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WHAT PHARMA MUST LEARN FROM
**MEDIA, COMMUNITY, AND THE
ARCHITECTURE OF MODERN ENGAGEMENT**

✧ NOTE FROM QUIRE X DEBUT GROUP

Across our briefing series, we have returned to a single through-line: the most resilient forms of value today are built on continuity. The companies that outperform their peers do so by cultivating long-term, self-reinforcing behavior among their audiences.

Continuity explains why creator brands outperform conglomerates, why wellness platforms succeed where legacy health companies stall, and why modern consumer ecosystems behave more like infrastructure than products. **Throughout this document, the term “continuity” refers to the sustained persistence of behavior over time, produced by reinforcing systems of identity, trust, narrative, and social reinforcement.**

This briefing extends that thesis into a sector that historically believed itself insulated from these dynamics. Pharmaceuticals possess extraordinary scientific and operational capability, yet remain structurally separated from the behavioral systems that determine long-term outcomes. Clinical success depends on behavioral persistence, but the industry has not built the architecture that sustains it.

Our goal is not to comment on regulatory or clinical matters. Our goal is to unpack why the next decade of patient engagement will resemble media, community, and identity systems more than it resembles traditional healthcare communication. We approach this as architects of behavioral systems, translating the mechanics of modern audience design into the mechanics of care.

This briefing explores what happens when a sector built on scientific excellence confronts the reality that its greatest leverage lies outside the laboratory, in the architecture of human behavior.

Let us begin.

✧ The Continuity Crisis In Pharma

PHARMA OWNS THE TREATMENT, NOT THE BEHAVIORS THAT SUSTAIN IT

Pharma has mastered the sciences of discovery, manufacturing, distribution, and compliance. But it has not mastered the psychological drivers that modern value creation depends on: engagement, trust, identity, loyalty, and habit formation.

Across winning ecosystems of the last decade, five behavioral engines consistently shape enterprise outcomes:

- **Fandom → Predictable Growth**
- **Community → Recurring Retention**
- **Content → Scalable Trust Reinforcement**
- **Identity → Long-Term Loyalty**
- **Compounding Engagement → Durable LTV**

These engines power fitness platforms, creator ecosystems, D2C health, luxury, sports, and membership economies. They determine LTV curves, capital efficiency, and the shape of audience demand. Pharma, by contrast, still behaves as if the world operates transactionally:

- **Episodic Interventions Rather Than Reinforcement Loops**
- **Medication Adherence Rather Than Sustained Engagement Systems**
- **Fragmented Touchpoints Rather Than Unified Behavioral Journeys**
- **Information Delivery Rather Than Identity Or Habit Formation**

This is not a medical limitation. It is an **architectural** one. Modern healthcare outcomes depend on the same dynamics that govern every modern audience - but pharma has not built the underlying behavioral system infrastructure. The result is predictable: high drop-off, low adherence, fragile trust, and outcomes that fail to compound.

The crisis is therefore simple:

The parts of the system that most determine long-term patient behavior are the parts pharma does not yet structurally own.

And that is the opportunity.

✱ Care Journeys And Audience Journeys Follow The Same Structure

PATIENT BEHAVIOR FOLLOWS THE SAME LOGIC AS EVERY MODERN AUDIENCE

When viewed through modern engagement frameworks used across this Executive Briefing series, patient behavior aligns directly with audience behavior. The analogs are structural, not metaphorical:

Media / Fandom Model	Pharma Equivalent
Recurring Engagement	Medication Adherence
Identity & Loyalty	Ongoing Care Behavior
Community Signals	Peer Reinforcement
Serialized Narrative	Patient Education
Off-Platform Behavior	Real-World Outcomes

In every other industry, sustained engagement is engineered through:

- Identity Formation
- Habit Scaffolding
- Community Belonging
- Trust Loops
- Content Architecture

Care journeys behave the same way. Adherence is simply the clinical word for retention. Outcomes are the clinical word for lifetime value. Peer support is the clinical word for community reinforcement. Pharma does not have a motivation problem. It has a framework problem:

- It Does Not Treat Patients As Audiences With Identities.
- It Does Not Architect Journeys Like Engagement Lifecycles.
- It Does Not Measure The Behavioral Signals That Predict Outcomes.
- It Does Not See Itself As The Steward Of Continuity - Even Though Its Success Depends On It.

Continuity is the strongest predictor of both clinical and commercial performance. And in both cases, it behaves exactly like an audience retention curve: predictable, measurable, and profoundly influenced by identity, narrative, and belonging. Understanding this alignment is the first step toward re-engineering the patient journey as a behavioral persistence system, not an episodic intervention.

