Is Your
Point of Care Marketing
Campaign Measurement
On Point?

An industry research collaboration between:

POINT OF CARE MARKETING ASSOCIATION

SYNERACTIV™

Executive Summary

Point of Care Marketing has enjoyed tremendous growth in an ever-evolving, competitive landscape. Marketers are clamoring for better performance metrics for the Point of Care (POC) channel in order to justify increasing spend within the category. POC marketers, partners and agencies have all made substantial investments in third-party and in-house performance measurement capabilities. However, the two main- stays of POC performance measurement — Test vs. Control Lift Analysis and Marketing Mix Modeling (MMM) — do not always see eye to eye on campaign results.

We conducted a 5-month research study that included a survey across the POC industry, POC analytics expert interviews, and empirical benchmark analysis to dig further into challenges in POC performance measurement. The research study produced the following seven findings:

Finding #1: Commonly used POC analytic methods like Test vs. Control and MMM exhibit huge variation across campaigns and POC Types, adversely affecting client confidence in POC channel performance.

Finding #2: Over half of pharma/healthcare campaigns are omnichannel, where POC is one of several channels being used simultaneously. However, Test vs. Control tends to be focused only on the POC channel.

Finding #3: Test vs. Control studies do not often follow consistent standards in matching and selecting control subjects to compare test subjects to, leading to the possibility of biased results.

Finding #4: MMM that include POC are run at time frequency and geographic granularity that is not very consistent across the industry, which may be leading to underestimation of POC impact.

Finding #5: POC input data in MMM may not capture the full depth and breadth of POC activity.

Finding #6: 3 out of 4 responders indicated they have no minimum campaign spend thresholds for measuring POC in MMM, which may result in inaccurate reads for low-reach campaigns.

Finding #7: Majority of responders use both Test vs. Control and MMM to support overlapping decision processes, leading to conflicting guidance for marketers.

Analytics serve an important role in supporting marketers. In an agile, omnichannel environment, marketers utilize analytics to make data-driven decisions on brand strategy. In this fast-paced environment, it's critical for marketers to have confidence in the analytics processes that are responsible for aiding in their decisions. The above findings indicate that there is room for improvement in how POC partners and marketers are currently measuring POC performance. Below are some recommendations the Point of Care Marketing Association has compiled from our research to help improve POC marketing analytics.

Recommendation #1: Include and align POC campaigns with the broader omnichannel campaign goals and measurement plan.

Recommendation #2: Define and implement rigorous standards for defining control groups for Test vs. Control studies.

Recommendation #3: Ensure POC campaigns have enough reach to be included in MMM analysis.

Recommendation #4: Leverage granular inputs for POC when measuring via a MMM.

Recommendation #5: Determine if campaign length and audience size adjustments are needed for MMM KPIs to be compared to Test vs. Control.

These are just a few of the recommendations we believe are needed to kickstart an improvement for POC channel measurement. In order to bring POC marketing analytics to a state of excellence, we will need additional research and validation to convert these into true best practices. More to come on that, but in the meantime, we hope you will enjoy the insights we have laid out in the rest of this report.

The Rapid and Stellar Rise of the POC Channel

Overall healthcare marketing budgets in 2023 are estimated to have declined by 8% this year.[2]

However, annual Point of Care marketing spend was estimated to grow by 15% in 2022 and is expected to grow 22% to just over $1 billion in 2023. A little over 5 years ago that number was $500 million.[3]

POC's Measurement Imperative

Pharma marketers undoubtedly recognize the value of this high engagement channel in all stages of the patient or HCP decision journey — from awareness to script conversion and adherence. Despite this massive growth in investment in POC marketing, marketers note some challenges exist with measureing the channel.

Marketers we spoke with unanimously said POC is a costly reach-driver relative to other channels. With an average of 10% of total ad budgets allocated to POC, POC marketers are increasingly being asked by pharma marketing and financial stakeholders to demonstrate the value of the channel. This, however, can be a challenge to marketers given the substantial variation of results across different measurement studies.

