CONNECTING WITH CLINICIANS

Marketers explore new channels when seeking to engage with HCPs
Ease Their Pain

HCPs are eager to learn about new therapies in their specialty, but they require options on how and when they receive that information. There’s a new world order for physicians. From the demand for value-based outcomes to the rise of mega health systems, IDNs and PBMs, “the undercurrent that continues to exist in the broader ecosystem is that physicians feel like there’s someone else controlling how they practice medicine,” observes Rita Glaze, practice leader, U.S. market access, W2O. “More and more, they are burdened by incredible amounts of administrative tasks. Instead of taking notes when seeing a patient, they have to do 17 different clicks to prescribe the medication.”

Against this backdrop, an obvious practice for pharma marketers is to provide information to physicians in a format that is easily accessible and digestable. HCPs are looking for any help to ease their pain. Pharma marketers are taking note, reaching out with peer-to-peer programs, medical education, virtual and augmented reality, email, online, texting — in short, any platform that makes sense for that particular campaign and specialty.

This eBook looks at some trends in HCP engagement, the marketing spend to reach that coveted audience and why paid speaking programs are still popular. Just for fun, there’s also an infographic on what HCPs are watching.

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Connecting with Clinicians

Traditional peer-to-peer is still popular, but technology opens up new opportunities to engage HCPs

Looking across the healthcare environment, face-to-face interactions between pharma reps and physicians is not taking place to the same degree as it once did. In fact, some hospital systems are barring all commercial visits from pharma sales reps.

However, findings in DRG Digital’s latest Taking the Pulse study reveal that life sciences organizations continue to view the rep as “the highest impact resource we have, supplemented by NPP,” reports Heather Figler, director, digital insights, DRG Digital. Survey respondents included 2,514 physicians in the U.S. in 25 different specialties.

Technologies such as AR and VR, “while nice to have, are not the main drivers to learn about new therapies,” acknowledges Figler. For now, these technologies are more likely to be used for training or to enhance a presentation or display booth at a conference. That may change in the near future as new advancements, such as the recently released and affordable Oculus Quest, may allow VR to become a bigger part of the pharma marketer’s toolkit. Augmented reality is increasingly used to heighten traditional “leave-behinds” with rich, visual 3D experiences.

However, a majority of healthcare providers still rely on traditional tools: learning from their reps and from professional journals. “Peer-to-peer is still the number one resource for getting info,” said Figler.

“Reps have a real rapport with physicians; they have a positive relationship with them,” adds Matt Arnold, principal analyst, DRG Digital.

Peer-to-peer relationships are foundational, agrees Rita Glaze, practice leader, U.S. market access, W2O. “But there are new channels we can use to conduct peer-to-peer instead of the thousands of dinner programs pharma used to do.”

With the advent of the Sunshine Act and the ensuing sensitivities around reps’ interactions with physicians, marketers are employing different formats to foster engagement. These include NPP, webinars and remote communications, such as texting and email.

“Outside of showing up at the office, email is still the biggest method of reaching out,” says Arnold.

Noting the overwhelming demands on HCP’s time, pharma brands and their agencies are leveraging data-driven, multi-channel marketing strategies to engage this audience. That engagement has become more customized across specialties, geographies, even outside interests. “We used to paint with a national brush; now there are different ways to look at those environments, and it may require many brushes,” explains Glaze.

“We now have the ability to use analytics in a way that allows us to make very efficient decisions about the marketing mix and how those dollars are spent and allocated to drive the business performance we are looking for,” she says.

This data-driven approach allows marketers to see how, where and when clinicians are engaging, with what the preferred channels are and how they access content. This is combined with profiles of individual HCPs, their lifestyle behaviors and how they interact with peers or pharma reps to create targeted, relevant messaging.

The pharma marketer’s mandate is finding the right channel balance and the right HCPs they need to engage with to make their product a success.

