

Aaron Uydess, associate director, sales & marketing excellence, Novo Nordisk



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Outside the US, bespoke tools and resources that doctors can use at the point of care through a mobile device are still somewhat rare. A just-launched app from Novo Nordisk fills that niche while threading the regulatory needle overseas, reports **Marc Iskowitz**

mbarking on a global roll-out of its mobile app for prescribers, Novo Nordisk faces some heavy regulatory and tech challenges. So far it's navigating those with aplomb, and the company's initiative could pave the way for others in this emerging genre of patient care.

"We saw a real sweet spot in addressing the need to supply doctors tools for the point of care—information a physician would absolutely need from Novo Nordisk when consulting for patients with diabetes," says Aaron Uydess, associate director, sales and marketing excellence, for the Danish company.

Uydess is leading the initiative out of the Copenhagen office. This summer affiliates in Spain and the UK will launch versions of the NovoMedLink mobileApp for healthcare professionals on iPhone and iPad. The apps help doctors help their patients by leveraging educational and other content culled from their specific version of the NovoMedLink web portal.

As of June 1, there were more than 15,000 HCP members registered globally. The app itself has seen more than 1,800 downloads, by clinicians in Germany to Saudi Arabia, Denmark to Brazil, and Indonesia to India, with an average of six minutes spent on the app per use. Additional roll-outs are planned to complement other existing NovoMedLink affiliates.

Novo Nordisk's mobile effort taps into a confluence of trends. Chief among them are the growth in global connectivity and smartphone adoption in the clinical setting, facilitated by the Apple devices, which have acted as lightning rods of attention for the platform as a marketing channel.

Connecting the docs

The vast majority of physicians in Europe already own smartphones, and physicians in the BRIC region are catching up (see Figure 1, next page). Among those in emerging markets, Brazilian doctors are the most likely to be advanced smartphone users, with

more than half of online physicians falling into this segment.

In India, on the other hand, a relatively low share of online physicians are "advanced," meaning they use smartphones to browse the web, watch online video or use an app for work. Manhattan Research predicts "this is likely to shift rapidly with the accelerated growth in mobility in that country."

But it's what docs are doing with those devices—their propensity to hunt for patient education online—that really caught the eye of company execs. Nearly all doctors in the five biggest European countries seek online patient education materials (see Figure 2), with about two in five online physicians in these regions using this type of resource weekly or more often (UK docs most frequently).

Apps that simplify the hunt answer a real physician need, says

Uydess, but somehow aren't too

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 Image: Watch Instructional Videos
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"We found that doctors, especially in Europe, are really starved for patient education," he explains. "We felt that that was the perfect storm to put something in the market that hasn't really been done by our competitors, which is to produce a point-of-care tool adding service as a value add-on to doctors who prescribe our product."

> The regulatory situation, specifically industry's inability to do branded consumer advertising in any country other than the US and New Zealand, is part of the reason for the huge demand for patient education in Europe. Only non-product-specific awareness advertising is allowed in the EU and Asia.

In light of the limits, "we don't want to be seen as directly com-

municating to patients, so a lot of the [consumer] materials that we offer don't mention product names and instead focus on disease awareness," says Uydess.

Promoting to pros is different, and Novo Nordisk is not the only one leveraging clinicians' penchant for connected devices to deliver branded messaging. But globally speaking, there is no 800-lb. guerilla like there is in the US, where third-party mobile vendors like Epocrates and Medscape enjoy high brand awareness and penetration.

Some pharma apps have been developed for healthcare professionals in the European and Asian regions, although they're not necessarily focused on the point of care. Pfizer, for instance, partners with Epocrates, while Merck has deployed bespoke apps. Examples range from branded to unbranded and include disease calculators and reference tools.

Considering what's going on internationally, this may be an early trend, says Monique Levy, VP of research at Manhattan Research.

But "it's becoming pretty clear physicians use mobile devices to help them make clinical decisions, and obviously everything points to the prime use case being during or right around that patient consultation."

While overall internet usage is highest after work when doctors educate themselves, mobile use peaks during office hours. "The question becomes, what can pharmas provide, and what should they provide, given that resources and specifications are different in each market?" asks Levy.

Care package

According to Erik Mednis, chief creative officer for Havas' Euro RSCG Life 4D, industry's answer to that question is evolving, from using apps simply to promote brand stickiness, toward leveraging them to deliver functional benefit.

For example, his agency is incorporating a tool, which enables doctors to email patient resources, into its next few global HCP digital builds. The app, called "Sendr," is available for iPhone and iPad, with an Android version planned. He says one manufacturer has made an enterprise commitment to include the feature across all of its brand websites.

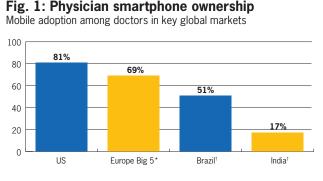
Traditional pharma apps "might have featured a little prescribing information and a content push," says Mednis. Sendr—and apps like it—are "very much less push-oriented and concentrated on delivering real utility."

