



Mobile Marketing: Transforming Physician Access

By using meaningful content and technology, pharmaceutical companies have the ability to reach physicians on three screens.

If pharmaceutical brands are to remain relevant, establishing a presence on mobile devices is crucial. Both physicians and patients are prolific mobile adopters. In 2012, 50% of the United States population owned a smartphone, 81% of physicians did. Mobile screens are transforming the way consumers, including physicians, get information.

According to Digitas Health, physician smartphone adoption is double that of American consumers. They are prolific mobile adopters, integrating both smartphones and tablets into their practices, from EHR and billing management to the exam room itself. Physicians are even recommending health-related apps to patients for certain disease states.

Epocrates calls today's physicians who use mobile, tablet, and laptop screens across their work functions "digital omnivores." By 2014, a recent Epocrates report predicts that nine in 10 healthcare providers will use smartphones, and almost as many will have adopted tablets. So how can the industry get on the mobile train? Our experts say by focusing on content, keeping it simple, beefing up interactivity, and being entertaining.

As physician offices are increasingly limiting sales rep office visits, sales reps are under greater pressure than ever to make the most of each office visit and interaction. Mobile platforms can bring more value to physician meet-

ings if they are used properly. According to Elizabeth Estes, executive VP and chief strategy officer at GA Communication, the type of platform isn't as important as long as the content is meaningful and engaging.

"I've seen tablets used well and tablets used not so well," she says. "One way to improve sales call interactions through mobile is to stop believing that putting a PDF of the latest detail aid on a tablet is a good use of that tool."

Interactive case studies or gamification opportunities are examples of platform use that can be more effective during a call, she adds. The end goal should be to create such great content paths that the physicians can't help but take the tablet out of the hands of the rep to engage on their own.

"It's an amazing thing to see when it happens," Ms. Estes says. "Docs are more likely to ask questions and more likely to engage with the rep."

These tools aren't about replacing the human connection, but about enhancing the memorability of the rep and the call itself.

All too often the tendency is to design content experiences that require the rep to be a silent participant in the all-too-brief exchange with the doctor, when it is mobile platforms that reduce the amount of technology interface between the rep and the physician that offer the most value, says Geoff McCleary, VP, group director, mobile innovation, Digitas

FAST FACT

**MORE THAN FOUR IN FIVE
PHYSICIANS, NURSE
PRACTITIONERS, AND PHYSICIAN
ASSISTANTS USE SMARTPHONES
EVERY DAY.**

Source: Epocrates

Health. During their brief visits, reps should be building a relationship with the doctor instead of spending most of their 30- to 90-second encounter playing a video or animation.

"We need to enable content experiences that make the technology invisible," Mr. McCleary says. "Technology should bolster the rep and make them the smartest person in the room — not the iPad or tablet."

Tablet details with 60 to 80 pages are almost impossible for reps to manage, and their use in the field offers no clear insights into the conversation with the physician. However, platforms that can simplify this experience and streamline it also serve the brand in another key way. They serve to help create, and in turn collect, more consistent data across the entire salesforce. The insights gained from an electronic interaction on a mobile device allow in-

FAST FACT

MORE THAN HALF OF PHYSICIANS AFFIRM DAILY TABLET USE, AS DO ABOUT TWO IN FIVE NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS.

Source: Epocrates

sights into what type of message was delivered to what type of physicians and how often, and how that activity converted into sales.

“This is the mobile feature I am most excited about — the one that extends the value of the content beyond the rep’s visit with the physician,” Mr. McCleary says.

For example, there are platforms that allow reps to collect information during the presentation and send in a branded email to the physician for later viewing. Physicians are directed to a branded portal where they can view their rep’s contact information, the info they requested, and any other information about the drug that the brand may want to reinforce.

“Features like this help brands maintain top-of-mind positioning in between rep calls and increase the value of the rep interactions with the physicians,” he says.

The use of closed-loop marketing platforms that tie together presentations with data to deliver a customized experience can certainly change the dynamic of the office visit. Today a sales rep can record the nature of a visit with sales management software and take notes on concerns or issues raised during a visit. But the next level of the sales rep interaction will incorporate better mobile use strategy, says Erin Byrne, managing partner, chief engagement officer at Grey Healthcare.

