



How Medical Device Websites are Evolving

December, 2014

Joe Hage: Hi, this is Joe Hage. I have the privilege of leading your Medical Devices Group which as of this recording has more than a quarter million members worldwide. I also specialize in marketing communication and strategy, lead generation, and website development for medical device and related companies.

I'm going to take you through today how medical device sites are evolving. I'm going to spend the entire hour cramming as much information that you can use into it. There are a lot of slides, and I may breeze through some of them, but know that they are going to be available for you after this presentation. So yes, all the slides will be available, this recording will available, and I'll also have a transcript.

You'll see that the presentation I've loaded links throughout it which will be clickable on the PDF so you don't have to write these down, unless you want to. I'm going to ... This conversation is completely free; I'm not looking to make a sale. But if at the end of it you want to spend more time with me, invest more in your marketing or your medical device site and you'd like to reach out to me, you're certainly welcome to do that. There's a link here at medicalmarcom.com/workshop-offer/ that you can take advantage of. But I'm going to spend as much time as I can now sharing information with you now and if you like what you see, give me a call. Sound fair? Great.

Before I start, I'm thinking about a new conference that is going to focus exclusively on marketing, sales, and business development for medical devices. I'm thinking about B2B and direct consumer. I see my friend Simon on the line. You're welcome to send me an email at JHage@MedicalMarcom.com for information or suggestions. You can type in that box on the side there for you if you want to contact me about that as well.

Okay, so first I'm going to show you how I've taken my own medicine on the content that I'm sharing with you today. This is a screen capture of the 2013 10x Medical Device Conference, which I look at it now and it just looks terrible to me. But it worked two years.

Last year, I changed it because I had some social proof so I put a video right upfront showing people loving it and seeing who the speakers are. And the point I'd like to make about this site's still quite serviceable; I could have easily just changed the dates and changed the names and the like. But this one just didn't quite do it for me anymore so I upgraded yet again to this site.

So in three years I'm on my third iteration of the site. This one's far more contemporary and the engagement I've had on this site has easily surpassed what I've seen in the past.

My point for you is your website's probably okay, but there's still things that you might tweak here and there that could be useful. So now it's time to take your medicine.

I asked the group, "Which adjective best describes your company's site?" You can see your results there. On average you guys said that you thought your sites were somewhere between bad and okay. So yes, definitely some room for improvement. I took a look at some of the URLs you suggested and I agree.

Before I go through the individual screens, let me give you some tools you can use on your own. First, and you can [click here for a short video](#) when the PDF is available what I like to say about digital marketing is it boils down to three things.

First, get found. That is if I Google you will I find you? Be engaging. If I get to your page, will I be engaged or will I leave immediately because it's not what I wanted? Third, can you find out who I was without me filling out a Contact Us page which is typical about you and not about me.

I will fill out a Contact Us page if I am ready for a salesperson to call me, but most often I'm not; I just want more information. So that's one the primary tenets I offer for you to think about.

This is a fantastic book. It's called '[Don't Make Me Think](#)' my friend Martyn who's on the line with me made me aware of it. I definitely recommend you give this a read if you're serious about web design. Here's an example of a page from the book. I just really like how simply he puts this. What we build is we need to have all that information on there, we want to make sure everyone can find everything. In fact, people scan very quickly. If they can't find what they want they leave. So 'Don't Make Me Think' is just a bible of saying how to simplify simplify simplify.

As does this book '[Letting Go of the Words](#).' Ginny suggests in that ... and I love the way she does these happy faces and sad faces pointing out specific examples of how you could make it simpler simpler simpler. Fewer words are typically better, perhaps not for SEO which is a

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

subject outside the scope of today's conversation. But for your human users as simple as simple as you can make it.

Okay, I discovered this site, [Broken Link Check](#), just this week in fact, and I got a bad grade. 56 ouches of broken URLs on my own site, which by the way I have since cleaned up. So go to this site and see how many broken links you might have. Just a side note, I found that most of my broken URLs were in the comments of people left their website and they changed it, but still I went and cleaned them all up.

Here's [another good site](#) for you to take a look at. It's a Google product, it's also free, and frankly I went here last night as I was putting the final touches on this presentation and I looked up how I did. And yeah, I got more ouches on that one.

