3 SCREENS, 1 HCP

Seven digital healthcare experts discuss how to turn engaging content across multiple screens into meaningful brand experiences for healthcare professional audiences. **James Chase** moderates

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David Blair
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James Chase (MM&M): What does the daily digital routine of HCPs look like? When are they using different devices in the workplace and for what purpose?

James Avallone (Manhattan Research): In terms of technology profiles, we're in the mid-80's (%) for physician smart phone adoption in the US, while 72% percent of physicians own a tablet. Two-thirds own a tablet, a smart phone, and a desktop/laptop. So the technology is there and the adoption is there. It's just a matter of how they're using it. It comes down a lot to use of electronic health records (EHRs) – this is driving a lot of decisions about which devices are being used, which is primarily the desktop/laptop. If you ignore that aspect, you're missing a big part of the equation. The smart phone, I think, is at a maturation point in terms of how it's being used by physicians. It tends to be quick activities, two-step activities, things that you can click on twice to get information. We're pretty surprised to see tablet use as low as it is during the workday, in terms of website and app consumption for professional purposes. I think that's largely being driven by the fact that these devices are not friendly towards EHRs.

Sanjiv Mody (Intstrux): The reason is probably security because the hospital doesn't want you to have this device with all of this patient information on it that's not tethered down. There's also the security of logging in. So a lot of the systems are probably still desktop-based. I think it's going to evolve. I think security's going to get better.

Lisa Flaiz (Janssen Pharmaceuticals): Google did some great research on

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the multi-screen world, delineating how the context drives the device choice. It wasn't specific to HCPs, but I have to believe that holds true in that tablets are the entertainment device of choice. And I think when you're looking at engaging HCP audiences, entertainment has a place in education. So we definitely look to the tablet primarily as a device we want to drive engagement through.

James A.: We're following the tablet as more of a lean-back device these days. Activities that are more office-based, or clinical-moment based, don't seem to kind of have the kind of adoption that we were expecting. But when it comes to things such as online video, eCME, long-form article reading, that's really where we're seeing the tablet shine.

David Blair (Google): From our perspective we're trying to look at the 24/7 experience of a physician. It's no longer just during office times. You're in all types of screen environments 24/7, so whether you're using an iPhone, a tablet, a computer, a laptop, a TV, they're all internet connected devices for the most part now. So we're trying to think of everything in touch points based on intent and context. What is the context in which a physician is using, or going to be using, a screen, and what's the intent of that physician? Is it looking up PI information, is it a side effects case, is it a drug interaction, or is it reading a whole section of CME? And that can be on the laptop at home, that could be on the tablet in bed, whatever the case might be. So we're trying to move the industry out of thinking we're going to go to a point, we're going to go and sit down and have interface, whether that's in person or on a tablet, and we've got to move everyone to think about liquid content and the fact that a physician can access anything 24/7 on any device. And if you, as a marketer, or a researcher, don't have the ability to provide that content in that context, you're missing a huge opportunity.

Brendan Gallagher (Digitas Health): I think brand teams have some pretty cut and dry idea of what they mean by engagement – you know, the ability to cause some form of brand affinity, which ultimately ends in prescribing behavior. And we feel that there are essentially four ways that you can do that with physicians these days. It's increasing their knowledge, making them look good in front of their colleagues, helping them with their practice, and essentially, ultimately, helping patients have better outcomes. So if you can do one of those four things, you've earned their attention. Now what you do with the ones whose attention you have, whether it's going to influence prescribing behavior or not, that's a big question mark. To your point, David, it's possible that in the near future, if it's not already happening now, that all prescribing decisions will be based completely on EMR data, real world EMR data, and the connectedness to "other physicians like me," and that's it. Not the features or benefits around our products that we're trying to e-detail, and what not. If that's the truth, how does a brand stay relevant? What is the role of the brand? Those four things are the keys.

> **"Everybody is now an expert—the government, the patients, the payers—and so HCPs have all these voices they have to listen to"**
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> — Lisa Flaiz, Janssen Pharmaceuticals

Lisa: As far as helping to make their practice easier, we're helping to impact the results of consults. Physicians are feeling more pressure than ever before. Everybody is an expert, right? The government is an expert, the patients are now experts, the payers are experts, and so they have all these voices they listen to plus they have the alphabet soup of pressure with ACOs, EMRs, ACA. So there's just a lot going on in the room. And then suddenly patient satisfaction and outcomes is the core of their reimbursement. So much is happening, and they have the same, or less, time than they ever did. Brendan made a great point with those four ways to help. If we can figure out a way to work into their workflow and impact those efficiencies, that would be a key way to engage.

