INTO THE DEEP:

How a Top Pharma Brand Harnessed Advanced Analytics to Understand POC Program Impact Across Multiple Dimensions
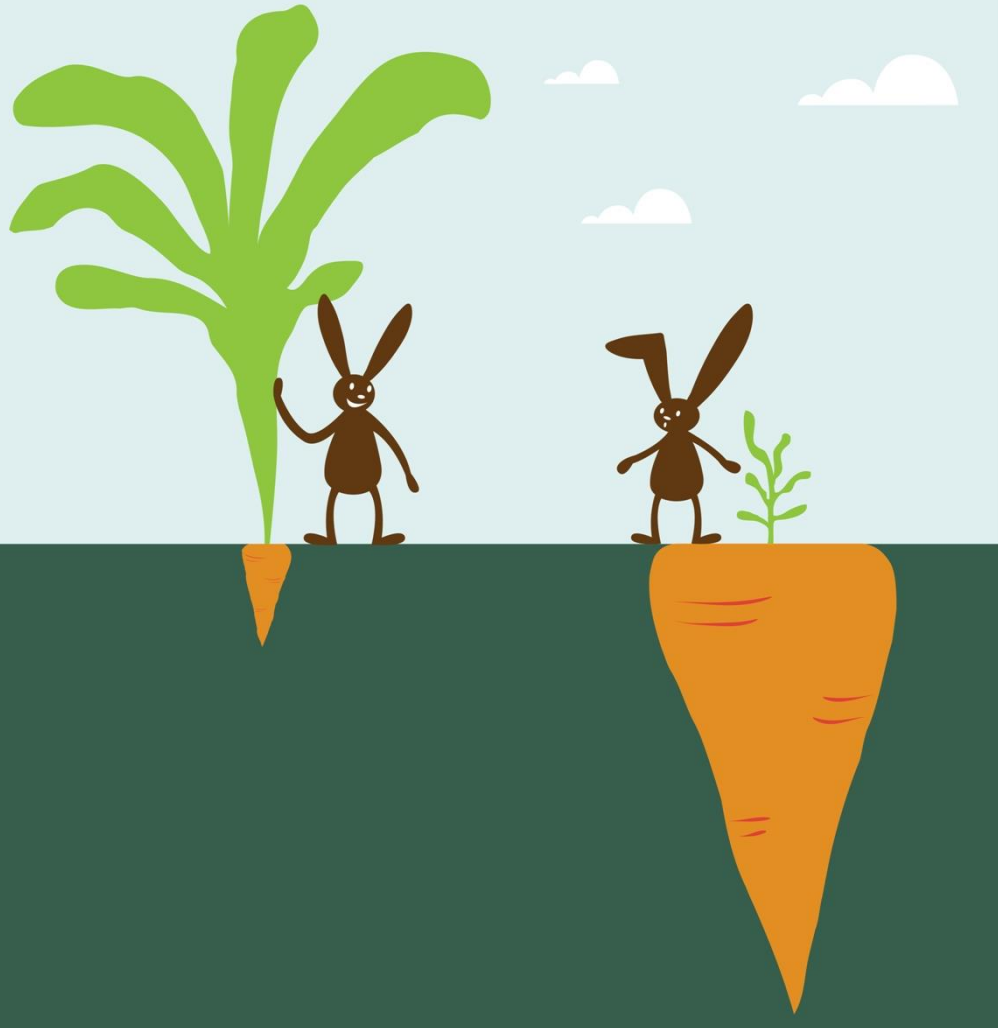
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11.05.15

DEEPER ANALYTICS = DEEPER UNDERSTANDING

When using proxy metrics, you're only scratching the surface of a much deeper story.

TRADITIONAL PHYSICIAN-FOCUSED METHODOLOGY

- **Physician-centric**

- Primarily based on HCP prescribing data

- Obscures true patient impact

- Only tells one part of the broader story

INNOVATIVE PATIENT-CENTRIC METHODOLOGY

- **Patient-Centric**

- Leverages patient behavioral data to measure sales

- Double control methodology that leverages both HCP & patient-level data

- Enables more granular insights

- Larger samples

HOW THIS APPROACH BENEFITS BRANDS

- Patient-centric approach provides **demonstrable advantages** over traditional HCP-focused POC measurement methodologies

- Enables brands to understand POC campaigns in a **consistent manner** relative to all other marketing channels, including digital, TV, etc.