It told me that basically to do things that frankly are over my head a little bit but not Martyn's, who's on the phone and will take care of this right after this presentation, right Martyn? About my desktop and my mobile speed and some things that I could do to make my site load faster and more consistently, so take a look at that as well.

Here's [a study from 2013](#). It says that carousels, those sliders at the top that were quite in vogue, and frankly I have one on Medical Marcom, which will soon change. But nobody's looking at all the other things being on position one. So just be aware of that.

All right, this is a really old photo but I couldn't find a better one last night. The point of this your mobile site is different than your desktop site. You need to pare down what is there because the user experience is even briefer. When you think about, "Oh I have a good website," you're probably due for a desktop. But unless you've built a second occasion for your mobile presence, you might be disappointing some mobile users, which of course as you know are increasing as a percent of your teletraffic.

This slide is just saying that, for my 10x site for example, every time somebody writes me and says, "I can't make something load properly, invariably they're on Internet Explorer. And worse, they're probably on an older version and it makes it almost impossible to accommodate them. Unless, and I'm thinking about it, unless I hire someone to go ahead and write code specifically for IE6 and IE7. It's, like, should I do it?

I don't know. I mean, people with IE7 are still people who might want to buy something. On the hand, what's the trade-off? How much am I will to spend to accommodate an outdated browser? You might be checking out your site on Chrome's latest. Recognize that there's somebody somewhere using IE6 and they can't see anything that you've done.

Check out [UsabilityHub](#), also clickable from the presentation. Basically it's split testing but in an offline environment. Right now on the 10x site, I have a pop-up as people are leaving, and we'll leave the "whether you like pop-ups or not" discussion for another time. I can tell you that they

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

work. So I did a simple split test. I wondered if the avatar I use on LinkedIn would be better than a picture of me shaking people's hands at a 10x event.

And the answer was resoundingly, "No, we want to see the group." Simple. Did that make incremental sales? Probably not, but it's good to know.

So then I did a second test and I said what language is more powerful? Should I say, "Would you like to see which CEOs are coming or you need to see which CEOs are coming?" While this one wasn't as strong a split, I decided to go with alternative two because that's what people who took a look at it in an unbiased way told me.

Actually today's pop-up is even different because I asked another question which is too broad to go into here. I asked if giving you a copy of the brochure and a copy of the guest list was the most compelling thing I could give you to invite you to leave your contact information.

Remember I talked about three things. We talked about get found, be engaging and collect info. Well here's a way I collect info, and this has been up for three weeks, and I have three dozen people who filled in this form. All of whom may have left the site without me ever having known they were there.

So Martyn, who's on the line, asked me do I want to spend \$170 on this plugin? The answer is yes. Quite definitely I knew it would pay back.

Folks told me on UsabilityHub, "Give me a discount," and I thought, "Oh, I don't want to give a discount to everybody who shows up." But I put it here in the copy, the discount is inconsequential. It'll help me track where people came from and it's working.

Another resource for you. The testing that I did for my first website on the 2013 10x, I have a recording with the fellow that I did the testing with there at this location. You can [watch a video](#) of how we went through that.

There's a lot of other marketing stuff I covered in [a webinar](#) that I did a year-and-a-half ago. You're welcome to go back and view that as well.

Okay this is the part I promised. Here are pictures that I took in 2012 of 33 life science medical device websites and what they look like today. I'm not going to have something super-duper smart to say about every screen. I have a lot of slides to go through, and these are definitely going to be helpful to you when you come back later.

This is 2012 and here we are in 2014. This one really didn't change, and I wanted to include it because not everyone changed. I do have here in the bottom left-hand corner this box. And my advice to you is don't leave a link on your homepage that said, "Bill made my site." It just makes

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

you look cheap; it's silly. So pay your designer and your coder what he or she deserve but, no, I'm not putting your link on my own page; don't do that.

Here's Vision Sciences before, and I'm going to direct your attention up here. After, done of change, it looks a little different, not a lot of change. I'm pointing out here that they changed the social sharing buttons that they have here. They took out their Blogspot piece. I'll just also not that this in an outdated YouTube logo, so make sure you're using the most current art.

