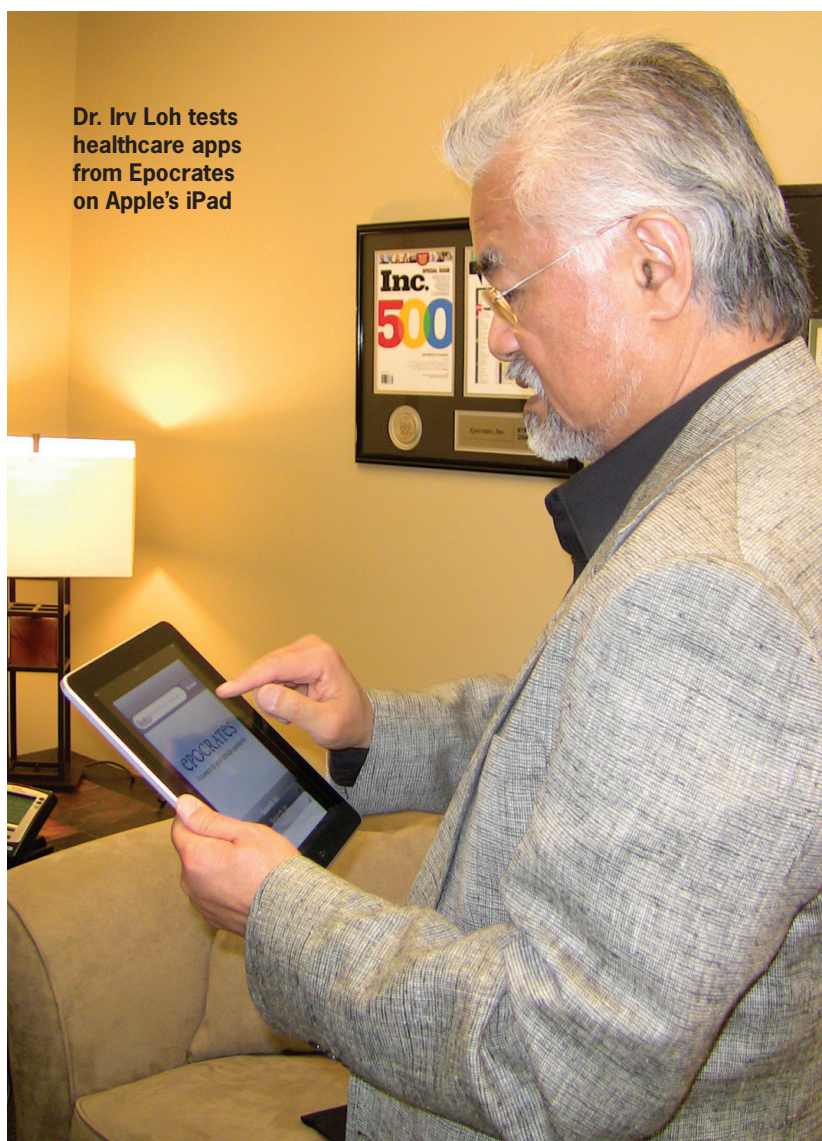


MDs are Mad

Stethoscope. White coat. Prescription pad. Smartphone? Mobile has grown on healthcare professionals, and as a channel for pharma companies to communicate at the point of care, thanks to advances in hardware, software and connectivity, reports **Marc Iskowitz**



Dr. Irv Loh tests healthcare apps from Epocrates on Apple's iPad

First it was the beeper. Later, the personal data assistant (PDA) became doctors' portable gadget of choice. Today nearly three-fourths of doctors have a smartphone. With connectivity and clinical utility, these devices are fast becoming medical mainstays, enabling real-time access to everything from drug look-up and directories to diagnosis protocols and digital alerts. Their popularity has fueled uptake of mobile and continued to attract pharmaceutical marketers to the medium.

According to Manhattan Research, 72% of US physicians own a smartphone, up from half in 2007, and this number is projected to reach 81% by 2012. About half of this group will use their devices for administrative functions, learning and patient care.