✱ CASE STUDY: HIMS - REBRANDING THE GENERIC AS A RELATIONSHIP

Proof Of The Crisis

HIMS, a direct-to-consumer telehealth platform providing subscription-based access to generic medications and care, didn’t win by owning molecules. It won by owning **behavioral persistence**.

In a category where pricing power collapses after patent expiry, HIMS achieved the opposite. It engineered trust as infrastructure - unifying telehealth, serialized content, community identity, and frictionless delivery into a single behavioral loop.

Every micro-step of the journey was redesigned to eliminate the Cognitive Bandwidth Tax through:

- Simple Onboarding
- Consistent, Friendly Tone
- Narrative-Driven Education
- Continuous Micro-Touchpoints
- A Platform That Feels Like Participation, Not Compliance

The result: a system that behaves less like a prescription brand and more like a subscription ecosystem - monetizing identity, routine, and community. This is exactly the architecture missing in traditional pharma.

Behavioral & Economic Performance

- 91 % of prescriptions renewed digitally ¹
- 2.8MM active subscribers, 11 touchpoints/month ²
- NPS above 70 vs. industry below 20 ³
- CAC approximately 50% below DTC benchmarks ⁴
- LTV increased 40%, revenue growth over 300% after category expansion ⁵

¹ HIMS Investor Report 2024 ² Apptopia 2025 ³ BrandTrust Survey ⁴ Piper Sandler Equity Research ⁵ Statista Digital Health Index

Interpretation: The Behaviorial Operating System

HIMS quantified what every pharma executive suspects but few can prove:

Continuity can be measured, forecasted, and monetized with the rigor of any financial asset.

Each refill, article view, and micro-interaction contributes to a behavioral dataset:

- Engagement Velocity (frequency)
- Persistence (retention)
- Identity Reinforcement
- Network Effects

This is a **behavioral operating system** - mirroring Debut Group’s behavioral science foundations and aligning directly with Quire’s sustained engagement architecture. HIMS turned emotion and habit into data, extending its LTV curve far beyond the traditional treatment window.

This is the model pharma must learn from - not for the telehealth pipes, but for the behavior engine underneath.

✱ Trust Is Now Personal, Social, And Reinforced Over Time

TRUST NO LONGER LIVES IN INSTITUTIONS - IT LIVES IN NETWORKS

Trust no longer behaves like institutional reputation. It behaves like **social influence** - fluid, participatory, identity-driven, and continuously reinforced through social proof.

Modern trust is shaped by:

- **Parasocial Relationships** (Familiarity → Authority)
- **Community Validation** (Peers → Truth)
- **Identity Alignment** (“People Like Me”)
- **Narrative Familiarity** (Repetition → Coherence)
- **Micro-Networks** (Small, High-Frequency Trust Loops)

People now trust educators, creators, peers, and lived-experience communities more than institutions - not because institutions lack credibility, but because modern trust is **earned through demonstration**, and reinforced through **community signals**, not credentials. Today, trust is:

- **Repeated**, Not Permanent
- **Socially Transmitted**, Not Centrally Issued
- **Content-Driven**, Not Message-Driven
- **Platform-Fluid**, Not Channel-Bound
- **Identity-Aligned**, Not Institution-Aligned

Pharma still communicates through institutional voice, static materials, and episodic touchpoints. But trust now lives in communities, creators, and micro-environments where meaning is co-created.

The gap between where **trust is generated** and **where pharma speaks** grows wider each year. This is not a marketing issue - it is a **structural** one. Organizations that understand how trust is formed, reinforced, and transmitted will be the ones that shape long-term behavior. Because:

Trust is the first layer of sustained engagement. Without it, no system - no matter how clinically sound - can sustain adherence.

* CASE STUDY

Rhode And The Mechanics Of Continuous Trust

Rhode, a creator-led skincare brand, shows that **trust today is continuous, personal, and behaviorally reinforced**. Its success wasn't product-led - it was built on a creator-audience relationship engineered to compound over time.

Using the **Creator-as-Platform** model, Rhode inverted the CPG playbook. Instead of buying customers, it **securitized its audience** - using high-frequency engagement, narrative familiarity, and identity alignment to drive CAC toward zero. Trust was reinforced through:

- Consistent Narrative Voice
- Daily Visibility
- Shared Language
- Community Participation
- Creator Identification
- Predictable Emotional Tone

These formed a **continuous trust loop** across narrative, identity, and community.

The results:

- **400,000-Person Waitlist**
- **\$212MM Revenue** Pre-Scale
- **Zero-CAC** Acquisition Engine
- **\$1BN Acquisition** (\$800MM Upfront), Proving Trust - Not Product Lines - Was The Asset

Rhode's strategy can be distilled simply:

Securitize the fandom → Prove the economics → Sell the loyalty engine.

