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To iPad or not to iPad

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The device has been hailed as the next big thing in pharma sales and vendors say they are receiving requests to update their apps for iPad use, but actual deployment by big pharma seems to be slow and cautious.

by Christiane Truelove

Everyone in pharma marketing is talking about the iPad, and many individuals can be found at industry conferences carrying them around, but no one company has taken the plunge wholeheartedly into equipping the entire sales force with the device. Although some companies have moved ahead and started extensive training programs on the iPad, there are others who initially bought a lot of the devices and then didn't do anything with them for various reasons – reluctance from IT teams to integrate the iPad into native systems being the chief among them. However, pharma is demanding iPad-ready CRM applications, and vendors are predicting that most salesforces will be making the switch, especially in the United States.

According to Pete Harbin, senior principal in the commercial effectiveness service practice at IMS Health, when the iPad2 came out, "Sales went through the roof, and companies bought a lot of them. Then they sat on the shelf.

"The good news is that now, they are starting to do stuff with them."

Although iPad interest is out there, and there are scattered reports of deployment among the top pharmaceutical companies, trying to determine who among them is actually using the devices is difficult. For example, a spokesman for Pfizer (pfizer.com) confirmed that the company is doing rep training with the iPad, but is primarily focusing on its proprietary tablet solution for detailing and has no plans at this point to replace the tablets with the iPad. In Pfizer's paperless training program, new sales reps receive an iPad loaded with manuals, training videos, and textbooks.

At Cafe Pharma, posters at company boards such as Novartis, Lilly, and Johnson & Johnson have expressed fears about the iPad's tracking capabilities through its GPS.

Despite reps' fears, adoption of the iPad continues. According to a March memo by Novartis CEO Joseph Jimenez, discussed by Editor at Large Ed Silverman at Pharmed, Novartis has rolled out the iPad to its Menveo sales force in the United States and Mr. Jimenez estimates that use of the device could add up to 35,000 additional physician visits a year.

After Apple founder and CEO Steve Jobs died in early October, Mr. Silverman posted another note from Mr. Jimenez, in which the Novartis CEO eulogized Mr. Jobs and vowed that "more than 80 percent of Novartis Pharmaceutical field forces around the world will give up their PCs and be executing their call planning, detailing, emailing, and communicating with each other and physicians via iPads before the end of 2012."

During a panel discussion at Exl Pharma's Digital Pharma East conference in October in Philadelphia, Shawn O'Hagan, senior manager, eMarketing at Daiichi Sankyo; Yolanda Johnson-Moton, strategy consultant, USMD, Health Education Development, Lilly USA Inc. (lilly.com); and Marie Fisher, senior manager, eMarketing, Gilead Sciences (gilead.com), explained what their companies are doing with the iPad.

Ms. Johnson-Moton says that her company's field force asked when they were getting iPads, rather than the



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managers making a top-down decision. Lilly did a full-scale survey of the sales team and found that reps didn't feel engaged and believed that they didn't have the tools to be engaged. The company has piloted iPads with its medical science liaisons.

Whether Lilly will be able to have its sales people carry only iPads is yet to be seen, according to Ms Johnson-Moton. "We need to have realistic expectations," she says. "If we deploy the iPad today, the reps will not have all the functionality they need to replace their laptops."

Ms. Fisher says Gilead was attracted to the iPad because of its ability to be used to share content, such as videos, with doctors. However, the company found that some of its sales reps weren't well-educated enough to talk with the cardiologists they were detailing about what was going on in angiogram videos they were sharing. Gilead has been addressing this lack of knowledge with more training, and plans to deploy the iPad across its sales forces in 2012.

For Daiichi Sankyo (daiichisankyo.com), the attraction to the iPad was because of the signature gathering ability, Mr. O'Hagan says.

Don't forget to train

Leigh Householder, VP, digital strategist at GSW Worldwide, has seen more acceptance of the iPad in the pharmaceutical industry, in a shorter amount of time, than the old tablet PCs. Ms. Householder, in her presentation at Digital Pharma East, referred to the old tablet technology as "the brick." "As far as a new technology goes, the uptake on this has been a lot more rapid and optimistic than previous tools," Ms. Householder says.

