



**POINT OF CARE
MARKETING
ASSOCIATION**

Verification and Validation Guidance

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*Denotes requirements for The Point of Care Marketing Association Compliance Certification

The Point of Care Marketing Association Verification and Validation Guidance

1. Purpose and Intent

The Point of Care Marketing Association (POCMA) has provided Verification and Validation Guidance for media buyers and their clients with the intent to:

1. Define industry best practices.
2. Engender trust among those who transact at the point of care (POC).
3. Provide a clear and standardized mechanism that enables media buyers and their clients to determine which POC media vendors are certified and adhering to the auditing requirements set by The Point of Care Marketing Association.

This guidance and the associated Point of Care Marketing Association Compliance Certification process (see page 5) enables marketers and agencies to see whether a POC media vendor is compliant with The Point of Care Marketing Association Verification and Validation Guidance and has gone through certification to demonstrate this compliance.

The Point of Care Marketing Association cannot legally mandate that vendors certify and adhere to the auditing requirements in this document, but the use of the POCMA Certification Seal is not authorized without the annual provision of proper Certifications of Compliance to The Point of Care Marketing Association Verification and Validation Guidance.

The guidance within this document encompasses both network-level and campaign-level auditing. A network audit is done at a product-line level and a campaign audit is done at a brand/customer level within a specific product-line. The objective of the network audit is to confirm that the POC media company's product-line assets are present, operational and being accurately reported. A network audit is not required for assets that are portable or otherwise deemed temporary in nature. (Please see Section 10. Glossary of Common Definitions for Network definition).

There are 2 acceptable approaches that can be used when conducting network audits, as described below:

NETWORK AUDIT

Network Audit Approach 1: Underlying Systems, Processes and Controls

- A thorough examination and testing of the POC media company's procedures and internal controls pertaining to the placement, maintenance, and functionality of the media vendor's permanently placed assets at POC locations, whether digital or static, performed by an independent third-party auditing company. This type of audit will be performed with an emphasis at the product-line level.
- This examination will determine the auditor's level of confidence in the POC media company's procedures and internal controls that ensure the internal asset management system provides an accurate record of the number of assets deployed, and the corresponding ad play is properly being accounted for, if applicable, at any given point in time. This analysis will serve as the basis for determining the volume of in-person physical observations and or third-party confirmations to be conducted, if any.

Network Audit Approach 2: In-Person Physical Audits

- In lieu of conducting an evaluation of the POC media company's procedures and internal controls pertaining to the placement, maintenance, and functionality of the media vendor's permanently placed assets at POC locations, whether digital or static, the independent third-party auditor may conduct in-person physical observations for a statistically relevant sample based on 95% confidence, 3% assumed error rate and 92.5% assumed response rate.

1. Purpose and Intent

(continued)

CAMPAIGN AUDIT

For digital campaigns:

- A digital audit that is performed remotely using electronic logs and reports to verify ad campaign data from a POC media company. The objective of a digital campaign audit is to verify that ads were delivered per the contract (when applicable) and in accordance with The Point of Care Marketing Association requirements.

AND/OR

For print, static, and non-internet connected digital campaigns with a fixed asset in place or where placement is guaranteed:

- An audit where individual physical campaign information (ads) and displays are verified as being present (most commonly through examination and testing of the POC media company's procedures and internal controls, to include some degree of third-party confirmation. i.e., physical observation or phone interviews).

AND/OR

For print and static campaigns with no fixed asset in place or where distribution is guaranteed:

- An audit providing verification of printing/production, shipping, and or delivery shall be based upon the records relevant to the action being confirmed (i.e., printing, USPS, UPS, FedEx receipts/reports etc.). If an audit is performed in conjunction with a list match, then shipping confirmation must include confirmation of the locations purchased based on the list match.

The Point of Care Marketing Association Verification and Validation Guidance will be updated as needed to include new information and make changes based on industry evolution and feedback.

The Point of Care Marketing Association Verification and Validation Guidance was approved by The Point of Care Marketing Association Board of Directors and

supersedes and replaces any previous versions or drafts of The Point of Care Marketing Association, (formerly known as the Point of Care Communication Council, or PoC3) guidance. This guidance is not intended to supersede any federal or state requirements.

2. POCMA Compliance Certification

The POCMA Compliance Certification is completed on an annual basis. The POCMA Certification Seal confirms that the POC vendor and a POCMA-approved third-party auditor(s) have submitted signed affidavits in the form of POCMA Verification and Validation Certification Forms to POCMA, verifying that they have complied with all POCMA audit requirements for their product offerings. The POCMA Certification Seal will expire 15 months after initial receipt. Verification forms must be submitted annually to obtain approval for continued use of the Seal. The POCMA Certification Seal represents compliance with all areas within this document labeled as “requirements” and marked with an asterisk in the Table of Contents, but not within supplemental areas highlighting best practices. The POCMA Certification Seal also represents a company’s Network Audit success at the 92.5% audit success criteria (where applicable when a Network Audit is required) as a part of the Overall Auditing Requirements within this guidance, as well as an aggregate of Campaign Audit success at that same 92.5% audit success criteria (please see Section 5 for more detail). The POCMA certification is not, as such, a certification seal for the company in entirety.

