

MOBILE BRANDS

By Robin Robinson

Mobile provides effective messaging to both physicians and patients.

As the coronavirus greatly affects advertising behaviors across industries, mobile messaging remains a viable tactic for reaching both physicians and patients. According to a March report from IAB, digital ad spending is down 33% and traditional media is down 39%; the majority of advertisers are increasing mission-based and cause-related marketing due to the impact of COVID-19 on business. More than one-third of advertisers are adjusting their in-market tactics and are increasing their audience targeting. And with sales reps no longer able to visit physicians in person during the pandemic, more digital efforts are being employed.

Enter Mobile Marketing

Beyond the effects of COVID-19, mobile advertising, as one part of the life-sciences industry's digital spend, is earning a more prominent role in advertising strategies. For the past several years in the life-sciences, there has been a steady shift toward the use of more mobile advertising, with reports claiming it is projected to grow anywhere from 13% to 17% in the next year, depending on the survey company.

This shift could be occurring because pharma companies are gaining greater understanding on how the technology of mobile operates or they are beginning to better understand how to handle regulatory requirements within mobile. While this understanding would make companies more comfortable with the medium, the more likely reason for the shift is that mobile is the most effective vehicle for messaging both physicians and patients where they spend a lot of their time: on their mobile devices.

According to research from eConsultancy, 71% of healthcare brand managers surveyed say they plan to increase their spending in digital, about 10% higher than the average across

other industries. And overall, pharmaceutical brands are projected to spend \$10 billion in 2020 on digital advertising – a compound annual growth rate of more than 13% since 2014. Although these numbers are still low compared with other industries, the shift is still visible.

“In the last five to eight years, mobile spending has really ramped up as people have become more aware of how mobile works, and they have started spending more in that arena,” says Ben Bromberg, media director at Cambridge BioMarketing. “We definitely are seeing a lot of ad dollars moving toward mobile.”

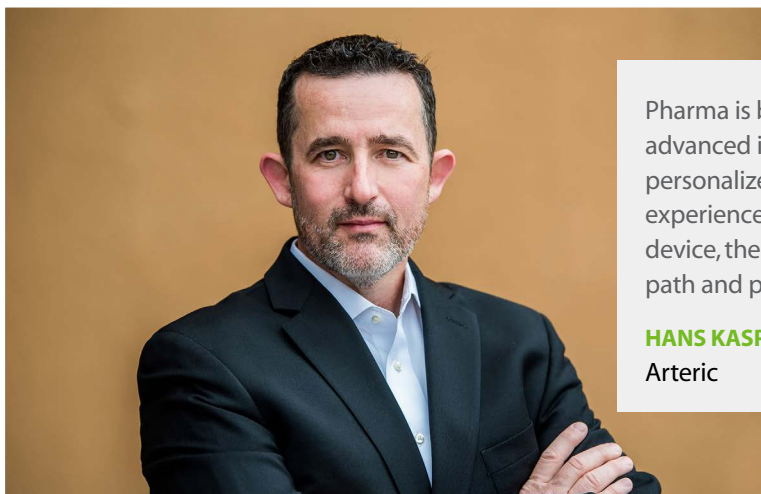
The geo-targeting capability of mobile is just one of the many assets to moving messaging to mobile. Mobile messaging works

because of the ability to target the right people at the right time through the right channel.

Whether the users are patients in a doctor's office who are already thinking about their health or physicians who are looking for information to help consult the patient, both targets are tapping mobile to find health information.

For example, Cambridge BioMarketing recently worked with a client to promote a treatment for a rare type of blood cancer. Previous campaigns had included traditional advertising and even digital advertising, but it wasn't until the agency tried geo-targeting to patients and HCPs via mobile that the campaign experienced lift, compared to previous marketing efforts.

“We saw a significantly higher success rate



Pharma is becoming more advanced in creating personalized customer experiences based on the device, the user's referral path and previous behavior.

HANS KASPERETZ
Arteric

in terms of achieving our KPIs when we implemented geo-targeting while these patients were in infusion centers,” Mr. Bromberg says. “We saw that the highest click-through rates and the highest conversion rates all came from the geotargeted offices, so obviously the message resonated more for people while they were on their mobile devices at these offices as opposed to when they were on desktop computers at home.”

According to R.J. Lewis, founder and CEO, at eHealthcare Solutions, the power of geofencing, or highly granular geotargeting down to a building, is a powerful targeting tool that most pharma brands don't leverage to its fullest. “One of the best ways for a pharma brand to leverage mobile is through the power of device location-based targeting where physical addresses of their higher prescribers' offices, their hospitals, their societies, and association trade shows, can all be targeted,” he says.

