



GET SMART:

HOW PHARMA CAN MEET CUSTOMER EXPECTATIONS THROUGH MOBILE

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FINALLY, MOBILE INNOVATION IS REVVING UP: PARTICIPANTS

In the early years of mobile, pharma and healthcare marketers were slow to take advantage of the platform. But mobile-first smoking cessation and IBD programs generated such enthusiasm within patient and physician communities that there finally exists a blueprint for mobile success. *MM&M*'s Marc Iskowitz sat down with a host of experienced mobile marketers and measurers to get their take on the state of the mobile union.

Larry Dobrow reports

You'd be hard-pressed to find anyone, in or out of pharma, who doesn't see mobile as the future of marketing. Patients love their phones. Physicians love their phones. Payers, presumably, love their phones. The phone has surpassed the wallet as the one thing without which most of us cannot leave the house.

Yet pharma and healthcare, as industries, have barely scratched the surface in terms of mobile innovation. While a handful of programs have created a true impact — the first two that come to mind are Quitter's Circle, Pfizer's smoking-cessation effort (see sidebar, p. 7), and Gut Check, Janssen's app for IBD patients — for the most part pharma's mobile innovation significantly lags behind other industries' mobile efforts.

It doesn't have to be that way — and, to hear the eight participants in a recent roundtable *MM&M* assembled in New York tell it, it won't be for long. Having overcome its (justifiable) reluctance within the sphere of social media, pharma has begun to embrace all things mobile.

"Sixty-two percent of people search for [health] information on their mobile device. [Mobile] is the number-one search category now," noted Chuck Moxley, chief marketing officer at 4INFO. "It's the device that goes everywhere with them. So there's a great opportunity for pharma brands to provide help at the moment that people are looking for it." Added John Cusumano, senior director, global mobile and emerging technology Center of Excellence, Pfizer, "We continue to take a mobile-first approach, knowing that's the device of choice for people."

Mobile's rise allows healthcare marketers to create what Kurt Hawtin, a former commercial leader at Pfizer who now consults for a range of companies, described as a "surround-sound" experience. "I love to see that we are now connecting what the sales rep is delivering to what a consumer might be seeing on TV to what is available on mobile far better than we used to," he explained. "There's a lot more synergy. That's progress."

UX gap still exists

The eight panel participants, all of whom have long been vocal proponents of the need for innovation in mobile, find personal validation in the industry's current direction. Carlos Lopez, VP, digital and engagement strategy for Omnicom's TBWA\WorldHealth, went so far as to admit that his panelist peers affirmed "some





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— Chuck Moxley, 4INFO

of the things that I kind of mumble under my breath, like nobody's listening to me." But all of the participants stressed that there remains a considerable experiential gap between mobile-first pharma programs and those from other industries.

"We're nowhere near the experience I have when I go to look up something related to Mercedes-Benz," Hawtin said. "Plus the moment we capture some information, every marketer's head spins off, because now you've got all these compliance challenges you have to deal with."

Cusumano agreed but said that a path forward — or at least the outline of one — has emerged. His company's overarching philosophy when it comes to mobile and other emergent technologies is encapsulated in its "Dare to Try" methodology. "Everywhere across the organization there are champions who have been trained in it. It's separate from the brand innovation, but it's a really different mind-set. The company is looking for us to experiment and move quickly," he explained. "It's something you'll even hear our CEO talk about."

Which is Lesson One for marketers hoping to drive mobile innovation: First and foremost, get your internal champions on board with your efforts. "You can have 100 people screaming and pining for change. But if your CEO or president doesn't give

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The Panel



John Cusumano
senior director, global mobile and emerging technology
Center of Excellence, Pfizer



Zoe Dunn
co-founder and principal,
Hale Advisors



Shannon Gallagher
VP, analytics services, Crossix



Ben Greenberg
VP, product management and user experience, WebMD



Kurt Hawtin
consultant, former senior director/team leader at Pfizer



Carlos Lopez
VP, digital and engagement strategy, TBWA\WorldHealth



Chuck Moxley
chief marketing officer,
4INFO



Marc Iskowitz
editor-in-chief, MM&M



Patients' mobile feast a movable one

Among the panelists, Dunn found herself in a somewhat-unique position. As the master of her own domain — she runs Hale Advisors alongside fellow co-founder Beth Bengtson — she can speak more freely and perhaps with less worry about professional consequence than can many of her panel peers.