POINT OF CARE MARKETING ASSOCIATION CERTIFICATION SEAL



THE PROCESS FOR POC COMPANIES TO BECOME “POCMA CERTIFIED”:

- The POCMA approved Third-Party Auditing Company will complete all Network and Campaign POCMA Verification and Validation Certification Forms on behalf of the POC media vendor. The submission must include separate POCMA Verification and Validation Certification Form(s) for each third-party auditing company used by the media vendor.
- All signed POCMA Verification and Validation Certification Forms must be submitted to the Executive Director.
- Upon confirmation of the Certification Form, the POC media company will receive an invoice from the POCMA for the application fee.
- Once the payment is received, the POCMA Executive Director will provide the POCMA Certification Seal.
- All company product lines that have obtained the POCMA Certification Seal will be included as such on the POCMA website (<https://www.pocmarketing.org>).
- A POC media company may apply for certification at any time provided the requirements and certification process are fulfilled as outlined in this document.

Appropriate Use of the POCMA Certification Seal

The POCMA Certification Seal is only permitted when authorized by the POCMA Executive Director for the specific product line that met the criteria. When using the POCMA Certification Seal, the media company must indicate which product line received the Seal based on how it appears in the audits completed by the POCMA-approved auditing companies. In addition, the data or statements must be presented in such a manner that gives the reader the same sense or interpretation as the original audit report(s).

At no point should the POCMA Seal be shown alone without the proper context of the product line that met the criteria.

3. Overall Auditing Requirements*

1. Use of an independent third-party company

- An independent third-party auditing company from The Point of Care Marketing Association List of Approved Vendors (see <https://www.pocma.org>) must be used for all audits.
- Individual POC media companies must hire and pay for independent third-party auditing companies.
- The independent third-party auditing companies must not provide any other services for or have any conflicts of interest with the POC media company. To ensure avoidance of a conflict of interest, the independent third-party auditing companies must not have provided any other non-auditing services to the POC media company during the time of the audit or during the previous 12 months prior to the audit.

2. Application of Audit Technique

- Third-party audits, both Network Audits and Campaign Audits, must be conducted in compliance with Generally Accepted Auditing Standards. When in the professional judgment of the third-party auditor, statistically relevant sampling should be employed. When employed, the sample size must be based on 95% confidence level, +/- 3 precision and an assumed response rate as determined by the third-party auditor, unless utilizing Network Audit Approach 1.
- A Digital Campaign Audit must report on the entire campaign population instead of using a sample.

3. Auditing must be based and conducted on the specific key metrics claimed/sold by the POC media company.

These key metrics claimed/sold will vary across POC media companies, depending on their individual offerings and program components. Definitions and criteria for these key metrics are described within Section 7 of this document.

4. Audit success criteria

Success criteria for campaign audits is 92.5%

- If the 92.5% success criteria is not able to be achieved based on circumstances outside of the POC media company's control, then documentation that a satisfactory make good was determined between the buyer and seller must be maintained.
 - The 92.5% threshold was developed by The Point of Care Marketing Association in consultation with members, auditors, and industry experts to ensure an appropriate level of compliance and is consistent with the standards put forward by the digital out-of-home industry.

4. Network Auditing Requirements*

- Network audits must be completed annually for each network (where applicable). Audits can be performed at any time during the year.

Network Audit Approach 1

- Audits must be conducted in a manner that confirms that the POC media company's asset management system accurately reflects the asset's status at any point in time. To accomplish this, third-party auditors will evaluate the POC media company's procedures and internal controls by conducting a series of test of transactions, third-party confirmations and or physical observations and any other tests deemed necessary under the circumstances. As part of the analysis, the auditor may consider the system's history, prior audit results, duration of the product line and any other relevant factors. The audit will emphasize but not be limited to the following areas.

- On/Off Boarding of Assets including evaluation of installation / removal work orders, contracts with POC facilities, and general maintenance of equipment, etc.

- Records for each asset installation/removal should include a signed agreement between the POC media company and POC facility, work order signed by a member of the facility's staff, installation checklist signed by the technician and geo-time stamped photos of the asset after installation. Installation of digital devices should also include checks to make sure that the devices are operational, displaying content as intended and data collection of the "proof of play" records is working as intended before activating the device in production.
- POC media companies should have the ability to query their system to produce activity logs that quantify the volume of activity during an accounting period. These logs would need to reconcile to the activity shown in their reporting/measurement system.
- Records Management System (RMS) – POC media companies should have a system in place that maintains the status of every asset

in the network, which includes service history as well as any contact with the location. The system should include basic information about the location – the street address, primary contact, the number and types of assets, location of the assets, photos of the asset(s) after installation (geo-time stamped), etc., and the records should be updated whenever contact is made with a location to ensure the information in the system is current.

