



Point of Care Communication Council

How COVID-19 Has and Hasn't Impacted POC Measurement





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INTRODUCTION

Understanding campaign performance is a key part of evidence-based marketing as it enables insights and optimizations for future campaigns and budgets. When setting up a promotion response study, it is important to address and isolate various factors, both micro and macro, that may influence your study in order to see the truest picture of the performance.

While you must take into account the usual factors when measuring your 2020 point of care (POC) campaigns, it will also be important to acknowledge the elephant in the room. Scratch that, the woolly mammoth in the room—COVID-19. One might assume that something as significant as a global pandemic would surely impact promotion response, especially within the healthcare and pharmaceutical space and within the POC channel.

So will COVID-19 actually impact promotion response within POC? Not necessarily. To understand this, we need to dig deeper into this idea that could appear at face value to be counterintuitive.

NOT NECESSARILY

The logic of “not necessarily” is based around the concepts of reach, ad-stocks and KPIs/metrics of success.

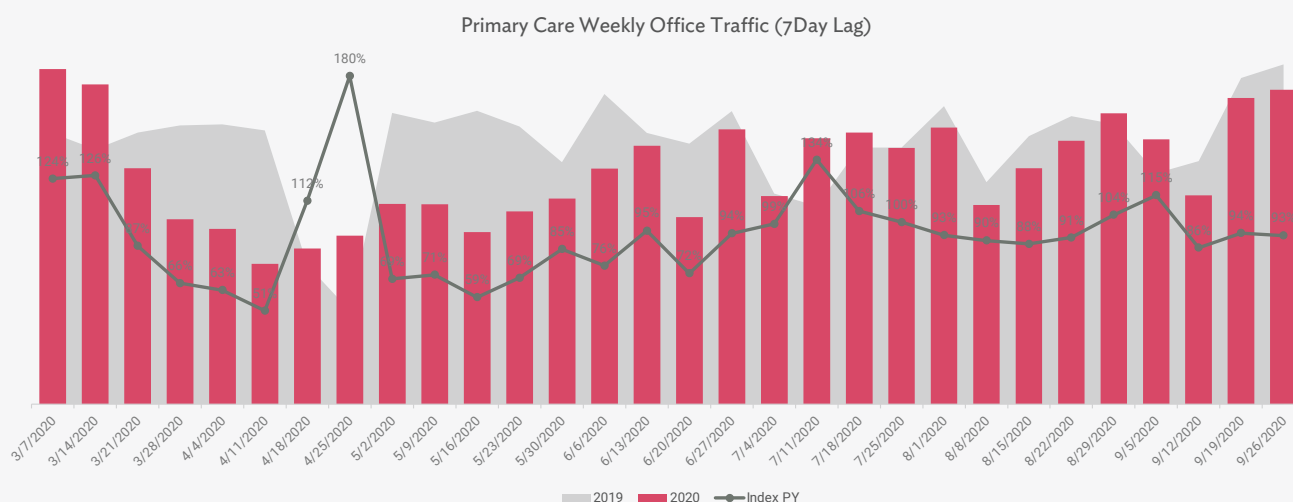
Before these concepts can be properly discussed, it is worth confirming the premises of why our woolly friend is assumed to have an impact on pharma promotion. Looking back to the start of COVID-19, there was approximately three months from first public awareness in early January 2020 before the country went into a near national shut down by the end of March.

From around the week ending March 25 to the week ending April 11, COVID went from having no clear significant impact on doctor's office traffic to decreasing primary care patient traffic by about 40% and as much as about 60% in certain specialties. These early statistics are the foundation for the assumption that COVID-19 has reduced patient traffic and, therefore, has had a negative impact on campaign performance.



Primary Care Office Traffic On Pace with 2019

Since w/e April 11th Patient Office Traffic has been consistently within normal range – highlighting COVID is no longer a direct factor in regard to patients seeing their physician.