- Facilitates **more granular analyses** that facilitate substantially more informed optimization decisions

- Enables **cross-channel analysis**

THE MANY DIMENSIONS OF A POC CAMPAIGN

By Channel

HCP Office/Waiting Room

Pharmacy

By Tactic

In-Office TV

Wallboards

Magazines

Brochures

On-Site Education

Mobile Messaging

CRM/Support Programs

Patient Starter Kits

Sales Calls

+ Many More

By Exposure

Single Channel
—
Single Tactic

Single Channel
—
Multiple Tactics

Multiple Channels
—
Single Tactic

Multiple Channels
—
Multiple Tactics

POC MEASUREMENT METHODOLOGY (OVERVIEW)

STEP 1

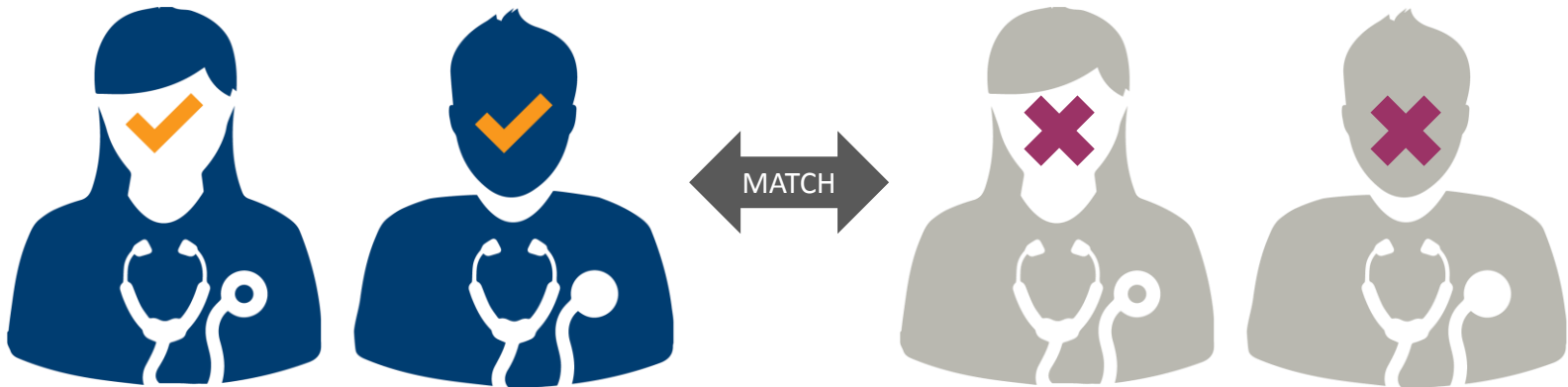Identify "Program-Active" HCPs (i.e., physicians in whose offices the POC campaign ran)
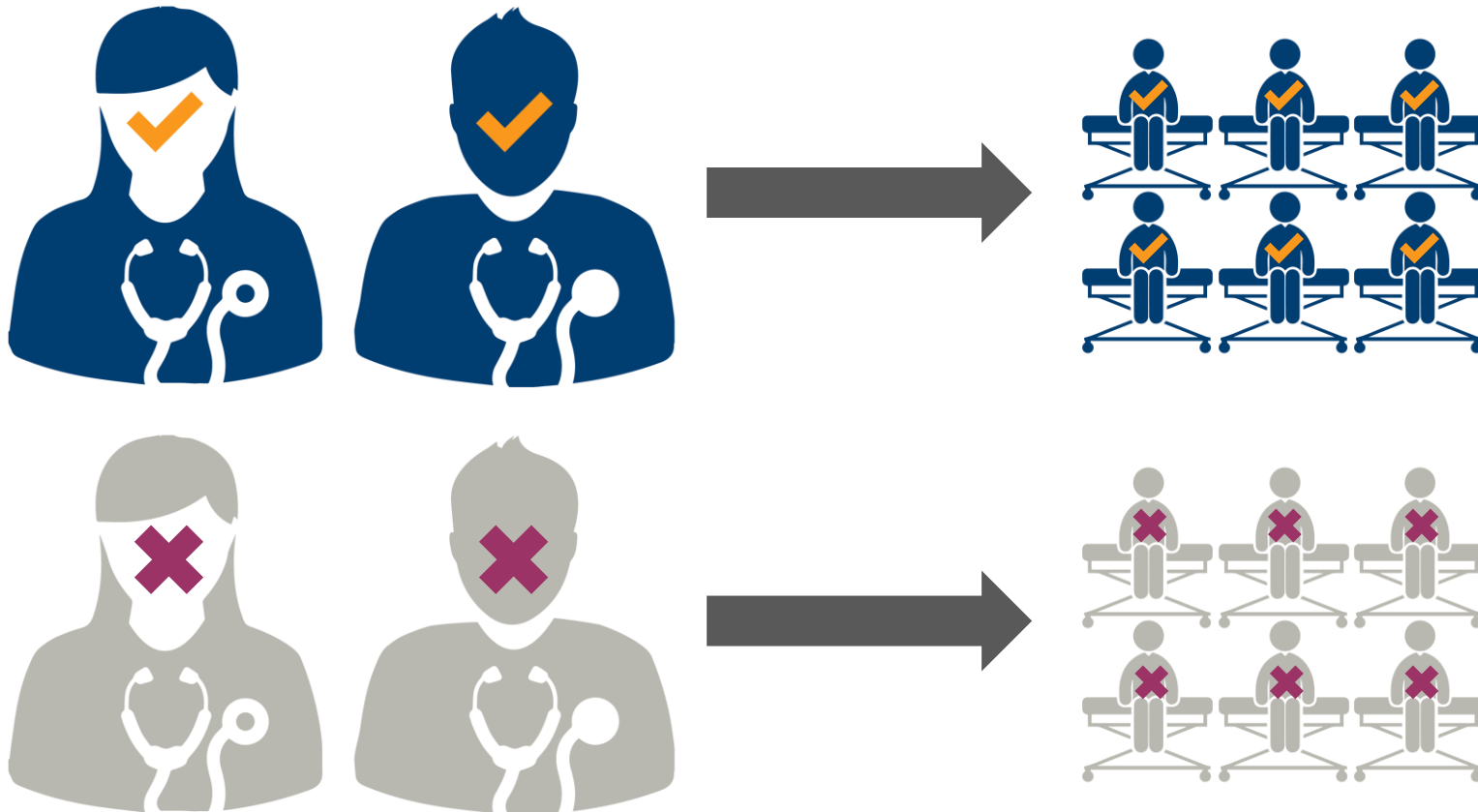
POC MEASUREMENT METHODOLOGY (OVERVIEW)
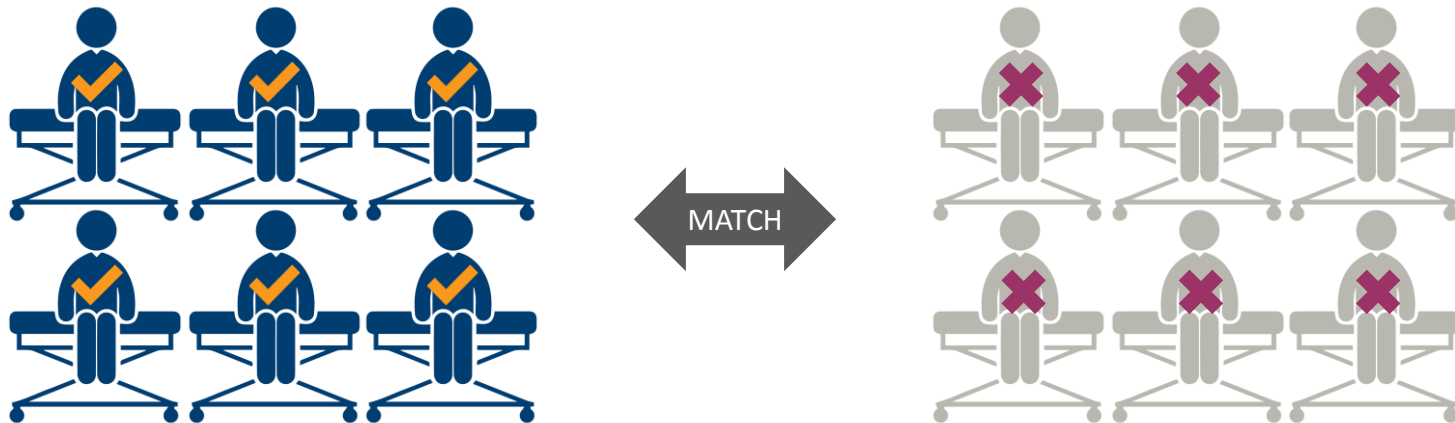
STEP 3