The healthcare parallel is direct: Patients don't adhere because they were informed; they adhere because they have a **trust relationship** that reinforces behavior. A message delivered once does nothing. A relationship sustained continually does everything. Pharma still communicates at the level of **message**. Modern engagement operates at the level of **relationship**.

Continuous trust is the engine of adherence. Without it, behavior cannot compound.

Rhode demonstrates why continuity of trust is one of the most valuable engines in health and wellness - and why healthcare must architect an equivalent system.

✱ Education Is Narrative, Not Information

INFORMATION INFORMS - BUT NARRATIVE CHANGES BEHAVIOR

Pharmaceutical education still treats information as the goal. But in persistent-behavior-driven categories, **content is not information - it is architecture**. Its job is to shape behavior over time, not deliver facts.

Content builds the behavioral scaffolding that sustains attention, reduces cognitive load, and reinforces identity. In modern ecosystems:

- **Serialized Content** Sustains Attention
- **Narrative** Creates Familiarity
- **Repetition** Builds Trust
- **Structure** Reduces Friction
- **Meaning** Drives Emotion
- **Community** Shapes Interpretation

People don't learn through linear information. They learn through **story, repetition, association, and social cues** - the same mechanics that drive fandom, learning platforms, and creator ecosystems.

Healthcare education is still built for comprehension; sustained behavior requires **experience**. In continuity-first systems, guidance behaves like a series:

- **Episodes**
- **Arcs**
- **Rituals**
- **Identity Cues**
- **Community Validation**

Each touchpoint advances the storyline and strengthens the relationship to the behavior. Healthcare guidance should operate the same way:

Serialized guidance, not compliance documentation. Experience is the value - not instruction.

Narratives shape choices long before instructions do. Without narrative architecture, even clinically flawless information cannot sustain behavior. The story patients follow is as important as the metrics they track.

* CASE STUDY

Identity As Behavioral Infrastructure

Alo Yoga, a premium wellness and apparel brand pairing physical products with daily digital movement and mindfulness practices, reveals a fundamental truth of behavior design: **identity drives long-term behavior**. Alo didn't build a product line - it built a **Category Fandom** anchored in an aspirational identity: calm, minimal, wellness-aligned, community-oriented. Customers return not because products change, but because the **identity remains constant**.

Identity acts like infrastructure: lowering cognitive friction, reinforcing habits, and creating recurring behavior without additional persuasion. Alo strengthens this identity through:

- Daily Rituals
- Community-Driven Behavior
- Serialized Content (Alo Moves)
- Shared Language & Meaning
- Visible Belonging Cues

These elements form a **behavioral flywheel**: identity → routine → reinforcement → identity. Commercially, this becomes a unified ecosystem:

- High-Margin D2C Apparel
- A Large Subscription Content Platform
- Expanding Sanctuary Stores
- Lifestyle Extensions

Alo isn't selling clothes - it's selling **continuity**, the behavioral rhythm of a stable identity. The parallel to healthcare is direct:

Patients sustain behavior when their identity reinforces it - not when they understand instructions.

Someone who sees themselves as "a person who manages their condition" behaves differently than someone trying to remember what they were told. Identity is the strongest predictor of behavior - yet healthcare rarely engages it. Alo proves the core principle:

Identity is the foundation of sustained behavior. When identity is stable, behaviors compound.

This is the architecture chronic care needs - and does not yet possess.

✱ The Six Structural Blind Spots Limiting Behavioral Persistence

THE BEHAVIORS THAT DRIVE OUTCOMES ARE THE ONES PHARMA DOESN'T YET ARCHITECT

Viewed through modern behavioral frameworks, pharma's operating model is structurally misaligned with how human behavior works. These six blind spots explain why continuity decays - and where the next era of healthcare engagement will be defined.

1. Patients Treated As Individuals

Reality: Behavior is collective - shaped by peers, micro-communities, and identity signals.

Implication: Engagement cannot scale without community design.

2. Adherence Framed As Compliance

Reality: Behavior is driven by identity and belonging.

Implication: Without identity reinforcement, adherence decays predictably.

3. Education Treated As Information Transfer

Reality: Education is narrative - serialized, reinforced, socially interpreted.

Implication: Facts without narrative architecture fail to sustain behavior.

4. Engagement Treated As A Metric

Reality: Engagement is a compounding asset that drives engagement and outcomes.

Implication: It must be managed like capital, not communication.

5. Influence Interpreted Institutionally

Reality: Influence flows through networks - creators, caregivers, peers, lived experience.

Implication: Institutions must operate where trust is generated, not where it is declared.

6. Journeys Designed Linearly

Reality: Behavior is cyclical, emotional, and pattern-based.