Richard Veal (Sudler & Hennessey): I think a big part of our responsibility is to continue to try to understand our customers. As EHRs are put in place, we're getting ready to come up on stage two of meaningful use, which really pulls the patient into the equation with what they're allowed to do with their own data. We need to understand how community-based physician's access information across different types of devices and platforms versus the more potentially savvy specialist, who knows much more about the science on that particular disease state. What does the day-to-day look like for them, and how can a brand influence, or give them, outcome-based information versus just broad brand information?

Marty Murphy 3rd (The Oncologist): We were really the first to market with a mobile strategy in oncology. As any publisher would do, we said, "Okay, this is what we're going to give to our reader, to our subscriber – 19 years' worth of content." Now it's about engagement, personalization and customization. If you're seeing 12-14 patients a day, you want to be able to customize that content exactly the way you need it, in a fashion that honors your time.

Brendan: Pharma's entire commercial model was built around the molecule. A molecule has a series of features and benefits around it. Now how do I commercialize it? Well, I need a sales force. Instead, they need to start thinking about the customer experience, at the time of which there might be a molecule – or there might not.

Marty: How can it be practice-changing for that physician? How can you provide real value that allows them to help their patients? They do that and then, of course, it does raise their stature, but most importantly it helps the patients.

Brendan: Well and if you think about pharma's role and the huge transformation of healthcare that's happening right now, that's a legit role. "We manufactured this product, doc. We got this patient. You just prescribe it, and we'll just make sure this patient takes the product as best as they can, and as successfully as they can, and that gives you time back." But there's a required level of trust…

Sanjiv: You're really just kind of pulling the physician in the right direction to say, "I know you need this for your patient. I know your office needs this. I know you need this. Let me tell you how to get this information to you. Let me be your consultant and how I think I can help you out with your core mission, which is helping patients and that can obviously be payer side, and staffing, and reimbursement, and patient support." But it's really changing the role of the sales professional, not diminishing it.

Lisa: I feel like we can still support those efforts in the digital channels better than anyone anywhere else. The physician can access anything on any device at any time. That's because it's a mostly digital world. So it's not about digital marketing, it's about marketing in a digital world. And it's not just marketing, it's literally communicating with human beings. For years and years the pharma industry had HCPs covered in the sales force. So we are behind in our digital promotion efforts to HCPs compared to the efforts being put against consumers and patients, but people are figuring out now that this is how they consume their information and if we want to communicate and provide them value we have to do it in digital.

David: There is a resistance, for whatever reason, to acknowledge that doctors are human beings and they do the same things that we do. At night they watch online video, so where is the marketing to physicians on YouTube? It doesn't exist. Why not? So, again, going back to the velocity change and the fact that everyone is a human being, humans do all of these things 24/7 in their lives. Why would you think, "Well, no I'm not going to look that up on an iPhone, I'm going to go back and pull out my print journal and try to go back and find page 385." Physicians are one of the most bleeding-edge technologists, and adopters of technology. We know that they're very intelligent people, and they certainly have adopted to this technology

well. So then the question becomes, "What is it that we're providing that has that communication in the context of, again, all of these different digital touch points?"

Richard: One of the things that we have to constantly think about is having realistic expectations of what we're going to be able to do with certain types of information. And whether it's on these devices or in general, the digital meaning that what we really expect the customer to do on their mobile device, versus an iPad with engagement, versus an EHR that does offer ads. Having a strategy behind what we expect just helps to bring more clarity of where we put our investment and why we put it there. Otherwise, you're always testing versus growing.

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Sanjiv: You need to cater to your audience, and cater to what their practices and habits are, from the time they wake up to the time they go to bed. And how do we provide tools, resources, information, education and support? And then we have to make sure we're doing the right channels. Let's not build a website or a resource that's not mobile-friendly if that's something that they're going to use in their practice in front of the patient, at bedside.

Brendan: We like to say a digital focus is a customer focus, and I think the challenge pharma has is that the people they hire are still in these siloes that act as if the digital side is not supposed to be talking to the analog side. And, in reality, we're saying things like, "You know, different screens are just windows into a bigger experience." But the reality is, is that mobility is the great connector and has now made all analog experiences digital. And so the reason we wander from the digital conversation is because we can digitize the analog conversations – all the things we talked about, helping a physician make more confident healthcare decisions, whether it's prescribing habits or otherwise, can be influenced by a digital thought, even though they are traditionally analog experiences.