“Mobile allows messages to resonate with people who are actively online at select locations when they are looking for information,” Mr. Bromberg adds.

Geotargeting uses privacy-compliant location data from cell phones to create audiences and serve advertising or content to intended audiences. Hans Kasperetz, president at Arteric, provides an example. Arteric helped a brand in the cardiology space that gave up its field sales force and transitioned to solely NPP strategy and tactics to geotarget advertising around retirement communities in Florida, because the people living in those communities were most likely to be prescribed that particular product. “We geotargeted the advertising around the cluster of physician offices in that area to support their NPP strategy and reduce cost and waste in the program because we knew that other areas of the country didn't have as efficient an ROAS on those ad dollars,” he says. “The same thing applies when there's a big congress such as ASCO, ASH, or Heart; we

have run geotargeted advertising and content for those conferences.”

The industry is much more open to geotargeting than it has been in the past, Mr. Kasperetz says. In his experience, seven years ago pharma wouldn't even consider geotargeting due to the sensitivity around health and privacy issues, and the difficulty of getting such a practice past the medical, legal, and regulatory review (MLR) departments. However, clients today are actively using geotargeting and the conversations have evolved to how to develop the appropriate guardrails so that MLR can approve it efficiently and quickly, and the brand teams can be more agile and responsive to the market dynamics and competitive pressures.

“We're actively talking about personalized content based on user behavior as opposed to user identity with clients,” he says. “We have rapidly evolving campaigns that can change daily. Clients are making daily updates to their websites based on activities in the market to address Covid-19, and seven years ago, that would have been an impossibility.”

Mr. Bromberg agrees that the industry's attitudes around mobile have definitely changed relative to pharma's use.

“Marketers used to just spend money on banner advertising for desktop, and today a lot of that money has shifted to mobile banners, and the same is true of search,” Mr. Bromberg says. “Budgets used to be focused on desktop, but these dollar allocations are moving to be more mobile-centric.” A best practice, he says, would be to spend across both desktop and mobile with the ability to adjust based on which area performs best.

“Whichever is providing the strongest conversion rate at the lowest cost per conversion, is the place to allocate more of the investment,” he says. “It's important to think about how mobile fits into the larger program. You don't want to just be 100% mobile because you're going to completely miss out on every-

one who is still searching from their desktop. But at the same time, you want to be able to have mobile-friendly ads so that when people — HCPs included — use their phones, the message is there, ready and able to serve your ad at those times.”

Optimizing the Benefits of Mobile

While geotargeting is one of the strong advantages of mobile marketing, other beneficial features include automaton and responsive design and mobile apps. Mobile applications provide real-time, personalized interventions using predictive analytics and machine learning. When it comes to mobile platforms, many in pharma are questioning whether to build their own or pay someone else to do it, says Jennifer Butler, chief marketing officer, Medisafe. Those who attempt to build will face challenges of development, time to build, patient adoption, and platform maintenance. Those who partner with digital therapeutic companies for medication management have the benefit of leveraging established expertise, deploying technically sophisticated solutions, and increased patient adoption.

“The great news for pharma brands is that the vast majority of their current support materials and patient journey guidance resources can be adapted to the purpose of mobile messaging,” Ms. Butler says. “In addition, it's important to recognize that patients are managing multiple medications and need a solution that will support them holistically.”

It can be particularly helpful when presenting PI and ISI information on the small screen of a mobile phone.

“Using a responsive design to create a well-designed, well-implemented ISI, which is an excerpt of PI data, has been really useful,” Mr. Kasperetz says. “When the PI is in PDF format, is not that easy to read.”

Automation is another key element of mobile. Arteric has been automating customer journeys through its customer relationship management (CRM) systems for years, Mr. Kasperetz says. “When people visit a brand's website, they fill out forms, and are added into the CRM and email streams,” he says. “Then targeted emails are sent to them. And depending on how they interact with those emails, they end up on a journey during which the content is personalized for them using automation.”

“Geotargeting, automation, and responsive design create an enhanced consumer experience — these ensure that the right content is in front of the right person at the right time and they help reduce cost by driving it through machine learning and automation,” Mr. Kasperetz adds.



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BEN BROMBERG
Cambridge BioMarketing

Approaching Physicians with Mobile

Over the years there have been many reports of physicians' increasing use of mobile in their practice, whether it is their own personal phone or a tablet. While physicians are definitely using mobile more, and messages need to be optimized for such devices, physicians still spend a fair amount of time on desktops, especially when navigating pharma websites.