To that end, she shared two stories during the course of the roundtable, one about a mobile hack executed by a Crohn's patient and the other about reactionary-minded execs who haven't yet realized that it's a social and mobile world. Taken together, they make a powerful statement about the notion of "patient-centricity" in a real-world context rather than in its usual theoretical state.

"I was in Europe for a digital pharma conference this spring and there was a patient advocate who got up and spoke about a product he had developed. He's a really neat guy. He's suffered from Crohn's disease his whole life. As a result, he's had many, many surgeries and he ended up with a bowel transplant and he ended up with a colostomy bag. One of

the challenges he spoke about is that, if you have a bag on, there are many times where you have to deal with leaks. You don't know when your body is emptying into the bag and leakage is one of the more horrible things that people with bags have to deal with. So he said that you bring a spare set of clothes everywhere you go — and you're still constantly running into the bathroom. It's embarrassing. It's hard to manage.

"So he took a sensor from a Nintendo Wii or something like that and he figured out a way to attach it to the bag so that it would send a signal to his phone and thereby his Apple Watch. It would let him know how full the bag was getting. I mean, how amazing is that? The FDA fast-tracked this, obviously, as a medical device. So it goes even beyond being an app that's a cool app. It's a device that is actually helping you manage your condition more effectively. So inspiring.

"I thought to myself: Why aren't the pharma companies that have a product for Crohn's developing something like that? There is a real

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you the money and say, 'I believe in this,' it doesn't matter," Lopez cautioned.

Get that data

Of course, the best way to make a case for additional spend to be devoted to mobile innovation is by pointing to existing data, the collection of which tends to create headaches (see under: privacy worries, regulatory constraints). Nonetheless, a certain amount of data is necessary to justify further investment — and if that data happens to prove that more mobile means more



behavioral change, all the better.

Shannon Gallagher, VP, analytics services at measurement giant Crossix, recounted a lesson she learned during her time working for Nielsen. "We continuously saw that as soon as you could measure media, then the investment in it went up. So it didn't matter what [the data] was. If you could measure it, you could confidently invest in it," she explained. That's why she strongly recommended that marketers do everything within their power to show that a given mobile program lifts prescriptions or drives increased adherence: "Find those partners that can bring case studies to you and say, 'We have experience in [doing] this.' Take a leap. Ask them to pilot together."

Which isn't to say that data-centrism will be received warmly by all parties to a given mobile effort. "I was much more open to different ways to measure these campaigns until I had a P&L. Then somebody would say 'click rates' or 'open rates' and the hair on the back of my neck would stand on end," Hawtin recalled. By way of response, Pfizer's Cusumano affirmed the necessity of solid financial underpinning for every such effort. "I think the bottom line is that Pfizer would not have spent the money [on Quitter's Circle] if they didn't think it would ultimately drive sales. They weren't doing it out of the goodness of their hearts or as a pro bono effort," he noted.

The success of Quitter's Circle suggests that pharma can engage mobile audiences even with all the necessary regulatory and HIPAA workarounds. The next few years should see an acceleration in the pace of innovation — just look at the current wave of Apple's ResearchKit and CareKit apps, which seek to deeply involve physicians and other care-team members.

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opportunity when we talk about getting into our patients' shoes and being patient-centric — which is my least-favorite buzzword right now. I mean, we are all patient-centric. I am a patient. You're a patient. As companies, we are patient-centric because that's who buys our products.

"We need to be seriously considering the relevancy of the solutions we're creating. Are they truly addressing the needs of our patients? How can we do a better job? Like, what sucks for you as a Crohn's patient? I would love it if the pharma brands that I'm on — because everybody's on something — I would love it if they reached out to me and said, 'Hey, Zoe, what sucks for you?' I want to tell them what sucks for me. Do I have a solution for it? No. But maybe you guys can use your deep pockets and

"I'll give you an example of a team we were working with where a senior team member said, very proudly, that he does not do any social media. This was for a team that had just launched a really amazing, brand-new, branded promotion in a social channel that is groundbreaking. He was like, 'I am very proud to say I do not have a Facebook page. I do not participate in Twitter.' I was like, 'What rock did you crawl out from underneath?'"

