

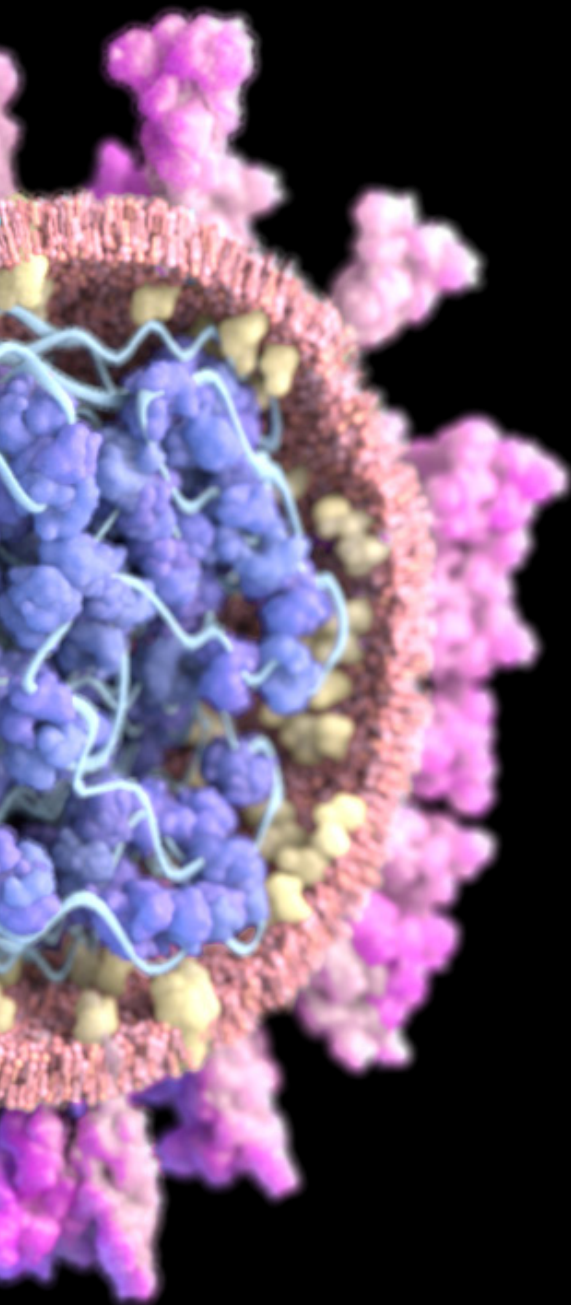
LIFE
(SCIENCES)
AFTER
COVID-19



Can COVID-19 Design a Better World for People Living with Chronic Conditions?

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HEALTH



The piece you're about to read is from Klick Health's Life (Sciences) After COVID-19 series, a collection of expert perspectives designed to inform and inspire the life sciences community for the coming changes and opportunities we anticipate as a result of this global health crisis.

We invite you to engage with a multitude of these viewpoints by seeking out other pieces from this series, including *Patient Care, at the Speed (and Scale) of Science* and *Lessons From COVID-19: Improving Health Behavior and Reducing Disparities* at

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THE INSIGHT

With COVID-19, we are collectively going through an illness experience.¹ And because of the sheer number of people impacted, the world is rapidly adapting in big and small ways. These adaptations are showing us new possibilities of a world better designed for living with illness.

The idea of COVID-19 as a collective illness experience is powerful to think about.

Consider how often patients living with chronic conditions are:

1. struggling to maintain their employment,
2. needing physical accommodations,
3. feeling isolated at home, and
4. potentially rationing their medications.

And now consider with COVID-19 how quickly:

1. workplaces shifted to enable work from home,
2. businesses accommodated physical distancing,
3. new services emerged to deal with the experience of isolation, and
4. new methods were developed to enable the timely delivery of medications.