"In our experience, the majority of HCP office traffic is coming from desktop computers Monday through Friday and then mobile on the weekends, which I think is an interesting observation because it's opposite of what you would expect," Mr. Kaspersetz says. "A deeper dive shows physicians who search on mobile are looking for quick hit information, like dosing, side effects, efficacy information. Desktop traffic from physicians shows they are looking for reimbursement data, patient services information, and more detailed information on prescribing data."

Regardless, companies must design for mobile, or they will miss out on large opportunities to reach physicians who do use their mobile to search during their practice hours.

"Table stakes for any brand today is to ensure their website is not just mobile optimized, but mobile-first," Mr. Lewis says. "Meaning the design should start from a

IAB Survey Shows Impact of COVID-19 on Digital Advertising

SURVEY QUESTION: PLEASE INDICATE WHETHER YOU PLAN TO INCREASE, DECREASE OR MAKE NO CHANGE REGARDING USAGE OF ANY OF THE FOLLOWING TACTICS:

Types of Tactical Change	Increase	No Change	Decrease
Audience targeting	38%	46%	15%
Mobile/Tablet device targeting	34%	55%	11%
Programmatic buying	29%	52%	18%
Local geotargeting	23%	57%	20%
National geotargeting	9%	71%	20%

Source: IAB: Corona Virus Ad Spend Impact, March 2020

mobile view, as that is how most consumer and HCPs will interact with the brand.com website. It wasn't long ago that most brands did not even have their site mobile optimized, now it must look and function at its best in a mobile environment, as every other experience will be in the minority."

Mr. Kaspersetz remembers the days before mobile adoption that required building just one website, with the same content in exactly the same shape regardless of what device it was seen on. "Every user got the same experience," he says. "Then responsive websites came and we realized we needed to change the physical shape of the website to match the device so that we could create the optimal customer experience on a phone, tablet, or desktop. Today, we're changing the content we display based on the device, the referral source, and previous behavior. Our research over the past several years has informed how we customize experiences across devices and form factors. For example, on a mobile phone they're still going to have access to all of the content on the website, but we're going to organize it in a different way so that they can find the things that are most relevant to them, fastest."

Examination of HCP mobile technology adoption offers valuable insights to pharma for strategy, Ms. Butler says. Commonalities of successful mobile technology deployment include easy-to-use provider and patient interfaces, flexible product design that is supported through an agile process, and perhaps, most importantly, vast levels of personalized experience, both for physicians and their patients. "By and large, physicians looked to partner with experts to create holistic platforms, rather than attempting to configure apps on their own," Ms. Butler says. "Pharma brands that partner wisely will see the benefits of expe-

ditioned time to launch technology, more robust functionality offered to patients, and higher patient adoption and engagement."

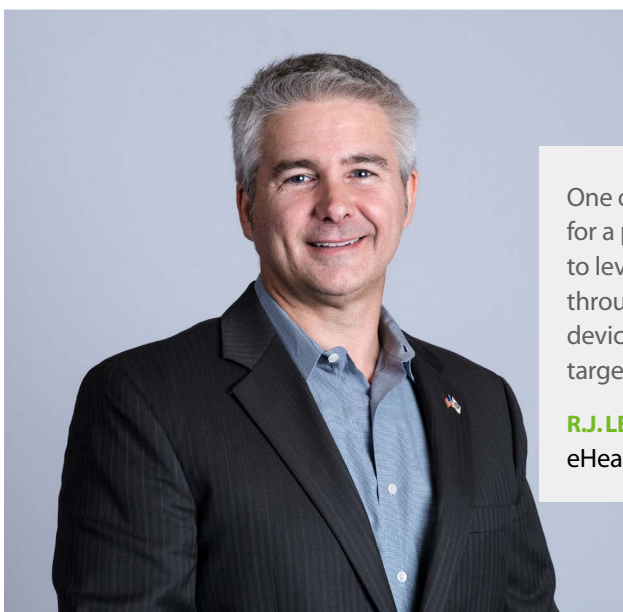
Mr. Bromberg believes the industry has done a good job of adapting. "There are various apps that doctors use, such as Epocrates or Doximity," he says. "Some of them are social media apps for doctors specifically and others are more for information and research. And both allow for advertising and the vast majority is mobile-specific because marketers want to capture the doctor's attention while they're actively looking for information on their device, whether it be in the office, at home, or even during their commute. We often see that HCPs consume a ton of industry relevant information during their commutes.

