

#### THE FORUM FOR THE INDUSTRY EXECUTIVE

Volume 11 • Number 5

PUBLISHER Lisa Banket **EDITOR** Taren Grom **CREATIVE DIRECTOR** Marah Walsh

MANAGING EDITOR

Denise Myshko

**SENIOR EDITOR** 

Robin Robinson

**FEATURES EDITOR** 

Kim Ribbink

**CONTRIBUTING EDITOR** 

Carolyn Gretton

**DESIGN ASSOCIATE** 

Ariel Medel

**NATIONAL ACCOUNT MANAGERS** 

Trish Kane Cathy Tracy

**WEBCAST NETWORK PRODUCER** 

Daniel Limbach

CIRCULATION ASSISTANT

Kathy Deiuliis

Copyright 2011 by PharmaLinx LLC, Titusville, NJ Printed in the U.S.A. Volume Eleven, Number Five

PharmaVOICE (ISSN: 1932961X) is published monthly except joint issues in July/Aug. and Nov./Dec., by PharmaLinx LLC, P.O. Box 327, Titusville, NJ 08560. Periodicals postage paid at Titusville, NJ 08560 and additional mailing offices.

Postmaster: Send address changes to PharmaVOICE, P.O. Box 292345, Kettering, OH 45429-0345.

#### PharmaVOICE Coverage and Distribution:

Domestic subscriptions are available at \$190 for one year (10 issues). Foreign subscriptions: 10 issues US\$360. Contact PharmaVOICE at P.O. Box 327, Titusville, NJ 08560. Call us at 609.730.0196 or FAX your order to 609.730.0197.

Contributions: PharmaVOICE is not responsible for unsolicited contributions of any type. Unless otherwise agreed in writing, PharmaVOICE retains all rights on material published in PharmaVOICE for a period of six months after publication and reprint rights after that period expires. E-mail: tgrom@pharmavoice.com.

Change of address: Please allow six weeks for a change of address. Send your new address along with your subscription label to PharmaVOICE, P.O. Box 292345, Kettering, OH 45429-0345. Call us at 800.607.4410 or FAX your change to 937.890.0221. E-mail: mwalsh@pharmavoice.com.

IMPORTANT NOTICE: The post office will not forward copies of this magazine. PharmaVOICE is not responsible for replacing undelivered copies due to lack of or late notification of address change.

Advertising in PharmaVOICE: To advertise in Pharma-VOICE please contact our Advertising Department at P.O. Box 327, Titusville, NJ 08560, or telephone us at 609.730.0196. E-mail: lbanket@pharmavoice.com.

Send your letters to feedback@pharmavoice.com. Please include your name, title, company, and business phone number. Letters chosen for publication may be edited for length and clarity. All submissions become the property of PharmaLinx LLC.



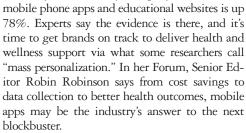






# The mHealth Revolution

THE STATISTICS ARE STAGGERING. According to a report by research2guidance, by 2015 one in five people around the world will have a smartphone. Another report states that mobile app revenue is expected to reach \$35 billion by 2014. Finally, company investment in



The experts participating in this Forum are deeply immersed in mHealth at different points

along the healthcare spectrum, and they are providing their insights on the mobile application movement.

The possibilities are pretty amazing. The same way we have realtime access to baseball scores, the ability to order almost anything, and get directions — in the not-too-distance future patients will be able to access medical information that is pertinent, personalized, and private. Beyond the push of messages, mHealth apps will also allow the instant download of vital signs to allow for remote diagnosis and treatment.

Various experts, including those at Arthur D. Little, say advances in mobile technology have the potential to transform the way healthcare is delivered in both emerging and developed markets, with revenue potential reaching \$10 billion within five years.

Expanding into mHealth can provide many new growth opportunities for companies, but there are also significant challenges.

According to Karim Taga, director at Arthur D. Little's telecoms, information, media & electronics (TIME) practice, mHealth is unlike any other mobile service and requires a completely new marketing strategy.

"There is no one-size-fits-all mHealth solution for all markets," he says. "The demand for, and the nature of, mHealth services depend on the degree of development and specific characteristics of individual markets. In emerging markets, mHealth solutions, such as the delivery of medical information by SMS or MMS, medicine reminders, remote data collection, and medical helplines, can help improve patients' access to basic medical care."

Mr. Taga adds that in developed markets with rapidly increasing smartphone penetration, health industry players are entering the mHealth market as a way to drastically reduce costs while focusing on

So app up and get ready for the mHealth revolution.





### Their Word...

**DENISE MYSHKO** 



The field of molecular diagnostics has the potential to become the dominant platform in

clinical medicine.

#### **ROBIN ROBINSON**



As mHealth advances around the world. pharma should start with mobile apps that

drive adherence and compliance.

## **KIM RIBBINK**



South Korea combines many developed world attributes that make it attractive for

multinational companies looking to develop, manufacture, and market their product.

### **CAROLYN GRETTON**



The omission of biologics from new drug approval counts needs to be addressed to

provide a more accurate reading of R&D productivity.

# **COMING \(\big\)** in June

- > Pharma 3.0
- > Corporate & Social Responsibility
- > Drug Development Tools
- > Emerging Market Turkey
- > Showcase Feature Clinical