“Employing all that data in combination with machine learning and our strategic practices, we can determine an informed, appropriate next
best action, such as what is the message type and message channel delivery,” says Donald Hanson, VP at Intouch Solutions.

Aptus Health is using predictive analytics, a form of machine learning, to target HCPs. Using this tool has doubled the click and open rates for many of its emails to doctors, said Tom Wassel, director of analytics at Aptus Health. The company segments doctors by their format, topic and channel, and sends them their preferred type of email. If companies want to get past the “cold call” mentality of emails, they should invest in data and analytics that will show them what doctors or patients prefer to engage with.

**BEYOND THE REP**

As popular as the rep still may be, pharma markers are employing alternate ways of delivering information to physicians — not only because of changing mores.

Technology opens up new opportunities to engage HCPs in ways that are personalized, scalable and on-demand.

“While peer-to-peer is still alive and well, finding creative and cost-effective solutions that engage the HCP with the right content to maximize investment is very important,” says Tracy Doyle, managing partner, engagement strategy at eNOVA.

Radius Direct, eNOVA’s solution, is a cloud-based technology that looks to upend the traditional speakers bureau program. “Imagine live streaming directly from a speaker program to multiple venues or individual HCPs,” says Doyle. “Imagine a small group of reps each engaging a single customer and creating a virtual case-based discussion or product training. Imagine enriching digital engagement with two-way communication.” So, for example, while an HCP is watching a video on a brand website, a notification can prompt him to request to speak to an expert for more information in real time.

“Radius Direct creates a unified engagement strategy, maximizing the brand’s investment by breaking down silos, fostering collaboration and delivering greater depth and reach with their stakeholder targets,” says Doyle.

Closerlook combined technology, animation and a compelling clinical story to give sales reps the ability to personalize their interactions with HCPs. Using an interactive visual aid (IVA), reps are able to create short story arcs based on the flow of the conversation. “The client was wrestling with the challenge of communicating the mechanism of a rare disease to HCPs,” says Ryan Mason, chief creative officer, Closerlook. “Our insight was that physicians were too focused on ameliorating the painful symptoms that patients were experiencing rather than treating the underlying cause of the disease. “

“While peer-to-peer is still alive and well, finding creative and cost-effective solutions that engage the HCP with the right content to maximize investment is very important,”

TRACY DOYLE, ENOVA

“We don’t look at technology and try and find a problem. We identify the problem and find the right solution.”

DONALD HANSON, INTOUCH SOLUTIONS

The program is available on-demand on an HCP website, so physicians can experience the evolution of the disease at their own leisure.

At Intouch, technology is applied to address a specific challenge. Its award-winning campaign for Regeneron is a case in point. “We don’t look at technology and try and find a problem,” says Hanson. “We identify the problem and find the right solution. We aren’t pushing what is shiny and new; the solution has to be grounded in the strategy and in our client’s market situation. We are not invested in a particular channel. From a corporate-level perspective, it’s doing what is right for the community, that the message is heard and the value provided.”

Intouch’s AI-supported digital assistant allows pharma reps to employ more efficient communication with the HCP. The voice-enabled device reminds reps which HCP they are meeting and shares their profiles to help determine next-based action. It can also share marketing plans, prior messages presented and online activity. “The time spent with the HCP is more personalized and beneficial to the physician and her patients,” says Hanson.

To make it as easy as possible for the physician to receive info, manufacturers are building on
the relationships reps have with physicians with online support.

But many brands looking to engage physicians via their website are falling short, reports DRG’s study. Although there has been much improvement since 2017 (see sidebar), the majority of physicians remain unhappy with pharma website content.

Physicians visit websites to order samples, find product content or glean information to pass along to their patients. But what they often encounter is a cluttered website that “hides” the relevant information, HCPs reported in the DRG survey. Respondents particularly objected to websites that are overly promotional and are not personalized to the HCP. In general, many find pharma websites offer a poor user experience.