> *Like Television, Point of Care has a lot of upfront commitments, which makes marketers uneasy in an agile marketing landscape.*
>
> Shannon Mitchell, Director Global Media Operations, Merck

POC Fast Facts[1]

80% Rx patients seen by an HCP with POC media
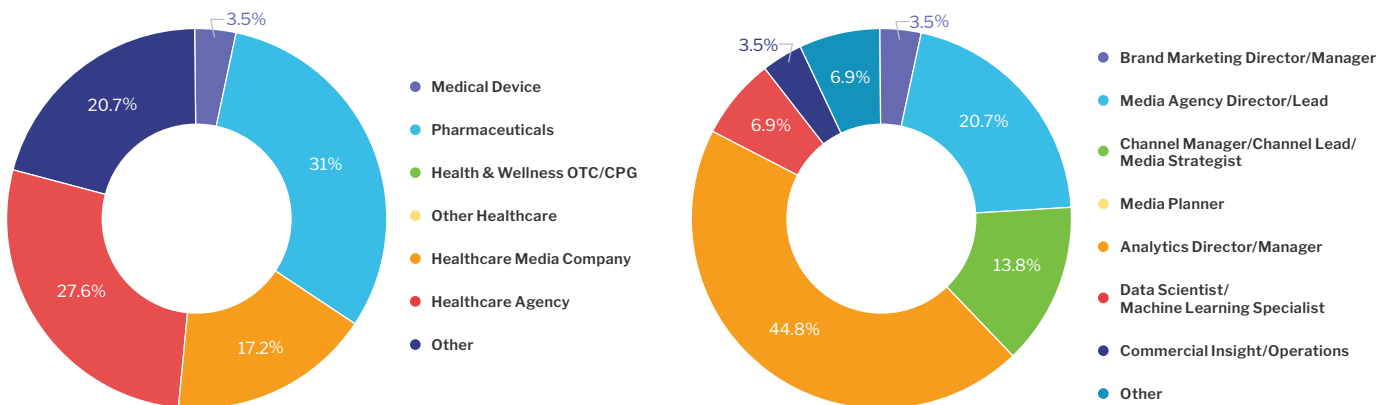
75% Rx written by HCPs with POC

5x POC cost efficiency at driving NBRx conversions

2.4x More patients per HCP

[1]MedFuse & POCMA Analysis, pocmarketing.org

We ran an industry-wide survey and one-on-one interviews to better understand concerns with POC impact measurement. Participants included the full breadth of industry players.

Medical Device — 3.5%
Pharmaceuticals — 31%
Health & Wellness OTC/CPG
Other Healthcare
Healthcare Media Company — 17.2%
Healthcare Agency — 27.6%
Other — 20.7%

Brand Marketing Director/Manager — 3.5%
Media Agency Director/Lead — 20.7%
Channel Manager/Channel Lead/Media Strategist — 13.8%
Media Planner
Analytics Director/Manager — 44.8%
Data Scientist/Machine Learning Specialist — 6.9%
Commercial Insight/Operations — 6.9%
Other — 3.5%

In this paper, we have summarized the seven top findings that emerged from the research, and our best practice recommendations for addressing these findings.

Finding #1

Commonly used analytic methods for POC measurement exhibit huge variation across campaigns and analytic partners, adversely affecting client confidence in POC performance.

Most POC marketers, agencies, and platforms we surveyed primarily rely on Test vs. Control and MMM. These measurement solutions are inherently different, both in methodology and application.

Test vs. Control is typically a point-in-time study that compares pre- and post- campaign exposure behavior of similar audiences exposed to the campaign (Test), and unexposed audiences (Control). Post-campaign growth in campaign outcome metric for the exposed audience ("Test") is compared to growth for the unexposed audience ("Control") to quantify the campaign lift. The selection of control groups as well as the timing of other marketing activities can cause large swings in lift estimates. These are often dictated by 3rd-party research vendor or marketer policies and decisions.

MMM is a longitudinal study that looks at over two years' worth of time-series (typically weekly) trends to evaluate how changes in brand outcome metrics (like script volume) correlate with different marketing levers. MMM studies can thus determine contributions of each lever or channel to the outcome metric by different time periods. MMM can also provide ROI for each channel by comparing contributions to spend within each time period. It is a cross-channel approach, and it is also extremely data intensive.