Marty: It's mobility and consistency.

James: The industry is working at a number of different speeds in this area. What are the hurdles? Is it still regulatory, is it still a lack of demonstrative ROI associated with innovation? What are the issues?

Brendan: I was in a meeting with a president of a pharmaceutical company not too long ago, and we were talking about social media and making it an organization mandate and becoming a social brand, and all that good stuff. And they had a whole round table of people around all of his commanders, and chief, and generals, and at the end of the meeting the president turned and he goes, "So what's the deal? Are we trying things and regulatory is stopping us?" … crickets. So I don't think regulatory is necessarily the problem. I think we have a combination of the great shrinking industry, and transformation based industry, in combination with a transformation of marketing environment and people are falling back on what they know in terms of traditional metrics, in terms of ROI modeling, in terms of all that sort of thing, and deprioritizing some of the newer kind of marketing spend that they would rather than, and at the expense of some of these more engaging methodologies. And I don't think it's necessarily always because someone from med legal said no. You know, I had a terrible experience with Hertz the other day. I tweeted, "Ah, Hertz your brand just got dinged today. This car is a mess and it smells like someone died in it." And in 10 minutes Hertz is back on Twitter, connects me to customer experience, straight through, and all of a sudden I have a coupon in the mail. That's my expectation in terms of engagement with brands. When we don't do that as

pharmaceutical brands, or otherwise in healthcare, we're actually leapfrogging irrelevance and becoming irresponsible, because my expectation is that you should respond. So I don't necessarily think that regulatory has been holding it back. I think it's mostly brand managers.

Richard: One of the realities is that a lot of the new technology initiatives and opportunities just aren't tried and true in getting through the regulatory process. Therefore they're much more exploratory and there's a chance that it doesn't make it to marketing, and with reduced budgets you need to make sure that all of your dollars that get to market have an impact. So I think that's one of the realities of the industry. But also, let's be candid, we've been waiting for years and years for there to be some type of guidelines from social and now we're on the verge of getting healthcare act guidelines. We'll see if that's pushed off a while as well.

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— Brendan Gallagher, Digitas Health

David: Well the other factor in all of that is the velocity of what we're seeing happen, and that's digital technology and anything else. And so I'd point the finger at leadership. Leadership has got to make the decision that we're going to play in the digital space. Digital space changes rapidly. It's going to get faster, and faster, and faster. By the time you test and learn there's a whole new version. That's the reality. So I think that it's incumbent upon the leadership to acknowledge that this is the world we're living in, we're going to make the investment, we're going to take the right road which is this is where our patients and our HCPs are. This is what they're used to.

Lisa: I totally agree you need a CEO that says we need to weigh the customer experience as well as sales. But I don't think [a lack of] great leadership is what's holding us back. I think regulatory plays a role because the process isn't baked yet. And so we still need to figure out how to allocate the right resources, how to draw up the right SMPs, and so on. And so from that perspective it's not necessarily FDA guidance we're waiting for, but it's: "How do we at least ensure that the brands within our own organization are acting consistently?" Because every company is going to interpret the existing guidelines, so there'll already be inconsistencies from company to company.

Brendan: I think, as a pharma company, it needs to be okay for you to try stuff, even if the process isn't backed yet. And if someone gets a letter because you didn't dot the "i" on your medidata, and you weren't fined billions of dollars but you got the warning letter... well, that needs to be okay, too. You shouldn't get fired for trying that. It should be: "Well, now we know. There's a new rule." Right now there's very much still a culture of fear in most of our clients: "I'm afraid to try stuff until that process is backed, which is until we know who the resources are, which is until we have the SOPs in place." And, again, that gets us into the same rut of testing a message for four months. Now it's eight months before you've actually done it. Leaders are responsible for changing the culture to make sure it's okay to try.

David: To be fair, we've got an industry—and it's not just pharma—that isn't necessarily equipped from a personnel background to manage all of the things you have to do, and to have all of the expertise. I know that's an issue for a lot of companies. So how do you find that expertise? How do you build those centers of excellence in the digital marketing arena? So, it's fine for us on one end to say, "Yes, you can do more." But then the reality, again, is "How do you do that? And where do you get that expertise?" I don't think the industry is quite there yet.