Looking at the similarities between the lived experience of people with chronic conditions and our life with COVID-19, we begin to better understand some of our patients' struggles and the ways in which the world needs to and can adapt.

In life sciences, we talk a lot about patient empathy. We try to know, intellectually, what our patients go through, but it's another thing to really know the constraints they experience. Many of us living under the threat of COVID-19 are feeling a sense of loss, uncertainty, and isolation—the same kinds of feelings many patients with chronic conditions feel. We are also witnessing first-hand how broader contextual factors—like our finances and social support—impact our health and ability to cope. And, in response to these challenges, we're trying to solve the same kinds of problems many patients face.



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To be clear, using our current experience with COVID-19 as an analogue isn't perfect. Chronic conditions are typically lifelong, whereas most of us likely imagine a future state where COVID-19 is no longer an immediate threat. But, even imperfect, the comparison between our current experience and life with a chronic condition is illuminating.

And it just might help us design a better world for patients. Consider:

- **What adaptations—products, services, business models, work-arounds—have been created as a result of COVID-19 that could be leveraged for patients living with chronic disease going forward?**
- **What have you done as a company for your employees and how could the learning be used to develop new service offerings or partnerships to meet certain patient needs?**
- **What are the pain points that you're experiencing that are similar to those that patients with chronic conditions also deal with and that are unaddressed? How could we begin to solve these unmet needs?**

THE EVIDENCE

Let's contrast our life with COVID-19 to three moments generally experienced by those living with a chronic condition:

1. Our "diagnosis" moment:

Sociologist Michael Bury describes a diagnosis as a "biographical disruption" because it disrupts so many of the taken-for-granted assumptions of everyday life.² While most of us, thankfully, haven't had COVID-19, our lives have been disrupted and we've had to come to terms with the threat of the virus, as well as our own susceptibility—we'll call this our "diagnosis" moment.

While many patients with a chronic condition experience a diagnosis phase on their own or with a small group of loved ones, our context is very different. We are going through COVID-19 collectively.

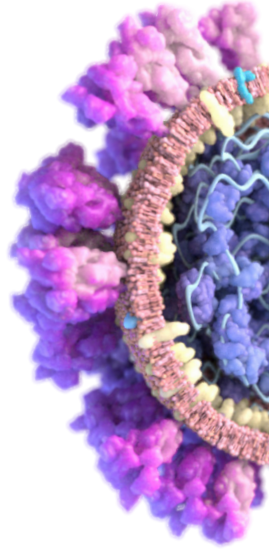
Imagine if a patient newly diagnosed with type-2 diabetes (T2D) had a truly collective experience where they were surrounded by other patients just like them from the start (similar employer, same neighborhood, etc.) as they learned about the condition and made adaptations to their life. Imagine that everyone in the patient's household was in lockstep with the patient making the same changes in response to the threat.

And, finally, imagine that the patient could easily see how others, like them, tried to cope as well as their level of success (the equivalent of the US and Canada looking at China's and South Korea's COVID-19 strategies). How would a patient's adaptation post-diagnosis be different if it happened collectively like we experienced with COVID-19?

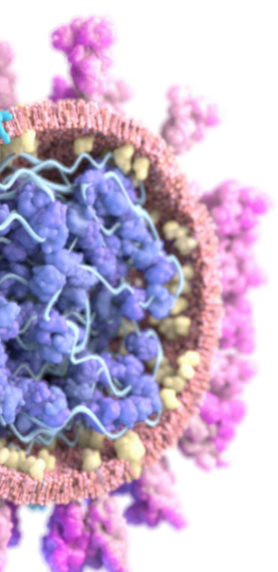
2. The struggle for control:

Patients living with a chronic condition want to feel like they have the "upper hand" over their condition, but they often struggle to influence their own outcomes and the environment around them.

