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ePHARMA TOPICS

Casey Ferrell is currently developing a series of benchmarking reports on ePharma topics ranging from social media and mobile technology to marketing integration and regulatory compliance.

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Targeting the Patient-Physician Touchpoint

By Casey Ferrell



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This is the third in a series of white papers by Cutting Edge Information addressing the multifaceted, rapidly changing ePharma landscape. Digital media is transforming marketing departments at companies large and small across the globe, offering them unprecedented new ways of communicating with consumers. The highly regulated pharmaceutical industry is understandably cautious of joining the fray given the current regulatory vacuum, but while its participation lags behind other, less regulated industries, companies around the world are taking the inevitable first steps into the void.

Some have been met with success; others have provided lessons in what to avoid. Best practices are developing organically from the experience, expertise and enterprise of individuals and teams executing new, integrated communications strategies. These white papers address ePharma topics ranging from the regulatory and legal environment to benchmarking, from policy and procedure to the people who carry them out.

A quick glance at the sheer number of pharma-sponsored mobile applications out there explains the industry's proliferating interest in the [increasingly ubiquitous technology](#). However, the early return on such apps is that they vary wildly in quality and utility, and that the market is rapidly becoming flooded. In the quest to differentiate mobile technologies from the rest of the herd, pharma companies and third-party vendors are turning to other delivery methods and patient touchpoints.

The point-of-care touchpoint generates a lot of buzz among pharma marketers. It is widely believed the touchpoint that exists between patients and their physicians presents a unique, invaluable opportunity to interact with patients when they are most open to receiving medical information. Whether at a clinic, hospital or doctor's office, patients are taking time out of busy schedules to address their medical needs; they are in a frame of mind that is primed toward their own medical wants and needs, amplifying the effect of any marketing they are exposed to. Touchpoints are critical moments when an industry has the consumer's attention and when positive or negative outcomes are determined. It's imperative that marketers make the most of that fleeting moment when patients or consumers are actually thinking about their health and whether — and which — drugs can help them.

However, reaching people at that moment raises its own set of obstacles. Beyond the expected marketing challenges of access and content creation, the method of delivery itself raises questions. How should the message be delivered? Through what medium? And which method best capitalizes on the primed patient's interest in health-related messaging?

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The QR Code: Patient Education for People on the Go

One company believes that mobile technology is ideally suited for the patient-physician touchpoint. Healthy Advice Networks, a provider of educational programs targeting physicians and consumers, will begin incorporating quick response (QR) codes into its patient education materials. The company thinks the enabling technology offers a delivery method that is convenient for patients and attractive to pharmaceutical sponsor companies.

[QR codes](#) are two-dimensional matrix barcodes that can be scanned by the cameras on smartphones equipped with freely available reader applications. QR codes can deliver a variety of information, including text, contact information and most often, URLs. *Hardlinking*, or linking from real-world objects to the Internet, is increasingly common. *PharmaVoice*, for example, [recently implemented](#) QR codes throughout its printed magazines to link readers to expanded or Web-exclusive content.

Deb Schnell, president of sales and strategic planning at Healthy Advice Networks, said, “Our thought process in the mobilization world began with one concept in mind: if we are the leaders in our space, then we need to lead the way in

terms of how people are receiving information.

“Twelve to 18 months ago, this wasn’t really on anyone’s mind. We began incorporating QR codes when most people didn’t even know what a QR code was,” she said. “Not because we thought people were using them with any real frequency, but because this is where people are going to go.”

The decision was prescient; [adoption rates for QR codes](#) are skyrocketing. But the decision to venture into the mobile realm of QR codes was not an easy one for Schnell. “Pharma is very, very much behind the consumer world in the use of QR codes,” she said. “We did not do this in conjunction with our pharma sponsors. We wanted to see, ‘What is the uptake? What do we have to learn?’”

Healthy Advice Networks’ Tom Campbell, executive vice president of product management and development, said uptake was gauged in early beta tests with analytic tools measuring the number of people who were accessing patient education materials through QR codes and through SMS (short messaging system, the protocol used for cell phone text communication) tags, which is how a non-smartphone owner would access such information without the use of a QR code. Early trials in primary care physicians’ and pediatricians’ offices revealed that the QR code was the preferred method of delivery, meaning that smartphone users were more likely to opt into this kind of mobile delivery channel.