Link "Program-Active" and Control HCP data to respective patients' Rx treatment data (i.e., patients exposed to campaign vs. control patients not exposed)

POC MEASUREMENT METHODOLOGY (OVERVIEW)

STEP 4

Match "Program-Active" HCPs' patients to Control patients using project-specific criteria

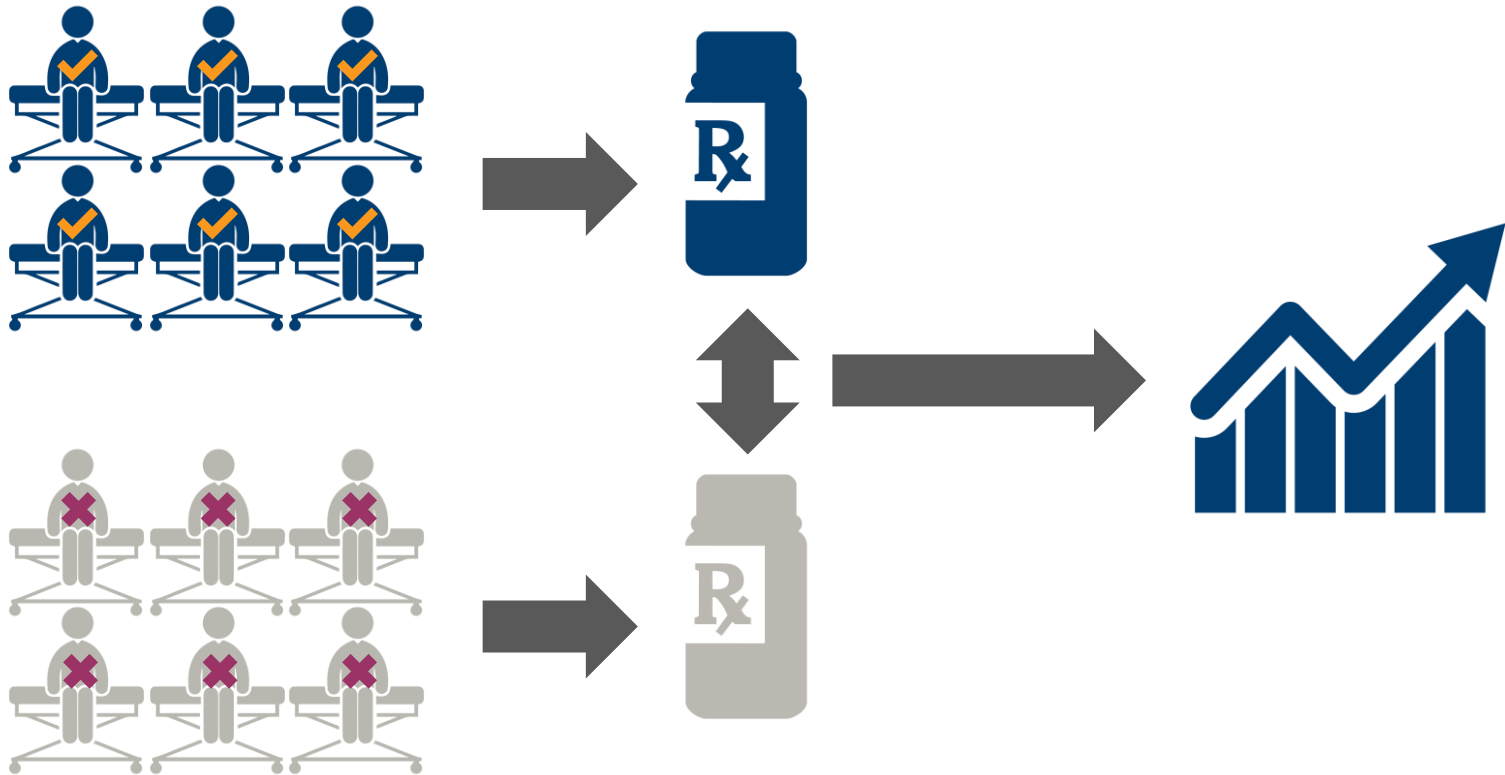
MATCH

Double Control Matching Criteria Includes:
- HCP Decile
- HCP Specialty
- Demo/Geo
- Age/Gender
- Past Rx Usage

POC MEASUREMENT METHODOLOGY (OVERVIEW)

STEP 5

Compare Rx treatment behavior (conversion/adherence) between exposed and control patients to understand incremental impact of campaign exposure

CASE STUDY: MULTIDIMENSIONAL POC CAMPAIGN

BRAND CLIENT SITUATION

- Multi-tactic campaign

  - Tactics A, B, C & D

- Wanted to understand if their campaign was reaching the right patients with the right tactics and driving ROI

- **Business Questions**

  - **Primary:** What is the overall impact of our multi-dimensional POC campaign?

  - **Secondary:** From a tactic, exposure, and physician decile perspective, are there opportunities to optimize campaign performance?

4 COMPONENTS OF PROGRAM

1 Overall

**2** Single vs. Multiple Tactic

3 Vendor by Vendor

4 Physician Decile Analysis

OVERALL: CAMPAIGN CONVERSION IMPACT

- Prospective patients who visited physician offices where the campaign ran had a **0.07% net conversion rate** within 3 months of exposure to campaign media, leading to 3,788 new patient starts

- Represents a **15.2% lift** over the control group

Overall Brand A Campaign: Conversion Rate
(3 Months Post-Exposure)

(**0.07%** net conversion rate,
15.2% lift above control)

