MM&M SkillSets LIVE

TAKE-AWAYS

The Changing Tide of Non-Personal Promotion:

Is this the end of physician marketing as we know it?

Expert insights, observations and practical advice from a half-day conference on May 18, 2015

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Keynote: Why Multichannel Marketing Is Dead to Me

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Skills in 30: Reaching Doctors at the Moment of Care

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Keynote: Pharma and Health Systems—Perfect Together: A Collaborative Vision for mHealth Success

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Panel Discussion: How Can BioPharma Leverage Technology to Drive a Better Care Experience for Doctors and Patients?

Moderator: Marc Iskowitz, *Editor in Chief, Medical Marketing & Media* **Panelists: Jim DeLash**, *Director, Promotion Optimization, ICE-Integrated Customer Experience, US, GlaxoSmithKline;* **Heather Gervais,** *VP, Commercial Operations, Epocrates, an athenahealth service;* **Ezra Ernst,** *Chief Commercial Officer, Treato;* **Mony Weschler**, *MA, CPHIMS, FHIMSS, CIIP, EMTP, Chief Strategist, Montefiore Medical Center*

SkillSetsLIVE

SkillSets Live is a series of live half-day events comprising presentations and discussions focused on specific disciplines within pharmaceutical healthcare marketing and communications. Prominent speakers from across the industry share their insights, observations, best practices and advice with a live audience of pharma brand managers/marketers, agency professionals and healthcare media executives. The goal is to provide attendees with a platform to increase their knowledge in key areas of healthcare marketing and communications and to provide a forum for networking and sharing information.

For **information** about future SkillSets Live events, including registration, visit **mmm-online.com.**

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The MM&M Team

Marc Iskowitz *Editor in Chief*
marc.iskowitz@haymarketmedia.com

Andrew Lathrop *Art Director*
andrew.lathrop@haymarketmedia.com

Larry Dobrow *Senior Editor*
larry.dobrow@haymarketmedia.com

Jaimy Lee *News Editor*
jaimy.lee@haymarketmedia.com

Kevin McCaffrey *Web Editor*
kevin.mccaffrey@haymarketmedia.com

Thomas Claire *Production Editor*
thomas.claire@haymarketmedia.com

Cara Crew *Special Projects Producer*
cara.crew@haymarketmedia.com

Doreen Gates *Director of Sales*
doreen.gates@haymarketmedia.com

Tamika Hart
Senior Account Executive
tamika.hart@haymarketmedia.com

Mark Siebel *Sales Representative*
mark.siebel@haymarketmedia.com

Jeniffer Amparo *Sales Assistant*
jeniffer.amparo@haymarketmedia.com

EVENTS

Adele Durham *Events Director*
adele.durham@haymarketmedia.com

HAYMARKET MEDIA INC.

Lee Maniscalco
Chairman & Chief Executive
lee.maniscalco@haymarketmedia.com

Julia Hood
EVP, Chief Content Officer
julia.hood@haymarketmedia.com

PRODUCTION

Ada Figueroa *Production Director*
ada.figueroa@haymarketmedia.com

CIRCULATION

Tracey Harilall
Circulation Marketing Manager
tracey.harilall@haymarketmedia.com

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Those who attended *MM&M*'s most recent SkillSets Live event clearly had some degree of knowledge about—and personal experience with—non-personal promotion and multichannel marketing. They had led campaigns, run pilot programs and achieved a measure of success that, frankly, eluded many of their peers and competitors. They were, and are, the pros.

So what did they gain from spending five hours listening to a handful of experts weigh in on recent trends? More insight, to begin with, as well as exposure to the type of innovative, sometimes-contrarian thinking that fuels the best work within the category. Interested in availing yourself of something matching that description? Read on for our summary of the non-personal promo summit.

"If you don't like what's being said about you, change the conversation."

—Jim DeLash, *GlaxoSmithKline*

Keynote: Why Multichannel Marketing Is Dead to Me

Jim DeLash, *Director, Promotion Optimization, ICE-Integrated Customer Experience, US, GlaxoSmithKline*

The title of DeLash's keynote address, "Why Multichannel Marketing Is Dead to Me," was a bit of a red herring. DeLash, one of the industry's masters of non-personal promotion, doesn't really believe that multichannel marketing is dead; in fact, he runs multichannel programs on a regular basis.

What he tried to get at during his presentation, then, was the idea that multichannel marketing—at least as practiced by myriad healthcare and pharma marketers—needs to evolve. After quoting what he identified as one of the most on-point sentiments expressed by *Mad Men*'s Don Draper—"if you don't like what's being said about you, change the conversation"—he emphasized the urgent need for change.