MTS before, MTS after. They were acquired by Omnicell. And I thought this was interesting. Before, there's a lot of language here; Ginny would not be happy with this screen, neither is Joe, frankly. But I kind of got a better sense of what it was here than here. "Increase Operational Efficiency, Explore Our Solutions" tells me a lot of nothing. Make sure that your homepage doesn't say a lot of nothing.

Here's Aura before, and after. Verisante actually is the company, and I like what they did here. Are you a medical professional? Are you a patient? They give people a choice to go into what part of the site they want. I thought that this was just a nice retreatment. But that's subjective. What's more relevant is how it tests and how navigatable it is.

This one's interesting. Here is Animas, and just a few weeks ago I took the screen capture. They are still focusing on this product. They were highlighting their waterproof before, and here's Kerry. But I didn't find the word ... We're talking about diabetes over here but frankly it was lost to me. Here they added the word insulin. Supposedly people who come to the site know, but you want to point it out.

Anyhow, last night as I was adding links to all of these screens so that you can click on it and go to their actual site, they changed it again, which is fine. A rather different look. Why they did that, I'm not entirely sure. But I hope that they did some user testing and determined that they wanted to abandon some of their bright color scheme. They want to push the Vibe System now instead of the Ping, which is fine. Here's the Ping down here.

Martyn, you've taken yourself off mute, you have something to add?

Martyn Chamberlin: Yes, I was going to let you know something. Lisa's asking if you can go a little bit slow between slides because GoToMeeting has a delay between them. So when you flip between them and start talking about the next one immediately it's a little confusing for her.

Joe: Oh okay, thanks for that. Thanks for the comment, Lisa, and sorry I can't keep track of them both. So thanks for doing that through Martyn. Yes, I'll do that, and we have time so I can slow down a bit.

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

Here's Positron before. I've paused so I can give you a chance to look at it. And after. They didn't change what they did materially. I think there's a lot of missed opportunity on this page because really is their news the most important? And not only that but it's at least a year old. And the comma is in the wrong place. Silly stuff like that says pay more attention. It's about cardiovascular PET technology. Okay, that's all I got from this page.

Mako, as you know got bought out. So here's before, and here's after. Really a lot of the same elements which I think is good; it shows consistency. Actually I'm surprised to see how consistent it was given new ownership.

Align Technology. This site really hasn't changed very much year over year. Here's 2012, here's 2014 materially the same. They added two more product names that they wanted to highlight. Again my point isn't necessarily to make a good or bad assessment of every screen but to very much show you what's out there.

The point of the original presentation that I did back in 2012 was that you can look through this and see what elements you like and which ones you don't like as a starting ground if you're building from scratch.

This site ... Actually when I would show clients the whole deck of all of the sites, they kind of liked this one more often than not. Personally I didn't particularly like this layout. They were bought out by Lake Region Medical, and you can see here this was my red mark. 'Our Commitment To You' they changed it but they kept this kind of look until last week when I was putting the final touches on it and now they've absorbed the Accelent name into 'We'll be doing business as Lake Region'. So it's a completely different URL and look. I'm not familiar enough with the company to know how gradual and how smooth the transition was. These are just point-in-time pictures for you.

CareFusion didn't change their site very much. But I'm pointing this out: For whatever reason, and it was important for them; I don't know what it is. They changed the order. This is their current order of ... These are actually sliders which we talked about. All of these moved down one, and this one moved up to the top if surveillance and analytics is the same thing as IT, Enterprise IT and Analytics. I don't know, just an observation.

WelchAllyn's site changed quite a bit. And I'll tell you when I was working at Cardiac Science years and years ago, I looked at this site for inspiration, and I like this notion of being able to choose who you are and then having content appropriate to that. Here's their current site which certainly looks more contemporary. I really don't know what to make of this stuff on the right, these quick tools. They may be helpful, but at a glance I don't know what they mean, so I suspect I'm not alone.

Maybe this is 'Send them an email'. I don't know what security badge means. Wrench, 'Something's broken on this site'. 'Ship stuff to me' 'Where's my shipment maybe? I don't know.

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

If you're going to do that, make sure you let people know what they are. Then they've lost the thing that I liked from before which was they serve so many different types of folks. I like how you could pick who you were before, but it's not obvious how to do that on the new site. I'm sure these were well-thought-out. I don't know the thinking behind them but I thought that was interesting.