"OK, that's your personal choice. But if you're trying to communicate to an audience that you are patient-centric, it doesn't matter if you don't want to be on Facebook, because your patients are on Facebook. By the same token, I don't care if you don't want to come up with a mobile-based solution. Your audience is in mobile, by and large."

"I don't want to dis



come up with that solution. All of a sudden, you are value on a plate in front of me."

Working with the non-digital native

"The problem comes when [a team or brand leader] is not a mobile or digital native. It's amazing to believe that there are people in these very senior positions that are not. Then they don't care. It is very hard to make [mobile] a priority for them.

anyone in senior management. They're really good folks, but they've got to be open to this. They've got to be open to the experience. They've got to see the opportunity. We can show it to them. But if all they're going to come back to us with is, 'Great! How many scripts is that going to generate for us?' then I think it's going to be a losing conversation. We're never going to innovate at that point."

Vox Pop



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senior director, global mobile and emerging technology, Center of Excellence, Pfizer



Zoe Dunn

co-founder and principal, Hale Advisors



Shannon Gallagher

VP, analytics services, Crossix



Ben Greenberg

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What's the current reality in terms of pharma's ability to engage with mobile users?

Pharma has evolved quite a bit. Over the past three years, people have realized that a mobile app is not a strategy. Checking the box that you've delivered an app — I think that mind-set has finally shifted and we're looking at more holistic solutions.

It's an at-the-moment kind of communication vehicle. As an industry, I think we're not really taking great advantage of it yet because we're cautious about how we want to engage at the point of intent.

What really excites me about mobile and healthcare right now is that they're moving fast. There are more smartphones in houses now than there are TVs. So it's about meeting people where they are, meeting them in that intimate environment that's the mobile device.

The analogy I like is online shopping. If I want to buy a cellphone case, a copy of *Fifty Shades of Grey*, and Pampers, I'm not going to download the Radio Shack, Barnes & Noble, and Pampers apps. I'm going to go to Amazon. So for pharma, we have to look for things physicians are already looking at.

What is mobile's unique value proposition and how do you harness it? Do you focus on the web, apps, advertising, or medical devices?

These devices are the most personal thing we have. They capture our memories. Who knows what the next innovation cycle will bring.

If we have figured out how to get security strong enough on a phone that it can store my personal financial data, we can figure out a way to do the same for healthcare information. We have to be able to figure out a way to be bulletproof from a HIPAA-compliance perspective.

When I was at Nielsen, we continuously saw that as soon as you could measure media, then the investment in it went up. So it didn't matter what [the data] was. If you could measure it, you could confidently invest in it.

It's about making patients be their own data repository and own the data themselves. If people are comfortable with a device holding their credit cards, it gives you hope that they can feel the same way about their health data.

Can pharma find the audiences on mobile that it needs to reach, given that it can't target the way a CPG or OTC brand can?

In the next four or five years, these devices could go away. It could be that these devices will kind of blend into the [so-called] connected person. I don't think that's beyond our lifetime.

My dad, at 87, can read the *Washington Post* and *New York Times* on his desktop, but when it comes to mobile he is terrified. I don't think we're doing a great job considering the growing population of the elderly in our country.

With an app, by definition you have to go and choose it. But if we move outside the world of apps and into digital and mobile display, you do not have an audience that's raising their hands and saying, "Pick me!"

The fact that we don't know what the next iteration [of communication] is going to be is all the more reason to focus on the stuff we know will always be there. That's learning to connect and solve real problems.

Vox Pop



Kurt Hawtin

consultant, former commercial leader at Pfizer



Carlos Lopez

VP, digital and engagement strategy, TBWA\WorldHealth



Chuck Moxley

chief marketing officer, 4INFO

What's the current reality in terms of pharma's ability to engage with mobile users?

We have a long way to go. When somebody goes to ProductX.com, it pushes out information, as opposed to really creating a user experience. That has a lot to do with our regulations and privacy concerns and so forth.

A great example is American Airlines. The desktop site is very different from the mobile one, which assumes you're in the airport and you want to check on your flight or make a change. We need to understand the audience that same way.

Sixty-two percent of people search for [health] information on their mobile device. It's the device that goes everywhere with them. There's a great opportunity for pharma brands to provide help at the moment people are looking for it.

What is mobile's unique value proposition and how do you harness it? Do you focus on the web, apps, advertising, or medical devices?