The survey may be a black eye for these sites, but it also presents great opportunity for pharma companies. Physicians are eager for educational resources from pharma, and not just about therapies. They are looking for resources to help patients with access and affordability. Financial and patient resources should be shared with physicians as well.

“Traditionally, pharma has front-loaded product info and really done a poor job of furnishing value-add resources, like tools for patient support, patient financial assistance and patient education,” says Arnold.

“We have been counseling pharma clients to restore the balance that delivers more value to doctors,” explains Figler.

PHARMA CREDIBILITY ON THE RIGHT TRACK

While there is room for improvement, DRG’s Taking the Pulse Study found some good news for pharma brands. DRG has tracked physicians’ perception of the credibility of pharma websites, which has gone up dramatically over the last three years:

2017
27% of HCPs felt they were a credible source of information

2018
35% of HCPs felt they were credible

2019
46% now feel they are credible

Verbatim from the study:
HCPs feel that pharma is being more objective; showing more background info on trials; have more offerings that they can pass along to their patients; have more materials for them that are disease-related; even though it is related to product. Information is more helpful, not just there to boost product. The websites are more patient-centric.
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A TACTICAL EVOLUTION

According to the survey, healthcare marketers devoted the largest percentage of their budgets to sales reps (8.6%); analytics and market research (6.8%), which represents a budget increase among almost two-thirds of respondents; websites and microsites (6.5%); and professional meetings and conferences (6.3%). PR, advocacy relations, machine learning, and mobile and apps had the lowest percentages.

When it comes to their evolving marketing mix, the winning formula for healthcare marketers still appears to be a combination of traditional and digital tactics. Almost 86% of respondents reported using digital marketing (digital ads/websites/mobile and tablet apps/social media) for marketing to consumers. By contrast, 77% used traditional marketing (print/outdoors/TV/radio) for the same audience.

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As for the months and years ahead, most marketers appear to be bracing themselves for the lethargic low that often follows a sugar high. They’re happily apportioning their enhanced 2019 budgets across a range of programs and channels, but they also harbor no illusions that they’ll have the same sums to play with in 2020.

“If you look at some of the leading potential contenders for the presidency and some of the platforms they are trying to establish, [many] are talking about better controls and transparencies around pharma pricing and profits,” says Joe Plevelich, a commercial operations exec at FemmePharma, which develops products that treat menopause symptoms. “I think there are definitely changes afoot. Whoever is going to be in power is going to have an impact on pharma pricing and our recent ability to continue to raise pricing on a whim.” In other words: Like everyone else, marketers should keep one eye trained on the presidential derby and another on their marketing budgets.
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Did you know an octopus has nine brains, three hearts and uses tools to solve problems?
The Rise and Fall and Rise of Paid Speaking

In 2013, GlaxoSmithKline made the decision it would cease paying HCPs to speak about its products and therapeutic categories.

The industry had once again come under fire for its promotional tactics, with some generating more heat than others. One that topped the list, improbably, was paying physicians, academics and other medical-world influencers to speak before audiences of HCPs.

The company made this decision expecting, perhaps, the rest of the industry would follow its lead. Nobody did.

Off-the-Charts Good

Here’s the thing about paid speaking programs: They work. Companies wouldn’t continue to spend so much money on them if they didn’t. Meanwhile, HCPs swear by their value, even when the klatches don’t come with the promise of an expertly tenderized prime rib.

This was as true in 2013 as it is today. Barring some complete reimagining of pharma marketing, it’ll be true in 2023, 2033 and beyond.

“The efficacy [of paid speaking] is off-the-charts good. In just about every case I can think of, it would be marketing negligence not to put huge dollars against this,” says Mike Luby, founder, president and CEO of HCP Concierge.

What gets lost in any discussion of these programs is that paid speaking has evolved as an offering. Mary Manna Anderson, group president, medical education at Haymarket Media (the parent company of MM&M), recalls a time when speaking engagements underwritten by pharma were an entirely different animal.

