



The Human Phenomenon

Mobile is not a technology or a device or a channel or a strategy. Mobile is the way people behave (and that includes docs). If you want to engage, you need to do it on their terms. By **James Chase**

The evolution of mobile has been truly spectacular, in both magnitude and speed. In today's world, where hopping between cloud-connected screens has become second nature, it seems almost impossible to think that the iconic iPhone is barely six years old—while its tablet-sized cousin has only just celebrated its third birthday.

To define mobile as a technology or a device or a channel or a strategy doesn't cut it anymore. Mobile is what we do. It's how we behave. It's how we organize our lives and how we live our lives. Not to mention how we document them, too, of course. Make no mistake, mobile is a very human phenomenon.

The good news is that a lot of the pharmaceutical industry seems to have grasped this notion. Or, at the very least, marketers understand that doing mobile is no longer optional, and are trying to figure out their mobile identity.

Okay, so the intent to embrace mobile is stronger than ever. But are companies actually voting with their budgets, yet?

Yes, it turns out they are.

This month, *Medical Marketing & Media* published the findings of the inaugural MM&M/Ogilvy CommonHealth Healthcare Marketers Trends Report, which highlighted an encouraging shift in budgetary focus towards digital channels and tactics, including, of course, mobile.

The survey asked 200 senior marketers, director level and above, at pharma companies, biotechs, devices and diagnostic manufacturers about their marketing budgets and usage of various channels and tactics, as well as their perceptions and opinions of various industry forces, trends and events.

Growing Trend

For the healthcare professional audiences, 53% of all respondents reported investing in “mobile/tablet apps” in 2013, up from 35% in 2012. And 72% of these reported an increase in budget for this tactic in 2013. Similarly, 60% of all respondents reported a 2013 budget for “digital sales materials,” up from 49% last year, with 68% of this group reporting an increase budget line in 2013.

Similarly, in terms of the consumer audience, 31% of all respondents reported investment in “mobile/tablet apps” in 2013, compared to a mere 18% in 2012, with a whopping 83% of these reporting increased mobile budgets this year.

Of course, the base may be small at this stage but it's going in the right direction. “We're still really at

Mobile Touchpoints

72% of physicians now own a tablet device, up from 66% in 2012[†]

53% of healthcare marketing directors invested in mobile/tablet apps this year, up from 35% in 2012^{**}

8-12% increase in key performance indicators when an iPad is used in a call^{††}

7 in 10 physicians have at least one patient who shares health measurement with them[‡]

83% of healthcare marketing directors with a consumer mobile budget reported an increase in spending in 2013^{**}

90% reduction in the proportion of short calls (of less than 2 minutes) when an iPad is used^{††}

70% of the sales calls made by reps who possess an iPad do not incorporate the device^{††}

55% of pharma brand information and services obtained by ePharma physicians is sourced online. Physicians expressed a desire to increase this to 65%[†]

[†]Source: Manhattan Research, ePharma Physician 2012

[‡]Source: Manhattan Research, Taking the Pulse 2013

^{**}Source: MM&M/Ogilvy CommonHealth Healthcare Marketers Trend Report 2013

^{††}TMD Mindset: Use of iPads by Pharmaceutical Sales Professionals, July 2012

the infancy of what [the industry] is doing with it but it's good to see that it's risen up so many lists,” says Mike Luby, founder, president and CEO of BioPharma Alliance. “The base may be smaller but it's moving in the right direction.”

The MM&M/Ogilvy CommonHealth study also asked marketing directors to score 18 different trends, forces and events according to their perceived levels of challenge and opportunity, and “Mobile/Tablets” ranked fourth in the opportunity list. (You can find many more insights and results from the study in the June 2013 issue of *MM&M*.)

So not only is mobile top of mind for healthcare marketers, it's at last being reflected in the budgets, too. Of course, as already noted, they don't really have a choice.

“The power is in the palm of the people's hands now,” says Geoff McCleary, VP, group director, mobile innovation at Digitas Health. “The course is being laid out for us. People will engage with services and tools to take healthcare and outcomes into their own hands. We're getting to the point where we are engaging with clients around ‘How do I create a mobile offering that goes along with my treatment?’ and that's unheard of from before. The conversation is around recognizing that it's not going to be about solely the pill moving forward.”

McCleary says most of his clients have seen a 200% increase in traffic to their sites from mobile devices. “They're thinking, ‘Well, if this is now 30% of my traffic, what experience am I giving the one in three people that come to my site?’”

Optimizing Strategy

And this is a good segue into a topic that may still be a something of a sore point for many in the industry: mobile optimization.

“It's stunning to me how many [pharmaceutical sites] are not mobile-optimized,” laments Luby. How many sites is that, then? Even as recently as the start of this year, around 70% of pharma websites were reportedly still not optimized for mobile. This is bad enough in itself, but when you factor in that around two-thirds of mobile users (yes, doctors, too) abandon websites that are not mobile-optimized—and that eight out of 10 of those abandoners will go look for the same information elsewhere—the consequences to your business and reputation could be dire.

“Those are people you are actively turning away and saying ‘Go look at my competitors,’” says McCleary.

