in with solutions in mind we draw on primary research to share initial hunches for innovation territories and use group work to find the problem behind the problem. We do this through a behavioural, human lens. One AstraZeneca participant called the workshop we ran on lung cancer “the most patient-centric workshop in their 15 years of Pharma”.

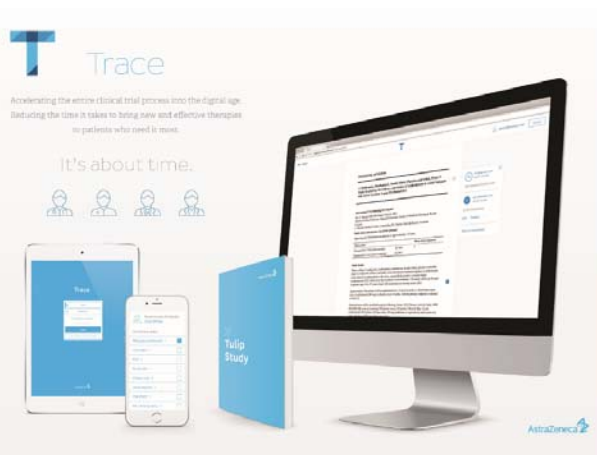
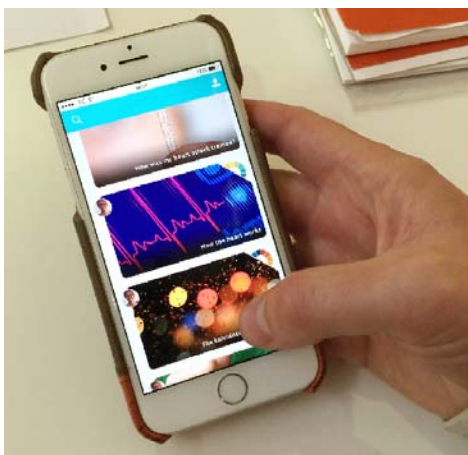
In this environment the Strategist’s role is multi-faceted; part horizon-scanner and content curator; part event organiser and group facilitator; part

“product manager” and “growth hacker” always looking to test, build and scale innovation opportunities around human truths and needs.

DIG has now launched eight 12-week innovation cycles. Within each cycle we work on multiple ideas in parallel, using a series of gate meetings to filter out ideas that don't deliver on their conceptual promise. Our approach to creative strategy, based on rapid concepting, collaboration and learning, is having an impact across the business. AstraZeneca’s biotechnology business MedImmune came to DIG for help to identify challenges for 2015, afterwards their R&D IS Lead said we helped them achieve in 3 hours what would normally take three months of consultancy.

Our latest innovation projects include a new automated authoring platform to speed up the creation of patient-facing materials for clinical trials. By improving the patient experience we’ll tackle the problem of recruitment and retention that bedevils drug trials costing an average of \$1.3m per day of delay across the industry, and get new drugs to market faster. This project came out of a session in a DIG Theme Day, which identified that patients drop out of trials because the protocols and administration mean they lose sight of why they’re taking part. The service is being tested in live clinical trials this year, with the potential to get good medicines to patients faster.

We’re also creating a new digital coaching service aimed at people recovering from heart attacks by helping them build the belief they can change by focusing on their values and deeper motivations. As one of AstraZeneca’s Global Executive team said when he saw this concept, this idea “can save lives”. While this service has been co-created with heart-attack patients, it won't be tested just through focus groups or concept tests, but will be



subject to the proper scientific rigour of a pilot with a leading US clinical research institute.

This is what makes DIG an exciting example of the impact Strategy can have. We are lucky enough to be driving projects that can change lives. But our impact is also cultural. We're helping a business, built on scientific rigour and operating in an evidence-driven environment to experience how creative thinking – based on *human* insights – opens the way to innovative tools and services. By democratizing strategy and creating a structure and approach to maximize collaboration, we've inspired the culture needed to help tame Wicked Problems.

(word count: 1995)

Endnotes

1. On the Planning Crisis: Systems Analysis of the 'First and Second Generations' BEDRIFT-SOKONOMEN NR. 8 - 1972

2. Dilemmas in a General Theory of Planning. Horst WJ Rittel and Melvin W Webber. Policy Sciences 4 (1973), 155-169

Cover Image: Pharmacopoeia