Two out of three marketers preferred Test vs. Control over MMM to measure the lift of a specific POC Campaign, but the majority also preferred MMM for total POC channel ROI Measurement to support cross-channel budget allocation. Typically, the output of these two methodologies do not align.

Test vs. Control lift benchmarks are about 1.5x the MMM POC implied lift — is Test vs. Control too high or MMM too low?

6%
MMM Implied POC Lift Benchmark[4]

10%
Test vs. Control POC Lift Benchmark

Special note on DTC Patient-focused lift methodology:

DTC POC lift measurement methodology differs from HCP in that they measure a lift in conversions (number of campaign exposed patients that initiate therapy for test vs. control group).

Even a modest number of conversions out of total campaign targets can have a large difference relative to control group conversions.

E.g., Test 2,500 conversions out of 100,000 exposed (2.5% conversion rate) vs. control 1,250 (1.25% conversion rate) translates to a 100% campaign lift. In this case, ensuring a good match between test and control is even more critical as this will ensure lifts are indeed only due to the campaign. It would be even better to do pre-campaign random suppression of a control group out of actual campaign targets. Many DTC campaigns tend to be omnichannel, so another option would be to compare DTC POC conversion rates to other DTC digital channels (e.g., programmatic) instead of to a control group.

[4] MMM implied lift is estimated by adjusting the contribution of POC campaigns to annual New Patient Starts for campaign duration and share of total audience targeted for POC.

Finding #2

Over half of pharma/healthcare campaigns are omnichannel where POC is one of several channels being simultaneously activated. Test vs. Control studies, on the other hand, tend to be focused on POC impact only.

Marketers we spoke with increasingly leverage omnichannel campaigns, where unified brand outcomes are driven across multiple channels with consistent messaging and relevancy to channel context. The same HCP offices targeted for POC are also being targeted via detailing, as well as targeted digital media including search, social, and programmatic media. While well-defined control groups can account for

broad-based media campaigns running nationally, there can be exposure disparities in Test vs. Control groups to targeted activities such as POC that may confound lifts.

More advanced data science methods such as ANCOVA are indeed used by measurement providers to account for differences between test and control groups, but methods vary widely in what factors get adjusted for when estimating lift.[5]

Finding #3

Test vs. Control studies do not often follow consistent standards in matching and selecting control subjects to compare test subjects to, leading to the possibility of biased results.

Three out of four research participants that utilize Test vs. Control expressed a greater need for consistency and comparability across studies as well as control group size and selection.

True experiments eliminate potential bias by randomly suppressing control groups from the campaign file. Kellogg School of Management and Facebook partnered on an empirical study comparing Randomized Controlled Trials (RCT) with observational methods of Test vs. Control and found that studies that do not use randomly suppressed control groups may have significant bias.[6]

Obviously, suppressing offices from receiving POC can adversely impact campaign performance. Instead, the common approach across most organizations we spoke with is to identify a control group from unexposed offices after the fact.[7]

This can however have the unintended consequence of inflating lifts if activated offices are more impactful vs. the ones that did not activate POC.

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[5] ANCOVA is a statistical approach that helps control for other channels and non-marketing factors, while measuring campaign lift. It accomplishes this by quantifying how much do these other factors impact the difference between test and control, and then adjusting the difference to normalize for their impact during the campaign period.