So, could facilitating doctor-patient interactions, as well as making the time between visits more productive, be where pharma finds its niche in the international app market?

"We generate a lot of amazing electronic or digital patient education material. As an industry, we haven't figured out an easy way for professionals to share that with patients," says Larry Mickelberg, chief digital officer and partner, Havas Worldwide Health.

Until now, that is. Novo Nordisk's NovoMedLink app is uncomplicated enough for physicians to use during a clinical visit. Like an Amazon.com shopping experience, physicians can add instructional videos, meal planners or other items to their virtual cart and shoot them off in an email to patients, who receive a digital care package as if it's coming from the HCP's email address.

Physicians download one app through the App Store. As NovoMedLink the website is updated, so too is the app, allowing them to access the latest offerings without having to download the



^{*} Includes online physicians in the UK, Germany, France, Spain and Italy + Pafars to "advanced users" (i.e., those who own a smartphone and use it to browse the web, watch online video or access an app

For professional purposes) Sources: Manhattan Research, Taking the Pulse US v11.0 (2011), Taking the Pulse Europe v10.0 (2010), Taking the Pulse Global



Euro RSCG Life 4D's Sendr is a platform play, available on Apple and soon Android devices, that's delivered through an app, enabing physicians to email patient resources. At left: a desktop version

latest version of the app. For those countries with the NovoMedLink app, market-specific information is provided based on the user's location and profile, ensuring content is appropriate from a regulatory and marketing standpoint.

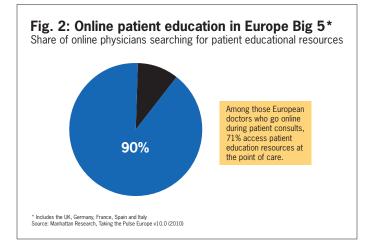
Novo Nordisk's initial global app, launched in February, was based on the existing web portal, 2010's NovoMedLink.pro, which contains a number of diabetes-related resources, tools and content. Marissa Liesenfelt, senior account manager for Chicago agency Closerlook, Novo's agency for global mobile marketing, says not everything online was deemed app-worthy at the start.

With the client's guidance, "we started with content areas that would make sense to be used at the point of care with patients," she notes. (See sidebar, next page, for a behind-the-scenes look at how the content was chosen and the building of that first app.)

Update once, deploy often

From an internal perspective, one of the advantages of the approach is the cost-effectiveness of pulling content from the website.

"If we maintain the website, it will automatically maintain the app," Uydess says. "That also controls price, because we don't have



to maintain two separate repositories of content. We just update it once and deploy it often."

Content approved by medical, legal and regulatory teams is pushed to the two locations—site and app—simultaneously, so, "We've reduced workflow while also ensuring compliance...without creating an extra burden for medical/legal/regulatory reviewers or brand managers," says Uydess, adding that the approach has reduced the global marketing team's time to market.

The company has also found that its pragmatic approach to site and app development is in step with authorities in the locales they serve. At this point, several countries have their own portal—NML.co.uk, NML.es, NML.it and NML.com (the US version of the portal).

This means that the US FDA or Spain's Ministry of Health, for example, set the rules for their version of website and app. "In fact, in Spain and Italy, we had compliments from their regulatory bodies on how we developed [NML] and routed it through their process," reports Uydess. "Our process and attention to local law is something we found was welcomed by the local government."

Speaking of which, NML.pro—the headquarters marketing version—complies with Danish rules. And Novo Nordisk defers to existing promotional standards for its mobile content review. "We don't get overwhelmed or confused because it's new technology that has little regulatory guidance or case law," Uydess says. "At its core, we follow all the rules for print and other promotional material."

It's all about the distribution

Off to a promising start, will Novo's mobile HCP app have legs? Apps need to get noticed, and Novo Nordisk is taking a strategic approach to distribution, leveraging social media and other avenues.

"Today's web is all about distribution channels," says Uydess. "With NovoMedLink, we really embrace this idea." Novo Nordisk can communicate marketing messages to HCPs through the NML website, opt-in email program, a mobile-friendly version of the site (see below), and iPhone/iPad app. NML.pro also allows docs to stay in touch through Facebook, Twitter, an RSS feed, and by engaging in content and sharing it on any blog.

Other big unknowns, though, are operating systems and devices..

Building the perfect global app



Chicago agency Closerlook faced a daunting challenge in building a global app for prescribers of Novo Nordisk's diabetes products. With healthcare professionals residing

in many different countries with different languages, practices and regulatory needs, creating multiple mobile apps for these audiences would be inefficient and create confusion about which app to download.

Agency and client settled on a single mobile app that could expand and grow over time.