“New CLM platforms will incorporate the physician’s profile on brand websites, his activity on a brand’s Facebook page and other social media relevant to the brand,” she says.

This collection of data will give the sales rep a better picture of what the doctor does online and what content motivates him to action. This is measurable and actionable information that can inform and elevate the conversation between the rep and the physician.

“Another way that we can arm reps to better delivery for physicians is to provide assets via the tablet that can be transferred to the HCP to use in providing patient care,” Ms.

The Smartphone — Just One of the Mobile Screens Favored by Physicians

Epocrates refers to healthcare professionals who use all three devices — tablet, smartphone, and laptop or desktop computer — routinely in a professional capacity as digital omnivores. This breed of digital user is leading the charge of mobile technology integration in healthcare. Using the 2012 Epocrates Mobile Trends survey as a benchmark, there has been a 68% increase in digital omnivores in the last year, while 82% of healthcare professionals surveyed expect to use all three digital platforms within the next 12 months.

Source: Epocrates. For more information, visit epocrates.com.

Byrne says. “Leaving behind digital/mobile patient education, for example, positions the rep as a valued partner to the professional, and provides the professional with resources that can help strengthen their relationships with patients.”

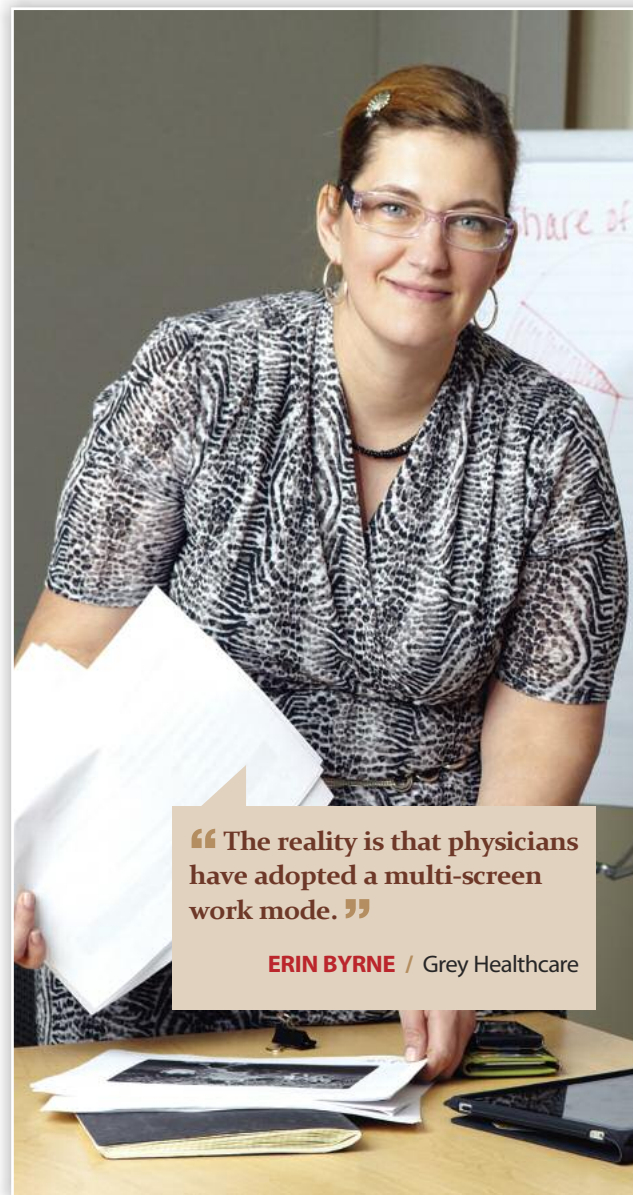
The industry is interested in using mobile to reach physicians, but it is making it harder than it has to be, Ms. Estes says.

“The industry has a willingness, but we seem to want to over-complicate the process,” she says. “One way to simplify going mobile is to think of mobile technology as an enhancement to other programs instead of as a stand-alone platform.”

For example, Ms. Estes recommends adding SMS or text to other marketing initiatives. Unlike QR codes, with texting, no other apps need to be downloaded, and physicians, like most of society, are already familiar with how to use it.