With COVID-19, the struggle for control was expressed in behaviors like hoarding toilet paper and frozen foods. But, as we learned more about the nature of the threat, a sense of control was more effectively achieved through simple behaviors that minimized exposure to the virus: vigilant handwashing, physical distancing, and wearing face masks. The adoption of these behaviors was made easier because they were reinforced through various media and supported by quick changes in the broader context (e.g. tape on the ground for line-ups to create physical distancing, stores offering new delivery options, face masks that were more fashionable or enabled self-expression).



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And, because everyone was adopting these behaviors, they quickly became social norms that were reinforced in both positive ways (like through education), as well as more negative experiences (like through social shaming).

Now, imagine if a patient with T2D lived in a world like this. The complexity of her diabetes would be reduced to a few simple behaviors, reinforced and supported by her environment. Her workplace cafeteria would feature diabetic-friendly foods with the carb count clearly identified, and her non-diabetic coworkers would eat these foods alongside her. When she turned on her television at night, she wouldn't be tempted by commercials for fast food, but she would hear messages to encourage her to do good things for her health. Her pharmacist would deliver her medication to her home within hours of placing the order. This imagined scenario could be a model where personalization is delivered at scale for certain tribes or communities.

- 3. Our diminished lifeworld:** The world can feel like it's shrinking for patients living with a chronic condition, especially if mobility is limited or they experience depression and withdraw from the people around them.

One of the hallmarks and greatest challenges of life with COVID-19 has been the experience of isolation.

Even the most introverted and self-sufficient people have commented about how difficult it's been to shelter at home without seeing friends and family. Small pleasures like going to the local coffee shop or taking the dog to the park have been taken away, and it's often these small daily tasks that give us a sense of connection with our community.

In response, we've seen a shift whereby organizations have started to bring themselves to the person at-home. For example, museums are offering free virtual tours. Chefs from well-known restaurants are offering free online cooking classes or sharing iconic recipes so people can continue to experience the pleasure of these foods at home. Photographers are offering online photoshoots. Cultural performances and fitness classes are now streamed online. And because everyone is going through the same experience, there is an absence of stigma associated with being at home. Asking your friends to connect via Houseparty on Saturday night doesn't feel like an inconvenience or a pity party when everyone is stuck on their own living room couch.

For patients who are isolated, COVID-19 has given us a glimpse into new ways we can enhance a patient's lifeworld by bringing organizations and experiences into the home.



THE POSSIBLE FUTURES

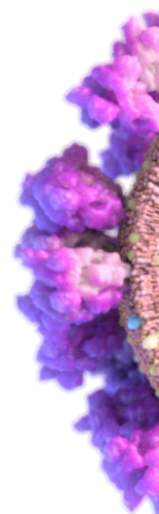
The case for not...

Using COVID-19 as an analogue won't be a useful exercise for every chronic condition and every moment in a patient's journey. The conditions around COVID-19 are unique because of the critical mass of individuals who are going through the illness experience at the same time. Many of the changes that we're seeing today are likely to disappear when "normal life" resumes because there's typically a strong pull to return to the status quo.

Importantly, two situations that appear to be highly similar are often experienced in very different ways. It would be insensitive and unproductive to think that the feeling of isolation we experience today is just like what someone experiences when they're living with chronic depression or housebound because of physical immobility. Analogues are only useful to a point.

The case for...

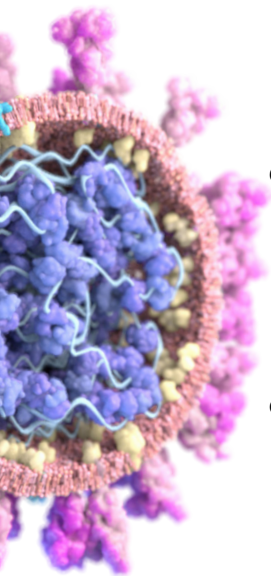
As an exercise in empathy, creativity and innovation—why not? Using our COVID-19 experience as an analogue opens our eyes to see all the real-life experiments taking place right now that could improve the lives of people living with chronic conditions. We can see what's working and what's not, and we can use these learnings to build future products and services to support patients in ways that are meaningful to them.