- Device monitoring, which includes the systems' ability to track and identify functioning / non-functioning equipment and subsequent remediation, if applicable.
 - The POC media company should monitor their network and detect when an asset is not working as intended (i.e., that content is being displayed during office hours). As outlined in the Glossary, checking the heartbeat of each device every hour, but no less frequently than daily is considered a best practice. Please keep in mind that for most digital devices, this includes a player that is attached to a screen, and monitoring should include both the player and the screen. In other words, POC media companies should address the risk that the player could be "playing," but that the screen is turned off and therefore, content is not being "displayed" on the screen.
 - POC media companies should supplement the monitoring procedures above by periodically contacting the point of contact at each location. In the absence of field visits, POC media companies should contact the point of contact at each office by phone, email and/or postal mail. The objective here is simply to make sure that every device is working as intended and that the information in their record management system is still current (i.e., office hours, address, etc.). Consideration should also be given to confirming the HCPs at the location as a validation check of the POC media company's internal records. Documentation of such activity should be maintained for the auditor's review.
 - POC media companies should implement formal internal audits of their own to ensure that their internal records are accurate. This

4. Network Auditing Requirements*

(continued)

should include an annual risk assessment, which forms the basis for how the risks should be managed in meeting stakeholder deliverables.

Network Audit Approach 2

- The third-party auditor may conduct in-field physical observations for a statistically relevant sample based on 95% confidence, 3% assumed error rate and 92.5% assumed response rate.
- Record counts provided to the third-party auditing company must serve as the basis for any key metrics claimed/sold. "Date of Record Count" must be clearly stated.
- Qualification of key metrics and defined success criteria must be adhered to. Please refer to Section 7 of this document for specific detail.
- For an audit of a location, if there are multiple devices, at least one device must be operational to be counted as a location. However, if the auditor identifies a non-operational device in a multi-device location, that device is not eligible to be included in a device count. Additionally, devices not in clear view (due to obstruction or improper placement) may not be included in a device count.
- For an audit of devices/units, all devices/units must be evaluated for compliance
 - During the execution of physical observations, if all devices/units cannot be accessed, the office staff must provide a signed affidavit that the number of devices/units are present and working.
 - Should the auditor determine that devices are present and operational in fewer than 92.5% of locations, this will result in a failed audit. (a similar assessment is to be applied at the device level, if applicable)
 - Audit must capture date of visit, address, and photos, if applicable.

- Any non-audited claim made about a future state must use the word "estimated," "forecasted," "projected," or "non-audited." This applies to website, sales materials, request for proposals (RFPs), and all publications.
- Relative to growth, any network that expands, or plans to expand, based on the following schedule over the course of 12 months, must conduct an audit of the new locations within six months of the previous annual network audit. If the percentage annual growth in a network is greater than the stated percent, the network must be audited.
 - 100% network growth for networks starting at or under 1,000 unique locations
 - 75% for networks with at least 1,001 but less than 2,500 unique locations
 - 50% for networks with at least 2,501 but less than 4,000 unique locations
 - 25% for networks with at least 4,001+ unique locations

(Any merger of a POCMA Member does not require a growth audit.)

WAITING ROOM DIGITAL PROGRAMS

- Success Criteria = validation that the equipment is present and that it is turned on.

EXAM ROOM DIGITAL PROGRAMS

- Success Criteria = validation that the equipment is present and that it is functioning.
- Each exam room must be audited, if possible. If not possible, signed affidavits by office personnel shall be deemed acceptable.

PRINT, STATIC AND NON-INTERNET CONNECTED DIGITAL PROGRAMS

- For print, static, and non-internet connected digital campaigns with a fixed asset in place or where placement is guaranteed, there must be an audit where displays are verified as being present.
- In the case of exam room programs with fixed assets and guaranteed placement where physical observations are being conducted, each exam room

4. Network Auditing Requirements*

(continued)

must be audited, if possible. If not possible, signed affidavits by office staff shall be deemed acceptable.

MOBILE/BEACON

- All mobile reporting must come through third-party tracking interactions. A monthly report including impressions and key performance indicators (KPIs) must be provided to advertisers.
- Where the technology exists, any mobile campaign must have the option for the advertiser to include their own verification tracking technology within the advertisements.
- Must provide third-party partner reporting of beacon geo- location broadcast OR conduct physical “in-person” audit of beacon geo-location broadcast.

Note: In order to be HIPAA-compliant, ads that may expose PHI to a third-party verification service may not allow an advertiser’s tagging to be added. In that event, the POC media company must provide a third-party auditor-approved report or allow the advertiser to create their own login/account into an accepted HIPAA-compliant third-party tracking solution used by the POC media company.

SAMPLING

- Success Criteria = validation that the sample display is present and contains product that can be accessed by patients.

OTHER MEDIA TYPES

- For any media type not specified within this guidance document, POC media companies must work with POCMA to confirm the audit requirements.

