Multi-Screen Marketing – Building Campaigns Around User Behavior

Expert insights, observations and practical advice from a half-day conference on September 24, 2013
Multi-Screen Phase Shift: When “Degree” Becomes “Kind”  
Joe Shields, Leader, Digital Marketing, AstraZeneca

The Multi-Screen Consumer Experience and Building Integrated Advertising Programs Across Screens  
Fred Latasa, SVP, Marketing, WebMD  
Mike Elwell, VP, Strategic Accounts, WebMD  
Todd Zander, VP, Mobile and Emerging Media, WebMD

What Good Multi-Screen Looks Like Today—and What Your Multi-Screen Customer Will Look Like in 2015  
Mark Bard, Co-Founder, Digital Insights Group; Co-Founder, Digital Health Coalition

Engaging Digitally Connected Patients  
Kevin Dunn, SVP, Strategic Planning, TRUE Health + Wellness

Panel Discussion: Creating Digital Health Experiences For Human Beings  
Craig DeLarge, U.S. Leader, Multichannel Marketing & Customer Business Line Support, Merck  
Zoe Dunn, Principal, Hale Advisors  
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SkillSets Live is a series of live, half-day events, comprising presentations and discussions focused on specific disciplines within pharmaceutical/healthcare marketing and communications. Prominent speakers from across the industry share their insights, observations, best practices and advice with a live audience of pharma brand managers/marketers, agency professionals and healthcare media executives. The goal is to provide attendees with a platform to increase their knowledge in key areas of healthcare marketing and communications and to provide a forum for networking and sharing information.

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Multi-Screen Phase Shift: When “Degree” Becomes “Kind”

Joe Shields, Leader, Digital Marketing, AstraZeneca

In his keynote address, AstraZeneca’s Joe Shields proposed what he self-deprecatingly called a “half-baked theorem,” one that was either “really brilliant or really stupid.” Drawing on the notion of phase changes in physics or chemistry—basically, transitions between gaseous, liquid and solid states—Shields noted a phase change that’s irrevocably altering the way digital marketers in the healthcare space do their jobs. The theory: “Technology changes people. It rewires their nervous systems, creating new behaviors. Once they’re changed, they’re changed forever.”

Clearly this has implications for pharma marketers tied to longstanding processes and modes of thinking, not to mention ones desperate to protect their corporate turf. While Shields doesn’t sound an evolve-or-perish clarion call, he explored the numerous ways in which the world has changed—nearly all of which point towards a mobile-first, multi-screen future that’s at odds with the way pharma has traditionally gone about its business.

When [consumers] come to an industry that hasn’t evolved, they get upset

He pointed to several examples beyond the world of healthcare marketing. In the car business, automakers are appealing to screen-happy drivers by putting what Ford has billed as “ultimate entertainment hubs” front and center. Then there are online sellers like Amazon and Zappos, who have elevated expectations for service and responsiveness.

“One once you buy shoes from Zappos, you’re used to stellar service,” Shields noted. “When [consumers] come to an industry like ours that hasn’t evolved, they get upset, and you can understand why.” Technology-empowered patients, for example, aren’t going to return to in-person support groups at the local library, which they attended “when they were the only person they knew whose daughter has a certain condition.”

That’s why the healthcare business has four options.

It can pretend that these and other behavior changes aren’t happening (the self-delusion approach); convince customers that their behaviors are wrong (which always goes over well with headstrong, empowered customers); hope for salvation via a deus ex machina (the marketing equivalent of a hail-mary pass); or meet customers where they are.

Clearly the latter approach is the most realistic (not to mention sane) option. Shields acknowledges that mindset changes aren’t easy and that people, by their very nature, “default to the path of least resistance… Innovation is hard. Change is hard.” That said, judging by audience response, he isn’t alone in having lost patience with individuals who continue to swim against the digital tide. Shields doesn’t heap all the blame on marketing and brand teams—“review processes at pharma companies [are] built to analyze a bunch of papers somebody carries around”—but he says that they have to be willing and able to change as much as their customers already have.

Shields also shared his self-created diagnosis of “digital amnesia,” which affects those pharma marketers who see that “their two-year-old kid is using an iPad, but think their physician is not.” Clinicians, he noted, are “digital omnivores” who routinely jump between smart phones, tablets and laptop and desktop computers for professional purposes. Too, those mobile devices “extend the digital day”: mobile use for professional purposes remains high until 9 p.m.