0.46%

0.53%

Control   Exposed
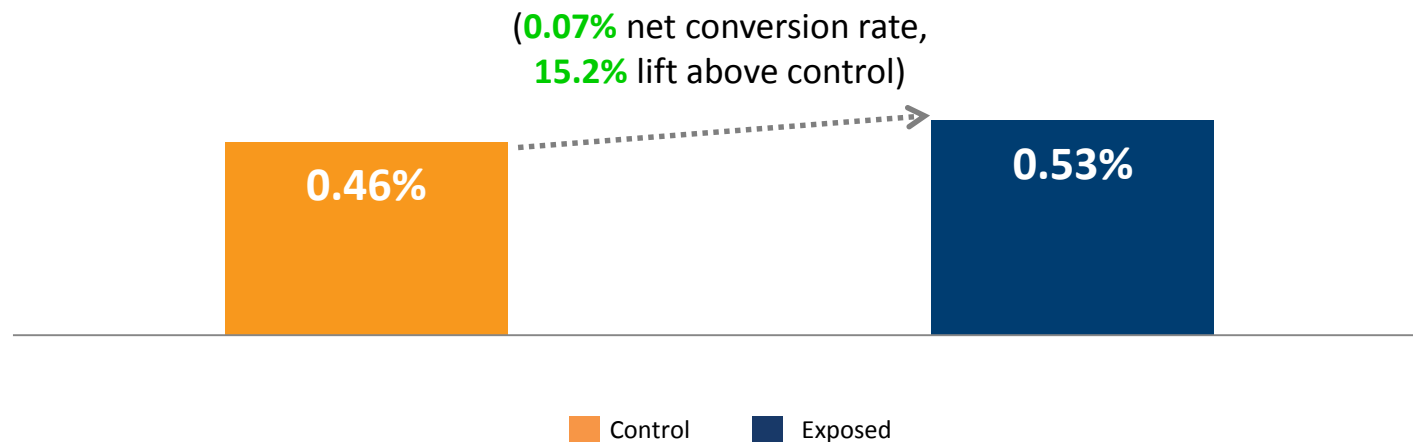
OVERALL: CAMPAIGN ROI

Based on incremental revenue generated and campaign costs, the campaign generated a positive ROI of **2.2 to 1**

|	
Patients Exposed to Campaign	5,590,079
Net Conversion Rate	0.07%
Incremental New Patient Starts	3,788
Incremental Revenue	$7,508,334
Campaign Cost	$3,378,386
ROI	**2.2:1**

AUDIENCE EXPOSURE TO SINGLE VS MULTIPLE TACTICS

- Patients who were exposed to multiple tactics converted at a **net rate of 0.09%,** which is a **51.3% lift** over those who were exposed to a single tactic

Net Conversion: Single Vs Multiple Tactic
(3 Months Post-Exposure)

0.06% (51.3% lift) 0.09%

Single Tactic   Multiple Tactics
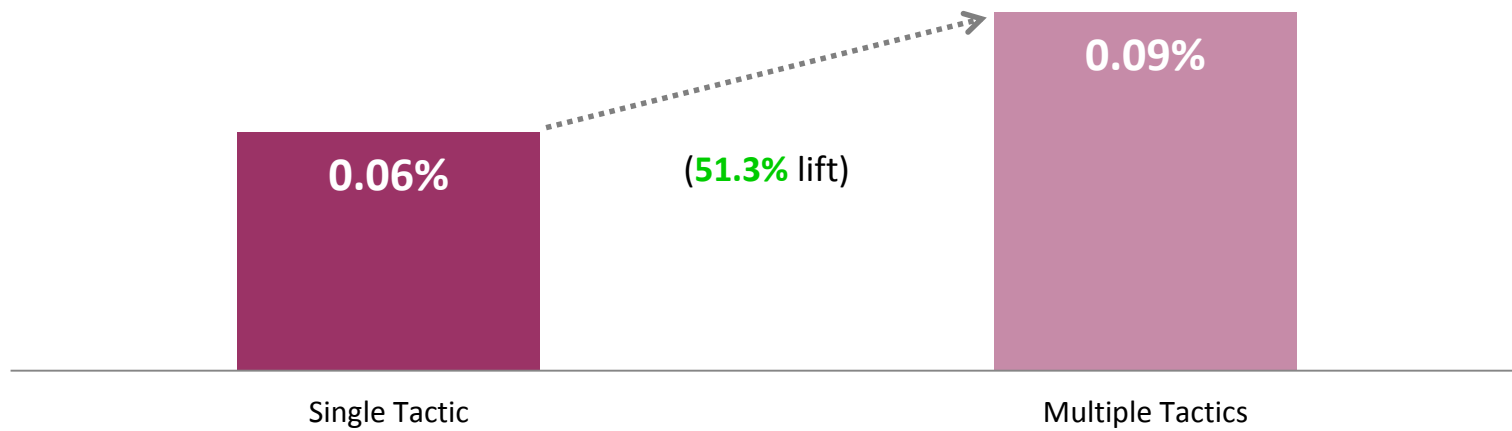
TACTIC BY TACTIC COMPARISON

- Tactic C drove the highest net conversion rate of 0.09%, resulting in 1,583 new patient starts

- Tactic B drove the lowest conversion rate and volume of new patient starts

Net Conversion to Brand A & New Patient Volume by Tactic
(3 Months Post-Exposure)