5. Campaign Auditing Requirements*

OVERALL

- Audits must be completed for 25% of campaigns within any network being certified, or as an aggregate of total campaigns when a network does not exist. The third-party auditing company being used will verify a 25% sample of the required campaigns for audit
- Volume of campaigns to be audited in order to achieve the 25% will be based on the number of campaigns that ran in the past 12 months.
- The 25% of campaign audits must be conducted on a semi-annual (every six months) basis.
- Digital audits must report on the entire campaign population.
- Certification of all audits of the digital platform AND/OR third-party audited reporting must be submitted annually to The Point of Care Marketing Association.
- Qualification of key metrics and defined success criteria must be adhered to when conducting any campaign audit. Please refer to Section 7 of this document for specific details.

EXAM/WAITING ROOM DIGITAL

- Company-generated reports from a reporting system/ digital platform that have been certified/audited AND/ OR reports audited by an independent third party must be provided.

OR for Distributed Digital Campaigns (as defined in Section 10) only:

Third-party ad tagging and tracking may be used if the POC media company is using industry-recognized services that have been accredited/certified by MRC, AAM, or BPA.

MOBILE/BEACON

Except in circumstances where technology does not enable tagging:

- All mobile reporting must come through third-party tracking solutions.
- Any mobile campaign must include the option for the advertiser to include their own verification tracking technology within the advertisement.
- Must provide third-party reporting of Beacon geo-location broadcast OR conduct physical “in-person” audit.

Note: In order to be HIPAA-compliant, ads that may expose PHI to a third-party verification service may not allow an advertiser's tagging to be added. In that event, the POC media company must provide a third-party auditor-approved report or allow the advertiser to create their own login/account into an accepted HIPAA-compliant third-party tracking solution used by the POC media company.

PRINT, STATIC AND NON-INTERNET CONNECTED DIGITAL PROGRAMS

- Verification must be performed through methods approved by the third-party auditing company and executed with data that can be shared with the advertiser pending execution of a non-disclosure agreement.
- Campaigns should be verified following launch as agreed between the advertiser and the POC media company.
- Final audit report provided to the advertiser must be created by a POCMA approved third-party auditing company.
- For print and non-internet connected digital campaigns with a fixed asset in place or where placement is guaranteed, there must be an audit where individual campaign information (ads) and devices are verified as being present.
- For print and static campaigns with no fixed asset in place or where distribution is guaranteed, there must be an audit providing verification of mailing receipts (when applicable) and delivery confirmation.
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5. Campaign Auditing Requirements*

- In the case of exam room programs with fixed assets where placement is guaranteed, each exam room must be audited, if possible.
- If not possible, signed affidavits by office staff shall be deemed acceptable.

6. Campaign and Network Auditing Best Practices

MITIGATION PLANS

It can be beneficial to have mitigation plans in place for handling potential discrepancy, rate base, and make-good scenarios, which are handled on an individual basis by POC media companies and advertisers. Some common make-good scenarios to consider include:

- **Additional time:** Adding time to the contract
- **Additional frequency:** Providing more ad plays by increasing the frequency of the execution
- **Additional reach:** Running an execution in an extended footprint (e.g., in more locations or against more HCPs)
- **Additional vendor programs:** Applying funds to executions and other tactics in which a brand is participating (e.g., if a make-good is due on a waiting room TV, apply credit to an exam room)

RECOMMENDED NETWORK AND CAMPAIGN AUDIT TIME FRAMES

- Once the scope of the audit engagement has been defined, physical audits typically take two to three months to allow for question/protocol development, fielding, analysis, and compilation of results.
- For Distributed Digital networks, audit results are typically expected 30 calendar days after the close of an audit period.

ADDITIONAL FREQUENCY FOR DIGITAL CAMPAIGN AUDITS

- More frequent digital campaign audits beyond POCMA's semi-annual requirement should be evaluated based on several factors, including a risk assessment, length of campaign, dollars spent on the campaign, whether the company is certified, tactics of the campaign, and the agreement that the advertiser has with a POC media company (i.e., audit rights).

VARIANCE AND DISCREPANCY REPORTING FOR CAMPAIGN AUDITS

- If the campaign audit results in an under-delivery of 10% or more versus the Advertiser Contract or I/O during the invoice period, the POC media company will proactively report the under-delivery to the advertiser within a week of the POC media company becoming aware of the discrepancy.

HCP/PROVIDER AUDITING AND VERIFICATION

- It is recommended that POC media companies use a third-party independent organization (not self-reported) to obtain an up-to-date list of HCPs twice per year or call HCP offices twice per year to verify the list.

