

Third Screen's a Charm

Mobile's marketing potential stems from its near ubiquity and real power to deliver healthcare value. Will pharma dial up? **Marc Iskowitz** reports

Today almost everyone—healthcare professional, patient or caregiver—has a cell phone. New health, medicine and fitness software appears every day, and gadgets to run them on are more advanced than ever. While mobile is still nascent technology for pharma, agencies say the stage is set for this medium to assume a larger role.

Consider the numbers: In 2009, 83% of adults had cell phones or smartphones, according to the Pew Research Center's Internet & American Life Project. Last year over 20 million consumers used a mobile device, most commonly to search for health information, Manhattan Research found. More than two-thirds of physicians own a smartphone.

That's only part of the mobile equation. More than 1,000 iPhone health applications launched in December 2009 alone. Apps cover such areas as disease management, medication tracking, drug recalls,

medical reference and diagnosis. Google's recent decision to jump into the smartphone market, now dominated by Apple's iPhone/iTouch and RIM's BlackBerry, portends the arrival of Android platform health apps this year.

Those pharma firms willing to pilot technology may gain a leg up on their competi-



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*Larry Mickelberg,
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tion. "[Mobile] is probably the most powerful tool marketers have ever had, maybe even more powerful than DTC television as far as the impact it will have on healthcare," says Larry Mickelberg, chief digital officer, Euro RSCG Life Worldwide. "In 10 years, DTC has changed the nature of the marketing dialogue and brought people into the healthcare journey. Mobile has the potential to far eclipse that level of impact."

Why the hype? "Having a device like this in your pocket, it's not just another promotional [tool] from which to push messages," explains Mickelberg. "These devices become an integral part of the health journey. They have a role to play in diagnosis and treatment. We've never had a channel quite like."

Pharma is just beginning to take advantage, mostly in the physician arena. Vendors like Epocrates, Skyscape and Medscape Mobile provide pharma marketers with a channel for reaching prescribers via apps designed to be downloaded from their site and run on a handheld. They have seen usership increase with the arrival of smartphones, which also enable users to access apps through mobile web browsers. (See "MDs Mad About Mobile," p. 6-7)

A few pharma firms have produced consumer healthcare apps. Johnson & Johnson's CareConnector tool helps caregivers track meds and doctor's appointments. Sanofi-Aventis' GoMeals is a calorie counter for patients with diabetes, giving carb counts for menu items at 200 chain restaurants. And UCB's Wellness Widget allows Crohn's patients to track their symptoms wherever they are, and create a report to share with their doctors.

"It's been a good pilot, and we have been happy with its success," says Wendy Blackburn, EVP at



Mobilizing your marketing campaign

Larry Mickelberg, chief digital officer, Euro RSCG Life Worldwide, explains how marketers are using mobile devices to complement various media.

Video Sites like QuantiaMD.com let marketers use their network to syndicate video assets through mobile and desktop channels. HCPs can view cases and plug into a network.

Email Email was probably the first real mobile app that made phones useful, having your email on the go. Any email campaign probably can be mobile.

Website Any website can be viewed on a mobile phone or should have a mobile version.

Print Include a QR (quick response) code in the corner of the ad. Take a photo of the image with a cell phone camera (that has the right software), and the phone reads it and triggers an action. This works for print ads and convention posters.

TV Conclude a TV commercial with an SMS code—text information to 12345 and get a coupon or link sent to your phone. It's the next evolution of digital and bringing customers closer to the brand.

InTouch Solutions, which developed GoMeals. “We are getting a lot of [user] dialogue.” The app’s Twitter page (twitter.com/gomeals), which Sanofi-Aventis uses as a feedback channel for the app, has garnered 233 followers.

Not all the experimenting has been great. In a post he called “I’ll Build You an iPhone Medication Tracker for \$10,” Jonathan Richman, who blogs at DoseofDigital.com, writes, “For a number of reasons, one thing that pharma companies seem to keep creating and encouraging people to use is medication tracking programs. ...The vast majority of these reminder programs have zero impact on adherence or compliance.”