“Imagine a journal ad or convention panel that encourages physicians to text “Product X” to a short code to receive more information,” Ms. Estes says. “We can’t give them everything in 140 characters, but we can set up an auto response thanking them for their interest and asking them to respond with their last name and ZIP code so they can be contacted.

“The same thing could be done on the back of boxes in the sample closets,” she says. “For example, ‘Out of samples? Text product x to short code and we will let your rep know.’



“The reality is that physicians have adopted a multi-screen work mode.”
ERIN BYRNE / Grey Healthcare

The biggest opportunity for mobile lies not in the platform itself, but in the content delivered upon it and the manner in which it is used to meet their needs.”

Assisting Physicians Through Mobile Content

There are other ways to reach the physicians through mobile devices and many are not being leveraged by the industry. For example, exam room mobile counseling tools could be used much more frequently to provide the physician with pertinent information, Mr. McCleary says. Digitas Health’s data show that up to 40% of patients had an interaction with their physician where the physician uses a mobile device (phone or tablet).

As many as 30% of patients have come to an exam with questions on a mobile app or mobile website for the physician.

Advantages and Disadvantages of Responsive Design

Advantages

- » More cost-effective for the long-term due to maintenance of a single codebase rather than multiple codebases.
- » Ensures content available for different devices is always up to date (no need to ensure multiple codebases are updated when changes are required).
- » Can reduce regulatory burden once responsive-design review process is established; it may not be necessary to review every page of different sites for different devices once your regulatory department understands how the design differs for each device, and that the available content will be the same (or where it will differ).
- » Better future-proofing; avoids the need to create specific sites for each new device/resolution (and with the ongoing mobile device wars, and new devices seemingly launching each month, this can be an important consideration).
- » Becoming a best practice and recommended approach.

Disadvantages

- » Generally, not suitable for complex applications, games, or multimedia applications where some more advanced interactions are required; this may change, however, as HTML5 support strengthens.
- » Generally not suitable for a large existing website; converting it to responsive design can be more expensive than creating a mobile-specific site, although the long-term cost-savings may still recommend the responsive approach.

Source: Klick Health.
For more information visit klick.com.

This evidence shows that mobile tools are becoming more and more important in physician-to-patient interactions in the office, but physicians have less and less time these days to seek and organize information for sharing with their patients.

“We need to find better ways to help physicians use their mobile devices with their



“As HCPs go mobile, responsive design represents the simplest way to ensure a seamless user experience across multiple devices.”

JIM MCDONOUGH / BulletinHealthcare

patients; make it easier for them to uncover, access, and organize content and information,” Mr. McCleary says. “And, we need to make it easier for them to provide these resources to their patients before they leave the office. In this way we can help them practice medicine more effectively.”

Mobile devices present an enormous opportunity to advance the triangle of care between the physician and patient by linking visualizations and data together in more useful ways, Ms. Byrne says. In today’s environment, physicians use EMR’s in the exam room to show the patient test results and treatment options. And while that level of interaction has been valuable, the next evolution of the physician/patient dialogue is to elevate the exam room conversation with patient education.

“In this next-level environment, data and animation would help the patient better visualize and understand what is going on in his/her body and how it will be treated,” Ms. Byrne says. “And the very nature of mobile allows this interaction to extend beyond the office visit.”

Physicians would have the ability to share patient education by sending links to the patient or registering the patient for informational texts. This higher level of engagement elevates the value of the physician/patient relationship and truly enhances the patient experience to improve the patient outcome.

“The value to pharmaceuticals of this level of mobile interaction is that it is highly trackable,” Ms. Byrne adds. “Analytics can show the doctor using the assets, the level of shar-



“Technology should bolster reps and make them the smartest people in the room.”

GEOFF MCCLEARY / Digitas Health

ing, and the patient’s use of the assets. This provides clear insight in helping pharma decide where to invest.”

Analytics can guide decisions about asset development and deployment, including assessing decisions on what to incorporate in eDetails and sales rep training materials. The new level of information accessible through mobile marketing programs will better inform the effectiveness of campaigns and guide investments and strategies across the board.

Responsive Design is Key to Tri-screen Strategy

Responsive Web design allows brands to serve up device-friendly content across all screens and users using the same execution and design for all applications. Responsive design makes it possible to create attractive, brand-aware user experiences that work across feature phones, smartphones, tablets, netbooks, laptops, and desktop computers without requiring expensive device-centric development. The content responds directly to the user’s behavior and environment based on screen size, platform, and orientation.