“The doctors weren’t the only ones getting paid in some cases. Attendees sometimes got a stipend in addition to their dinner,” she says. “Plus, speakers presented with decks that weren’t necessarily locked. They could mix and match slides depending on the occasion and the audience and whatever they were trying to get across.”

Compare this with her description of today’s klatches. “All the information has to be approved by medical and legal. Speakers can’t editorialize. There aren’t salespeople stalking around,” Anderson continues. “It’s what it should be, which is an opportunity for doctors to come and hear information from an expert in an appropriate and efficient manner.”

Evolution in Thinking

The industry no longer calls on the same individuals time and again, a key change from the tactic of paid speaking of olden days. There’s a new degree of rigor in choosing speakers, one that relies as much on ferreting out emerging voices via networking as it does hasty web searches for recently published articles in a given specialty.

“There are lots of people who have opinions and expertise that are important to practicing physicians,” Anderson explains. “The reality is physicians want to hear from people they respect and who they view as leaders in their own medical communities, not just the national opinion leaders. They can hear from the national people at medical congresses and other functions.”

Positive Effect

In a sense, then, maybe GSK’s decision to eliminate paid speaking had a positive effect on the practice after all. The industry appears to be far more upfront and transparent about the workings of these programs than it used to be. It has expanded the topical breadth of its offerings to include more real-world evidence. The presentations are medically and legally vetted within an inch of their lives.

Or maybe it’s just that speakers and attendees alike have arrived at the conclusion that paid speaking is, as a tactic, ethical and relatively impervious to abuse — and, as such, have made peace with it. “I think people realized there’s nothing dirty about this at all,” Luby says. “It’s a physician service and a public service [for companies] to put opinion leaders who understand the science out there.”

With paid speaking entrenched once again as a top-tier tactic, look for pharma to selectively increase its investments. While there’s little point in paying physicians, academics or anyone else to speak on behalf of me-too brands, generics or biosimilars, new drugs are ideal for the deployment of armies of A-list speakers.

“The efficacy [of paid speaking] is off-the-charts good. In just about every case I can think of, it would be marketing negligence not to put huge dollars against this.”

— MIKE LUBY, HCP CONCIERGE

“It’s what it should be, which is an opportunity for doctors to come and hear information from an expert in an appropriate and efficient manner.”

— MARY MANNA ANDERSON, HAYMARKET MEDIA
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What HCPs Are Watching on TV

At a recent media confab, an exec claimed that the three most-watched TV programs globally among HCPs are *Dancing with the Stars*, *Dancing on Ice* and broadcasts of cricket matches. This makes some sense: After a day treating patients, monitoring EHRs and dealing with administrative nuisances, physicians probably don’t want to settle in on the couch with a drink and watch, say, a surgical-technique video.

To get a better idea of physician preferences and their attitude toward TV consumption and the ads that come with it, MM&M and Sermo conducted a one-day survey on March 1 using Sermo’s RealTime rapid HCP survey platform. Here’s what the 101 physicians who responded had to say.

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**Approximately how many hours of television do you watch every week?**

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<td>1 to 5</td>
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<td>5 to 10</td>
<td>46%</td>
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<td>More than 10</td>
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**What type of televised programming do you watch most often?**

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<tr>
<td>Sports</td>
<td>27%</td>
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<tr>
<td>Traditional primetime comedy/drama</td>
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<td>Reality</td>
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<td>Documentary</td>
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<td>Movies</td>
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**Do you believe makers of pharmaceutical and health products advertise on television too much?**

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<th>Believe</th>
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<tr>
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<td>72%</td>
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<tr>
<td>No</td>
<td>28%</td>
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**Do you find DTC ads for pharmaceutical and health products that air on TV to be useful in your professional life?**

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<th>Find Useful</th>
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<td>Yes</td>
<td>29%</td>
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<tr>
<td>No</td>
<td>71%</td>
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**Partner Perspectives**

**JON SAWYER**  
**PRESIDENT AND COO, CLOSERLOOK**

The bedrocks of a good brand relationship with HCPs are trust and relevance. When quality engagement happens, HCPs get timely information to make the most informed treatment decisions, patients receive the therapy they need and biopharma brands achieve their growth goals. To maximize engagement when communicating with HCPs, there are three important rules to remember.