GE Healthcare. This is 2012 the screenshot that I took, and they changed a lot as well. Here's what I saw up until a few weeks ago. The next slide is what I saw yesterday. This one, personally, I liked. I thought not every company needs to look as big as GE is. This site makes them look big, and they are; that's appropriate.

Here's what they look like as of yesterday. Yes they still look big. I don't know what the purple's all about; maybe that's a radiology color in there. This happened to show about a show that was held recently. They've got all of these ... this is kind of slider stuff. Like this is what could see if you click on all of those. Just showing you.

Philips also changed quite a bit. I thought this was interesting in 2012 how they had a pop-up of 'Would you like to participate in what you think of our website?' And here's what they look like today; very very different. Martyn knows the super-smart term used for this. You can take yourself off mute and remind me; I never remember the fancy term. What is it?

Martyn: Skeuomorphic.

Joe Hage: Skeuomorphic. Tell us what that means in your words.

Martyn: The easiest thing would be for those who have an iOS device knowing what iOS was versus iOS-anything-later-than-6. Or what Windows 7 was versus Windows 8. Skeuomorphism is just a concept of having a design that correlates with objects in real life. The buttons look 3D, the gradients, you've got real wood texture things like that. As opposed to where we've moved today more with black flat design where everything is just very digital-centric.

Joe Hage: And you would call this flat or not flat?

Martyn: I would say this one's flatter. Definitely flatter.

Joe Hage: Thank you, Martyn. There's a lot of places to go. I'm not sure where the eye would go. I think there are pluses and minuses on this. Importantly, do your testing.

Here's another Philips screen that I captured recently. In fact, this is the one that you would find today. You'll recognize some of the images from the screen before. Well, I don't have anything more to add about that. It's very attractive. I think it's engaging, and people will at least scroll down and see if they can find what they want. Their primary nav is up here. It's easy

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

to miss, I think. Perhaps when they scroll down I would hope that this stays sticky, that is stays at the top the whole time so I can always find my way back.

Oops, no I don't want to go to that site right now. Here we go.

Abbott. Abbott site changed more than any other. This is before, this is after, talk about night and day. It's beautiful, I'll give them that. Again, for a big company, I think you could pull this off. If you're a smaller medical device company I'm not sure that this works as well; this is just my point of view. But again in the spirit of showing you everything that's out there, you can put this in your consideration set.

Physio Control. Before, and after. This one was interesting. They have a slider. This is another one of their slider screens. And this second one makes more sense for me. They're a defibrillation company. The previous could have been anything; it looks like an iPhone store. Be mindful of what first impression is.

Moving on to Millar. This is before, after they changed their entire color pallet; I'm not sure why. It's awfully bright. Again, that's Joe's point of view but that doesn't matter. I don't know, just kind of a question, a rhetorical question out to you, what do you think? They have a slider in there. This notion of "Today you'll find Millar at the heart of innovation, pushing the limits of accuracy." Ginny would be all over that. Nobody came to read puffery, just give me the facts that I need so I can move on.

Here's Merck's site in 2012. And I actually used it with a client. The client chose this as the basis upon which to build his site. And I liked this notion over here of these photos. Yes, it's kind of slidery, but this was more than just dots or arrows. I wanted to see what these were about, and that had more impact. And then you could click here to go to the pages that make sense.

Here's Merck today. And up there on top I put these arrows to show you that they transposed their primary and secondary navigation. Is that a big deal? I don't know; I'm sure it was a conscious effort. Here's what they had before. And they have these here and then they changed them around. This would be omnipresent and then the blue. Perhaps that makes it more usable. I'm sure perhaps with further testing they know. And then here's some of the kind of boxes that they used to have in this area I suspect.

Lonza. This site also changed a great deal. Here's this photo I'll point out to you before I switch to what they're doing today, and they've made it all about that. Now these boxes, actually I wrote here 'Clickable?' and 'Slider?' because this is not intuitive. This link, this is a link and it's clickable; I never would have guessed that. Only through searching and clicking around for this presentation did I bother, but I wouldn't have.