GSW has developed iPad modules and details for at least 10 different brands. "We've been getting a lot of requests not only for small tests, but to immediately move iPad detailing to entire sales teams."

The teams most intrigued with using the iPad are those wanting to create experiences that could not be produced with paper detail aids, Ms. Householder says. "How can we pull apart and explore a medical device together? How can we go inside the brain to look at how a therapeutic effects those tissues? These are things that they never could have done before."

Ms. Householder speculates that brands with adequate storytelling capabilities through other, more traditional mediums didn't feel the need to jump as quickly into iPad use. "When I think about some of the inputs that we had for some of the more breakthrough or interactive e-details, where the reps did sketches, again and again, trying to illustrate a principle, that was hard to do in a flat environment."

Development of iPad details and other apps has occurred not only in high-science areas such as oncology, but in more commoditized categories as well. In these cases – the brands that do not have a good science story or big differentiating science story – the company used the iPad to create more custom interactions.

In her presentation at Digital Pharma East, Ms. Householder showed how sliders or a small upfront quiz could be used to dynamically assemble content, helping these clients stand out against other therapeutics that are similar. As a sales rep is going through the detail with a doctor, "how much better to ask a couple of quick questions and be able to dynamically assemble this thing to provide a perfect answer," Ms. Householder says.

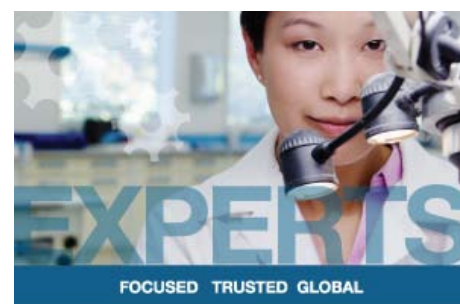
Before instituting iPads in the field, companies should be creating a measurement plan, deciding what ROIs they want to achieve and determining what will be tracked, Ms. Householder says. "Some of the key things should be cost per engagement, total time spent with physicians, overall access, and compare the teams that used the device with those who didn't," she says.

From a creative standpoint, companies should create something that they could never have created before, something truly unique to the medium. "Physicians recognize the difference," Ms. Householder says. "A survey from Manhattan Research found that 60 percent of the physicians who'd received a tablet detail said they were extremely or very satisfied, and the ones who didn't said it was because the detail appeared to be optimized to another medium. If all you are going to do is put your print brochure on the iPad, just go ahead and print your print brochure."

With physicians being some of the fastest adopters of iPads, this has been good and bad for pharma content creators, Ms. Householder says. "It's good for us because we're training with new technologies, we've got the ability to seamlessly transfer assets, we look like we belong in that practice," she says. "But it's bad, or challenging, because physicians know exactly what those tools can do. They've downloaded amazing animations and engaging education, and they're looking for us to do just as well as the science publishers do."

What companies should not be doing with iPads is just handing them over to reps, with all the sales programs installed, and then expecting reps to be able to use the devices intuitively, especially the sales reps who have never encountered the iPod Touch or the iPhone.

Ms. Householder advises letting the reps play with the devices first. "The most effective thing I've seen is allowing the sales force to use the iPad like any consumer would, for one to three months before you install any sales tools on it whatsoever," she says. "If you take it home and have in the living room, your spouse picks it up, your kids pick it up, they show you a little bit of Angry Birds, you play around trying to get your music library on there, it just creates a certain comfort with the tool."



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The ones who will have the hardest time adopting the iPad are those who adopted the tablets previously, Ms. Householder says. "They know how technology can work against them, they know about low battery life, and not tapping on the right spot on the screen, and hauling an extra thing around," she says. "For them to actually get excited about a device that's been marketed as magical and delightful, they're going to have to experience the magical and delightful part before they try to turn it into a presentation tool."

With the introduction of the iPad, some reps are afraid that their employer may be using the device's GPS capability to track them on the job. Such anxieties have been posted by reps on the Novartis, Johnson & Johnson, and Lilly boards at Cafe Pharma, among others.

But such fears should not be hindering a company's adoption of the iPad, Ms Householder says.