Indeed, we’ve arrived at a digital tipping point for healthcare providers. Shields pointed to a study that found the majority of European Union physicians will soon be digitally native—not at some point in the vague and distant future, but by next year. “To anyone who says, ‘Our doctors don’t use smart phones, our doctors aren’t on the Internet,’ you can show them this,” he quipped.
WebMD execs Fred Latasa, Mike Elwell and Todd Zander promised that their presentation would be heavy on practical advice (“we’re not going to give you a bunch of data slides,” Latasa announced with a smile). The stories they conveyed from WebMD’s adventures in the multi-screen universe—and specifically in the mobile space—delivered on that promise.

The WebMD discussion began with a multi-screen state of the union, so to speak. Noting how 59% of U.S. smartphone users searched for health information during the last year and that 20% of smartphone users have downloaded at least one health-related app, Latasa said that fitness devices (FitBits, FuelBands and the like) were on the verge of becoming health devices. WebMD, he added, has no intention of fighting this—or any other—prevailing health and wellness trend.

“Once you start taking this data and putting it in context, it’s going to become really powerful. We’re embracing this. We have no choice, frankly,” he said.

Elwell agreed: “History suggests that following the eyeballs is a basic fact of life.”

“People aren’t turning to mobile because it’s cool or because Apple told them to do it,” Zander added. “People aren’t turning to mobile because it’s cool or because Apple told them to do it,” Zander added. “People aren’t turning to mobile because it’s cool or because Apple told them to do it.”

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“The question - for marketers as well as publishers - then becomes one of balance. Which content/experiences are ideal for mobile? Which ones should be relegated to the desktop? Not surprisingly, Latasa says that listening is the key. “When I go to the bank, the ATM machine already knows I don’t want receipts,” he explained. “It’s the same mindset when it comes to health.”

Thus the WebMD team stresses that marketers must abide by a certain set of rules. They can’t assume that the same creative that looks so sharp on a tablet will work equally well on a smartphone. They can’t cram loads of information into a mobile ad that, on some screens, won’t occupy more than a fingernail’s worth of space. And they shouldn’t assume that location-based features should be a part of every campaign.

“Consumers want information,” Latasa said flatly. “They don’t care if the information is from us or from an advertiser, so long as it’s transparent to them where the information is coming from.”
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Source: 2013 WebMD meta-analysis of programs containing media and sponsorship components.

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What Good Multi-Screen Looks Like Today—and What Your Multi-Screen Customer Will Look Like in 2015

Mark Bard, Co-Founder, Digital Insights Group; Co-Founder, Digital Health Coalition

Longtime pharma digital ace Mark Bard’s presentation commenced with a bit of a feint: the display of a Business Insider headline proclaiming that “Digital Marketing Is Dead.” Like the Business Insider scribe, however, Bard brought it up in the context that digital marketing is dead because all marketing is now digital, whether inherently or by demand.

But that doesn’t mean that pharma marketers have entirely accepted, or adjusted to, this new multi-screen reality. To prove his point, Bard pointed to a recent study conducted by the Digital Health Coalition. The aim: to determine whether companies have optimized their brand websites for viewing on smart phones—or, in a bigger sense, to determine whether they’ve adjusted their own behavior to account for changes in consumer behavior. A Pew Internet study, after all, recently noted that 52% of US adult smart phone users have used their device to look up health or medical information during the past year.

The Digital Health Coalition/JUICE Pharma Worldwide study determined, alas, that pharma marketers largely haven’t gotten around to mobile-izing their websites. Of the top 75 pharma brands by sales, Bard said that only a third have web sites that are “usable” on mobile phones (he added the caveat that some brands have since relaunched for mobile). His conclusion in the wake of this finding? “There’s still lots more missionary work to do.”

OF the four crucial elements of mobile web usability—design, speed, touch and content—Bard believes that pharma marketers mostly have the content part down. Unfortunately, they have it down in a way that’s not necessarily positive: “We spend a lot of time on

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|2 in 3| of the top 75 pharma brand sites are still not mobile optimized

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“The content is all there, and nobody can possibly read it”
—Mark Bard

WebMD
Engaging Digitally Connected Patients
Kevin Dunn, SVP, strategic planning, TRUE Health + Wellness

According to Merriam-Webster’s online dictionary, “pharmacize” is not, nor has it ever been, an actual word. But to the brand teams at TRUE Health + Wellness, it’s become an important part of brainstorming sessions. “We try to inject learnings from other industries,” said industry vet Kevin Dunn. “We ask how we can ‘pharmacize’ something, how we can take something and apply it within the wellness and pharma communities.”

One such learning was evidenced by a pair of photographs Dunn displayed during his presentation. Both were taken at the Vatican during the lead-up to the election of a new Pope. The first, taken in 2005, showed thousands of individuals massed expectantly; the second, taken in 2013, showed thousands of individuals massed expectantly... but with at least half of them holding up a smart phone to document the occasion for posterity.