[6] *A Comparison of Approaches to Advertising Measurement: Evidence from Big Field Experiments at Facebook*, pubsonline.informs.org
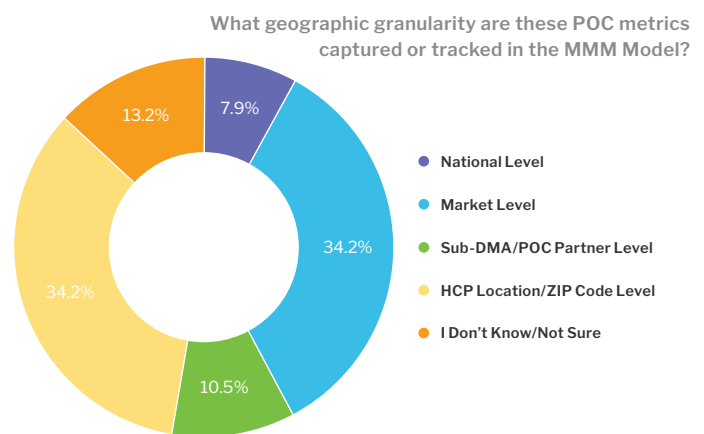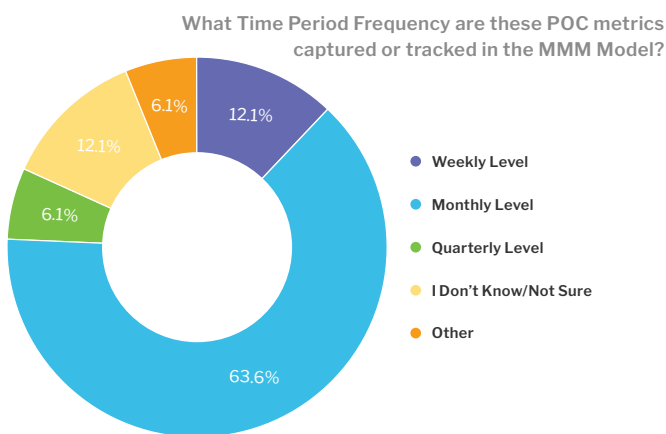
Finding #4

MMM that includes POC are run at time frequency and geographic granularity that is not very consistent across the industry, which may lead to an under-representation of POC impact.

A large swath of MMM studies we looked at captured POC activity only at the monthly level, equally allocating monthly POC activity across weeks within the month and then modeling against weekly script volume. In terms of geographic granularity, responses were evenly split between DMA/Market or National vs. Sub-DMA or by HCP location.

Aggregation, especially at national level, can lead to over/under estimation of marketing lifts.[8]

What Time Period Frequency are these POC metrics captured or tracked in the MMM Model?

- 12.1% Weekly Level
- 63.6% Monthly Level
- 6.1% Quarterly Level
- 12.1% I Don't Know/Not Sure
- 6.1% Other

What geographic granularity are these POC metrics captured or tracked in the MMM Model?

- 7.9% National Level
- 34.2% Market Level
- 10.5% Sub-DMA/POC Partner Level
- 34.2% HCP Location/ZIP Code Level
- 13.2% I Don't Know/Not Sure

While broad-based media like TV can be captured at the DMA level (with proper splits by demo and daypart), POC and other hyper-targeted media should ideally be modeled sub-DMA, and separated by targeting segments if possible (e.g., HCP specialty or patient segments within DMA etc.).

Given significant variation in POC activity by week and by HCP characteristics, the lack of granularity in representing POC can cause significant underestimation of POC impact in these models.

> *It is important to get to a level of granularity for marketing mix to be able to properly assess the channel as a whole and then get down to partner or tactical level, anything above DMA is tricky to get a real view of the channel.*
>
> Martin Larson, Director, Business Intelligence, Publicis Health Media

> *Marketing Mix Models can show positive, accurate results for Point of Care, but they must be a hyper granular model, at DMA or even zip code level. Think about what percentage of offices in a zip code you ran POC? Probably single digits which is probably going to wash out at higher geo levels so it's about how you model at the most granular possible geo or subset them out so that you're only modeling with the physicians that have been exposed.*
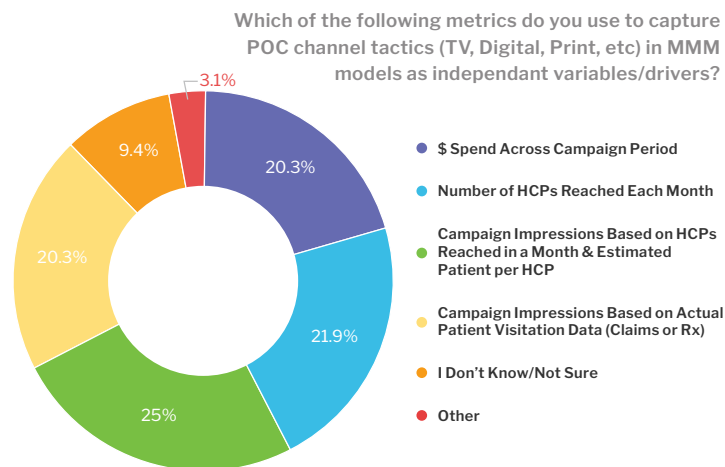>
> Eric Talbot, Chief Strategy Officer, MedFuse

[8] *Exploring Granular Data in MMM,* www.accenture.com

Finding #5

POC input data in Marketing Mix Models may not capture the full depth and breadth of POC activity.