7. Qualification of Key Metrics and Defined Success Criteria*

REPORTING OF METRICS FOR DIGITAL PROGRAMS

Agencies and marketers use a variety of deliverables in contracting POC media programs. Examples of contract deliverables include locations, devices, ad play totals, HCPs, and interactions. To successfully count a digital action or deliverable against any of these metrics, there must be a corresponding performance measurement. The specific performance measurement for each digital action or deliverable is defined as follows:

- Quarterly locations/devices—Since POC companies continually install new locations and devices, guidelines on how to count locations/devices installed throughout the quarter are as follows:
 - The Point of Care Marketing Association requirement is that a buyer’s ad must run 92.5% of the days a location is open for business, except when this is not able to be achieved based on circumstances outside of the POC media company’s control. This provides a small but realistic buffer to account for times when a network interruption is identified and needs to be remediated. The application of the 92.5 percentage will be based on the cumulative aggregation of daily log data for each location or device where a buyer’s ad is running. Some illustrative examples are shown in Appendix 2.
 - Criteria for calculations (based on quarterly calculations):
 - Open Days = For a given quarter, the total number of days that a location is open for business in locations that were active during the audit reporting period (e.g., from the beginning of the audit period or install date through the end of the period or cancellation date, as appropriate).
 - Ad Play Days = For a given quarter, the number of days that a specific ad or group of ads is played, on Open Days,

during that office’s published business hours (+/- 30 minutes).

- Ad Play Days shall be defined as the number of days that a specific ad or group of ads played in locations that were active during the audit reporting period (e.g., from the beginning of the audit period or install date through the end of the period or cancellation date, as appropriate).
- Percentage of Ad Play Days Delivered = Total Ad Play Days among all contracted locations (or devices)/Total Open Days among all contracted locations (or devices) for a given quarter.
- Delivery Calculations:
 - Ads must play a minimum of one-time during business hours (+/- 30 minutes) on a given day to count as a successful Ad Play Day.
 - The Open Days will be based on the hours that location is open and operating. In some cases, this may include weekends.
 - The following major holidays will be removed from the Open Day and Ad Play Day calculations: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.
 - Ad plays during an office’s published “lunch hour” (or other similar break when the office is officially closed) qualify.
 - Ad plays up to 30 minutes before or 30 minutes after published opening and closing hours qualify.
 - For campaigns, only the Ad Play Days during which a campaign was running will be counted.
- Quarterly Ad Plays shall be defined as the sum of all Ad Plays at an audited location during the quarter.

7. Qualification of Key Metrics and Defined Success Criteria*

- Professionals shall be defined as Physicians, Advanced Practitioners, and other Medical Professionals.

Some agencies and marketers prefer to contract based on HCPs or targeted HCPs rather than locations or devices. The requirements for HCP counts for any given period (month, quarter, year) are as follows:

- The HCP count for any given period is calculated by taking the average number of distinct and unique professionals working in “good, active, and operational” locations during the period audited. For example:
 - For a quarterly audit, the number of professionals is counted on the first and last calendar days of the quarter. Those two counts are averaged for auditing and reporting the proper average HCP count.
- Interactions—Interactions will follow MMA, IAB, and MRC guidelines as outlined below:
 - Mobile Web Measurement Guidelines, version 4.0 <https://www.iab.com/wp-content/uploads/2017/11/Mobile-Web-Measurement-Guidelines-MMTF-Final-v1.1.pdf>
 - Mobile Application Advertising Measurement Guidelines, version 3.0 <https://www.iab.com/wp-content/uploads/2017/11/Mobile-In-App-Measurement-Guidelines-MMTF-Final-v1.1.pdf>
- Reach—When specifying a deliverable based on professional reach, the following definitions apply:
 - Physicians: MD, DO
 - Advanced Practitioners or NP/PA: Nurse Practitioners (NPs), Physician Assistants (PAs)
 - Other medical professionals: Med Techs, Nurses
 - Office Staff: Non-medical office personnel
 - HCPs: All personnel that provide medical services to patients including MDs, DOs, NPs, and PAs. Excludes office staff and other medical professionals.

8. Measurement Best Practices

Within this section, you will find 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.

8. Measurement Best Practices

(continued)

- 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:
 - Locations running versus not running a campaign
 - Media/campaigns starting or running at different points in time
 - 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.

9. POCMA Approved Third-Party Auditing Companies

AUDITING COMPANIES

Please see <https://www.pocmarketing.org> for a list of POCMA - approved Auditing Companies.

AUDIT VENDOR SCREENING AND APPROVAL

Audit companies that conduct any physical, digital, or other type of audit seeking POCMA certification must adhere to Generally Accepted Auditing Standards (General and Standards of Field Work) as defined by the American Institute of Certified Public Accountants (AICPA). See the following link for additional detail:

<https://www.aicpa.org/Research/Standards/AuditAttest/downloadabledocuments/au-00150.pdf>

Audit companies may submit request for inclusion/approval within The Point of Care Marketing Association list of acceptable auditors. There is a formal vendor vetting process that each audit company must go through to be included on the list of POCMA approved third-party auditing companies.

