



The changing expectations of healthcare stakeholders are colliding with an explosion of new technologies and greater connectivity, and pharma brands are at the very early stages of experimenting with mobile apps for healthcare professionals and patients as another way to extend their value beyond the molecule. But apps are more than just another form of advertising.

Moving from ads to mobile apps sets in motion many fundamental changes in the traditional advertising model, not the least of which is the kind of people and the types of skills that are required in this new world. Meg Walsh, former healthcare ad agency executive and now EVP, strategy and business development, Augme Mobile, says, “Consumers still react to brand messaging and understand it is part of the fabric of the internet, but they will only interact if there is some benefit or fulfillment of their immediate needs.”

In other words, they want the communication, whether it’s an ad or something else, to connect to a service center where they can get what they want, when they want it.

Just launching discrete ads for the sole purpose of brand awareness, disconnected from a broader service platform, doesn’t cut it anymore. Unlike the old days, both patients and healthcare professionals are asking for the value up front before trading their time and attention to endure a brief sponsorship message from a brand. “Sponsored services” are becoming more welcome than traditional ads, which may be one reason why DTC spending in 2009 increased a mere 2% from 2008, according to Nielsen Company, and why clinicians are increasingly using apps on their smartphones to educate themselves and help treat their patients.

### Seeking new stimuli

Last fall, I was fortunate to get out of my office to listen to some very interesting speakers at several events that have, in many ways, confirmed that I am not the only one who suspects that this shift is important. With the exception of CNN founder Ted Turner, many of the most memorable presenters shared a vision of the future that is a sharp departure from the past. By the way, Turner shared this gem with the audience at the mHealth Summit in Washington, DC: “Early to bed, early to rise, work like hell and advertise.” Then again, he’s always been a contrarian.

At another fall event, this one in Boston, Maurice Lévy, chairman and chief executive of the French advertising giant Publicis Groupe, was followed immediately on stage by actor-turned-social-media-guru Ashton Kutcher. They are, of course, two people with very different backgrounds and experiences, but they shared the view that the traditional advertising model is breaking down.

With over 40 years of accumulated wisdom at Publicis, Lévy was very precise when he repeated his new mantra: “Advertising is a service.” His efforts to digitize his massive agency network in the past five years have been well publicized, and in the healthcare space have included acquisitions of Digitas and Razorfish. Lévy’s premise was that advertising today must provide access to a deeper brand

experience, including services that provide real value to customers. He provided examples of how this fundamental change is happening globally, and how low-cost product and service innovations in the developing world are becoming more rapidly adopted by developing countries, what is sometimes called “reverse innovation.”

### Social networks and the ‘app internet’

Kutcher, with considerably less than 40 years of experience in advertising, currently promotes Nikon cameras and leads a social media consultancy. He spoke with utter confidence that platforms like Facebook and Twitter should be “used for what they were built for, which is not advertising.” Instead of ads, his agency, Katalyst Media, “creates thought-provoking and compelling content for multiple platforms,” and has even helped brands like Mountain Dew engage its audience as co-creators in new product development. Maybe content is king again, and smart content distribution is the new killer app.

Even the name “social media” gives us a sense that like other media, eyeballs can be bought, reach and frequency managed, and awareness predicted. But just as radio ads don’t work on TV, and TV ads don’t work on the web, internet display ads don’t seem to work very well in online social environments. The “media” in social media are people and their connections, which are fickle, unpredictable and difficult to scale like gross rating points.

At the same event, Forrester Research CEO George Colony proclaimed: “Technology is changing your customer, and your customer will change your business.” He then traced the evolution of computing from PCs to the cloud, and suggested that the next era of the web is the “app internet.” According to Colony: “In this model, powerful local devices (PCs, smartphones, tablets) run applications that simultaneously and seamlessly take advantage of resources in the web/cloud. If you want to see this model in action, check out iPhone and Android applications.”

Perhaps Colony’s most memorable quote, however, was that “IT and marketing must interbreed,” suggesting that the two disciplines have become so intertwined in the past few decades that it’s nearly impossible today to market products and services without technology. To put a finer point on it, technology is not just enabling the marketing function, it’s transforming it. Ads generally benefit from the application of technology—for example, Photoshop and Final Cut have made ad production more flexible and efficient—but apps require technology for their very existence.

### Publishers embrace services

Traditionally, publishers were in the business of attracting eyeballs to their quality editorial, and then serving ads to those eyeballs.



