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1999 | 2000 | 2001 |  
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## mHealth + HTML5 = pharma in 2012

[back to table of contents](#)

The technology is already in place: now pharma marketers will focus on enhancing behavioral integration and improving a patient's mHealth experiences in 2012.

by Cara Latham

In a world where everyone seems to have an app for any function of daily living, the pharma industry has just scratched the surface in enhancing patients' digital pursuits of health and wellness information.

Industry leaders believe 2012 will be a year of tremendous growth for the "mHealth" phenomenon as marketers push for widespread adoption of technology that will enable patients to have individualized experiences through their mobile devices. Patients, though, will need incentives to routinely access on-demand, customized information, communicate with their healthcare providers through their mobile devices, and improve their overall compliance.

"The tools to foster both better healthcare and self-care are incredibly sophisticated and readily available, yet—to date—only 29 percent of American adults have downloaded a health app, and even fewer have had a virtual visit with their physician," says Leigh Householder, VP, digital strategist, managing director of iQ, GSW's innovation lab.

Undoubtedly, technological advances will ultimately lead to greater immediacy and the ability for marketers to intervene at critical "teachable moments" to drive greater compliance and decision-making ability. However, the opportunities to reach patients are linked to a marketer's ability to attract their target audiences to these apps or other interactive technologies.

"First we need to step back and ask, 'What are we solving for?'" says Mike Rutstein, CEO, Strikeforce Communications. "How likely is it that the target population will actively participate and engage with the technology? And finally, how can usability be linked to a desired outcome?"

Both physicians and patients are evaluating the use of technology and tools by the value they bring to their workflow or daily lives. Technologies that streamline and simplify have a greater chance of being behaviorally integrated. Those that do not offer this value are often tried and then discarded; as a result, many apps are downloaded but never really used.

"Reaching this goal of behavioral integration will require companies to look beyond their specific product, understanding that it is one part of the patient's total health picture," says Roberto Ascione, president, Publicis Healthcare International. "Apps focused explicitly on only one aspect of total health, such as a disease treatment, will be more effective if they can also facilitate or contribute to health management of conditions and general health concerns beyond the disease which their product addresses. It comes back to the issue of value exchange and what patients and physicians require in order to be willing to behaviorally integrate new technology.

"Designing apps to leverage other technology, accept information from other sources, and share information back with true interoperability will greatly advance compliance and outcomes," Mr. Ascione suggests.

For 2012, mobile devices will become an integral part of the HCP-patient relationship, where they will serve a critical role in exchanging timely healthcare information.

"This has already begun, with dermatologists performing early skin condition diagnoses through images taken from

A look at the evolution of pharmaceutical business and brand marketing over the past 30 years by the editors of *Med Ad News*.

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mobile cameras," Mr. Ascione says. "And this is really just scratching the surface. As device cameras, sensing capabilities, location-based services, and other attributes continue to improve exponentially, so will the diagnostic abilities of mobile phones."

Marketers also have the opportunity to make huge strides in creating new kinds of HCP-patient interactions by combining interoperability at the app and data level with growing diagnostic capabilities. Along with these new abilities, pharma can also use better mHealth technology to address some of the biggest challenges currently existing in the healthcare industry.

"The potential of mobile health technology to truly revolutionize medicine —significantly improve care quality, increase patient centeredness, and reduce costs—is boundless," Adam Budish, senior VP of sales, Epocrates, tells *Med Ad News*.

Attention from the government and adoption among physicians has created a perfect storm in healthcare for mHealth, and pharmaceutical companies will need to embrace the move to mobile to keep pace. "Some have created apps themselves or through partners, but they haven't embraced it fully to effectively reach physicians and get their brands into the hands of doctors, and ultimately, their patients," Mr. Budish says.

The need for "on demand" information, wherever a patient is located, is also critical. Whether a patient is in the waiting room, consulting with a doctor, or at the pharmacy, marketers will need to consider strategies for catering to a patient's routine.

In fact, the waiting room will become a full digital educational center for patients waiting to see their healthcare providers. "Developers will take that one step further to deliver directly to the patient's chart data on patient interactions with waiting room devices," says Calvin L. Butts, Jr., VP Innovations, Singularity Design.

As a result, the HCP will know to ask about tough issues such as depression, incontinence, or erectile dysfunction, based on content the patient has searched, Mr. Butts notes.

"Technology will push up wellness, from the point of care to the routine, because these tools make it easier for a patient to track medication, meals, vitals, et cetera," says Mahmood Majeed, principal, ZS Associates. "Given the regulatory challenges in directly connecting with patients, the indirect information provider model will rise as the new paradigm."

Consumers bought iPads en masse in 2011, and pharma raced to develop apps to engage with their target audiences; but apps are not the only answer to patients' mobile needs.

"Google estimates that 26 percent of all U.S. prescription searches this year have been done via mobile devices," says Wendy White, founder and president, Siren Interactive. "Some people may correlate mobile with apps, but the functional focus of mobile is actually on search and Websites. In many developing countries, people are leapfrogging over owning a desktop or laptop and are accessing the Web via a mobile device. This trend is expected to continue as costs come down and networks expand."