"It's a pretty easy thing for a marketing team to overcome," she says. "Set a really clear policy, work with district sales offices to get it out there, let people know what they're looking at and what they aren't.

"We forget, sitting back in the home offices, how disconnected it can feel being the guy out in the field. Everyone's sending information to you, asking you to report things, you feel like a lone wolf out there. It's very hard not to get a little worried, a little paranoid, which makes communication and clarity all the more valuable."

Admittedly, managers could be thinking about collecting data about where reps are and how long they were there, "for very good reasons," Ms. Householder says. "Like what's the average sales call time, or what's the average time until destination. But to a rep who's not part of the boardroom conversation, it seems like, 'They're making sure I'm showing up, and working, and being efficient enough, what does it mean to my career?' not 'What does it mean to our overall knowledge about the marketplace?'"

IMS has two centers of excellence that are helping about 20 of the top 50 pharma companies in rollouts of the iPad, Mr. Harbin says. Even though some reps are expressing privacy concerns, many like the personal benefits of the iPad. In the past, reps experienced a big technology barrier, "but because these iPads are so user friendly, they're a life tool – you can find restaurant reviews on Urbanspoon, videochat with your kids – there are so many things that the devices have that work for people on a personal level, we have found the receptiveness to these things to be off the charts," Mr. Harbin says.

And many reps are receptive to the idea of apps that will turn their iPads into a virtual office for customer relationship management programs, Ms. Householder says. "There is a frustration on the front lines," she says. "We've done some surveys with reps, and these guys were saying they knew all the women's magazines by heart, because they have so much downtime waiting for physicians, and their field tools don't actually integrate with their in-house systems. They're wasting time in the field, and then they're going home, what they consider to be their down time, and they have to log in, first to update the CRM, and then to read the new policy on this.

"CRM is just one of a suite of tools that are now coming to the front lines, to make those tablets a whole lot more usable."

When CRM and analytics do get pushed out to the iPad, Mr. Harbin says, a lot of companies will have to do retraining, which should be not only focused on the device, but on the new processes around how to analyze territories and trends. But this retraining should not take very long. "What we've seen in normal pharma launches of any type of CRM, whether it's a two-day training or they do it regionally, they can bring people up to speed in about an hour and half, because the device is only about 20 minutes, and the changes in the process have been so simplified it's very quick," Mr. Harbin says.

"I think people are dying to learn, they probably know more than most of the pharma companies think they know because they already have iPads themselves, and because it's so easy to figure out, it's a quick retraining and saying instead of having to go through 50 Excel spreadsheets, we put it all right here in this nice dashboard."

Mr. Harbin says that despite the less-than-optimal experiences that some reps had with tablets, IMS has seen these veterans adopting technology on their own at a higher pace than what the companies have been giving them. He describes the iPad programs being rolled out by pharma so far as "an overdelivery, as opposed to someone giving them campaign promises."

"The biggest challenge a lot of people had with the old tablets, and even with any PCs or laptop, is they had to boot it up, it took forever, when they clicked from this screen to that screen, it took them two minutes, and part of the problem with that is that the companies basically have packaged a mini-data warehouse for every rep, and put it on a laptop, which in my opinion is very much underpowered to give that quick point, click, get," he says. "But because this device works super-fast, and there's very limited space, 64 gigs is not a lot, they have not been able to put as much stuff on it. They have been forced to optimize performance because of the limitation of the devices.

"That's really helped fix the process," Mr. Harbin says. "Now they don't give the rep every single piece of information and every single physician at the lowest level, they're aggregating things up, saying to the rep, 'Here's an alert, when the threshold gets met, it shows here that you have physicians in your call plan that you haven't made calls on.' Click on it, and it bring up the list. There's a mentality of one to two clicks to action, and that has really changed the game, in my opinion."

Reps were not technology averse, just frustrated with the slow speed of their old tools. "These reps have been saying, 'This has changed my life, I don't wait around any more, I have technology and a process that operates at the speed of my brain,'" Mr Harbin says.