It always comes back to the question of who we're talking about. Who's the customer? For your dad, the value proposition might be tracking health status. For a physician it might be efficiencies. The proposition changes based on the audience.

You can't get any more personal than with a mobile device. The question becomes how we can use it as a tool to tell a larger brand story that has meaning and relevance and all those other things that deliver value for the user.

Consumer attitudes are changing. You used to hear, "I'll never buy anything on Amazon." We're so past that. People are on their mobile devices. We've got to figure out how to use that and adapt or we die. We've got to keep evolving.

Can pharma find the audiences on mobile that it needs to reach, given that it can't target the way a CPG or OTC brand can?

Everybody is trying to find people on mobile. On desktop, there's a standard that's been around for 20 years — the cookie — and it's easy to tie it back to the user. For mobile, there's no standard. There's no [universally accepted] way to make that identification.

It all goes back to understanding who you're trying to talk to and what problem you're trying to solve. If those two things happen to match up to a mobile device and a dedicated app, great. Knock yourself out.

The device is personal. When you are faced with a diagnosis — I went through it with my wife, who was diagnosed with breast cancer — your world changes and you're now seeking out information and you're suddenly receptive.



Lopez said he hopes to see something akin to the venerable Good Housekeeping Seal of Approval for health-based apps. “I’m waiting for the time where there’s more authorization, even if you still have an Android camp and an Apple camp,” he explained. “If

“I MEAN, WE ARE ALL PATIENT-CENTRIC. I AM A PATIENT. YOU ARE A PATIENT. AS COMPANIES, WE ARE PATIENT-CENTRIC”

— Zoe Dunn, Hale Advisors

I’m Pfizer, I want to know that if I buy a license to have something monitored through the HealthKit, I’m assured of the security and integration.”

The panelists were similarly optimistic about the continued breakdown of the walls between desktop and mobile. “We have to think spatially about where we’re going to communicate and what people want to see [in that space] all the time — not just when they’re thinking about their health, but throughout the day,” said Zoe Dunn, co-founder and principal of Hale Advisors (see sidebar, p. 4). “When you’re thinking about supporting programs, especially ones that are supposed to work in conjunction with a therapy, you have to find a better solution. We’re already restricted in terms of what we need to say, and now the real estate has shrunk.”

Cusumano agreed, adding that marketers can’t lose sight of their mobile audience’s device preferences and that there needs to be a seamless user experience across devices. Read: Mobile marketing shouldn’t hit only at those moments when the targeted individual, whether a patient or a caregiver or a physician, is in a medical state of mind.

“That would be like Tide only advertising its Pods to people while they’re doing laundry,” he said. “You’re trying to reach a person who happens to have a medical need or has a certain diagnosis and might be a candidate for a certain drug [but] they’re also checking out the weather and doing other things [on their device]. You can reach them whenever they’re engaged.” □

Quitter’s Circle: for Pfizer, from shark tank to app store

Pfizer brand teams competed in an internal shark-tank challenge. The winning teams received funding for their ideas. Out of some 100 ideas, 10 were pitched directly to a committee of commercial leaders. The top ideas selected were funded.

John Cusumano, senior director of Pfizer’s global mobile and emerging technology Center of Excellence, shared these and other details during a keynote talk that preceded the mobile innovation roundtable discussion.

One innovation funded by the internal shark-tank competition was Quitter’s Circle, an unbranded mobile smoking-cessation app developed by Pfizer and the American Lung Association. The app was launched in June 2015 and has since been downloaded thousands of times, Cusumano reported.

The brand team received additional funding from the drugmaker to fund development of the multi-

channel program, which includes a Facebook community and a website.

Quitter’s Circle is unbranded and does not market Chantix, Pfizer’s smoking-cessation drug. Other drugmakers have also chosen to market non-product-related mobile apps successfully to broad audiences. For instance, Johnson & Johnson’s 7-Minute Workout app — designed to build aerobic and muscular fitness without expensive workout gear — has been downloaded more than 1.4 million times.

But Cusumano noted that healthcare companies still have quite a way to go before they provide the same value that companies like Amazon and American Express do. It was just a few years ago, he noted, that every brand team wanted to build a mobile app.

Now, when someone asks Cusumano whether to build an app, he replies, “It depends.” — *Jaimy Lee*



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