"When things change, we go outside our comfort zones," DeLash said. "If we're having the same conversations five years from now, we've failed."

He then outlined a new definition of multichannel marketing, one to which he wholeheartedly subscribes: It's "the art and science of determining the optimal marketing investment for each customer segment." Sounds pretty straightforward, right?

Maybe it's not, based on how DeLash believes most multichannel marketers are going about their business nowadays. He outlined the typical campaign thusly: It starts with the brand (identifying the challenges), moves on to budget ("how much do I get to reach these people?") and channels ("how much do I spend in each one?"), then concludes with message creation and a look at the customer. DeLash's tone made it clear how he felt about this model. "The customer is the last thing we think about? I don't understand why that is."

That provided the context for what came next. As part of his vision for multichannel marketing, DeLash reordered the five steps/components above. He said—to the surprise of exactly nobody in the room—that the customer should come first. "Look at them as the starting point and define unique segments … Some people may have high value for brand one but not for brand two," he explained. The budget comes next; marketers need to decide how much to invest in each of those segments.

Only then should eyes be turned to the brand, DeLash noted. "Where is it in its life cycle? Is it in a very competitive market? Or do I have a clear market advantage?" he said, outlining the questions that marketers need to ask themselves. "If you're truly customer-centric, you don't waste money on a segment that doesn't need it. You reallocate it to places that do." Next up: the message, which should be informed by the campaign objective and a specific call to action.

And last but not least, marketers should consider the channel mix, which DeLash described as "the cool jigsaw-puzzle part of this … Certain channels will emerge as better for sample offers or video. Some channels might work together with others." He added that MLR

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shouldn't be a real concern during the process, because "nothing they say will be a barrier if you're truly customer-centric, unless you're trying to do something you know you can't do."

DeLash concluded his keynote presentation by sharing his tenets for multichannel marketing in the years ahead. They included:

- Defining the audience as specifically as possible
- Setting specific objectives for each audience ("segment one may have huge growth potential … lifetime value should be involved")
- Calculating investment level for each segment ("how do you break through? Lots of testing … In pharma, everybody's afraid of the test not working")
- Determining the brands appropriate for each segment ("let the games begin!")
- Customizing the messages and offers for each segment
- Selecting the optimal mix of channels for each segment
- Analyzing by customer segment

"We have this great propensity to want to compare brand versus brand," DeLash said. "Me, I'm interested in comparing customer segments, what I can deliver in margin and growth. It doesn't matter what the open rate for an email is."

"[ACOs have got traction. More than 50% of the US population live inside an area served by an ACO."

—Heather Gervais, *Epocrates*

Skills in 30: Reaching Doctors at the Moment of Care

Heather Gervais, *VP, Commercial Operations, Epocrates, an athenahealth service*

DeLash kicked off his presentation by referencing *Mad Men*. Gervais started hers by alluding to some guy named Darwin. "It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change," she said, quoting *The Origin of Species.*

It was clear, then, that Gervais wasn't here to deliver a stay-the-course message. While she acknowledged the pains that often come with large-scale change—"it's hard to get everybody [in an organization] to move to a different way of doing things"—Gervais said that the marketplace demands some major adjustments.

Indeed, nearly every aspect of the healthcare landscape is evolving, and not just in minor ways. The payment model has shifted from fee-for-service to outcomes-based reimbursement, while physician authority has changed drastically now that formerly self-employed doctors are employed by large systems.

"They have less control over treatment pathways, which includes the prescription of drugs," Gervais noted, later adding that accountable care organizations are here to stay. "They've got traction. More than 50% of the US population live inside an area served by an ACO."

So how does pharma stay relevant to HCPs amid all this upheaval? Gervais offered a three-point plan: measuring and leveraging existing channels; identifying, reaching and influencing new treatment decision makers (those at the committee level, for example); and learning how to add value in the new landscape (testing is a major part of this).

Gervais then asked audience members if they believed that EHRs are a marketing channel? When only about half said they were, she acknowledged that there was no "right" answer to the question. "EHRs can be a marketing channel. But more importantly, we [at athenahealth] believe that leading and innovative partners can help pharma find new ways to add value outside the pill," she added.

Gervais noted a host of challenges associated with advertising in/around moments of care. "Physicians

don't respond to general advertising, so it's important to follow some kind of methodology," she explained. "They see [EHRs] as a workflow tool. They're already frustrated that they have to enter all this information and not look at the patient like they used to. They don't want something else [like marketing pitches] in there."