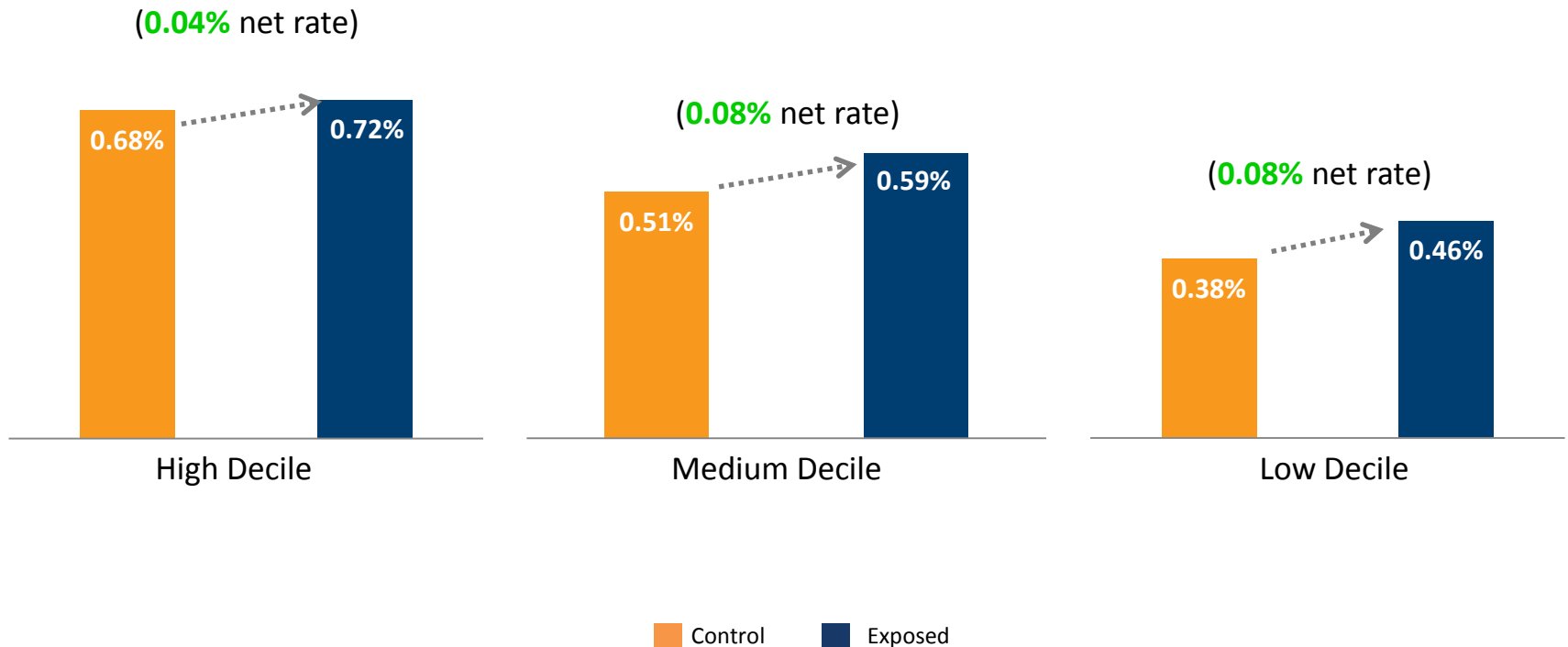|	459	1,001	1,583	745
	0.06%	**0.05%**	**0.09%**	**0.07%**