Patients on Mobile

Reports say patients are looking up health information on their mobile more often than on their desktops and pharma should be leveraging this behavior.

"Mobile technology puts pharma support in the palm of the patient's hand, and as a result, strengthens the connection between patients and pharma brands." Ms. Butler says. "The advantage here is that pharma can focus on configuring the output of supportive content and mobile resources they already have. The challenge for pharma isn't in creating materials or understanding the patient journey, it is leveraging materials efficiently throughout the journey for increased engagement and improved adherence and persistence for positive outcomes."

One of the critical ways for pharma to capitalize on patients' reliance on mobile is to be where the patients appear and provide relevant, useful, and timely information on



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R.J. LEWIS
eHealthcare Solutions

their journey. The fastest growing form of digital advertising is content marketing, or native advertising, which is sponsored messaging that looks and feels more like unbranded content. “Native works well on mobile as it enables a marketer to reach the patient after he or she has consumed a relevant article and are in that ‘moment of next’ decision point,” Mr. Lewis says. “The right marketing message can capitalize on that high-engagement moment to attract and engage patients into an educational page that serves as the top of a marketer’s conversion funnel. Through syndicating quality unbranded headlines and pictures onto relevant mobile pages and content feeds, high volumes of patients can be engaged cost-effectively with reduced risk. Sold on a cost-per-click basis, native advertising platforms usually include the insertion of tracking pixels onto the landing pages, or post-engagement confirmation pages, of a marketer’s website and thus deliver a highly measure cost-per-acquisition metric that can be tied back to ROI.”

Using mobile to reach patients is not without its concerns: privacy being a big one. However, it is possible our experts say to ethically and legally leverage consumer-targeted mobile messaging.

Mr. Bromberg does not see that mobile is any more difficult in terms of HIPAA compliance than other channels. “Essentially as long as the data collected is not personally identifiable information, it’s okay,” he says. “As long as we don’t know specifically who we’re talking to and what their health information looks like, we’re compliant and we take that very seriously. We and our clients want to be very, very sure that we remain HIPAA compliant and are not stepping over bounds and compromising any type of data.”

The advent of the hyper-personalizing consumer experience is not only making everyone more comfortable with the practice, but consumers are now expecting this type of messaging. Consumers want the same targeted communications in all parts of their life: banking, shopping, and even healthcare.

“Everybody wants a better experience,” Mr. Kaspersetz says. “Everybody wants all interactions to be like Amazon, Netflix, and Zappos. With regard to HIPAA, yes, we’re going to have to get better at trading information and protecting people’s privacy, but the technology is there to do that today effectively, and I think this is remarkable.”

“Today privacy and security protections, specifically HIPAA regulations, are accepted as the threshold of platform functionality,” Ms. Butler says. “Companies that prioritize protecting the privacy and security of their patients are well-equipped to effectively communicate with consumers meeting regulatory requirements.”

The Future of Mobile Marketing in Pharma

In today’s age of COVID-19, this shift to digital, and subsequent move to mobile, is only accelerating. Busy, overworked, fatigued front-line physicians and HCPs are far and away staying connected through mobile. Self-quarantined consumers and patients, especially those with health problems who pharma is focused on, are only connected to the outside world and their loved one’s through their devices, which again lean primarily mobile.

“Ten years ago most people would have laughed at the statement: ‘I do all my banking and shopping through my phone,’ but today,



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JENNIFER BUTLER
Medisafe

most people can’t dream of doing those transactional tasks any other way,” Mr. Lewis says. “Pharma is catching on to the idea that its customers primarily access its content through mobile. Mobile has become a transactional vehicle, and pharma is catching up to the transaction capabilities of mobile with the tools it can offer such as co-pay and discount cards.”

Ms. Butler says she has also seen an increase in pharma participation in the mobile model. “Today not only do physicians and patients value digital connectivity, they expect it,” she says. “The pharma industry experienced an awakening to these expectations and is evolving to fit into this care model. We can expect to see continued momentum that leads pharma partners to incorporate mobile technology into physician and patient networks.”

Circling back to COVID-19, mobile will become even more important in the future, as experts predict that this new normal will be the future normal.

“If we think about the entire work-from-home experiment right now, we are going to actively prove the hypothesis that working from home and working from our mobile devices is as effective as working in person,” Mr. Kaspersetz says. “This is transformational because we are accelerating the transition to a mobile, decentralized world. As a result, when we think about how we deliver healthcare based on the crisis we’re currently in, we’re going to experience new modes of delivering healthcare, both in telemedicine, in data, and in technology. The result is more people will have access to better care, faster, cheaper.” **PV**