THE ACTION PLAN FOR LIFE SCIENCES LEADERS

1. Use analogous thinking to create new possibilities for your patient's journey:

- a. What aspects of our current collective illness experience (e.g. isolation) are relevant to your patient journey?
- b. For points of similar need, do a market scan to understand how this need is currently being addressed for COVID-19.
- c. How can you use the innovations that have been developed to address these needs in new ways for your patients' experiences (e.g. chefs from famous restaurants offering cooking classes for patients with T2D or virtual dinner parties with other people living with a similar condition that live in other places, etc.)?
- d. Consider reaching out to organizations that are trying to address similar needs to understand their successes/failures and/or explore partnership opportunities.
- e. Understand the contextual relationship between health and other important facets of people's daily life experience (like financials, food, fitness, social support, etc.), and then design an experience that appropriately addresses those interrelated aspects of life.



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2. Use the power of collective experience to help patients:

- a. Imagine that everyone in your city/town was suddenly diagnosed with your patient's chronic condition (e.g. everyone suddenly has heart disease). Consider what pain points would quickly emerge as everyone tries to adapt to their new diagnosis. What changes would this collective group of patients force to happen?
- b. People living with a chronic condition often experience their journey alone or with a small group of loved ones. How can we help create more collective experiences that help patients transition through critical moments of their journey? (e.g. with COVID-19, online maps show the length of the line at the local grocery store. Could we create a map to show how/when people who have challenges with mobility can navigate their neighborhood most effectively?)
- c. How can we leverage the power of the collective when trying to experiment and solve practical problems that impact our patients? (e.g. with COVID-19, people began using Houseparty, widespread adoption of grocery delivery, etc.)

3. Leverage the home environment in new ways:

- a. The mandate to 'shelter at home' has made many of us take a second look at our home environments and our routines. For example, we've been asked to stay at home as much as possible and limit trips to stores. Think about how you could provide programs and initiatives that support people for whom these behaviors are commonplace (e.g. because

shopping once a week requires more planning than shopping many times a week, consider providing a weekly shopping list that takes into account risk of perishable food spoiling and still enables a full week of healthy eating).

- b. During the COVID-19 crisis, gyms, yoga studios, and personal trainers have been quick to transform their offerings into virtual sessions (often for free or for a lesser charge) to keep their clientele engaged and healthy. People who suffer from chronic conditions can't always go to a gym. Others may not feel comfortable working out in these spaces. Consider how you can bring fitness to your patients in a way that works for them (e.g. on demand, little or no equipment needed).

References:

1. Scholars use the term "illness experience" to describe the ways that people live with and give meaning to a condition. One overview of key themes from research into illness experience can be found in: Pierret, Janine (2003) "The illness experience: state of knowledge and perspectives for research," in *Sociology of health & illness*, 25, 4-22.
2. Bury, Michael (1982) "Chronic Illness as biographical disruption" in *Sociology of health & illness* 4 (2), 167-182.

We hope you've found this piece from our Life (Sciences) After COVID-19 series valuable and engaging. For more content like this, download our other published perspectives at **covid19.klick.com** and sign-up to receive future insights as soon as they become available.



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Tim has a PhD in Sociology from the University of Southern California.

He started his career as a professor of sociology and has developed a unique expertise in translating theories about human behavior into actionable strategies that create meaningful brands, programs and solutions. He is passionate about understanding the human dynamics underlying healthcare challenges and how—when we take these into account—we can improve well-being and create better healthcare experiences.

Tim has worked in numerous therapeutic areas and has applied behavioral science thinking in the design of strategies and solutions for a wide range of target audiences.



While change can create challenges, it also opens the door to new opportunities. Join us as we explore the many imaginable paths to post-pandemic growth. We welcome you to start a dialogue with the author of this piece:

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