	Tactic A	Tactic B	Tactic C	Tactic D
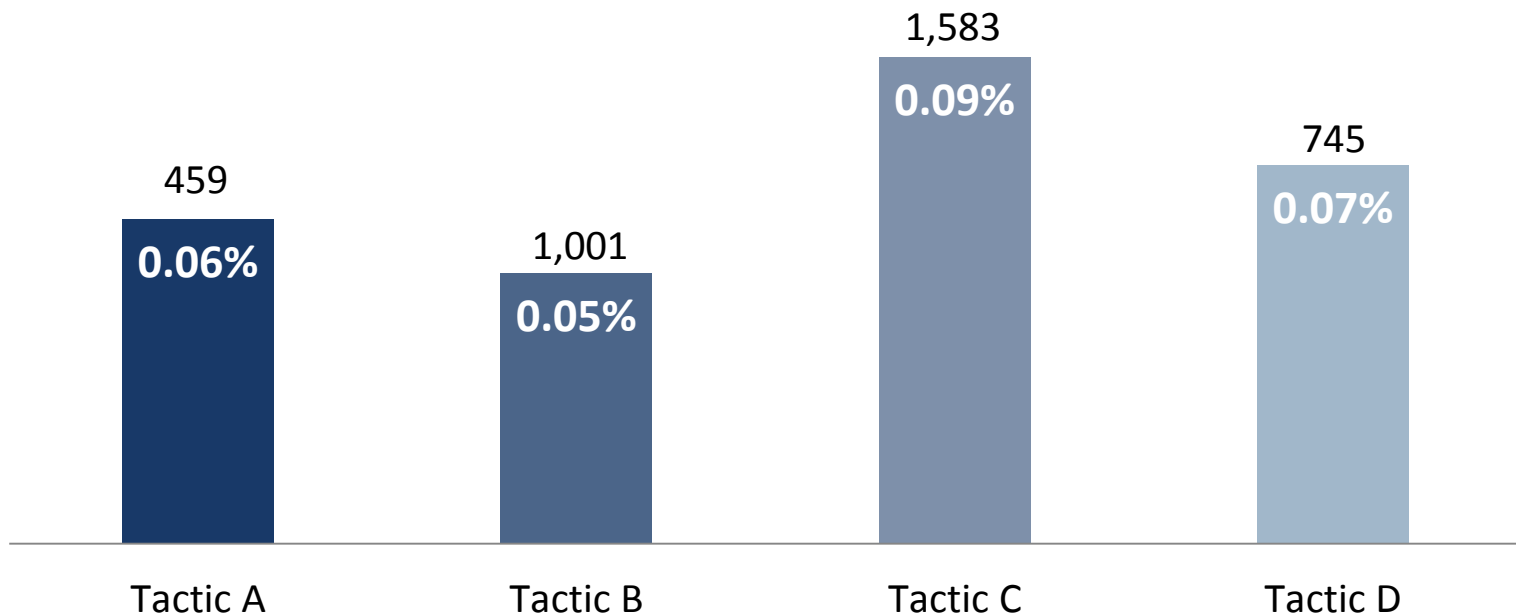
OVERALL CAMPAIGN ROI