Implication: Journeys must be redesigned as behavioral loops with feedback and identity alignment.

Together, these blind spots form the structural root of the **Engagement Gap**. The organizations that resolve them won't just improve adherence - they will build continuity systems that compound value across outcomes, performance, and commercial efficiency.

* Why Legacy Patient Engagement Fails

LEGACY MODELS ASSUME RATIONAL PATIENTS - BUT BEHAVIOR IS EMOTIONAL AND SOCIAL

Legacy patient engagement fails for the same reason legacy media failed: it is built on **incorrect assumptions about human behavior** - that information creates action, rational decisions outweigh emotional ones, journeys are linear, communication is one-way, patients act individually, and compliance equals Persistent Behavior.

None of these hold true. Behavior is shaped by:

- **Emotion**
- **Habit**
- **Identity**
- **Narrative**
- **Social Context**
- **Cognitive Bandwidth**
- **Repeated Reinforcement**

These are the drivers of long-term engagement in every modern category - and the forces healthcare engagement has historically ignored. When these dynamics are absent, outcomes deteriorate: drop-off rises, adherence decays, trust fractures, and systems must overspend to re-acquire behaviors they never reinforced.

The friction is not in the patient. The friction is in the architecture.

Healthcare has been built as a series of **touchpoints**, but patients live in **experiences** - continuous, emotional, contextual, and socially shaped.

Sustained behavior does not emerge from isolated interactions or episodic messaging. Continuity requires **systems**: loops, reinforcement structures, identity cues, narrative arcs, community signals, and trust engines. Legacy engagement models fail because they were engineered for **information delivery**, not **behavioral persistence**. Organizations that redesign engagement around compounding identity - not communication - will define the next era of healthcare outcomes.

✱ **The Opportunity: Build The Engagement Architecture Of Modern Care**

THE NEXT DECADE BELONGS TO ORGANIZATIONS THAT CAN ENGINEER SUSTAINED ENGAGEMENT

The next decade will belong to organizations that understand that persistent behavior is not a communication tactic but a structural capability. Building the continuity architecture of care requires six core systems:

Identity Architecture

Define who the patient becomes through the journey, not merely what they must do.

Narrative Design

Organize information as serialized guidance with progression, reinforcement, and clarity.

Community Integration

Place lived-experience groups and peer networks within the behavioral loop.

Trust Ecosystems

Integrate creators, educators, clinicians, and community figures who can authentically shape behavior.

Behavioral Micro-Loops

Deploy small, consistent, low-bandwidth interventions that compound over time.

Engagement As Collateral

Treat recurring patient engagement as an asset that grows in value with each interaction.

This is the architecture that will define the next generation of patient outcomes and commercial performance.

✱ CONTINUITY IS THE CLINICAL INFRASTRUCTURE OF THE FUTURE

A New Engagement Operating System Built By Quire ✕ Debut Group

The next era of pharma leadership will be defined not by louder messaging, but by deeper behavioral precision. To compete asymmetrically in a crowded attention market, brands must fuse **behavioral insight, creative engineering, and strategic architecture** into a single system.

Debut ✕ Quire brings that integration to life:

- **Decode Behavior:** Identify cognitive barriers and motivational triggers behind decision-making.
- **Design Community:** Create participatory ecosystems that convert awareness into belonging.
- **Deliver Sustained Identity:** Build self-sustaining engagement loops that extend brand life beyond the patent window.

This partnership merges Debut's mastery of human experience with Quire's precision in market and capital strategy - giving pharma companies a unified behavioral playbook for the decade ahead.

✱ QUIRE X DEBUT IN PRACTICE

QUIRE: FANDOM

For its shareholders, Amazon, IVP, and Bessemer, Quire orchestrated a platform-wide strategic pivot and drove a \$250M growth investment from TPG, repositioning a 350M+ fanbase around decentralized sub-fandoms, fragmented canon, and infrastructure-grade monetization.

QUIRE: RAPTIVE

Quire partnered with Raptive to design and pressure-test a continuity-driven growth architecture - restructuring audience, content, and acquisition strategy to compound engagement, retention, and long-term enterprise value across a scaled media platform.

DEBUT: SALESFORCE

Debut redesigned the Agentforce event journey using behavioral science to reduce cognitive friction. Adaptive demo flows and mindset-based segmentation turned generic showcases into personalized ecosystems that set a new benchmark for global event strategy.

DEBUT: BRISTOL MYERS SQUIBB

Debut transformed an oncology congress into an emotionally resonant experience using neuroscience and spatial storytelling. The design reduced information fatigue by 47% and redefined how Bristol Myers Squibb translates complex science into human connection.

Let's Build the Future of Pharma Engagement Together
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