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

These boxes represent what they used to have in 2012; these. But you wouldn't know that. Yes, it's prettier. They have a lot of things they're trying to communicate. I'm not sure what the best way is, this may it. Again, pointing out some of the evolution that we're seeing.

Allergan site did not change very much. There's a picture of their CEO who I had a chance to meet; lovely fellow. And I thought this was a nice job overall.

Amylin. Amylin was taken over. So here they are in 2012 and ... Oops. When I search for them now this is what I get. They could do better.

Here's Village Health in 2012, and here they are in 2014. Their secondary navigation is gone. They're about kidney disease apparently, but it's all the way down here. I have to look around because up here in 2012 they talked about kidney disease front and center. And then you have this patient or member, payors, and healthcare professionals. And then in 2014 kidney was gone; maybe it's in one of these sliders. Then they changed this label, I'm sure that was relevant for them.

Here is Avenir Medical, and they ... I don't know their story. They were either taken over or changed their name but clearly great rebranding; 'great,' in the sense of material rebranding. Their prior name is not on this page at all. So maybe it's been a long time and they phased out the name; I'm not sure. But for someone ... I know I'm not their customer but my limited exposure to them I knew them as Avenir when I came to this. So maybe in this case you could have a special splash screen or a special landing page that says, "We're now doing business as Intellijoint Surgical," just for a smooth transition for somebody who knows you under your previous incarnation.

Life Technologies. I hope they won't mind me saying this page was a mess in 2012. There was just so much going on. I could check their stock price and join them online. There was links in places I didn't expect. Up until a few weeks ago, this is what their new site looks like. And you see, I thought this was interesting. You could buy something and save 50% right now, and they put that right up here next to the logo where it would get very noticed. But when I was, again updating last night, I was very surprised to see this landing page for them. Which as you can see is holiday-themed and I'm an "n" of one, my opinion doesn't matter, but I thought really? 'Tis the season for savings' for a life sciences company? It just didn't seem appropriate. I don't know, you can leave a comment if you agree. I can't read it right now because the screen's too small but I will look later.

Here's Midmark in 2012, and here it is in 2014. Materially the same. They changed their primary nav. And changing a primary navigation is relatively a big deal in terms of recognizing what people are clicking on. So I hope they did that with a good analytics seeing what pages were important. Or they thought through when somebody comes to this homepage, what are they looking for? And let's make it really obvious for them to find them.

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

Here's Roche in 2012, and these were clickable for different stories. While it was pretty I don't think that was particularly effective. And here they are today with a very different look. Looks like a big company and ... I don't have a lot more to add. I think it's nice job.

Here's Ardea Biosciences before, and after. Pretty much the same. They were bought out by AstraZeneca as well. I didn't dig deep enough but I suspect, here's a link for AstraZeneca; I don't know how they integrated it. But at least I was able to find them so I was pleased that they have this page.

Santaris before, and after. They were bought out in August of 2014. They have this box here, and I thought this was very nicely done. And then I looked them up again last night and I got this. I thought this was terrible, really terrible. This is what I got looking up that company. So it's, like, am I in the right place? And if the word Santaris is somewhere on this page I don't immediately know where it is. This is not a good user experience. I would probably leave and think I'm in the wrong place.

Stemcell in 2012. Stemcell today. Slider, 'New Products' I thought that was good over here.

Tandem Diabetes 2012. 2014, in my view, looks far more contemporary, I like very much what they did. Here are their social sharing buttons. They changed I think their primary nav there. These are all clickable, I suspect. And just a little bit of copy, I think that's appropriate, and give you lots of jumping off places to find out more.

Here's Pfizer in 2012. It was the basis for a client site I developed, they liked this one the most. And here they are today; much different look. They introduced this orange color. I'm not sure how that came about. I don't know. I guess I'd be interested in what you think.

Here's Sangart in 2012. They didn't do as well. This I'm afraid is their website today, which is to say, there is no website. That's all I found out when I searched them. If the team exists at all, I would try to have something other than this be the number one result. If there's any kind of continuation.

So those are the 33 that I captured from before and what they're doing today. These are clickable. Later today I'll have all of these slides available for you; I'll send you an email when it is ready. And I may have the replay ready at that time too; I'll have a transcript prepared.