Jim McDonough, director of marketing, BulletinHealthcare, says the benefits of responsive design are particularly important to physicians and other HCPs. According to a 2012 figure from Manhattan Research, more than 60% of HCPs are likely to abandon a mobile website if it is not optimized for a smartphone or tablet.

“As many HCPs have gone mobile, responsive design represents the simplest way to



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ELIZABETH ESTES / GA Communication

reach users across multiple devices and ensures a seamless user experience,” he says. “This is particularly important to physicians who tend to start their day viewing emails and news on their smartphones, move to tablets for their patient interactions, and then to their desktops for practice-related activities.”

“The reality is that physicians have adopted a multi-screen work mode,” Ms. Byrne says. “They use desktops, laptops, tablets, and smartphones to access information in the delivery of care to patients. And they expect to have the same experience online regardless of the device they use to access content.”

To ensure this consistency across devices, brands must build responsive design to create experiences that are scalable across platforms and elevate the most relevant content given the device being used. Research shows that 57% of users will not recommend a business with a poorly designed mobile site.

“Responsive design ensures that a website delivers the right experience on all devices,” Ms. Byrne says.

An example of responsive design can be viewed at velcade-rn.com, which has different layouts and designs for multiple devices, not only desktop and mobile. According to Simon Smith, digital strategist, at Klick Health, there aren’t a lot of pharma examples of responsive design use yet, but he is certain they will soon be on the rise.

“We anticipate this to be a key trend over the coming year due to unprecedented growth in mobile device adoption and Internet use,” he says.

However, responsive design is not the silver bullet for all projects, and he cautions the industry to make that decision carefully. (See sidebar of advantages and disadvantages). There are several criteria Klick Health considers before proceeding with a new responsive design build. First, if the project is starting from scratch, there is no need to re-code an existing website. Second, test to see if the required mobile functionality is fairly traditional, not excessively complex and works well with common user interactions (taps, etc.). Third, check if the internal regulatory group is open to or already accustomed to responsive design, and amenable to reviewing content for different resolutions in a more streamlined fashion that creates efficiencies. Finally, determine if it will reduce the amount of future maintenance required, such as reducing the number of codebases that must be maintained.

These are good reasons to use device-friendly content across all screens, Mr. Smith says.

Regulatory Challenges

There can, however, be risks using responsive design, as coding content to present across all devices may not allow enough control of how the content is viewed, Mr. McDonough says.

“For a company like ours that provides eNewsBriefings via email rather than content on a website, the use of responsive email design allows the briefings to display full width on desktops while adjusting automatically to a more linear and scrollable format on mobile devices,” he says. “Unlike on websites, ISIs are static and not scrollable or animated on any device in an ad in an eNewsBriefing.”

In this kind of vehicle, the options are limited, straightforward, and driven by MLR requirements — one is a full ISI that is either attached as part of the banner ad file, or is anchored at the bottom of the eNewsBriefing, he continues. Additionally, there is also a provision for a “short form” ISI where part of the ISI is attached directly beneath the ad with a click-through to a link that takes the reader to the bottom of the eNewsBriefing or to another site entirely to read the full ISI.

Other regulatory risks include lack of guidance by the FDA for mobile apps and devices. Soft guidance has created a lot of debate within the walls of pharma companies both here in the United States and globally, Mr. McCleary says. The biggest challenges right now are around interpretation of the current guidance

Mobile Use Trends by Specialty

BulletinHealthcare has compiled data from its 550,000 physicians and other HCPs who read its specialty-specific eNewsBriefing content and have used the results to map mobile trends by specialty. The results are as follows:

- » More than 60% of physicians access eNewsBriefing on either a smartphone or tablet device.
- » Physician assistants have the highest eNewsBriefing mobile usage rate at 73%.
- » Emergency medicine physicians eNewsBriefing mobile usage rate comes in at 68%.
- » Physician executives rank a 67% usage rate.
- » AMA members follow at 66%.
- » Cardiologists follow right behind at 65%.
- » Rheumatologists and endocrinologists are the lowest mobile usage per specialty, although these specialties have increased their use of mobile devices substantially in 2013 to 53% of all opens for eNewsBriefing.
- » Regarding specific device usage, iPhone and iPad are the most popular among physicians.
- » Gastroenterologists have the highest iPhone usage. Of all gastroenterologists who use mobile devices to read eNewsBriefings, more than 78% access them through iPhones.
- » Android usage ranks low among all specialties, with optometrists using it more than any other group (9% of all mobile opens vs. an average of 5% for the entire network).