- An audit company may request to initiate the audit vendor screening process and approval process via email to the address provided on The Point of Care Marketing Association website (<https://www.pocmarketing.org>).
- Each POCMA approved auditing company is required to go through a re-approval process with POCMA on an annual basis. If any auditing company was previously approved by POCMA and then decides to no longer provide auditing services (and are thus removed from the future list), so long as the audits were conducted in the time frame during which the auditing company was POCMA approved, the POC media company may still gain POCMA certification using those audits as detailed in this guidance.

Note: The vendor review is a limited review, and as such, The Point of Care Marketing Association does not vouch for, ensure the quality, nor warrant the credibility or competency of these audit organizations.

Audit vendor inclusion/approval criteria:

1. The company must have successfully completed a minimum of one prior audit of a POC campaign or network that has been accepted by both the vendor and the advertiser client or have demonstrated other relevant experience.
2. The company agrees to participate in POCMA training to ensure that the auditing firm understands and agrees to conduct the audit in line with POCMA guidance.
3. The company must be willing and able to contract with any member company of POCMA.
4. The company must be willing to be reviewed by the POC media company at a mutually agreed upon frequency.

10. Glossary of Common Definitions

The following are definitions for most of the common terminology used in the POC space and are the definitions to be used within all POCMA auditing requirements.

GENERAL DEFINITIONS

- **Advertising Campaign (Campaign):** A series of ad units delivered to the provider's network, or part thereof, for an advertiser during a defined period.
- **Conversion Rate:** The percentage of users who complete a desired action (e.g., purchase or registration) compared to all users who were exposed to an ad.
- **Days:** Refers to calendar days unless otherwise noted.
- **Digital Photos:** A picture or likeness captured utilizing a digital camera.
- **Exam Room:** Private area within a location wherein a patient receives care from an HCP. Multiple exam rooms may exist within the same location.
- **Heartbeat:** A notification from a device that the device or player is operational. Usually done on a minimum of a daily basis. Good business practices would dictate this be done at an hourly minimum during business hours.
- **Location (Medical Office):** A unique physical address wherein a practicing HCP receives and treats patients.
 - A location consists of unique HCP business units at a distinct address. In situations where multiple HCPs exist within the same building or street address, the location will be considered distinct if there is a different floor or suite number.
 - Places where an address, suite or floor, and HCP list match shall be counted as one location.
- **Metadata:** Data that describes other data, and can be used to organize, understand, and find data.
- **Unit or Device:** Printed and/or electronic display used to deliver educational and advertising content. Locations may have multiple units or devices in the waiting and/or exam rooms.
 - **Screen:** A subset of units or devices. Any single digital monitor capable of hosting

educational and advertising content.

Locations may have multiple screens in waiting and/or exam rooms.

- **Waiting Room:** Common area within a location where patients scheduled to receive care wait in queue. Multiple waiting rooms may exist within the same location. They shall be counted as separate locations if they serve different sets of HCPs.

PATIENT-RELATED DEFINITIONS

- **Condition Sufferer:** A patient who is affected by a specific illness or symptoms. A condition sufferer will seek treatment from an HCP specializing in that particular illness or condition.
- **Medical Condition:** A disease, an illness; a physiologic, mental, or psychological condition or disorder; or an injury.
- **Patient:** A person who has ailments or medical needs receiving or scheduled to receive medical treatment.
- **Patient Home:** The unique street address for a patient.
- **Patient Visit:** A meeting involving an HCP and a patient at a location or patient's home wherein healthcare services are provided.
- **Touchpoint:** A place of interaction within the location where audience is exposed to health, wellness, and condition-specific educational and advertising content.

HCP-RELATED DEFINITIONS

- **Administrative Staff:** Administrative Staff do not provide any medical services at a doctor's office or a hospital. They handle appointments, payments, patient files, health insurance companies, specialists, medical reps, etc. Examples include receptionist, office manager, claims coordinator, etc.
- **Advanced Practitioner (AP):** Sometimes referred to as Mid-Level Practitioners. APs include individual practitioners, other than physicians, who are generally accepted as a practitioner of medicine. Examples of APs include Nurse Practitioners (NPs), Nurse Midwives, Nurse Anesthetists, Clinical Nurse Specialists and Physician Assistants (PAs).
- **Health Care Provider (HCP):** HCPs include all Physicians and APs. Most HCPs have NPIs and are eligible to prescribe.