So now I'm just going to give a little tough love to a friend or two who are on this call.

This is my friend Jan's site. And I think Jan is in Minneapolis right now laughing. She gave me permission to show this. This looks like a site for a mortuary. We have angels bringing this company to heaven and your friendly morticians are standing by. It's Copyright 2012, don't do that. At a minimum you can put in some PHP code. Ask me if you don't know what that means and I'll ask Martyn because he does, so that it automatically updates.

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

My advice to her, it not only is we need to talk, was here's a simple site that I made for a friend Margie Flagg who is in consulting and qualitative research. This is a one-person place. It's not my fanciest work but it's clean and it has pictures of her, not stock photography because people want to work with her. A place that you can add your email address, a little bit about her. And this link I know takes you to a whole laundry list of categories she's been in.

So at a minimum this is really inexpensive to do, and perhaps some of you are one-person operations who are thinking they need a new website. I'm not saying you need to have a Roche site or a Merck site. No, just something simple and clean I think especially folks who are one or two people. Show your faces; you are the people that we're contacting so let's know that you are living, breathing, and approachable.

I won't spend any time on this. It's safe to say, yes, this exists it's live right now. It was last revised on October 29, 2004, so that's good to know. I'm visitor number 24,729; don't do that. And the reason this looks hazy up here is because this is something that goes scrolling across the screen giving me no time to read it. I just wanted to show you that, whatever you think your site is, there is worse out there, just so you know.

And then Stryker was interesting to me because two folks wrote in, took the survey and both ranked the Stryker site as terrible. I probed and one of them said, "We hear consistently how difficult and unhelpful our website it. I don't know where to begin, except to say that I recognize Stryker as a huge company. It probably just a colossal matrix organization to get a new website through. But if your customers are telling you this, you've got to respond.

If you want to work together, there's a link, and you can email me about the new conference or well, anything because I'm very approachable and reachable.

So now I will take some comments. Do I have a recorded webinar regarding SEO? No Jen, I don't have that, but I do have [a lot of content](#) on Medical Marcom and you're welcome to check it out there.

Justin asks, "Is this webinar geared towards major medical device manufacturer websites or geared ..." My answer, Justin, is it's geared for everybody who has a website. Be found, be engaging, and collect information. Just I wanted to show you what's out there so that as you consider what you build you can take a sample of what everyone else is doing.

The notion that I made on the first recording that I did a year or two ago, is ... Well, I've lost my train of thought. What was I saying? That's silly. Maybe it'll come back to me. [Postscript: I remember now. The notion is you don't have to reinvent 'how to make a website.' It's perfectly acceptable to pick and choose the best among the sites that are out there, which is why I've included so many screen shots in this presentation.]

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

Julie asks, "Is the UsabilityHub the app?" Okay, Julie, and Martyn thank you for answering that. UsabilityHub is a place that you can do some testing. You can do that for free. And the app for the pop-up is called OptinMonster I think; not very classy but it works.

Okay, Dennis, "Can you put the download ..."

Martyn: [OptinMonster](#) is one of the best out there.

Joe Hage: One of the best out there, I agree, and I'm seeing a lot of other people doing it too.

Martyn: Yeah.

Joe Hage: Did all sites have Facebook and Twitter for social settings, a YouTube channel as well?

Jen, no not everybody does and I don't recommend that everybody use Facebook and Twitter. Some but only if you're actually going to use it. There's nothing lamer than going to a Facebook page because you had a link to go to it and there's nothing there. Or a Twitter feed that has five comments. If you're not going to do it, don't do it. If you are going to do it, do it the right way, and that's beyond the scope of what we could cover today.

Okay, so Brad asks, "What is the typical price range for a one to five-page website?"

I don't have a straight answer for you because I think of it this way. The website itself is a function of the strategy that goes into it and what you're trying to accomplish. For example, I showed you the one that my friend Margie did. She already had a website, and we just redesigned it to make it look appropriate, contemporary, approachable. You could probably do that for \$1,000-\$2,000 with most vendors.

You can accomplish that, I would say. But the heavy lifting comes before you start doing any coding or any pictures or any copy. And that is, what is your customer looking for? And what do you hope they do when they arrive at your website?