The biggest technical undertaking, says Closerlook director of technology Michael Tapson involved "creating a web service that was designed to pull the existing content from the content management system [CMS] repositories into the mobile app."

That allows content to be regulated as needed, saving users the chore of constant updates. Novo Nordisk's mobile app would complement a professional web presence by pulling select content from each country's version of the NovoMedLink web portal and making it available to prescribers at the point of care. The next question was—what content?

"We wanted to start small but impactful," says Aaron Uydess, associate director, sales and marketing, Novo Nordisk. The decision was a matter of prioritizing "based on research and needs of doctors as well as what we felt would be most impactful and easiest to implement."

They came up with four key features:

Instant access to the PI (known as the "SMPC" in global markets)
 Instructional videos that a doctor could show a patient in the exam room explaining, say, how to use an insulin pen device

Patient Resource Center, a tool for e-mailing various materials (e.g., meal planners in PDF format) to patients

Diabetes-related calculators (BMI, A1C testing, etc.)

"We created a phased roll-out strategy that would eventually encompass most content areas of the website," says Marissa Liesenfelt, Closerlook senior account manager.

Considering a mobile app for clinicians? Follow these tips, says Liesenfelt:

■ Put users at the center. Rather than over-burdening the app with every feature and function available, really think about what the scenarios are in which HCPs will be using this and cater to those needs. You can update with strategic new features over time to keep the app fresh and top-of-mind.

Provide material that's handy for HCPs to pull up quickly. Avoid lengthy documentation that will be difficult to read on a mobile device, unless you are targeting tablets specifically. For materials meant to demonstrate or teach, consider the use of video so that the user experience is not cumbersome for the HCP.

Think beyond the app. Provide users with the ability to email materials so they can continue the experience outside of the mobile app and send useful resources directly to patients. This can be a conversation-starter for patient and HCP alike.

Follow up. Set up a plan for tracking behavior on your app and pay attention to how users are interacting with it. Determine what features and content areas get used most. This valuable insight can shape evolving strategy.

Don't plan releases too far in advance. New operating systems and hardware are constantly being introduced, so if you plan too far in advance, you may find yourself handcuffed when needing to adapt technology. The best approach is to listen to what users are requesting.

Apple's clinical market share may cede ground to Google in some parts of the world. "It's a little tricky," says Manhattan Research's Levy. "We don't know what's going to happen with Android and emerging markets...We're not talking about one platform for any market. It's not impossible, but it takes resources to do mobile well."

Novo's answer: a wireless-friendly version of NML launched in July so that people with Androids, Blackberries and other types of smartphones can access all the content using a wireless browser. Future enhancements will include compatibility with Apple's Air Play and Air Print functions.

Is more air play on the way?

Erin Byrne, EVP and chief engagement officer for ghg, expects the trend of HCP mobile apps to grow "dramatically" over the next 12-18 months. All the better for physicians, with help from pharma, to enhance dialogue.

"Companies that provide [quick information to physicians during the day] in an easy way, that's not disruptive to the patient experience, will have the ability to build a relationship with the HCP," says Byrne. Her agency helped launch Text4Baby, a mobile education program for pregnant women and new moms in the US which has reached 200,000 users and is extending to Russia in the fall.

She says ghg is also working to develop professional apps for the global market that enable delivery of patient education in various electronic formats. "The glow of that better service stays with the patient after the appointment," notes Byrne, adding that "this kind of follow-up is increasingly important as we move to a model where doctors are compensated based on outcomes," and clinicians are rewarded for helping patients stay the course with treatment.

If brand managers decide to dip into their global marketing budgets for a mobile app for prescribers, what it should entail is an open question, given that the landscape varies by country and by physician specialty.

The litmus test is comprised of two questions, advises Levy: What's a value-added service, not a distraction, and what fulfills a genuine need and doesn't merely duplicate something the clinician can get somewhere else?

Look for the next killer HCP app to come from Asia or Latin America, predicts Gloria Gibbons, of Ogilvy CommonHealth Worldwide. "I'm seeing a lot of activity in [those two regions] that's innovative and being fed back into mature markets."

Gibbons, who is president for Europe, the Middle East and Africa, adds: "Global clients are using Brazil, Korea or India to pilot new ways of communicating via the digital channel and then taking that into a global roll-out." Asia, with its booming mobile internet penetration, has been an ideal proving ground.

In one sense, the mobile HCP app accomplishes for pharma what it can't do outside the US through branded DTC advertising: enhance and extend, if not stimulate, patient-physician dialogue.

As mobile device ownership grows, Uydess foresees more support for the channel than for, say, social media, in which marketers are still testing waters and waiting for FDA guidance.

As of now, though: "Not many companies in those countries are going to the extent that we are in developing content and services online, whether it's a website or mobile," Uydess observes.

He has a theory: the value of portals and apps which can be produced cost-effectively, with a likelihood of positive ROI, are "not truly understood by the industry as a whole."