MMM is a longitudinal study that needs robust variability in input data to calibrate the relationship between marketing and script outcomes. POC activity has both breadth in terms of number of offices exposed to the campaign, and depth in terms of number of patients within each participating office.

Almost half our respondents indicated that they were focusing only on breadth (count of HCPs or spend), which will result in underestimation of POC impact because the greatest lift should come from offices seeing more patients. The MMM studies, which use only counts of HCPs with POC in any given week, will treat an office seeing 100 patients vs. 1,000 patients equally.

Which of the following metrics do you use to capture POC channel tactics (TV, Digital, Print, etc) in MMM models as independant variables/drivers?

- 3.1%
- 9.4%
- 20.3%
- 20.3%
- 25%
- 21.9%

Legend:
- ● $ Spend Across Campaign Period
- ● Number of HCPs Reached Each Month
- ● Campaign Impressions Based on HCPs Reached in a Month & Estimated Patient per HCP
- ● Campaign Impressions Based on Actual Patient Visitation Data (Claims or Rx)
- ● I Don't Know/Not Sure
- ● Other

POC spend is also a poor proxy for actual HCP or patient impressions because costs may vary significantly based on POC platform or tactic mix or the type of HCP specialty and/or audience reached. This will again result in biased estimation of POC contribution in MMM.

One out of four respondents do use impressions estimated from average patient volume for each activated HCP. This is certainly an improvement over other options, but the best option is to use actual patient foot traffic volume, which only 1 in 5 respondents seem to be doing.

There's room for improvement in POC input data – marketing mix models need data variability, doctors have POC on every month of the year, the input doesn't have much change compared to digital which has great variability across clicks and impressions. Instead of physicians as the POC input, the more variable patient traffic should represent POC impact in the model.

Eric Talbot, Chief Strategy Office, MedFuse

Finding #6

Three out of four responders indicated they have no minimum campaign spend thresholds for measuring POC in MMM.

Given the aggregate nature of MMM, it cannot capture more granular effects like the impacts of highly targeted, segment- focused campaigns that produce lower overall reach. Low-reach POC campaigns typically have very little variability or only a few weeks with non-zero values, which results in data sparsity, and more noise than information. In this case, the model fits the noise in the POC input data, yielding biased results.[9]

For instance, if the model is tracking weekly script volume within a DMA for a campaign focused on low-income severe asthma sufferers that represents only 20% of total severe asthma sufferers in the DMA, any change in that segment will be lost in the changes in trend for the remaining 80%. Using minimum spend or campaign reach thresholds ensures that POC contribution isn't underestimated due to insufficient observations in the model to calibrate its impact. Given that the majority of respondents do not use such thresholds, it is very likely that smaller POC programs are being underestimated in MMM analyses.
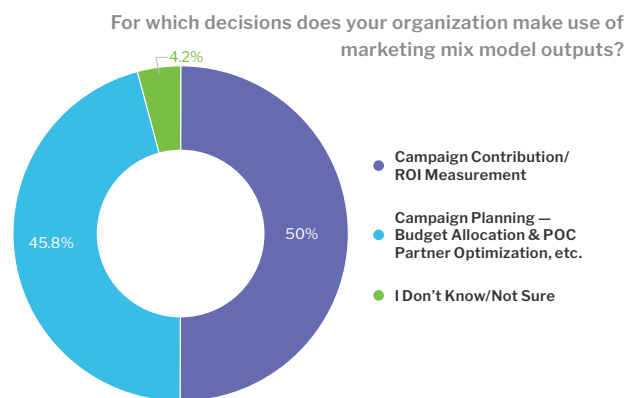
Finding #7

Majority of responders use both Test vs. Control and MMM to support overlapping decision processes.