10. Glossary of Common Definitions

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- **Mid-Level Practitioner:** See Advanced Practitioner.
 - **Medical Technician (MT):** Sometimes referred to as Med Techs or Techs. MTs include all personnel who perform medical, non-administrative tasks, including running routine tests, preparing patients for procedures, administering medication, analyzing samples, etc. Examples of MTs include nurses, phlebotomists, Medical Lab Technicians, etc.
 - **Non-Prescriber:** A medical professional who does NOT write a prescription for a given brand or category during a specific time-period.
 - **Physician:** Physicians include people who have earned a Doctor of Medicine (MD), Doctor of Osteopathy (DO), or Doctor of Naturopathy (ND) degree and who are accepted as a practitioner of medicine under the laws of the state, province, and/or nation in which they practice.
 - **Prescriber:** A medical professional who writes a prescription for a given brand or category during a specific time period.
 - **Provider Network:** A comprehensive list of the locations, HCPs, and units or devices via which educational and advertising content is provided.
 - **Specialty:** The physician specialty defined by a third-party provider such as the AMA, IQVIA, or Symphony. Specialties are not “self-defined” and are not based on a POC media company’s interpretation of “provider prescribing.”
- ### ADVERTISING/EDUCATION PLATFORM DEFINITIONS
- **Brochure/Guide:** Portable, printed educational and advertising content that patients may take upon leaving the location.
 - **Closed Circuit Website:** Internet-based system that enables the display of educational and advertising content on digital billboards on one or many screens. Content is stored on remote servers and can be updated remotely.
 - **Digital Wallboard:** Digital monitor that displays rotating static or moving-image educational and advertising content to patients in waiting or exam rooms.
 - **Guaranteed Delivery:** Specification within the insertion order or advertising contract, that the educational and advertising content is delivered to POC setting
 - **Guaranteed Placement:** Specification within the insertion order or advertising contract, the educational and advertising content is displayed within the applicable portion of the POC setting so that it may be viewed by patients, consumers, healthcare professionals and or staff.
 - **Interactive Touch Screen:** Digital monitor/tablet/program that displays educational and advertising content to patients in waiting or exam rooms, initiated by patient or HCP activity.
 - **Network:** As defined by the POC media company, the aggregate number of product line assets placed in POC settings via which educational and advertising content is provided to patients, consumers, healthcare professionals and or staff. While these assets may be either digital or non-digital in nature, they may not be consumable by the patients or staff. Furthermore, these assets should be categorized by placement location (waiting room, exam room back office, etc.) and device type (monitor, touch screen, framed poster, display rack, etc.)
 - **Passive:** Digital monitor/program that displays rotating or moving-image educational and advertising content to patients in waiting or exam rooms.
 - **Content Loop:** Duration of programming content before repeating.
 - **Static Media Display:** A print or non-moving image of educational and or advertising content.
 - **Streaming Vs. Flash Memory Distribution:**
 - **Connected Device/Streaming:** A distribution method for serving video files such that the video is played over a persistent connection between the browser/app and the location device.
 - **Connected Non-Streaming:** A distribution method for serving video files or other content that may be updated via a persistent connection between the browser and the location device.
 - **Flash Memory:** A type of reprogrammable memory such as SD card, memory stick, USB key, etc. that is utilized to manually install the

10. Glossary of Common Definitions

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- periodic programming updates on location devices.
- **Computer Distributed versus Non-Computer Distributed:** Digital Campaign Deployment Method refers to the method that the content/advertisements are distributed to a Digital Screen. In alignment with common/standard regulatory guidelines.
 - Digitally Distributed digital content deployments include internet and/or network-based content distribution.
 - Non-Digitally Distributed digital content deployments include preloaded on-device content and/or distribution via an external storage device such as SD card, memory stick, USB key, etc.
- **Exam Table Paper:** Sanitary paper used to cover exam tables imprinted with advertising.
- **Floor Decal:** Printed advertising or branding content affixed to waiting/exam room or pharmacy floors.
- **Magazine:** Printed periodical containing editorial and advertising content directed toward a general or specific audience.
 - **Coverwrap:** Editorial and advertising content, usually comprised of several pages, appended to the outside of a magazine.
- **Mobile App:** Software application designed to run on a mobile device such as a phone/tablet or watch.
- **Pharmacy Bag:** Poly bag designed to hold prescriptions and/or samples imprinted with advertising content.
- **Print Wallboard Poster:** Printed educational and advertising content displayed in a waiting or exam room or other specific location.
- **Sampling:** Trial-size products distributed to patients upon their departure from the location.
- **Tablet:** A small handheld programmable electronic device that can store, retrieve, and process data.
- **Take One Display:** Tabletop or wall-mounted display holding printed education and advertising

content that patients may take upon leaving the location.

- **Television:** Digital monitor that displays video and audio educational and advertising content to patients in waiting and or exam rooms.
- **Virtual Reality Headset:** A head-mounted device that provides the wearer with video and audio stimulus, creating the sensation of realistic sensations of activity.
- **Wi-Fi Hotspot:** Wireless internet connectivity at a location, which may be sponsored.