Prashant, "Hi Joe, can you tell us the importance of layouts used visually ... that shape layout ..." I'm sorry, Prashant, would you ask the question again? I don't follow you.

Julie asks, "Are you in the business of ongoing website maintenance or do you redesign and build and then hand it up to someone else?"

Thanks for that question, Julie. Typically I'm engaged on the front end, and I've built every site that I've done since I've been out on my own for four years in WordPress, which is ... Martyn, help me here. It is clearly the number platform for websites.

Martyn: Yeah, it's the number one self-hosted content management system on the Internet.

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

Joe Hage: By far. And I like it especially because you don't necessarily need to keep 'Joe' on retainer for it. It's the Word and Excel of the web development community. You can find anybody who can upkeep for you. As needed and I have favorite clients that I keep forever and forever and others, when we're done we're done, so really it depends.

Hey Paul. Paul asks, do we know what percentage of users are now accessing websites versus ... smartphone or tablet versus desktop? And the answer is, yes, you can find that in Google Analytics. I can tell you that the site I monitor most closely myself is my 10x site and two-thirds of my visitors are coming from a desktop. I suspect that's pretty normal.

Martyn do you have a ... I mean Facebook I think is far more mobile because you just ... it's just a different user experience. I don't imagine ... I know your business, Paul, I don't imagine there are a lot of radiologists or work engineers who are going to be looking up your site on their smartphone. But they might on their tablet. Depending on the size of the screen perhaps you can get away with a desktop experience on a tablet, but you might choose to trim it down a little bit. But we can talk about that offline.

Kirk ...

Martyn: Yeah just for ...

Joe Hage: Go ahead. Okay.

Martyn: One rule of thumb I'm seeing about 30% of ... in Google Analytics you can see the breakdowns on this, but about 70% is desktop, 30% is other, depending on ... I mean it's kind of a general rule of thumb. If you're in portrait mode on a tablet you're probably still want mobile, but if you're in landscape mode on tablet you might get showing the desktop version of it. But it's definitely nice, especially if your numbers 49:19 are closer to the 49:20 to have an alternative to just the desktop experience.

Joe Hage: I agree. Kirk asks, "You've had mixed comments about sliders. How do you suggest a company maximize and correctly use sliders?"

Martyn: Joe I filled in that link there in the comments [crosstalk 49:40]-

Joe Hage: I saw that. For the benefit of the folks on the call, what's your view on that? And for reference folks, I didn't properly introduce Martyn. Martyn has been with me for three years now, and has developed almost every site that I've worked on. So he's part of my extended team and a member of the family, really. So Martyn, what did you say about sliders?

Martyn: I think a lot of site owners like them because it's kind of a validation thing of, "Yes we have the chops and the knowhow to have a slider on a homepage, makes me feel good," but the sad thing is you won't get 50:19 the actual numbers of what converts and what works for

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

the user 50:22. 50:23 motivated study shows that 84% of clicks that happen on the slider happen on the first slide.

Joe Hage: So how would you advice a client who says, "I want a slider"? Would you first try to talk him out of it?

Martyn: I would, yes.

Joe Hage: Then I think-

Martyn: At the startup you can always build it but it's more of a make-them-feel-good thing than it is an actual this-is-going-to-move-the-needle on their homepage.

Joe Hage: So [crosstalk 50:48] I'm going to do some quick scrolling here. And there are better alternatives these days to a slider ... I mean even this one, this isn't a slider but if you wanted to show that you do four things, here's a way to do it. After the presentation when you download the PDF, Curtis 51:17 you may find something that makes sense for you that's contemporary. Okay, where was I?

You've got Simon. Hey Simon, "In your opinion what's the best platform for a new site and mobile site?" Oh I'm all over WordPress; I do everything in WordPress.

Caroline asks, "When you talk about different formats for different devices, are you suggesting completely different websites for ...?" Yeah Caroline it's an exhausting answer but I'm not saying a completely different website, but the code is different. There's code on the backend that determines the ... Well, Martyn, you're smarter about this, answer that for us.

Martyn: Sure. So usually what we do is what's called 'Responsive Design' to where the actual content is just changing from a design standpoint and most of the content is still there. If you had a more involved website, and I've done a project or two in which this was the case, you can have a completely separate WordPress theme that's the active theme based on what device people are browsing on. If you had a more involved website you can say okay, not only is our HTML or our CSS can be different, but our actual content's going to be different too.