It is evident from findings 1-7 that both these POC measurement approaches do not consistently measure the same outcomes or follow common methodological norms, which may lead to inconsistent results between the two. Adding to marketers' consternation is the fact that both studies seem to be supporting the same decision processes.

For which of the below decisions does your organization make use of Test vs. Control studies?

- 55.8% Campaign Lift Measurement
- 37.2% Campaign Planning — Budget & Partner Optimization, Audience Planning, etc.
- 2.3% I Don't Know/Not Sure
- 4.7% Other

For which decisions does your organization make use of marketing mix model outputs?

- 50% Campaign Contribution/ ROI Measurement
- 45.8% Campaign Planning — Budget Allocation & POC Partner Optimization, etc.
- 4.2% I Don't Know/Not Sure

Given this overlap, it is even more imperative for POC as an industry to reevaluate analytic and data protocols to eliminate any misalignment purely due to data or methodological differences. There may still be differences due to short-term campaign centric focus of Test vs. Control and the medium-term omnichannel focus of MMM, but that is an insight not an anomaly.

There is no magic wand that will quickly rectify these issues, but in the following pages, we have compiled some recommendations as a starting point on the journey towards a single version of truth for POC decision makers to rely on.

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[9] Data scientists typically recommend $2/3$ zero values in regression input data as the threshold for sparsity, meaning only $1/3$ of input data across markets and weeks have actual activity. This can be interpreted to mean that if POC input has less than 33% reach, it is considered sparse and may lead to bias in the model.
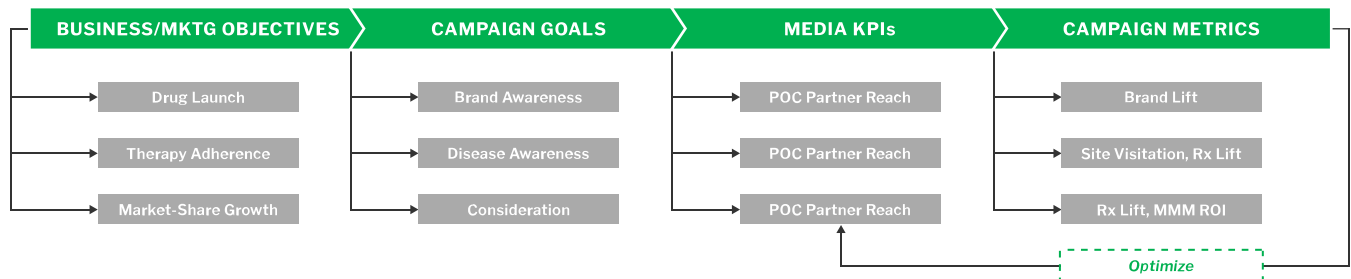
Recommendation #1

Include and align POC campaigns with the broader omnichannel campaign goals and measurement plans.

Before activating a media campaign, agencies and brand marketers typically establish a comprehensive framework across the entire omnichannel activation plan to drive consistency and alignment to validate campaign impact.

This measurement framework identifies key performance indicators (KPIs) based on the brand objectives and creates a plan to track them, so the campaign can be optimized to continually deliver positive outcomes.

An effective measurement framework should address these questions:

- What are the brand marketing objectives of the campaign?

- What are campaign-specific goals that POC is tasked to deliver and how do they tie into these objectives?

- What are measurement metrics that best represent these goals?

- What measurement solutions are appropriate to quantify these metrics and what is the cadence of insights needed from these to effectively measure and optimize the campaign and budget?

- What are typical performance benchmarks for these measurement solutions and are campaign goals achievable within these benchmarks (e.g., is driving 2,000 new scripts feasible based on HCP Target-list and therapeutic area dynamics)?

