As consumer mHealth apps have become more plentiful, **Joe Shields** asks whether we've all gone "app-crazy," or whether those mini software applications accumulating on smartphones and tablets have a real role to play in biopharma marketing and customer service

the APP SCORE

Apps used to be nachos and spinach dip at your local chain restaurant. Now the word "app" has moved into the lexicon much like the word "web" did 15 years ago, describing mini software applications that enable mobile devices to become focused, functional and even fun.

The technorati journal *Wired* labeled Facebook Home an "apperating system, one of a new breed of software platforms that sit between operating systems and apps. Apperating systems are coming—in a major way." Are we again unwitting victims of the Gartner hype cycle, joining the parade to celebrate technology and progress without knowing if this is just a stepping-stone to the Next Big Thing? Have we gone app-crazy?

Why apps?
Former Google CEO Eric Schmidt observed last fall that, "Your phone is a front end for a supercomputer." Could it be that in healthcare, we should view apps as the front end of a customer service system? Could they be the thin end of the wedge that opens up the deeper relationships with customers that the industry has been seeking? Or helps big pharma pay off its rhetoric to go "beyond the pill"? By now you realize that this article will have more questions than answers, which hopefully signals an invitation for more dialogue about the role of smartphone apps in biopharmaceutical marketing and customer service.

An obvious yet necessary next question is, "Why do biopharmaceutical brand teams and their agencies build apps?" One

answer is to appease a senior executive's request to heed the siren call of innovation—"Get me one of those," or GMOOT for short. Apps may be the latest in a long list of shiny objects that promised to revitalize enterprise innovation by their very existence, or maybe by the fact that a competitor had already launched one and featured it in the annual report.

A more optimistic rationale for apps comes from Bob Allen, director of digital marketing at AstraZeneca: "We realized that the majority of our marketing materials will soon be consumed through a mobile device. Therefore, we are responding to the market and the needs of our customers. Investment in other areas still occurs, but 'mobile first' is the mentality we are quickly adopting."

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A simple truth is that mobile not only describes devices, it describes people. "People manage diabetes on the go, not just when in front of a computer," says Lynn Crowe, director, devices at Sanofi. Lynn and her team developed the GoMeals app that helps people with diabetes eat healthy, stay active and track their blood-glucose levels. "Creating an app like GoMeals was logical. To help diabetes fit into someone's life we need to meet them where they live. Apps can help."

Serving mobile customers requires a new mindset and a different approach, with the goal to enable people to take the next most likely action at their points of need. This means that apps must be built to do a few things very well, instead of overwhelming on-the-go users with tools and content that do not help them quickly get the task done. Apps that excel doing the job they were designed for boost patient engagement.

"When patients truly engage with mHealth," according to David Windhausen, executive VP at Intouch Solutions, "it can open the door to real insights that drive patient behavior, which in turn inform conversion, adherence and advocacy."

What is the value?

Given today's tough economic environment, exacerbated by continued pipeline challenges and squeezed margins, one has to wonder if investing in apps is the best use of finite company resources. Apps provide challenges for internal medical, regulatory and legal reviewers that may be using the same lens that they use to evaluate traditional promotional pieces.

Apps are not like simple "once and done" tactics that are delivered to the customer through existing channels and then forgotten. Apps are like children that need to be fed and nurtured as they grow and change, and cannot be erased from a customer's smartphone each time a new brand manager takes the reigns. Think about the number of updates you receive in an average week for the apps that you have on your mobile device, even for the ones you no longer use. Customers now expect regular app updates, new features, and added awesomeness on a fairly regular basis.

With that in mind, what value do apps provide for the companies and brands that create them? "If done right, they create credibility," posits Crowe. "But they also offer the ability to communicate with your user base, inviting them to learn about other products and services the company offers." However, assessing the true value of new approaches is a process that often takes time. Even though the Internet has been in use commercially for more than 15 years and widely adopted in biopharma companies, they still debate the business value of specific digital tactics during annual planning and budgeting sessions.

Indeed, for this first generation of biopharma-sponsored apps, it may be difficult to draw a straight line between an app and new revenue, such as incremental prescriptions or refills. "Our thinking is that we should look beyond the pill and provide the best patient care possible," says AZ's Allen. "Sometimes the information or utility we provide may not directly relate to taking a specific medication, but we feel that our mobile efforts will help to support the needs of patients in some way."

Why make more?

In an industry that has many approved treatments for a single condition, it may come as no surprise that where there is a need, there may be more than one app trying to serve it. Or 143, which is the number of iPad apps for diabetes, according to April 2013 research from Jeff Greene for New Solutions Factory.

"I would question the value of completely mimicking a great app," insists Crowe, "but there are reasons to try to improve what's already been developed. For example, by integrating more passive data collection or providing greater context, such as activity and nutritional information surrounding blood-glucose values," the app becomes more useful for both patients and their providers.

What criteria should patients use to select the best apps for their situation? App stores for each of the main mobile operating systems are overflowing with health apps, with very little direction for consumers on quality, utility or medical accuracy. Tech-savvy doctors are tentatively stepping in to help their patients choose wisely, essentially "prescribing apps" like they prescribed website visits a decade ago.

Payers are asking for outcomes data as a requirement for reimbursement. Also, some patient-directed apps require approval by the FDA and other non-US regulatory authorities, depending on their classification as a medical device. Finally, certification is happening due to companies like Happtique that, for a fee, evaluate apps' technical functionality and medical content.

Is there an app future?

Are apps solving new problems, or old ones in new ways? Will they be around in five years? Intouch's Windhausen believes "that mobile health apps will certainly exist in five years, but we may call them something else. When everything is mobile, will we still need to use the word 'mobile' as a modifier? I think not."

So in time, mHealth will be just health, like eMarketing is now just marketing, and ePrescribing is just prescribing. History has shown us that when the small-letter prefix disappears and an approach becomes standard practice, that's when its real impact is felt. ■

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