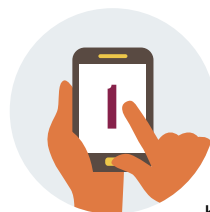


DIAL M FOR LAUNCH

Mobile is the multilayered ecosystem into which all products are now launched, so doing it right is crucial to commercial and outcomes success. **James Chase** draws on the insights of mobile health experts to compile six key considerations

Mobile is no longer a channel: It's how we go about our daily lives as human beings. And assuming that your stakeholder groups are composed of human beings [insert medical-legal joke here if you must], it follows that mobile should be the key consideration for any product launch in the biophar-

maceutical space. As the industry continues to grapple with the fundamentals, *MM&M* caught up with three renowned mobile health experts—a biotech digital exec, an agency tech whiz and a storied consultant—to compile a checklist for product launches.



Think mobile first, of course. It seems such an obvious statement. Nonetheless, according to Manning Krull, director of technology at Neon, an FCB Health Company, it's a drum that needs to be banged, loudly and often, in the presence of pharma marketers.

"A lot of clients still think of mobile as an afterthought," he says. "When you say the word *website*, they often picture a large desktop or laptop display. But when was the last time that you looked at a news website—say, CNN.com—on your desktop?"

Neon has launched five new products on behalf of clients this year (with a sixth coming up), and Krull says reversing that mind-set is always the first step in the process. "Clients can be a little narcissistic about their brands. They're picturing a big, beautiful visual for their product and they're less excited when they think of a tiny screen," he explains. "But once we have that conversation, they see why it's important to have a mobile-first approach."

A major problem, according to Meg Columbia-Walsh, partner, global lead, digital transformation and marketing excellence, life sciences at Ernst & Young, is that the industry is still not committing to the scale of investment that an effective mobile strategy demands. "Pharma companies have piloted and trialed to death and they have centers of excellence staffed with good people," she says. "But the real issue is that brands haven't caught up with the spend."

Columbia-Walsh cites Facebook as an example. "It's [effectively] the biggest TV channel we've ever had," she continues. "Reach and data are unprecedented—and it's [happening on] mobile."

Digital Health Coalition's most recent Executive Landscape Survey reveals that 25% of its members (80% of which are from pharma) believe the industry is "very far behind" in mobile, with an additional 55% feeling it is "slightly behind." The better news is that 84% planned to increase their spend on mobile content in 2015.



Actually, before you do that, think search first. Shwen Gwee, associate director, global digital customer engagement at Biogen, has a strong track record of injecting digital prowess into the pharma space. He believes the most important mobile launch consideration is visibility.

"The majority of stuff on mobile is search," he says. "So if you're not findable on mobile—or if it isn't easily accessible—then you're already doing it wrong."

As Gwee implies, "If you're already optimizing for mobile, the likelihood that you're preparing for anybody to find you on mobile is that much better," he notes. "It isn't anything special—just take into consideration the places where people are searching."



But take a fresh look at your audience before doing either of those things.

Columbia-Walsh believes a major misstep of pharma companies at launch is that they often fail to adequately assess the demographic composition—and important behavioral traits—of their target audiences.

"When you launch a product, dig into your own data and do a plan for the consumer as they are actually behaving today," she says. "Put the right spend against it with that data and use pilots around things like connected devices and the intersection between payer and provider and industry, which is so critical now."

She says such diligent analysis invariably turns up huge gaps in the reach of mobile plans and in the types of messaging that should be delivered to different audience groups. The characteristics and specific needs of well-defined populations are often critically underserved.

"You have to come up with a clean plan, using your current data and external data, without being influenced by the existing plan," she says. "You have to phase out how you're going to spend to close that gap. What is the biggest audience we've ever had? The mobile audience."

THINKSTOCK



User experience is king. For any mobile initiative, UX is critical. "Mobile should try to capture the individual and not just try to be all things to everybody, particularly for specialty products that often treat very personal issues," says Gwee. "You'd be surprised how many still don't do it right. They'll do some version of mobile or they'll have some things available on mobile but not optimized for a mobile experience."