BUSINESS/MKTG OBJECTIVES	CAMPAIGN GOALS	MEDIA KPIs	CAMPAIGN METRICS
Drug Launch	Brand Awareness	POC Partner Reach	Brand Lift
Therapy Adherence	Disease Awareness	POC Partner Reach	Site Visitation, Rx Lift
Market-Share Growth	Consideration	POC Partner Reach	Rx Lift, MMM ROI
			Optimize

> *We approach measurement planning as an omnichannel measurement plan. Every partner has their own nuances, when it comes to point of care. It is critical to ensure that they're aligned to the measurement plan, and they know what our objectives are.*
>
> Martin Larson, Director, Business Intelligence, Publicis Health Media

> *There are different reasons for doing a Marketing Mix Model versus Test vs. Control and they may have different outcomes and it is important to evaluate the outcome that we're measuring before comparing the two and applying assumptions that may not be apples to apples.*
>
> Mehul Singh, Associate Principal, ZS

> *Look at your brand objectives for POC campaigns and build out a measurement framework as rigorously as you would in digital.*
>
> Shannon Mitchell, Director Global Media Operations, Merck

Recommendation #2

Define and implement rigorous standards for defining control groups for Test vs. Control studies.

Given industry concerns around quality of control groups utilized in Test vs. Control studies, rigorous standards need to be vetted and implemented in selecting control candidates for both HCP and DTC tests. Where possible, analytics leads should work with campaign stakeholders in randomly suppressing a statistically significant subset of campaign targets. Other analytical routines to implement include:

- Matching on key criteria that may impact campaign outcomes (e.g., for HCP lift prior writing within category, writing volume, location, specialty, practice characteristics, etc.)

- Ensure pre-campaign parity in outcome metric between Test and Control (e.g., alignment in NRx/NBRx monthly trend for Test vs. Control in pre-campaign period)

- In case there are limitations in identifying a robust control group, explore other options such as:

  - Synthetic Control Groups that use a weighted combination of control candidates to better match their test analog.[10]

  - Propensity Score Matching, where control candidates are matched to test subjects by estimating how likely they were to have been exposed to the campaign based on their characteristics.[11]

Highly specialized targeting in POC may result in not always having a good counterfactual or control group (that aligns with Test population) and we may need to lean into methods like Synthetic Controls and Propensity Matching.

Mehul Singh, Associate Principal, ZS

Recommendation #3

Ensure POC campaigns have enough reach to be included in MMM analysis.

Ensure POC campaign has sufficient reach for aggregate MMM model to calibrate.

While there is no exact science to determine a minimum threshold for including POC in MMM, marketers and analytics leads overseeing MMM need to exercise caution when dealing with smaller POC programs.

One rule of thumb is to exclude any campaign that targets less than 30% of total brand audience being measured in MMM. In such cases, Test vs. Control lift measurement should be used to quantify impact. If there is a need to still include them in the MMM, modelers should ensure that the campaign variable is statistically significant.[12]

[10] See GeoLift methodology based on Synthetic Control Groups- facebookincubator.github.io

[11] Propensity Score Matching overview- www.pm360online.com

[12] Primer on Statistical significance- hbr.org

Recommendation #4

Leverage as granular model inputs as possible for POC into any MMM.

Given there may be significant variations across POC partners as well as tactics (Waiting Room TV, Tablets etc.), POC metrics used in MMM should ideally be broken out by partners and/or tactics that have at least 30% reach. This will ensure results aren't biased due to aggregation. The modeled results can of course be aggregated for a total channel view.

We also recommend that any POC KPI to be included in MMM is as geographically granular as possible (e.g., office, Zip or DMA geo locations, ideally split by HCP or patient segment-level).

Where granular script/claims data is available, estimate HCP office-level impressions using weekly patient visit volume aggregated to the desired geographical granularity. Identify other concurrent marketing activity running with POC and ensure they are not highly correlated to avoid distortion of impacts.[13]

Recommendation #5

Determine if campaign length and audience size adjustments are needed for MMM KPIs to be compared to Test vs. Control.

MMM studies measure campaign contributions of marketing channels and tactics to total Brand NRx or New Patient Starts for the full year. For instance, if a POC campaign generates a 10% lift during a three-month campaign period and the brand had 10K NRx, that translates to 1K incremental NRx due to POC.

Now, if annual NRx volume is 40K, even if MMM quantifies POC impact at exactly the same NRx volume of 1K, the POC % contribution for the campaign will be 2.5%, which cannot be directly compared to the 10%. In this case, the best option will be to compare absolute incremental volume of NRx due to POC from both analyses.

Also, keep in mind, ROI may not be comparable between MMM and Test vs. Control as the cost basis assumptions will vary significantly across different campaigns and MMM uses a blended cost that may not be comparable to Test vs. Control ROI for any specific campaign.