Where do they go wrong? Richman says it’s a matter of execution. “These are a great marketing tool for certain brands in certain situations and many of them add some very interesting utility or are entertaining in some way,” he notes. “However, the ideas for some other apps aren’t so good. Generally, these ideas are those that replicate something that already exists or has been made overly, if hopelessly, over-complicated.”

In addition to making sure apps are functional rather than strictly promotional, online marketers offer other advice for integrating mobile into a campaign. Says Blackburn, certain demographics and disease categories show higher numbers of people trying to access brand.com sites through a mobile device. These include, she says, “urban populations on the go...HIV and younger populations.”

While consumers favor texting, professionals—no doubt due to the higher prevalence of smartphone ownership—tend to use mobile devices to check email and surf the web.

“If you’re a physician and looking at an HCP site, you may need a PI [package insert], MOA [mechanism of action] and dosing guide,” says Mickelberg. “So the mobile version must take into account the task the viewer really needs to accomplish. It’s about differentiating the experience and creating the most relevant experience you can through that channel.”

While mobile is in its infancy with pharma, the medium has been on the industry’s radar for a number of years. Now that the technology has caught up to how pharma messages people and engages customers, will investment follow?

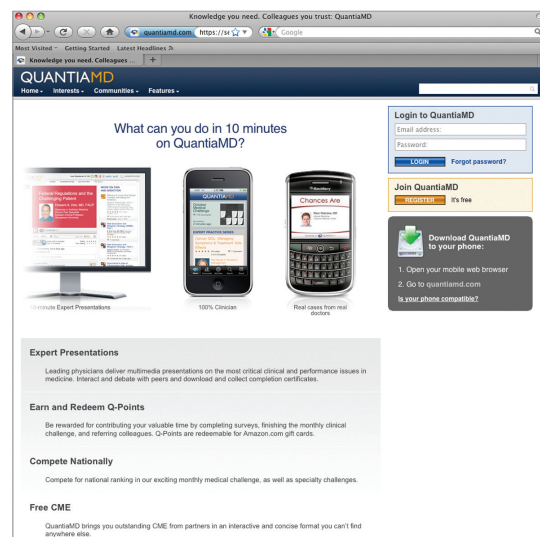
Hurdles remain. First, “there isn’t a perfect ROI algorithm,” says Jim Dayton, director of emerging media at InTouch. “You have a new set of metrics,” including number of visitors to a site and how much it cost to get them to the mobile version vs. the desk-

top one, as well as how many people come from various technologies, like interactive voice response.

For another thing, mobile presents a regulatory grey area for marketers. Technically falling under the umbrella of medical devices, medical apps are thus subject to federal regulation. While there are no clear federal measures in place, the FDA is reportedly considering various levels of oversight of apps and other digital systems.

Texting, of course, carries serious questions around presentation of risk information. “If we mention a brand, how do we [fit] fair balance in 160 characters?” wonders Blackburn.

Part of counseling clients, she says, involves “thinking through what is the most important content to have on the mobile version and making sure



QuantiaMD lets marketers use its network to syndicate video assets through mobile and desktop channels

safety and fair balance are front and center, even on a tiny little mobile screen.”

Despite the challenges, Blackburn sees potential for reaching audiences via the web and mobile, which some refer to as the “second” and “third” screens (after TV), respectively. “I’ve seen pharma turn a corner,” she says. “Maybe the recession helped them a bit [to] say, ‘Wow, TV is expensive.’ Maybe...there is still a place for TV advertising, but there are a lot of opportunities to connect more personally and one-on-one with consumers online.”

Whereas pharma was late to the online-marketing and social media party, Mickelberg says: “Mobile is where pharma goes from a digital-marketing laggard to a digital-marketing leader.” —Marc Iskowitz