AUDIT REPORT TERMINOLOGY

- **Print Audit Report Terminology**
 - **Delivered:** Confirmed via the delivery system records that the educational/advertising unit content was delivered to the location.
 - **USPS:** “Delivered” represents location addresses that have passed USPS pre-screened deliverability process.
 - **FedEx, UPS:** “Delivered” represents all locations that have been identified as delivered via delivery system records.
 - **Hand delivery/In-person delivery:** “Delivered” represents all locations for which address specific confirmation documentation, such as geocoded photos, check-in records, etc., is maintained.
 - **Received:** Confirmed by facility staff via signed acknowledgments obtained during the delivery process or other means that the educational/advertising content unit was received by the location.
 - **Posted/Displayed/Installed:** Confirmed via interview or physical audit that the educational/advertising content was placed into the location waiting or exam room, thereby creating a potential touchpoint.
 - **Printed/Production Receipts:** Confirmed via production records that the assets have been successfully produced.
 - **Shipped:** Confirmed via the delivery system records that the educational/advertising content was shipped to a location.
- **Digital Audit Report Terminology**

- **Ad Audience:** The number of individuals estimated to be in the screen audience while ad content is present and deemed viewable,

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- as define in the Digital Place Based Audience Measurement Standards, Version 1.0: [http://mediaratingcouncil.org/DPB%20Standards%20Version%201.0%20\(Final\)%203-15-17.pdf](http://mediaratingcouncil.org/DPB%20Standards%20Version%201.0%20(Final)%203-15-17.pdf)
- **Ad Plays:** The number of times an ad has been displayed, regardless of whether anyone has actually seen or interacted with the ad in any way.
 - **Viewable Ad Impression:** A served ad impression can be classified as a viewable impression if the ad was contained in the viewable space, in-focus, based on pre-established criteria such as the percent of ad pixels within the viewable space and the length of time the ad is in the viewable space. Guidance is meant to be consistent with the MRC Viewable Impression Measurement Guidelines as defined in http://www.mediaringcouncil.org/063014%20Viewable%20Ad%20Impression%20Guideline_Final.pdf
 - **Display Ads:** Viewable Display Ad Impressions are counted when the following criteria are met:
 - Pixel Requirement: Greater than or equal to 50% of the pixels in the advertisement were on an in-focus browser tab on the viewable space of the browser page, and
 - Time Requirement: The time the pixel requirement is met was greater than or equal to one continuous second, post ad render
 - **Video Ads:** Viewable Video Ads are counted when the follow criteria are met:
 - Pixel Requirement: Greater than or equal to 50% of the pixels in the advertisement were on an in-focus browser tab on the viewable space of the browser page, and
 - Time Requirement: The time the pixel requirement is met was greater than or equal to two continuous seconds, post ad render
- **Click or Click-Through:** The measurement of a user- initiated action on an ad element (advertisement), usually causing an HTTP 302 redirect to another web location, thereby transferring the user from a publisher site to an advertiser site. Additionally, internet-based search activity or shopping activity can lead to click- through transactions on search results or other content sites that display ad impressions, which similarly can result in redirects to other web locations, such as an advertiser site. These measurements should be filtered for click counting purposes for robotic activity and invalid click activity in accordance with the provisions of this guideline.
- **Conversion:** The percentage of users who complete a desired action (e.g., purchase or registration) compared to all users who were exposed to an ad.
- **Engagements:** A spectrum of consumer advertising activities and experiences—cognitive, emotional, and physical.
- **Defer to IAB/MRC terms and definitions for any other applicable terms.**
- **Email Audit Report Terminology**
 - **Bounce Rate:** The percentage of total emails sent that could not be successfully delivered to the recipient’s inbox.
 - **Click-Through Rate (CTR):** The percentage of email recipients who clicked on one or more links contained in a given email.
 - **Delivered:** The volume of emails sent.

- **Open Rate:** The percentage of total emails sent that were opened by the recipient.

10. Appendix

Examples of quarterly delivery calculations

1st Quarter, 2020

Location	Install Date	Open Hours	Open Days	Play Days	
A	2016	M-F 9-5	64	64	
B	2015	M-F 9-6	64	62	
C	2016	S-S 9-7	90	87	
D	2016	S-S 9-8	90	80	
E	2014	M, W 1-6	25	23	
			333	316	94.9% SUCCESS - 5 locations
Location	Install Date	Open Hours	Open Days	Play Days	
A	2016	M-F 9-5	64	90	Only credit 64 - Can NOT count days location wasn't open
B	2015	M-F 9-6	64	60	
C	2016	S-S 9-7	90	90	
D	2016	S-S 9-7	90	90	
E	2014	M, W 1-6	25	24	
			333	328	98.5% SUCCESS - 5 locations
Location	Install Date	Open Hours	Open Days	Play Days	
A	2016	M-F 9-5	64	64	
B	2015	M-F 9-6	64	64	
C	2016	S-S 9-7	90	90	
D	2016	S-S 9-7	90	90	
E	2014	M, W 1-6	25	2	Location underperformed, but OK on aggregate.
			333	310	93.1% SUCCESS - 5 locations
Location	Install Date	Open Hours	Open Days	Play Days	
A	2016	M-F 9-5	64	64	
B	2015	M-F 9-6	64	62	
C	2016	S-S 9-7	90	87	
D	2016	S-S 9-7	90	80	
E	Feb. 25, 2019	M, W 1-6	10	9	Only counts since date of installation
			308	293	95.1% SUCCESS - 5 locations