What has TRUE taken away from this, as well as from any number of programs and campaigns, within and without pharma? According to Dunn, it’s “that we’re all in the same industry now. What industry is that? Technology... Our customers are social. We need to connect to them that way.”

Dunn proceeded to talk about two different groups, both of whom remain essential audiences for pharma marketers. He singled out digitally connected moms as the “family healthcare manager and decision maker” - not just for their young children, but for their parents, spouses and, potentially as the Affordable Care Act kicks in, adult children. They’ve downloaded the most health and wellness apps and conduct a wealth of health-related research on their phones. The result of this is what Dunn called “a healthcare online gender gap.” Reaching those digital moms, especially in social-media spheres, should be a top priority for anyone in the business of marketing anything health-related. “If you can influence a mom to be a social advocate, you’ve done something important for your brand,” he said.

As for the other group Dunn discussed—what he characterized as “overburdened HCPs”—he stresses that pharma marketers shouldn’t overthink their interaction with that group and that pharma marketers should heed the oft-repeated warnings about time constraints. HCPs’ schedules, he said, demand that marketers adopt a multiscreen approach. “Selling time and face time is on the decline. They’re telling us, ‘We’re ready for a change.’”

When it comes time to design multiscreen content, Dunn suggests that healthcare marketers start with the smallest screen possible in mind and scale upwards from there. “As the expression goes, ‘Mobile first, mobile always,’” he said.
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Panel Discussion: Creating Digital Health Experiences For Human Beings

Craig DeLarge, US Leader, Multichannel Marketing & Customer Business Line Support, Merck

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The program ended with a casual, freewheeling discussion that surveyed topics covered by previous presentations as well as others that were no less essential. Highlights included:

■ **The necessity of “mobilizing” web sites:** Zoe Dunn of Hale Advisors put it bluntly: “It’s one of the things you don’t have a choice about... I know it’s really hard to retroactively go back [and fix it], because you’re often stretched in your digital budget, but it shouldn’t cost a fortune.” Digital Insights Group prexy Mark Bard, however, countered that he understands why some pharma companies have been loath to do this. “To relaunch the mobile experience is a big decision,” he explained. “Brand managers are not compensated to push the envelope.”

■ **Apps aren’t essential:** Both Dunn and Merck multichannel maven Craig DeLarge believe that, too often, pharma companies create apps for the sake of creating apps. Dunn suggested that any marketer who isn’t sure whether an app is needed should ask him or herself two questions: What is the benefit to the end user? What is the business benefit? “If you can’t answer those two questions logically, you don’t need an app,” she stressed. DeLarge, for his part, warned against the perils of pursuing the shiny object: “We spend far too much time and money developing internal trophies.”

■ **Change can’t be forced:** Addressing the perception that pharma marketers are slow to do... well, everything, DeLarge said that companies will change only when their proverbial hands are forced. “As with human beings so with organizations, there is no change unless there’s the perception of a near-death experience. We have not been unsuccessful enough yet,” he said. Later, however, DeLarge found an ironic silver lining: “The beauty of our current dilemma is that we are becoming unsuccessful enough that leaderships are having to rethink things. They’re beginning to move with a sense of urgency due to pressures from the Street that I have not seen in a quarter of a century.”

■ **There are no easy and obvious scapegoats:** In recent years, it’s become almost fashionable for pharma marketers to blame everything—regulatory headaches, high humidity, you name it—on the Food and Drug Administration. But Dunn believes that fingers ought to be pointed inward. “Our own bureaucracy is in the way of us moving forward,” she said, noting that the FDA’s guidelines tend to be quite clear. “I can tell you: the FDA is not out there conducting a witch hunt.” Bard agreed: “The FDA was an excuse years ago, then it started to level off and we were blaming internal regulatory. You’ve got to blow up the [internal] review process if you want to play in digital, and it takes years to transform that process.”

■ **Look within:** Bard says that one attribute shared by companies who “get it” is the willingness to fail. “You will fail,” he noted cheerily. “But when a company goes on Twitter and it blows up, you learn something. There’s no internal punishment for experimenting.” DeLarge took it a step further, advising pharma companies to rethink their organizational schemes. “Much of what hampers us in pharma is the structure of organizations. Incentives are set up to fight against innovation.” As for Dunn, she said companies should constantly evaluate and measure, but not get too carried away. “It drives me crazy when people say, ‘What’s the ROI on that app?’ It’s part of the whole. You have to look at communications holistically and stop dissecting them into each individual tactic.”
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