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## Skills 2.0

What else does the shift from ads to apps imply? The medical advertising industry and its clients have developed core competencies in gleaning unique customer insights and feeding them into a creative development process to create emotionally compelling ads. Market research seeks to maximize ad recall, communication and persuasion. Media planning helps to optimize reach and frequency within budget targets. What happens if the core competencies required for agencies and measurement companies change? What if the “new black” is fostering positive behavior change, measuring health outcomes, integrating systems and designing user experiences?

### New agency competencies



Carlen Lesser, VP/director, digital integration and innovation at RTC Relationship Marketing (left), says that, “With the app world, we need to figure out what the customer or user needs, and then create a useful object to solve a problem for her.” To support this capability, “we are hiring more for user experience design, since we’re now in the business

of creating a full experience, from beginning to end.”

At evoke interaction, chief service officer Mike Hudnall (below left) also thinks a lot about the best way to staff the agency to adapt to changing client and end-customer needs. “For example, we often don’t look for the traditional type of creative director,” he says. “Although strong art and copy skills are still important, the people we are hiring today must also be part strategist and part technologist.”



Hudnall is keenly aware that HCPs and consumers expect a different brand experience than they had a decade ago: “Our business has evolved. In addition to simply delivering messages, we now increasingly focus on customer support and adding value. In this new model, successful agencies are those that understand the entire healthcare process: how patients interact

with their doctors, how they take their medicines, how they access financial support programs, as well as the daily challenges that HCPs face in their practices. Then we can identify opportunities to add real value at different points in an HCP’s or patient’s healthcare experience. We’ve expanded the focus to include the much larger part of the iceberg that sits below the waterline.”

### Brand team ‘integrators’

For brand teams at pharmaceutical and medical device companies, required core competencies are changing as well. In addition to mastering the fundamentals of gathering customer insights and product management, marketers need to act as systems integrators of resources and technologies both inside and outside of their companies.

Marketers must increasingly connect their brands’ service components into a cohesive platform, including customer touch points like the web, call centers and mobile applications, and also integrate the many external ecosystem partners (sample fulfillment, co-pay card administration, database management, etc.) that make up the overall service offering for the brand. Customers should have a seamless service experience, no matter what their access point.

Measurement requires a reboot as well. Tried and true measures like ad awareness and GRPs provide a solid foundation for optimizing the impact of advertising, but calculating the value of a service or app may not be as straightforward. As marketers gain more experience developing, implementing and optimizing services, they will gain a better understanding of the most appropriate success measures.

Today, online health publishers are adapting to a new world of apps and services, while staying true to its original mission of providing compelling content that informs, educates and motivates patients and health care professionals.

While augmenting content with a wide array of services, some online publishers are also thinking differently about scale, looking to tie online experiences more closely with real-world, local interactions. Marjorie Martin, VP at AOL Health, says that: “Many health publishers today use content as a strong foundation for offering health services that bridge the gap from the symptom checker to the doctor’s doorstep. AOL is planning to offer applications that provide patients a way to virtually meet a provider prior to the first appointment. Once the appointment is made—another online service—a patient will be able to sample local health services near the provider’s office.”

Publishers are adapting to a world of apps, but staying true to its mission

### Toward lasting behavior change

At the Connected Health conference in Boston in October, talk of technology was pervasive, including electronic medical records, remote sensors and bionic limbs. However, the underlying theme of the meeting was behavior change for better health outcomes. Of course, the end game for our industry is more positive health outcomes for patients, not just better ad recall.

In shifting from ads to apps, we must also raise the bar for accountability and expectations for real behavior change from our communications and service offerings. In other words, treat non-adherence as a behavior modification challenge instead of a marketing communications one.

My favorite presenter at Connected Health was B.J. Fogg, who runs the Persuasive Technology Lab at Stanford University. There, he focuses on technology for creating health habits, automating behavior change and persuading people via mobile phones. Fogg developed a grid of 15 behavior types, and corresponding psychology strategies and persuasive techniques needed to address each. According to his website, “the methods for persuading people to buy a book online are different than getting people to quit smoking forever.” Learn more about Fogg’s work on systematic behavior modification at [www.behaviorgrid.org](http://www.behaviorgrid.org).

### The role of brands

Finally, if ads are in many ways giving way to apps, where do brands fit in? According to Mike Hudnall, chief service officer, evoke interaction, “The role of the brand has evolved. I think traditional advertising is still important, but we’ve added new dimensions of service and value to the brand, which is where the real opportunities are. The goal is to offer these services in conjunction with the ads, instead of relying on just the ads themselves.”

My scary vision of a future with all apps and no ads may not come true. However, I have enough evidence to believe that ads are becoming just another way to access an integrated customer service system, and that they must be designed for that purpose. ■

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