What physicians want are patient-support materials, whether e-coupon programs or patient-education materials. To that end, athenahealth has set up 180 guidelines within its EHR system; 10 are turned on automatically for every patient, the others can be adjusted on a group-by-group basis. Gervais pointed to a pediatric group located in Texas, one of the country's largest, and its success in administering all three HPV vaccines. Prior to running an official population health program, only 33% of patients were compliant. After the program ran within EHRs, the group more than doubled that figure, to 70%.

"There's a healthy way to play inside EHRs," Gervais said. "It's not a traditional marketing channel—but if a marketing channel is any vehicle in which you can reach the people you're trying to reach, there are ways to do it."

"You ignore [patients] at your own peril."

—Ezra Ernst, *Treato*

Skills in 30: Using Big Data to Improve the HCP/Patient Dynamic

Ezra Ernst, *Chief Commercial Officer, Treato*

Ernst, a veteran of data-minded entities like OptumHealth Education and Medscape Education, referenced a different type of educator at the start of his presentation: His dad, who was an HIV doctor. Attempting to answer the question "what content can we deliver to physicians that they will care about?" Ernst noted how his father responded to such approaches. "He didn't want to hear from people that he was doing something wrong, unless it was *JAMA* delivering the message," Ernst recalled.

On the topic of approaching patients, he conveyed similar advice: Heed the radical changes in patient empowerment that have occurred during the past decade. "For too long, the patient has been an afterthought for pharma. It was always, 'Let's go to the HCP.' But now patients are saying, 'If you don't talk to me, I'm going to go somewhere else.' You ignore them at your own peril."

That last sentence might as well have been the thesis statement for Ernst's discussion of the role data can (and should) play in improving the dynamic between patients and HCPs. He noted that there's a raft of information just waiting to be accessed and that companies like his own are available to help marketers sift through it.

Of course, this task involves a degree of nuance and flexibility that healthcare marketers have traditionally lacked. Ernst said, however, that these marketers can no longer afford to sit back and wait for the issue to play itself out. "In chronic diseases, if you don't change the conversation, the patient will leave you. They're not interested in treatments that haven't been vetted in large patient sets," he explained.

Ernst used breast cancer as an example, citing the "Angelina Jolie effect" that, seemingly overnight, shifted the tenor of conversations between patients and their treating physicians. "If a woman is diagnosed with breast cancer, she's likely to pick the most aggressive treatment she can get right away—a double mastectomy," he said. "That might not be what the medical journals say [is the right path]. It means that large hospital

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systems have to change their standard of care." If they don't, Ernst continued, they're likely to feel the wrath of patients in a way they haven't before. "Patients will say, 'If you want to charge me $85,000 for hep.-C [drugs], I'll go to India and be a medical tourist.'"

So what's an industry in transition to do? First, acknowledge the change in the way patients are communicating. "It's not just your younger hipsters and the Instagram generation—it's your grandparents. They're talking," Ernst noted, outlining a handful of similar challenges: unearthing user-generated content (and distinguishing it from spammier material); deciphering unstructured patient language ("does anyone here know what a 'dragonslayer' is, in the medical sense? It's what hep.-C patients call themselves online. They have T-shirts. They have coffee mugs. Hep.-C is the dragon"); and understanding personal experiences.

The latter is particularly important for any marketer hoping to connect on a deeper level. "[Patients] talk about pain, feeling sick, supplements, quality of life, their life outside of the medication and so much more," Ernst explained. "Somebody who's newly diagnosed has a completely different world view than someone who's previously diagnosed. The newbie is hopeful; the veteran is frustrated. If you message to them the same way, that's not good."

"To take a solution and get it into a hospital for a pilot? That's a big stretch."

—Mony Weschler, *Montefiore Medical Center*

Keynote: Pharma and Health Systems—Perfect Together: A Collaborative Vision for mHealth Success

Mony Weschler, *MA, CPHIMS, FHIMSS, CIIP, EMTP, Chief Strategist, Montefiore Medical Center*

At events like SkillSets Live, one important constituency is often less well represented than the rest: individuals who sit in positions of prominence within the large health system infrastructure. To that end, Weschler was expected to hit a different range of notes during his keynote than those usually heard in such settings.

He didn't disappoint. First he described the scope of his role, which includes technology/oversight of a medical school, acute health hospitals and physician private practices. He also provided some historical context, particularly as it pertains to patient relations.