Although apps will remain within the pharma lexicon through 2012, the conversation will evolve to focus on measuring their effectiveness, says Marc Weiner, managing partner, Ogilvy CommonHealth Worldwide.

"In many cases, apps are a great way to communicate with patients and healthcare professionals, but it's not the only channel," Mr. Weiner says. "In fact, mobile-ready Websites are often a more efficient, flexible, and appropriate way to share information."

Likely, any conversation about mobile web will also include references to the use of HTML5, a content structure and presentation language for the Web. Lately, HTML5 has emerged as a standard for the presentation of multimedia applications across multiple Web-enabled devices, including laptops, smartphones, and tablets.

"HTML5 is an open-standard language that is remarkably versatile and code-light – meaning it's easier for developers to write lots of different apps for different devices," says Lloyd Sheep, partner, chief operating officer, HCB Health. "In 2010, the late Steve Jobs endorsed open-standard HTML5 over code-heavy, proprietary multimedia platform Flash. Adobe, which owns Flash, acknowledged the inevitability of that judgment this November, when it announced it was abandoning Flash development in favor of HTML5."

Mr. Sheep predicts that 2012 could be a banner year for healthcare marketing applications that are built on HTML5. "Think of a fractal rendering of a circulatory system illustrating a cardiovascular therapy in real time; liquid particle motion animation to describe a new drug interaction; or a visualizer that aggregates demographic and disease state information, displayed on any geography you wish," Mr. Sheep says. "All available on your laptop, tablet, or smartphone from the same Web-based source—that's the promise of HTML5."

As mHealth grows in 2012, pharma will move from an environment of single-focused apps toward implementing a suite of tools that can work together to deliver improved health outcomes and enhance compliance and adherence, Mr. Ascione believes.

Sales reps will continue using mobile apps, including customized patient education tools, on their mobile devices to improve the value they offer their physicians, and point-of-care decision support apps will achieve integration with



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#### Industry Analysis

Women's Health Review & Outlook 2011,  
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EMR/EHR platforms. Because compliance and adherence apps will use native device capabilities, “we will see an explosion of accessories designed to improve monitoring and patient-physician communication in between visits,” Mr. Ascione says.

Another consideration is the adoption of electronic health records and the new opportunities—and challenges—pharmaceutical companies will face as a result.

“Pharma may be at risk for being disengaged from the conversation with greater patient controls and embedded EHR tools,” Mr. Budish says. “On the other hand, pharma could make a strategic move towards supporting patient adherence and education through the physician via an EHR.”

For example, an EHR’s patient portal can connect physicians with their patients to allow physicians to gain insight into a patient’s conditions, medications, and potential interactions. At the same time, a patient can track his or her medication history and communicate with his or her care providers.

“HCPs are focused on, and rewarded on, patient outcomes,” says Jo Ann Saitta, senior VP, information technology; general manager, Group DCA, PDI Inc. “Therefore, technology will be linked from pharma, to the HCP, to the patient. The full circle will allow for monitoring of behaviors, both HCP prescribing and patient compliance, and then adjustment/refinement of messaging to both of these audiences.”

#### Collaboration via cloud computing

Although much of the technological focus within the pharma industry has been about external communication with patients, the work that takes place behind the scenes within a company or agency is just as important. Cloud technology is improving collaboration and adding flexibility into the work environment, industry leaders say.

According to Jennifer Goldsmith, VP, Veeva Vault, Veeva Systems, cloud technology is a genuine “enabler” because it enables life sciences companies to accomplish what has been impossible in the past and to do so for less money.

“When it comes to content management, the cloud enables efficient and secure collaboration,” Ms. Goldsmith told *Med Ad News*. “Collaboration is critical for innovation and operations across internal teams and external partners and around the globe. Cloud computing brings collaboration out from the firewall and into the open, so brand teams can work seamlessly with agencies and dozens of other partners without the traditional integration headaches.”

Matt Wallach, chief strategy officer, Veeva Systems, says the pharma industry is moving to the cloud in droves. The trend began with CRM systems, where nearly 100 percent of the new systems deployed in 2011 were in the cloud. Content management will be next, as the industry leaves legacy systems behind in favor of the cloud, to which major sales and marketing systems will also make the migration.

“Cloud computing technology allows the industry as a whole to do more with less,” Mr. Wallach says. “At a time when pharma is being crunched from all sides, the only way to increase capability and reduce cost at the same time is via cloud computing technology. The multi-tenant architecture of systems in the cloud enable a sharing of resources plus a level of flexibility that hasn’t been seen in the pharma industry ever.”

Cloud computing “eliminates the need for ownership of customized software applications that require ‘heavy’ tables to connect to big pharma technology infrastructures,” Ms. Saitta says. “With cloud computing for SFA, aggregate spending, sample management, email, et cetera, the migration to thin and ‘software’ light devices like the iPad are easier to implement and much less costly to maintain in the long run.”

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