Campbell said an early lesson learned was the importance of providing content that is of value to patients, and of “telegraphing to the

individual how they should use this tool.” Collateral now includes simple instructions for consumers interested in using the QR codes.

The company plans to fully roll out the program, titled Health Quicks, in physician waiting and exam rooms later this year. The QR codes are placed on brochures, posters and other material throughout the office. When patients scan the QR code with a smartphone, they’re taken to short, online health education modules. The company’s business model hinges on pharma and other healthcare companies placing marketing messages within these modules, in the form of adherence and compliance information, loyalty programs, rebates, coupons, or their own patient education messages. The idea is to match the kind of information the patient has chosen to access — hypertension content, for example — with sponsors that provide treatment options, such as a statin brand. In addition to placing branded product information on wall-mounted pamphlet racks and other physical locations in the office, the sponsoring brand benefits from delivering its product marketing to a captive audience of patients who are actively engaged in their own health assessments.



A typical QR code. Scanning this with your smartphone will take you to Cutting Edge Information’s homepage.

Getting Pharma to Buy In

Once Healthy Advice Networks established the efficacy of the QR code delivery channel for patient education materials, it turned to its sponsor companies for endorsement. Just as the industry lags behind in the adoption of digital media generally, it is reluctant to employ marketing messages in the mobile space. But Schnell argues that “an individual’s health is top-of-mind when they are in their physician’s office, which is why there is still no better place to deliver a healthcare message.

“Now we can provide our sponsors, who have invested in other patient and consumer support programs, a highly targeted mobile channel that integrates their messages and reaches patients when they are most receptive — in their trusted physician’s office,” she said.

Chief among the factors influencing pharma’s well-documented reluctance to embrace avant-garde digital marketing tactics is concern for regulatory compliance.

“Pharma sponsors have been understandably cautious when evaluating new mobile touchpoints since DDMAC has been slow to issue its guidelines on the accepted use of mobile media,” Campbell said. “As a result, the initial uptake for these patient education tools has been from consumer health and wellness brands and pharmacy retailers.”

Moreover, a lack of uniformity from company to company, and even from brand to brand within the same company, makes mobile technologies such as Health Quicks a tough sell. Schnell provided the example of a brand at one company that was a longtime client and

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-Tom Cambell
Healthy Advice Networks

sponsor of patient education programming via digital screens. Another brand at the same company viewed the medium completely differently, requiring prior approval from the brand’s own medical affairs-legal group, rendering the brand unable to effectively use digital screens. The reason? It didn’t fit their definition of TV, nor was it print, and it wasn’t online either. It fit none of their preexisting definitions, meaning every single change to the message would involve a lengthy, bureaucratic approval process.

The problem with any new media is that they require a new definition and a playbook. The playbook on digital communication channels such as smartphone apps or social media simply [hasn’t been written yet](#). As a result, some brands are more willing than others to engage in new media. Money talks, however, and the way in which third-party vendors can convince potentially skittish brands to participate in new media initiatives is by demonstrating ROI.

With social media, ROI is ambiguous at best. But with mobile technology, the proof can indeed be in the pudding. For example, the ROI plan for Health Quicks is primarily based on prescription lift. Using pre- and post-



implementation measures, Healthy Advice Networks plans to analyze the impact of its mobile patient education program in terms of incremental lift in prescriptions filled for the related brand sponsor. Hard metrics are an easier sell than ideas like brand building, patient adherence and compliance or patient engagement, making the product pitch more palatable to brand managers wary of new media and the soft metrics being used to quantify their benefits.

It is the quantifiable nature of mobile applications and technology that has propelled it beyond social media as an accepted marketing channel for pharma companies. However, as the Health Quicks program exemplifies, even a product with quantifiable benefits, positioned within a touchpoint that is highly sought-after by pharma marketers, can encounter resistance from brands that have yet to define and self-regulate the media channel in which the product is offered.

As the market for such products increases, and as the methods for delivery evolve, pharma

brands looking to get on board with new marketing media channels will have to define for themselves the parameters and protocol for each type of medium. It certainly appears that regulatory agencies are a long way off from stepping in and defining for the industry those channels and their usage. While the jury on social media remains out at many companies, mobile technologies are rapidly assuming primacy as a preferred new media channel, giving rise to a host of initiatives seeking to carve out new and enterprising pieces of the mobile market.

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