"Besides well visits for children, who wants to go into the hospital system unless you really have to? The experience hasn't been great," Weschler said. "Patients used to have basically zero rights. It was a little bit above a lab experiment: You did what you were told. If you had questions—'shut up and do what you're told.'"

In an outcomes- and performance-based world, however, systems like Montefiore's have had to adjust. And in Weschler's mind, that means that individuals pushing an innovation agenda can have more impact than ever before. Prior to his current role, Weschler served as Montefiore's operational manager, a position that placed him near "all the systems that touch a patient." In that role he sought to identify tech-facilitated solutions; he helped advance a program in which obstetricians and residents could screen fetal strips on their BlackBerries. Weschler must've done a fine job, as two years ago Montefiore expanded his charge to the entire system.

Since then he has sought to innovate early and often, with some success. "There are start-ups all over the place. But to take a solution and get it into a hospital for a pilot? That's a big stretch," he explains. "Even

if you do get in, most of those pilots fail."

Under Weschler's direction, Montefiore has pushed a wellness agenda, hoping to attack health issues before they blossom into full-fledged diabetes or obesity. He freely admits that the organization is relying on patients themselves more than ever before—and acknowledges the challenges that come with such an approach.

While he's not entirely bullish on wearables—"Fitbits usually end up in somebody's drawer"—Weschler is embracing the era of Big Data and patient-assisted compilation thereof. "Anyone who's been in the hospital—the last place in the world they want to come back to is the hospital. If you ask them [how they're doing], they'll say, 'I'm good, everything's terrific,'" he noted, by way of explaining why patients might eventually embrace smart scales, self-guided otoscopes and other devices that allow them to duck a return visit.

Mobile apps either in use or being rolled out at Montefiore help HCPs monitor and complete tasks like enterprise fetal monitoring, mobile phlebotomy, prescribing fitness (e.g., mobile pedometers), media capture for clinical documentation and medication charting.

"Do things really well and get a response from the segment you're targeting."

—Jim DeLash, *GlaxoSmithKline*

Panel Discussion: How Can BioPharma Leverage Technology to Drive a Better Care Experience for Doctors and Patients?

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In the informal panel discussion that concluded SkillSets Live, the four featured speakers fielded a range of questions from Iskowitz and audience members alike. Here are some highlights from the lively back-and-forth:

- Asked how to make multichannel marketing efforts more actionable and measurable, DeLash fell back on the textbook definition of "segment." "That means they're unique from every other group … Not taking action is an action, too. 'You don't have to market to everybody—there are 10 other products that are better for this segment.' Pare things down to what you can control. Do things really well and get a response from the segment you're targeting rather than shoot broadly and not do things as well. You might say, 'I want to reach everybody,' but that's not economically viable."
- In response to a question about partnering and

collaborating with pharma, Weschler acknowledged that such arrangements are usually hard-won. "There's a cultural distrust at this point. Most health systems don't want to share anything with pharma—but any analytics [program] is going to be dependent on that; we need that data to make analytics work. It's a bridge we're going to have to cross one way or another."

- As part of an exchange about under-the-hood requirements for more effective data sharing, Gervais stressed the need for better system interoperability. "Even larger systems know this has to happen, but it's not going to turn on overnight … Pharma might have a hard time trying to negotiate its way into every system. If you work with open platforms, you might have the opportunity to have yourself embedded in an EMR, which might be accessed by different health systems."

- Asked where to look for the best examples of innovation, Ernst pointed toward smaller hospital systems (and, with a nod to Weschler, Montefiore). "If you're in the Bronx, you go to Montefiore. If you're in Philadelphia, you have choices—and hospitals are now marketing with this choice: 'We'll provide you with access to a patient portal, we'll communicate and give you atta-boys when you're running two miles a day.' Smaller systems are the ones that are willing to have conversations around that. Large systems have less motivation to do it."

- When Iskowitz brought up the reputation of MLR teams as a "creativity killer," DeLash disputed the notion that all such teams act in this matter. "The review teams at our company are so commonsensical. We meet with them ahead of time and explain why we need three different ways of sending a message. They're people; they will listen." DeLash then stressed the need to push the proverbial envelope sooner rather than later. "A marathon is 26.2 miles, whether you start today or start next year. If we start today, we get to the finish line sooner. So try something—if it doesn't work, try something else. But the trends are clear: Less rep access to physicians, more time pressures on physicians. Does anybody think that's going to change? We have to act quicker."

"Hospitals are now marketing with this choice: 'We'll provide you with access to better patient care . . .'"

—Ezra Ernst, *Treato*