“There are a lot of pre-smartphone designs that are still out there ... that legacy content and experience that needs to be updated. Fortunately the majority of folks in the industry are at least seeing that and knowing that they have to change.”

Klick is another agency that is convinced that the tide is starting to turn on this issue. “Recently we have seen increased appropriate investment in ensuring mobile-optimized or responsive experiences,” says Michele Perras, VP strategy. “There are some fantastic examples of best-in-class apps, full utilization of native web browsers and increased integration with eCRM, all underpinned by a cohesive and compliant mobile strategy.” However, she cautions, that there is still a lot of work to be done. “Every digital touchpoint is an opportunity for high value interactions. Not having a mobile web experience at this stage is simply unacceptable.”

Getting Up and Running

For many companies the first step is just to get up and running, which means updating all of the web properties, and doing it as quickly as possible. And if you want an example of how to do it efficiently, look no further than Pfizer, which launched no fewer than 10 mobile-optimized branded sites between January and April 2012, including Celebrex,

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*Geoff McCleary,
Group Director,
Mobile Innovation,
Digitas Health*

Premarin, Detrol LA and Lyrica.

Pfizer didn’t schedule its mobile launch based on sales. For example, Celebrex saw \$750 million in worldwide sales last year, while fibromyalgia/diabetic nerve pain drug Lyrica, the last of the 10 mobile sites to launch, brought in \$1.1 billion last year.

Instead, consumer demand was one of two key drivers of Pfizer’s mobile push. “We saw just through looking at the data on our brand website or desktop site that there had been phenomenal growth within the traffic to those sites from mobile devices,” Todd Kolm, the then director of emerging channel strategy at Pfizer, told *MM&M* in February.

Kolm said Pfizer came up with what could best be described as a “container” that regulatory would vet before content was flowed in, so that a basic template for the company’s mobile sites was established. The “container” was partly based on consumer data, which clarified the patient perspective of what they need and when they need it.

All of Pfizer’s primary care brands now have mobile-optimized sites.

“Pfizer is a good example of standing up mobile sites en masse and I think we’ll start to see more of those approaches,” says McCleary. “The challenge then is, okay, that’s kind of a quick converter template to get up and running; now what is the next

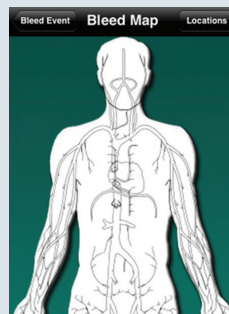
10 Apps with



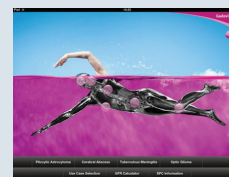
Vision Simulator for Optometry Jumpstart
Company: Allergan
Condition:
Ophthalmology
Category: General



CVD Risk Check
Company: AstraZeneca
Condition:
Cardiovascular
Category: Treatment Tracker



HeliTrax
Company: CSL Behring
Condition: Hemophilia
Category: Treatment Tracker



The Gadovist Whole Body MRI App
Company: Bayer
Condition: HCP Tools
Category: Disease Education



ePatCare
Company: Boehringer Ingelheim
Condition: Oncology
Category: Disease Education

evolution of that? The template converts everybody but how do we give the power back to the brands? Should I do more of an integrated web strategy, should I do mobile first, do I need an app? How do I set the course moving forward?”

Of course, the bread-and-butter of pharma’s mobile ROI remains, for now, in the healthcare professional space.

Manhattan Research’s recent Taking The Pulse 2013 survey revealed that iPad penetration in the US has now reached 72%, up from 66% last year. Meanwhile HCP smartphone ownership remains around the 80% level.

Meredith Ressi, president, Manhattan Research, describes the physician’s office as a complex mobile ecosystem, with three-device ownership now being the norm. “Pharma clients are trying to understand the device and workflow rather than just a device-centric look,” she says.

(Interestingly, the study found that seven out of 10 physicians reported that at least one patient shares mobile-collected data with them, with blood pressure and glucose readings featuring prominently.)

A Manhattan Research/Google Physician Channel Adoption Study in June 2012 also showed that HCPs are keeping on multi-

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*Michele Perras,
VP Strategy.
Klick Health*

ple screens, with 87% using a smartphone or a tablet device in the workplace.

Search was found to be the number one activity among HCPs: and while 98% used their desktop/laptop to search, 56% also used their smartphone and 63% used their tablet.