1. HCP’s want new and relevant content, really. Sixty-four percent of HCPs report that new and relevant content is the reason they opt-in to receive communications. Marketers need to give HCPs what they want: clear product information, service and support. If you don’t, they will leave. Seventy-two percent of HCPs report poor quality and low relevance as the reason for opting out of email. So, do whatever it takes — create fresh branded or unbranded content, sit a celebrity KOL in front of a camera, put regulatory in a headline — anything to deliver relevance.

2. Respect the time HCPs have available during the day; it influences how they interact digitally. Messages should be disseminated across channels with careful thought to each HCP’s time zone, clinic schedule or personal time. Simple but thoughtful considerations such as inviting HCPs to an online event in their local time or matching content to the time of day can dramatically influence receptiveness to considering new messages.

3. We have the means to personalize, so do it. HCPs differ in their needs and behaviors. With the proper approach to data, insights can be gleaned to segment and personalize messaging and build a constructive approach to impact HCPs’ decision making.

Today’s physicians are more connected to digital technologies than ever before. Like consumers everywhere, they are able to sniff out a lack of authenticity. As marketers, we should start by listening to what matters most to HCPs, and then use technology to simplify and personalize its delivery.

**MARK MILLER**  
**MANAGING DIRECTOR, DELOITTE CONSULTING**

Engaging healthcare practitioners (HCPs) face-to-face is becoming a decreasingly common practice. In response, pharmaceutical companies are looking to address the new challenge of non-personal promotion (NPP).

New channels of engagement are central — but channels can’t deliver if pharmaceutical reps aren’t able to inform their approach with insights about what HCPs need, what their local care communities need and on the most impactful content, channel and timing. Today, companies are moving through three levels of NPP maturity for engagement:

- A foundational approach uses low-resolution targeting and pre-determined contact cadence. It relies on traditional channels like web, email and SMS for outreach and measurement.
- More mature non-personal promotion programs integrate marketing with sales, and they are more segment-specific in their use of channels and messages. They trigger communications based on claims, not a preloaded timetable.
- In a fully mature, dynamic NPP model, companies drive their targeting, timing and content using data signals they detect from HCPs themselves. They reach out in real time using an omni-channel approach, and combine account-based selling with portfolio-based communication.

Using a data-driven, 360-degree view of customer information, pharmaceutical companies can identify what individual HCPs need and confidently respond with meaningful customized content while they still need it.

**TRACY DOYLE**  
**MANAGING PARTNER, ENGAGEMENT, ENOVA**

Technology applied to your HCP engagement ideas and goals in ways that transform business for the better. Now that’s progress! Shaped by key market dynamics such as price pressure, outcomes-based payment models, and declining return on R&D investments, life sciences companies must grow to be more efficient, nimble and customer-centric.

To accelerate change, Deloitte’s 2019 US and Global Life Sciences Outlook encourages us to focus on a mindset grounded in efficiency.

New commercial strategies require more adaptability and a movement toward advancing both traditional and non-traditional levers to drive growth. An engagement strategy leveraging technology will be key.

Digital technologies and connectivity are creating rich networks of customers. These ecosystems can create value and a competitive advantage. The future of HCP engagement calls for a unified strategy across four internal stakeholder groups within your organization: marketing, sales, access and medical affairs. A technology platform that fosters both planning and engagement provides the efficiencies needed across internal stakeholder groups and expands reach across the ecosystem.

To the time of day can dramatically influence receptiveness to considering new messages.