Source: MedFuse Data by DarkMatter2bd

For this concept to be true, however, it implies that prescribing can be impacted only when patients see messaging. Here is our first “it depends”—the truth of this statement is dependent on which media channel we are addressing. In respect to pure consumer channels like digital display, this statement is more than likely true. However, for channels such as point of care, the situation is different.

The reason why the truth of the statement varies by media channel is related to two concepts: first, the sphere and concertation of reach that the messaging has as it moves from the primary exposed audience to, secondary audience, those who are then influenced by the primary audience. For a medium like digital display or search, which is highly concentrated on one target audience, the impact of the message on those within the sphere of influence from the primary audience is diluted. In comparison, for a channel like point of care, the primary audience’s influence on secondary reach (the physician, for example) is highly concentrated. Thus, in our example, the patients who may be the primary consumer become an extension of the campaign reach in passing along the message in concentrated frequency to prescriber.

It is through the extended reach and frequency (number of patients, for example) that ad-stocks are developed not with the patient but the prescriber. This can be observed in measurement data as the impact of POC frequently builds over time and then displays longer half-life, which is the point in which the benefit of ad-exposure is halved, versus a digital channel when campaigns go dark. The slow build and decline confirm that physicians are also being influenced even by patient-targeted media. If this was not the case, the impact would be immediate build and decline as seen in digital advertising. For HCP-targeted campaigns, the concepts of ad-stocks and half-lives are the same with the difference being they are built with direct messaging to the HCP.

FAST ACTING

Relating this back to COVID-19's level of impact on campaign performance, we need to look not just at the approximate 20 days (week ending April 11) from the first signs of impact to peak decline on patient traffic versus same time prior year, but also the speed of recovery as most of the delayed patient traffic returned to offices by the end of May or beginning of June for many specialties.

While our experience with COVID-19 may feel like an eternity, its impact on patient traffic has been short-lived. Looking at the peak time frame of impact, it was only 60 days—after this, patient traffic levels returned to normal levels at 90%-110% compared to the same time last year. In pharma terms, this represents only two Rx periods for a 30-day supply and 60% of a 90-day fill. Combine this with the factor that toilet paper was not the only thing people stocked up on, as seen by the spike in prescriptions filled in March, and it's clear the impact of COVID-19 on prescribing has been limited.

The combination of factors such as the short duration of COVID's impact on patient traffic, a surge in prescriptions filled at the start of the pandemic which helped minimize drops in following months and the built-up ad-stocks from prior months all help to mitigate the negative impact of COVID on annual campaign performance. Even when looking at other metrics besides prescriptions, such as new patient starts, we have seen evidence in recent data that show many appointments were not missed but delayed. Thus, it is probable that even a short-term drop in new patient starts will be compensated for by patient visits over the course of the third and fourth quarters.

ACCOUNTING FOR EVERYONE IN THE ROOM

All of this does not mean the woolly mammoth is no longer in the room; he is still here, and we should acknowledge that fact. There are things we can do in setting up traditional test and control measurements to account for his presence:

- Tighten geographic controls
 - Use a tighter matching radius
 - Insert a matching rule to ensure geographies have equal prevalence
- Align timing of any surges in COVID-19
- Use “circuit breakers” for both patient traffic and prescribing to alert/account for any changes in volume between test and control during the COVID stay-at-home period
 - One way to accomplish this could be to include pre- and post-patient traffic into your ANCOVA
 - Create boundaries for any changes in prescribing behavior that will alert you to any significant trend changes that maybe due to COVID
- Segment your measurement period into different parts to account for the various stages of COVID-19

CONCLUSION

COVID-19 was fast to strike, catching most of us off guard. The speed and lack of understanding of the disease contributed to our perceptions. There is no dismissing the severity of this disease, but it is important to use an objective lens in assessing business performance. It is important to step back and approach the situation via data driven, evidence-based marketing. We know the impact of COVID-19 has not been uniform across market sectors and data suggests POC and the pharmaceutical sector weathered the situation more favorably than other industries and areas of the healthcare industry.