Unsurprisingly, docs have little patience with non-optimized sites, with 62% saying they would be likely to leave such a site. Unfortunately, 41% said they are led to mobile-optimized sites “only occasionally”



iHealth’s blood-pressure monitoring system for iPhone and iPad

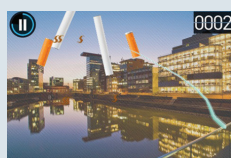
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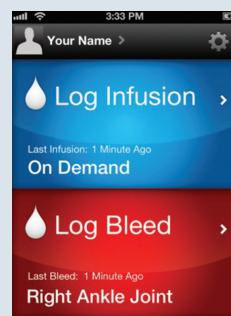
Glucagon for Injection (rDNA origin)
Company: Eli Lilly
Condition: Diabetes
Category: Branded



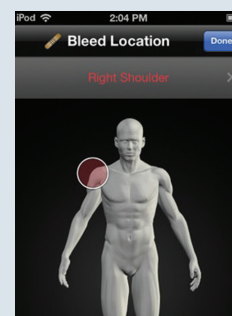
My Migraine Triggers
Company: Novartis
Condition: Migraine
Category: Treatment Tracker



Nicotinell Unfiltered
Company: Novartis
Condition: Healthy
Living
Category: Healthy Living



HemMobile
Company: Pfizer
Condition: Hemophilia
Category: Clinical Trials



The Tracker Factory
Company: Pfizer
Condition: Hemophilia
Category: Treatment Tracker

Overview

“The turnaround time to get something created and approved has shrunk ”

*Michael Huiras,
Director of Global
Marketing, Ibis
Biosciences*

Physicians watch videos across all three screens, too: desktop/laptop (67%), smartphone (13%) and tablet (29%). And when it comes to video content, the leading category is CME (55%). Interestingly, 29% expressed an interest in watching videos to show to their patients.

The Top Detailing Tool

To its credit, the pharmaceutical industry was quick to jump on physicians’ devotion to the iPad, and to realize that the tablet was the detailing tool they had been waiting for. And this is still the biggest area of mobile investment.

An MD Mindset survey last year attempted to demonstrate the value of reps with iPads, and found that sales calls incorporating an iPad scored 8%-12% higher on key performance indicators than did non-tablet calls. What’s more, calls using iPads resulted in a 90% reduction in the proportion of short visits, those of two minutes or less.

“If you can do something instantaneously in front of a customer, regardless of the stakeholder, it’s much more impactful,” says Michael Huiras, director of global marketing at Abbott-owned Ibis Biosciences about the virtues of the iPad.

“It’s just a much better way to communicate,” agrees Michael Fath, senior director, global marketing, pulmonology and thrombolysis, at Grifols, which markets specialty plasma protein replacement products. “But you have to get your MLR group to go along with it.” Ah, yes, MLR.

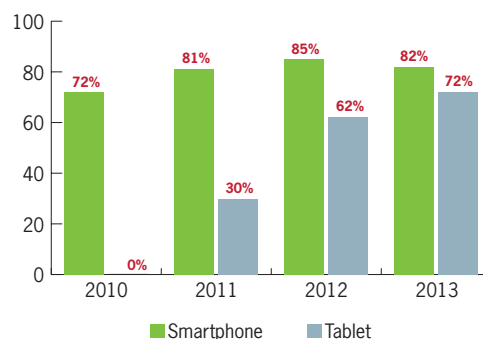
“They’re used to seeing pages,” says Fath, “but when you start to say ‘Let’s do an algorithm’ or ‘Let’s let [physicians] choose their own adventure’ they get a lot more heartburn.”

Many companies are working on making the internal approval process more efficient.

“We created a streamlined process,” says Huiras of Abbott’s digital restructure last year. “We line in the content creator, marketing communications, legal/regulatory, vendors—they all had iPads so they could see and touch everything at one time. We can track it digitally and we no longer need a physical hard copy. The turnaround time to get something created and approved has shrunk.”

What else has been going on in mobile health? Klick’s Perras says in the past year there has been an rise in the mainstream adoption of iPad sales tools and interactive sales aids, focusing on iPad sales platforms (such as Veeva’s iRep), “Which demonstrate better integration with SFA technologies and facilitate a deeper CLM Strategy beyond the iPad,”

US physician smartphone and tablet adoption



Source: Manhattan Research Taking The Pulse US 2013

and also the next generation of interactive sales aids, “Which have a greater focus on enhanced interactive experiences, designing for the iPad first, and pushing the limits of HTML5.” You can read more about this topic in this supplement.

Perras also notes a recent rise in mCRM, seeing it “moving from an add-on component in digital strategy to an integrated and effective channel for acquiring and engaging with both consumer and HCPs.

No question pharma has made inroads into mobile in the past year. There have been some impressive initiatives.

There have been some impressive initiatives.

For example, back at the start of flu season, Sanofi Pasteur invited TV viewers to “Shazam” its commercial for Fluzone Intradermal influenza vaccine.

Shazam is a popular mobile app that detects what song is playing, subsequently directing users to iTunes where they can buy and download it. By applying the same audio-detection technology to TV commercials, companies can direct viewers to a web location—in this case, 100,000 viewers were directed to a “locator” to find out where they could get a shot.

But for every innovative Fluzone locator, there are several non-mobile-optimized sites. Is pharma likely to put mobile first anytime soon?

Then again we still have the massed ranks of the non-mobile optimized. Is pharma likely to put mobile first anytime soon?

McCleary thinks it’s a tough decision to make. “The desktop has been such a monolithic beachhead from a marketing standpoint for so long that it’s a very tough mental decision for a marketer or an organization to say, ‘You know what? That’s now a secondary thought for us.’” ■