Even though ROIs vary by vendor, all vendors work in concert together to produce the overall campaign ROI

	Tactic A	Tactic B	Tactic C	Tactic D	Overall
Patients Exposed	765,345	2,000,636	1,759,340	1,064,758	5,590,079
Net Conversion Rate	0.06%	0.05%	0.09%	0.07%	0.07%
Incremental New Patient Starts	459	1,001	1,583	745	3,788
Incremental Revenue	$910,148	$1,982,630	$3,138,310	$1,477,245	$7,508,334
Campaign Cost	$694,765	739,821	$1,539,026	$404,756	$3,378,368
ROI	1.3:1	2.7:1	2.0:1	3.6:1	**2.2:1**

PHYSICIAN DECILE ANALYSIS

Medium and low deciles drove the higher net conversion rate at **0.08%**, while the High decile drove 0.04% net benefit

Conversion Rate to Brand A by HCP Decile
(3 Months Post Exposure)

(**0.04%** net rate)

0.68% 0.72%

(**0.08%** net rate)

0.51% 0.59%

(**0.08%** net rate)

0.38% 0.46%

High Decile   Medium Decile   Low Decile

Control   Exposed

Reprioritized HCP targeting to shift some funds to lower deciling HCPs

Increased investment in Tactics C & D, while decreasing spend on Tactic B

KEY TAKEAWAYS

- Overall the Brand A campaign **drove conversions** to brand and yielded a **positive ROI**

- Key performance metrics and ROI varied across different dimensions, including tactics used, vendors, etc.

- Leveraging these insights enabled the client to make smarter optimization decisions

THANK YOU!

Questions?