Measurement Best Practices

The following provides a high-level overview of best practices and considerations for the measurement of POC programs. This is not meant to serve as a comprehensive point of view on measurement planning and methodology.

POC is a highly measurable channel, but it is important to gain alignment on a measurement approach during the planning phase prior to execution. This can help define reasonable goals and KPIs.

The primary return on investment (ROI) measurement within POC is most often script lift, but the metrics should be set according to the program objectives.

Questions should be asked relative to the defined goals of the POC initiative.

For example, is it a lift in NRx or NBRx with a new product launch? Is it awareness around a disease state imperative during a pre-launch time period? Is it TRx lift for a late-stage lifecycle brand? Is it an increase in diagnoses for a specific condition? Is it requests/questions to the doctor relative to a new class of medications?

Some important factors to consider when mapping a measurement plan:

- When measuring script lift, the minimum recommended length of time to conduct a robust analysis within POC is six months, as it takes time to see change in prescribing behavior within the actual data. A shorter time period may be possible in some cases and longer time periods may be needed in others, but six months is a generally recommended minimum.

- Measuring relevant patient-focused clinical milestones (i.e., diagnostic testing, diagnoses, treatment starts and switches) can help provide perspective on the POC campaign's effectiveness toward driving real health outcomes and quality of care metrics.

- A third-party measurement company should conduct measurement analyses.

- At a minimum, a third-party company should deliver a statement that the results are correct and independent. Additionally, media buyers and their clients should be offered the opportunity to receive results directly from the third-party company and have the opportunity for direct contact with the third-party company with the inclusion of the POC media company.

Marketers should consider what questions they are trying to answer when determining appropriate measurement methods. For example, it might make sense to group all POC tactics/campaigns across media vendors together within a Marketing Mix model to get a read on the overall channel contribution compared to other channels. Alternatively, it may make sense to group POC media vendors according to similar buys within a Marketing Mix model. When a more granular view on tactics is desired (e.g., effectiveness of digital wall boards versus print posters by specific POC media vendors), a standard Test and Control would be the most accurate measurement method. For comparison purposes, this approach and way of thinking mirrors the best practices set forth in the measurement of digital media.

MARKETING MIX CONSIDERATIONS

Marketing Mix models are used to help marketers assess what blend of tactics/channels is most effective in driving their brand objectives. This type of modeling can address questions around individual tactic/channel contribution, incremental impact seen

or not seen with certain tactics/ channels working together, predicting what levels of future investment across tactics/channels will drive the most impact, and clarifying what reach and frequency with certain tactics/channels will have the greatest impact and when those levels of activities plateau and decline in effect.

While Marketing Mix analyses provide an important broad view of tactic/channel effectiveness within the context of overall brand performance, there are some important nuances to consider when including POC initiatives into the modeling:

▪ The data output is only as good as the data you put in. In other words, you need to have quantity, specificity, accuracy, and adequate time within the data that feeds the modeling.

▪ If full input data is not available, there is a strong likelihood your output will show as "inconclusive." Remember that "inconclusive" does not mean "ineffective." "Inconclusive" means a conclusion cannot be drawn, either positive or negative.

▪ Variability in the data must be present for Marketing Mix modeling to detect impact. Within POC media, some examples of variability include:

  o Locations running versus not running a campaign
  o Media/campaigns starting or running at different points in time
  o Incremental addition of locations and/or doctors

TEST VS. CONTROL CONSIDERATIONS

Test Vs. Control Analysis is the recommended methodology for measuring specific tactic effectiveness within POC, as it allows for isolating audiences exposed to the POC tactic and can provide a pure read of any change in prescribing behavior. POC media companies often choose HCPs based on criteria such as prescribing different brands or categories, location, detailing patterns, and affiliations with a large practice or hospital group. Test Vs. Control Analysis ensures those inherent differences are accounted for.

When using this methodology, Test and Control groups should have similar criteria other than the POC program being run during the test period. The Control group should be closely matched to each HCP or group of HCPs being measured, or in the case of purely patient-level programs and analyses, the Control group should be closely matched to each individual patient exposed.

With Test Vs. Control Analysis, specific recommendations are as follows:

▪ At a minimum, for HCP level measurement, Test and Control matching should account for product volume, category volume, geography, HCP specialty, brand detailing and sampling, and other HCP level promotions in market that may affect HCP prescribing behavior.

▪ For measurement using patient-level medical claims data, total trackable claims volume should be matched between Test and Control HCPs to ensure data coverage is similar between the two groups. Additionally, individual patients or pools of patients can be matched. The most common criteria are demographics (age, gender, etc.), past Rx usage, and number of visits to locations with a POC program.

▪ For digital programs and measurement conducted solely at the patient level, Control matching must be done at the individual patient level and the exact date of first exposure should be provided to the third party for each exposed patient. At a minimum, individual Control patient should be matched using demographics (age, gender, etc.), geography, and past Rx usage. Other commonly used fields include number of visits, diagnosis, insurance coverage.

▪ The influence of parallel exposure to other marketing channels should be controlled for in the modeling to prevent inaccurately attributing results solely to POC exposure.