Source: BulletinHealthcare

for apps and what is or isn’t considered software as a mobile device.

“Some companies are innovating and working to find ways to develop an app that is beneficial to their patients and HCPs, but the majority have taken a more cautious approach,” he says. “This has only served to limit growth in the adherence space where many of our clients have significant value to offer their customers.” ^{PV}



USE YOUR QR CODE READER
OR GO TO
bit.ly/PV1013-Mobile



Best Practices *for* Mobile Sites

There are many elements that are relevant to creating effective mobile sites for multiple screens, and our experts elaborate on best practices and principles they believe are most important.



ERIN BYRNE

Chief Engagement Officer, Grey Healthcare Group

Content needs to be designed in the same way that any digital experience should be created — from a user-centric approach. By focusing on the needs of the users we can create the content and experiences that drive them to action and are most likely to be meaningful to them. There are, however, distinct considerations for mobile. For example, it is important to remember that consumers use websites and mobile sites differently. The most accessed part of brand websites are not always the most accessed areas on mobile devices. Mobile is local. Research shows that consumers use their phone for localized searches — from a nearby store that carries a particular product to making a reservation at a local restaurant. This same behavior applies to healthcare. Mobile search is tied to local search, so healthcare companies would be wise to invest in highlighting local tools, such as doctor finder tools more prominently on their mobile sites. Patients that are accessing brand websites through their mobile phone are more than likely looking for local search engines, so mobile content should include these features more prominently.



ELIZABETH ESTES

Executive VP, Chief Strategy, GA Communication

As with designing effective content for any platform, it's always best to start with the end user. What do they care about as it relates to your product or service? What would motivate them

to care? As we tell our clients, it's not about you, it's about what you and your product can do for them. Once you figure that out and begin the content strategy, it's important to remember how mobile can both challenge you via character limits in text, and create opportunities through the amazing user interface of a tablet tool. Mobile content comes to life in an interactive way that when done right, can really engage the physician. The most effective mobile content should include a user experience designer and be wire framed out prior to launch. Many marketers want to skip those steps to collapse time frames, but it will ultimately hurt you in the end.



GEOFF MCCLEARY

VP, Group Director, Mobile Innovation, DigitasHealth

The most important element is a clear understanding of what the target customers needs are when they engage with the brand. Why should they come to you? What do you have to credibly offer to them in their hour of need? Second to understanding what they need, is understanding where they are when they need it. Patients and caregivers alike engage with mobile content at home, in the waiting room, the exam room, in the doctor's parking lot, and in the pharmacy. Where they are has as much impact on the content they need as what they are seeking. The last element is the concept of 'when' they are. Is the patient just beginning to seek an understanding of what is wrong with them? Are they looking for information to help them accept their diagnosis? Or are they seeking help to manage their treatment and condition long

term? These factors also significantly influence the creation of effective mobile content.



JIM MCDONOUGH

Director of Marketing, BulletinHealthcare

Effective design of mobile content involves several elements. Let's begin with the need for content relevance and appropriateness. The former pertains to the ability to capture the audience's attention with content that truly matters to them; the latter is more about the types of tasks HCPs prefer to do on their mobile devices — read emails, get news, use geo-targeted apps — versus what they might prefer doing on their desktops, for example, EHR activities.

Other elements to consider are audience access and attention. HCPs have a limited number of digital trusted sources that they return to time and time again, for example Epocrates or their favorite daily eNewsBriefing. In addition to the valuable content provided, each provides an orderly, systematized way of presenting information — categories are in the same order and often color-coded for easy identification, summary information is often made available with click-through to the full story, and, in the case of an eNewsBriefing, content is emailed at the same time every morning. For busy physicians, this is a trusted routine that becomes habit as long as value continues to be delivered. And let's not forget the aforementioned responsive design principles, which are so important to the seamless viewing of content regardless of platform.

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