

Why Amazon device is a gift for healthcare



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AMAZON'S Echo—a voice-activated personal assistant designed for the home—has been available to the public for a year. According to a recent *GeekWire* article, half a million users have said “I love you” to it. I was one of the early adopters. I loved Alexa—the voice and “brain” behind Echo’s cloud-based service—from the start.

If my hands are full, or I’m in the middle of something, Alexa will turn lights off or on, play music, set a timer, stream a podcast, give me updates on the

news and local traffic, add items to a shopping list and answer basic questions by accessing information from the cloud. All I have to do is ask.

Some early detractors said its capabilities were too limited to make it a must-have device, but it’s still a young product and new capabilities are being added all the time. One of the latest is the opportunity for anyone to customize commands for Alexa via a free online automation service.

I believe there’s great potential under Alexa’s hood. Amazon thinks so, too. The company has earmarked \$100 million to support developers, manufacturers and start-ups interested in using voice-command technology. Indeed, anyone is free to use Alexa’s application programming interface. “With a few lines

of code,” Amazon announced in June 2015, developers “can easily integrate existing web services with Alexa or, in just a few hours, [they] can build entirely new experiences designed around voice.”

Several companies, including AOL, Intuit and StubHub, have already begun work on products that will use Alexa. The opening of the Alexa Skills Kit should be recognized as a gift to healthcare industries, too. One caregiver who reviewed Echo said the device has returned a sense of independence to her wheelchair-bound husband, who can once again do things most of us take for granted—make a shopping list, play his favorite music, check the weather forecast.

Alexa could also be used to remind homebound patients to

take their medications. Patients who need to track their eating habits could easily use it to record their food intake. Alexa’s listening capabilities could be used to monitor patients’ voice quality as part of a larger health-monitoring program.

AstraZeneca recently announced a plan to develop an app that coaches heart attack patients. Voice technology like Alexa’s could be similarly applied and might appeal to patients with poor eyesight or limited mobility.

Of course, some resist change. They worry about privacy and note that “intelligent” devices are always listening. But no matter, technology is transforming our lives. I believe we should embrace the opportunities for the greater good. What about you?

What WWE taught me about EHR promotion



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I GREW UP watching WWF (now WWE) wrestling. Every Saturday morning I’d rush through breakfast to see all of my larger-than-lifesize heroes. Hulk Hogan, “Macho Man” Randy Savage and Ricky “The Dragon” Steamboat enthralled me.

Years later the characters are still there and WWE’s audience appears to be as large as ever. But how did WWE keep me interested for the past 20 years?

I applied this question to a current on-the-job concern: Why do our targets—doctors—stop engaging with us after years of

product loyalty? And what can we do about it?

With WWF, it began with a 1-900 number. I was eager to dial that number. I thought that Hulk Hogan was actually talking to me. The data/marketing method of the 1-900 number was simple: Associate the numbers you dial or select on your phone to the caller’s preferences and continue marketing to him in a manner consistent with his preferences.

For example, the WWF number asked me my age group, and I’d choose #1, for 10 to 15 years old (which specified the type of message to deliver to me). For favorite wrestler, I’d choose #3, for Hulk Hogan (which tailored the message content). For the key question—if I would allow the WWF to follow up with me via phone—I’d choose #1, for yes. Just like that, WWF captured

all my information and knew exactly how to speak to me.

The common hypothesis is that we tend to look at our targets in the same way, capturing what they like and what they know. Thus we spend a lot of time chasing doctors, even when doctors don’t respond to the messages we send them.

Looking at a standard EHR program (delivering various clinical messages via banners and display pop-up), those who spend some time targeting the office staff for the first communication have 52% more success reaching the doctor in the second and third communication than those who don’t. Much as WWE did with me, we need to take the time to understand our audience—who is really making us money, and how.

As marketing continues

to evolve, so do the exercises marketers have been doing for decades. Promotion within EHRs is not exempt from this trend. But targeting HCPs with traditional means by media alone will prove less and less effective over time. To create and leverage EHR promotion properly, we must rely on EHR technology to capture data and then use it to target our messages effectively.

WWE was ahead of its time in knowing where its audience was—and going to it. And that is the most important thing EHR marketers need to do: Go where the audience is. We can now leverage EHR data for promotion, with proper business rules attached. Our promotions can be just as successful as WWE’s were. You might even say that we now have our own Hulk Hogan.