[13] With so many splits, we may run into issues with correlation between these splits (multicollinearity) or data sparsity. In this case, one can run total channel level models and then run secondary models to decompose the total channel results into these splits.
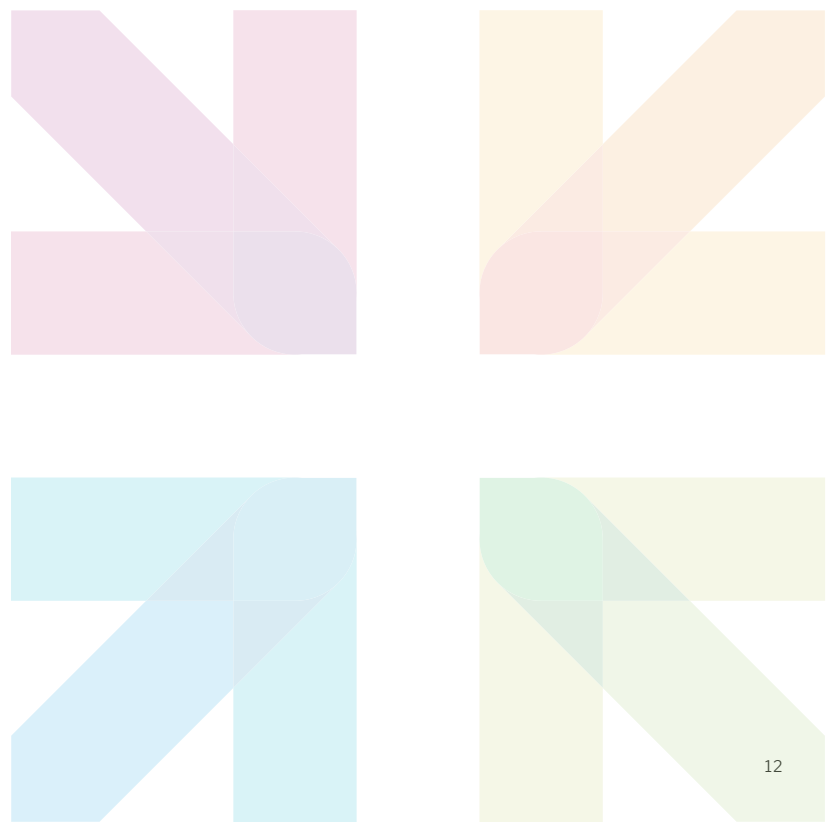
Final Thoughts

As you may have realized, campaign measurement needs to rely on fairly complex and sometimes opaque data science techniques. These techniques are only as good as both the rigor and input data that go into them (the old "garbage in, garbage out" phenomenon).

While this paper is the culmination of five months of research, it is not the destination for POC measurement excellence, but rather the start of the quest for it.

We have pulled in aggregated data and perspectives both from inside and outside the POC measurement community. The recommendations we generated from the gathered information are just that: recommendations. A lot of the methodological challenges we noted above are due to either marketer requirements or practical campaign logistics for POC partners. Overcoming these challenges will need both POC marketers and partners to collaborate to strike a balance between methodological rigor and in-market reality.

The fervent goal from here on out should be for these recommendations to evolve into and adopted as best practices. We will be looking to collect or generate data across defined empirical experiments that test the underlying hypotheses of these recommendations.

Fortuitously, we have benefitted from a lot of data science expertise within the POC community, and we are looking forward to collaborating with these experts, as well as industry thought-leaders, to reach the desired destination of POC measurement excellence.

Acknowledgements

About

The Point of Care Marketing Association (formerly known as the Point of Care Communication Council, or PoC3) was founded in 2013 by forward-thinking industry leaders seeking to gain strength and scale through collaboration. Our mission is to support the continued growth of the POC channel through education and advocacy and to ensure the effective use of the channel to advance patient healthcare outcomes.

Syneractiv is a fast-growing marketing analytics advisory startup that assists marketers and analytics organizations in closing their analytics knowledge gap in a rapidly evolving tech and privacy landscape. Syneractiv founder, Joy Joseph, has over 2 decades of experience leading analytical research, product, and consulting teams in the Martech space.