Krull agrees. "Even a year ago we had clients asking for a separate mobile website with a separate experience," he says. "Well, Google doesn't like that. You need that mobile-friendly label next to your site. Everything we do is responsive and streamlined, with minimal design, larger text and larger tappable areas."

Regardless of whether the user is a provider or a patient, Krull cautions against building navigation that's too deep. "It's better to give big options—yes or no, black or white—and make them feel they are driving down to the information they want, so they feel like they're not getting lost," he says. "It should be a smooth experience and speed is always key."



Should you focus on the Web, apps, advertising or medical devices?

Yes. You should, of course, pursue any of these areas that make sense to your objectives—and none of the ones that don't. "There has to be a reason—and there has to be a compelling value—for what you are doing actively on mobile," Gwee stresses. Obviously, a responsively designed (and search-optimized) site is fundamental to any launch campaign. Krull recommends managing sites with Google Tag Manager, which not only offers access to robust metrics but also helps analytics teams decide what things to tag "from the comfort of a dashboard."

While an app-first approach to mobile would be ill-advised, apps are becoming increasingly important tools for managing disease, tracking progress and disseminating patient education and co-pay assistance. They therefore have the potential to become powerful adherence drivers, particularly at the intersection of physician and patient.

"We're developing patient apps from which the doctor can access reports or even schedule face time with the patient," says Krull. "So I'm going to get a medication reminder every day on my phone and I'm going to check a box to say I took my medication, but if one day I forget, my doctor can call me and say, 'Hey, I saw you forgot to take that pill, did you take it, or take it later, or did you just forget to check the box?' It's really exciting."

Gwee cautions that apps designed to turn mobile phones into medical devices are subject to FDA

approval but suggests that it's worth trying to secure voluntary approval for any patient app that might aid adherence in order to curry favor with payers.

Indeed, mobile advertising is a highly underutilized space for product launches. While Krull believes that pharma's hesitancy may be rooted in regulatory requirements for including important safety information, he suggests either deploying one of the full-page formats (see Google's Rich Media gallery) or running an unbranded ad that clicks to a website. "It may even be a case of clients being less excited about it because they can't get a lot of big, rich imagery and powerful claims into it," he notes.

Another consideration is the conduciveness of mobile to location-specific functionality. One of the best examples of this was the launch a couple of years ago of Sanofi Pasteur's Fluzone "short-needle" flu vaccine. Television viewers were invited to "Shazam" the audio from the TV spots, which would then provide them with a list of nearby pharmacies that stocked the vaccine. Along those lines, Krull says he is looking into iBeacon technology that allows messaging to be delivered to mobile phones within distances of only a few feet. This could open up possibilities for highly personalized targeting within, say, pharmacies.



Mobile is for life, not just for launch.

A significant big-picture obstacle to mobile launches is the traditional structure and mind-set of the pharma organization. In looking at barriers to digital advancement, the DHC survey found that 35% of execs believed there was "very low" internal digital integration within their organization. Similarly, 75% said the lack of knowledge among key decision makers was the biggest issue.

Columbia-Walsh is well aware of these challenges. "The question becomes, 'How do we identify the gap, put a plan together to close it, train the staff to do it and transform the organization?'" she says. "You have to look at how are we going to do the training, what guidelines do we need to write for med-legal, what playbook do we need to put it together and then how do we get everybody level-set."

Gwee says a major part of transforming pharma's thinking is to instill the idea that mobile is an ongoing initiative, not just a "one-and-done. You don't just launch it and leave it," he says. "You have to nurture it and monitor it and manage it on a constant basis. It should be a lifecycle-management consideration."

Gwee believes mobile in pharma is where websites were at 10 to 12 years ago, "which is 'take what we have in print and put it up there.'" However, he believes the industry is beginning to better understand the phenomenon.

"The mobile experience should connect everything else you are doing," he says. "It's not a stand-alone service. It's an entire multichannel ecosystem." ■