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Many vendors have entered the iPad CRM apps arena. In January, Veeva Systems announced that it was the first to launch a customer relationship management and closed loop marketing system specifically designed for the iPad, the cloud-based iRep. About 600 Abbott reps received iPads loaded with iRep. Other companies with slate computing iPad CRM solutions are Prolifq and Media-Soft. Prolifq's apps work on iPhone, iPad, BlackBerry, and other devices. Media-Soft introduced its iPad/iPhone CRM solution, Sales Vision, in June 2010.

In February, *Med Ad News* reported that EKR Therapeutics Inc. had equipped its representatives with Cegedim Relationship Management's Mobile Intelligence Solution. Another company, Sinclair IS Pharma, also reported last month that it had adopted Cegedim's MI (Mobile Intelligence) for the iPad.

"Cegedim has a very positive track record, so we naturally approached them for a global mobile application that could manage multi-country deployments from one core system," says Christophe Foucher, chief operating officer at Sinclair IS Pharma (sinclairispharma.com). "Cegedim was able to implement their CRM very quickly through their SaaS technology. Initial feedback is very enthusiastic – better interaction and interest levels with the doctors and more efficiency in the medical representative's daily assignments. The goal is that the result is better quality calls and a sound return on investment."

As of early September, Sinclair IS's sales force across Europe operates solely on this mobile device, using MI for iPad to capture activity reporting, and relying on Cegedim Relationship Management's OneKey healthcare professional database.

According to Neeraj Singhal, VP, Product Management and Innovation at Cegedim Relationship Management, the key elements the company prioritized when designing its Mobile Intelligence Solution for the iPad were a neat graphical user interface, capabilities that use the device's online and offline features, and the ability to use programs with or without access to a network.

"If the user is in front of the customer, then the user should not be required to have the network available to have a meaningful discussion with the customer," he says.

Most companies Cegedim has spoken with are deploying iPads. "We wanted to be there in time when that happened," Mr. Singhal says.

In his opinion, the iPad has become so popular because it provides something that was not available before. "It is a unique offering that Apple brings to the market, it is a confluence of three things in the mobile ecosystem: it is a powerful device, it is something you will normally use in your day-to-day work, and it provides you the ability to access your e-mails, to go through videos, to access the information you require, and to read your books, magazines, newspapers," he says.

The real key to the iPad's success, however, has been the frictionless delivery of content, Mr. Singhal says. "This is one of the things making it so popular – the user, be it for their personal use or their work use, they don't have to wait for someone else to make the content available to them," he says. "If I want to buy a book that I want to read at 3 AM, I don't have to wait for the store to open, I can go to the App Store, find a book, and download it within seconds, and it's available to me. Whether it is a research paper or I want to access information from the office, I can do a wireless login to my office networking computer and make information available to me."

From a business point of view, the iPad is not that expensive. "Most companies are treating it as an operational expense rather than a capital expense, they're not even looking at it as a long-term asset – they are willing to recycle every two years if not every year," Mr. Singhal says. "So it makes it very convenient to be fitted within an enterprise."

For CRM purposes, the appeal of the iPad is its "instant on" function, which gives a rep the opportunity to get into a discussion with their customer when the customer is ready. The old tablet computers, and even laptops, take time to boot up, and reps lost opportunities with busy physicians. And in a hospital environment, the iPad provides the perfect portable solution for a rep racing to keep up with physicians and other healthcare professionals moving from one area to another.

"The rep can walk along with them, show them multimedia presentations, show them the latest content the rep just got from the home office, and present them very quickly," Mr. Singhal says, "From a CRM point of view, it has made the reps more mobile, in the real sense of the term, and has provided them multiple opportunities to make interaction with the customer in a very short time slice, which was not possible before."

According to Mr. Singhal, Cegedim has also pointed out to clients that with the iPad's Facetime capabilities, sales reps can address a doctor's questions about the off-label use of a product by bringing in a medical science liaison virtually, right then and there, rather than taking notes and having someone get back to the physician a day or two later.

Drew Bustos, senior director of global communications and marketing at Cegedim, says the launch of the iPad challenged Mr. Singhal's team to work with commercial teams to determine what they really needed to be in the Mobile Intelligence solution.

In August, Frost & Sullivan acknowledged Cegedim's leadership in the mobile sales solution area by giving the company its 2011 North American Competitive Strategy Innovation Award in Mobile Sales Force Automation.

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