So you've got a couple of options depending on how deep into it you get. Usually though I'd say for probably 90% of people Response Design is all that you need.

Joe Hage: So you're saying that you could build a desktop responsively and therefore mitigate the need to have a separate mobile setup?

Martyn: Correct. Now in fairness most big companies like Twitter and Google things like that but do not use Responsive Design that much. They do have a completely separate code base for everything. So 53:30 or else it's just happening programmatically in the back. But that's all ... So

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

you have to keep in mind they also have much more substantial budgets and can maintain sustain 53:41 that way.

Joe Hage: Yeah, budget is what it comes down to; I mean we talked about it before. I'm debating whether, and I know loud and clear your point of view on this Martyn, but I'm debating whether or not to invest anything in accommodating old Internet Explorer folk. I mean, it's like, at some point you just say, "I'm sorry I don't support that anymore, go get a real browser."

On the other hand I know for example in a hospital if I'm a nurse and I'm trying to access a site, I've absolutely no administrative privileges whatsoever. And to get my IT director to update my browser is almost impossible. So it is what it is, if I can't access it I can't access it. So do you accommodate those people or not? It's up to you and what your budget is.

Prashant, thank you. "Hi Joe. Scientific studies show that web service ..." F Pattern yes, 54:47 Uppertop. So F Pattern is ... I know that it's the golden triangle which is this top left and you read across. And basically at least in our culture where we read from left to right that's how people approach website. On the occasion taking glances towards the right side of the screen so how different layouts can be useful.

So I understand the point you made but I'm sorry, Prashant, I still don't understand your question if you wanted to clarify again.

Jen asks, "Is there a better give-away on a website than others in general? I.e. A recorded video webinar versus ...?" Jen, that really is a function of who your visitors and what you want them to do. Talk to your sales folks. A website is a proxy for a human; that's the best way I can put it. If you were face-to-face with your prospect, what would you talk about? How would you try to persuade them? That's what you want to do on a website.

Thank you, Kirk. Caroline, I think I got your question answered.

Evan, "I'm in the middle of a new site development project. Would you mind giving some feedback?" I'd be happy to.

"Thoughts, suggestions for using particular secure pages versus a primary website or separate microsite for growing it."

Brian, what I would do is typically in the secondary navigation you could put something like 'Log in' and direct those people to it. But most folks are going to just come to the site, not carefully look around for that type of stuff. So be sure that you have a fair, unprotected presence so people can get an idea about it. Don't lock everything behind a window that you need to ... because most people will just abandon.

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego

Caroline-

Martyn: Can I jump in on that?

Joe Hage: Sure.

Martyn: Joe?

Joe Hage: Yes, please.

Martyn: Usually, it's really really a good idea in my experience to have your protected content distinct from your primary website. So you say separate microsite, I think that's a great idea. So if you have example.com and you go and you create members.example.com. And that way you put your SSL certificate just on members. version because you cannot have caching on SSL websites. So you cache your main primary website and then you have non-cached locked down https members.whatever-your-subdomain is. I think it's a great idea having those things distinct.

And then like Joe said a little 'Login' link on your primary website that links to that microsite.

Joe Hage: Caroline asks, "Do I suggest putting user manuals on websites?" Yes.

Simon says, "Do I fill testimonials, comments or worthwhile homepage inclusion for a startup?" Yes, I think so. But it varies; I mean it's a competition for space. What's the most valuable thing to put on your page? On Medical Marcom I have testimonials on my homepage and elsewhere. Frankly when I get around to redesigning the site in 2015, I might take them off. I might keep them as just a divider for a little bit of color. But yeah, if you can get named folks to celebrate what you're doing, it's good social proof.

I'm going to cut off the questions here so I stay faithful to the hour. I want to thank you for joining me. You can reach me at JHage@MedicalMarcom.com with any questions you may have. And as I shared, I will be creating a transcript, a replay of this, and you'll have the slides very shortly.

Thank you very much for joining me today. Be well.

<http://MedicalDevicesGroup.net> • Join us at the [10x Medical Device Conference](#), May 4-6, San Diego