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Partner Perspectives

BILL REINSTEIN
CO-FOUNDER, PRESIDENT AND CEO, MEDDATA GROUP

The exciting growth in digital pharma marketing is continuing with a total spend of $3.1 billion in 2019 – an increase of 55% in the last three years alone. With over half of all medical practices banning in-person visits and 79% of physicians preferring to get pharmaceutical information online, healthcare marketers are relying on digital channels now more than ever to reach physicians and other HCPs.

Over the past two years, non- endemic programmatic advertising has become a core element of most pharma digital strategies. With the right combination of data, technology and media, programmatic has delivered real results. More recently, there has been increasing adoption and ROI across other digital channels like social media and advanced TV.

A recent MedData Group research study revealed 80% of physicians are active on Facebook and 45% are active on Twitter. Additionally, 75% of the physicians we polled said they are receptive to online marketing from pharma companies. Done effectively, social media is proving to be a highly valuable channel for pharma marketers. But the digital advertising ecosystem and opportunities to reach and engage HCPs continues to expand. With cord cutting accelerating, advanced TV combined with NPI level targeting, provides an exciting new channel to reach HCPs where they are engaged in video content.

KAUSHAL PATEL
GROUP VP, MARKETING SCIENCES, MEDSCAPE

Digital marketing has become an integral part of the HCP marketing mix, along with personal promotion. Digital marketing provides cost-effective reach, access to HCPs with limited or no sales rep footprint, and flexibility for HCPs to engage at their preferred time using their preferred device.

It is common practice to maximize the reach and engagement frequency among target audience, across both digital and personal channels. However, the more sophisticated marketers have started consolidating the efforts across channels using advanced technologies in data exchange and by leveraging machine learning and AI.

As a result, the concept of Next Best Action (NBA) is becoming increasingly popular and so the approach to HCP marketing is evolving yet again.

The NBA model involves tailoring and applying marketing strategies at the HCP level, driven largely by three factors: brand marketing objectives; market dynamics and HCP behavior and preferences. The models generate recommendations regarding optimum marketing frequency, timing, messaging order and marketing channel. They are able to detect and adapt to changes in the brand and market dynamics as well as in HCP behavior and preferences. With NBA:

1) Brand marketers can avoid over-marketing to HCPs and can address gaps in marketing execution, resulting in a higher return on brand investment.

2) You can avoid excessive marketing fatigue among the target audience.

3) The approach puts greater emphasis on providing a tailored experience to HCPs.

The models evaluate HCP preference across a variety of attributes such as delivery channel, content type and device. It develops a customized brand journey providing a richer experience to HCPs, making the brand interaction more meaningful.

MATTHEW LEE
PRESIDENT, MOTIONSTRAND

Creating engaging and relevant communications in the healthcare and pharmaceutical space has never been more complex. It can be challenging for a marketer to move the needle while adhering to compliance on multiple platforms managed by a variety of media and agency partners.

Reaching healthcare providers has never been easy, but in an era of reduced access, it’s harder than ever. We excel at taking antiquated processes like those hindering access and creating streamlined digital experiences for customers. As a recent example, we helped a client replace an underutilized, fax-based system for sample requests. Through a partnership with DocuSign and Knipper, we developed a fully automated and Part 11 compliant system for delivering samples with no paper, printers or faxing. The results were significant increases in sample requests and reduction in delivery time for physicians.

In partnership with our clients we create effective, attractive, usable digital experiences that drive conversions and comply with FDA, ADA, and HIPAA regulations. Compliance is critical so we developed an automated, versioned screenshot app that ensures that any change to your website - even something as simple as a pixel - is logged and audible.

In our 18-year journey as a digital healthcare agency, Motionstrand (MOS) often finds itself complementing brand and media agencies with technical services across the web, mobile, and digital ecosystem. There’s no secret sauce here - we bring together a multidisciplinary team of full-stack technical experts, digital strategy consultants and a strong network of media, production and delivery partners. If you’re looking to elevate your digital customer experience, please give us a call.