While the BlackBerry is the most commonly owned device, the physician universe breaks down roughly 50-50, with half loyal to BlackBerry and the other half to Apple's iPhone or iTouch.

Like mini computers, smartphones enable users to download and run all manner of applications, or connect to programs via the web. "Once they have these devices, physicians want to do a range of things," says Steve Zatz, MD, EVP of professional services for WebMD, whose Medscape Mobile was released in an iPhone-compatible version last July and now has more than 300,000 users.

Zatz says they want not only disease and drug information but a "broader set of information." Medscape Mobile draws on other Medscape online content to provide specialty-specific news, a physician directory and other offerings. Pharma sponsors industry alerts, mobile media and a separate CME app.

Vendors develop apps to run on platforms like BlackBerry, Palm, Windows Mobile and Android, but Apple is the apple of software developers' eye.

about Mobile

As of February 2010, there were 5,805 health, medical and fitness apps in its AppStore, 27% targeted to HCPs, according to data cited in a report from California HealthCare Foundation.

“When the iPhone came out, the network of physicians who use our reference exploded,” says Rose Crane, CEO of Epocrates, whose medical reference tool was the first on a mobile phone back in 1999 and today is the most popular free medical download in the iTunes store. More than 275,000 physicians are adherents—“about 40% of US physicians.”

Epocrates has not seen as much interest in mobile CME, though. “CME as it relates to mobile is not a huge activity,” Crane says. “It’s very difficult on a small platform to do that type of work and, given that the doctor...is usually with the patient during the day and does CME nights and weekends, we don’t see it as a real opportunity.”

Besides accessing clinical content, doctors’ most common mobile activities also include emailing and surfing the web, notes Manhattan Research. More than two in five physicians go online during patient consultations, with the majority of this time spent on a handheld device.

As mobile apps have become trusted point-of-care resources for physicians, vendors continue to woo pharmaceutical sponsorship, most recently with the ability to change ads on the fly and target by therapeutic category. Monthly Prescribing Reference (MPR) Mobile—which is available for iPhone, iPad, BlackBerry, Palm, Windows Mobile and soon Android—touts its ability to deliver ads so healthcare professionals see only those relevant to content or their specialty. (MPR is part of Haymarket Media, which also owns *MM&M*.)

Client information can also be served up to the healthcare professional on different devices, depending on the time of day, says Larry Mickelberg, chief digital officer, Euro RSCG Life Worldwide. “I know if it’s in the morning, before office hours, doctors are... researching, ordering samples, so it’s desktop-driven,” he says. During the day, it’s a consult model—PI, dos-

Doctors’ top mobile activities

Physicians primarily use mobile devices to access clinical content and perform quick tasks. Top physician mobile professional activities:

- Communication-based activities (such as emailing)
- Searching the internet
- Drug reference checking
- Using clinical/medical references

By 2012, physician smartphone adoption is expected to reach 81% penetration, and about half of this group will use their devices for administrative functions, learning and patient care.

Source: Manhattan Research, Taking the Pulse v10.0

ing information, formulary information, nothing more than that. So the interface changes. It’s multimodal.”

David Shrier, CEO of mdHub, provider of The Little Blue Book, a physician directory due out this month on several different platforms, says pharma firms and agencies it polled want mobile applications to deliver the same ad performance metrics as their online brethren—such as utilization, ad delivery, impressions and clicks—and the ability to refresh daily.

“They don’t want ads going stale,” Shrier says.

There is a need, he says, for an analytic framework “to make it easy to understand what’s going on and ultimately help agencies and pharmaceutical companies determine how effectively they are communicating with physicians.”

Mobile may also offer an exciting twist on detailing. “As pharma companies are laying off reps, and just trying to manage their business, they are still looking for the right way to channel information to physicians,” says Epocrates’ Crane. “We will continue to look for opportunities to offer virtual rep services to the physician.”

The push for electronic health records and innovations in hardware—like 4G as well as new gadgets like Apple’s iPad tablet, a computer that’s bigger than a smartphone but smaller and more portable than a laptop—could drive professional use of mobile even further. No matter what technology they are using, pharma, no doubt, will look to engage them. —Marc Iskowitz

