# MEASURING THE IMPACT OF COORDINATED FIELD AND DIGITAL ENGAGEMENT THROUGH NETWORK INFLUENCE:

## An Omnichannel Case Study

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# ABSTRACT

In today's competitive global market, pharmaceutical companies can't afford to waste time or resources on strategies that don't generate scripts or fit product and patient needs. Without data-informed, fully integrated campaigns, there's a missed opportunity to mine deep insights that can inform next steps and accurately pinpoint efforts to doctors and patients who could benefit from additional touch points during the campaign, yielding higher results. Rather than guessing which HCP targets most disproportionately impact script fills, tracking provider networks through data and analytics can provide discrete insight for creating more effective, targeted provider outreach strategies.

EVERSANA recently sought answers to this industry challenge by studying which providers are impacting product script adoption and fills within patient groups and among other providers. To conduct this study, the team leveraged collective prescriber data to adjust targeting strategies and upturn the script trajectory for a client's product six months after launch. After a pattern began to emerge among prescriber networks, our team found that providers with connections to existing prescribers prescribed the product at a rate 5.3 times higher than non-connected prescribers did, resulting in 7.8 times higher prescription fills. Our team concluded that understanding provider network connections not only leads to high-impact, targeted outreach that can change script trajectory, but this data also improves future forecasting accuracy as well.

# INTRODUCTION

As the digital engagement model for life sciences companies has evolved over the last five years, the critical importance of coordinated communication channels to maximize effect of spend and outreach has dramatically increased. This has led to the rise of an omnichannel approach to not only marketing but digital engagement and field coordination as well. Through the onset of the COVID-19 pandemic, the level of direct access and expected standards of digital engagement have been significantly altered. As the industry tries to achieve optimal results for the lowest costs, omnichannel models and strategies can be leveraged to improve campaign connectivity and consumer outreach – **but successful omnichannel requires a commercialization model that is integrated with sophisticated data and analytics technology.**

Companies know that an immersive, personalized experience is key to patient and provider engagement. Without data-integrated campaigns, wasted spend and activity in siloed engagement channels not only cost more and are less effective but also lead to a potentially negative reaction from consumers (patients or physicians). When omnichannel interconnectivity is coordinated, the effect can be exponential between the channels involved, and the long-term brand experience impact can become a measurable competitive differentiation.

As life sciences companies adopt core technology to meet accelerated digital demands, leveraging platform coordination drives predictive technology through a "next best action" framework. When all channels are coordinated, they're not only metricized by activity but by attribution and consumer experience as well.

## PROBLEM STATEMENT

While companies have seen success from omnichannel strategies for years within the agency channel, the next stage of innovation exists in orchestration between CRM systems and outreach channels. It should be a standard point of measurement and attribution that you can determine which activity in which sequence leads to a behavior change. Further, this attribution data should serve as the core reinforcement learning data for training and optimization of omnichannel activities. Unfortunately, the primary challenge tends to be temporal integration of engagement tactics and activities across marketing, sales and digital systems, which requires further orchestration for success.

EVERSANA recently took on the challenge to solve the industry problem of ambiguous targeting across field, marketing and patient services teams. We wanted to know: Which providers are impacting product script adoption and fills within patient groups and among other providers?

To begin this study, we looked at a client's product that was on the market for six months to see if we could leverage collective prescriber data to adjust targeting strategies and upturn the script trajectory – and we did.

## APPROACH

Our client's product, a treatment for gastroparesis, launched in the third quarter of 2020. After initial adoptions, we began to observe a pattern: **Most of the second-wave prescribers were connected to the initial prescribers through the same network of patients.**

With this observation, we set out to answer the following questions:

**Is script adoption following a network?**

- ✓ Is product adoption following the path of the gastrointestinal (GI) (or disease area) physician network?

- ✓ How much more likely are providers linked to initial prescribers by first- and second-degree connections to enroll and fill product scripts than providers who aren't connected to prescribers?

**Would targeting the network with marketing be more effective than current strategies?**
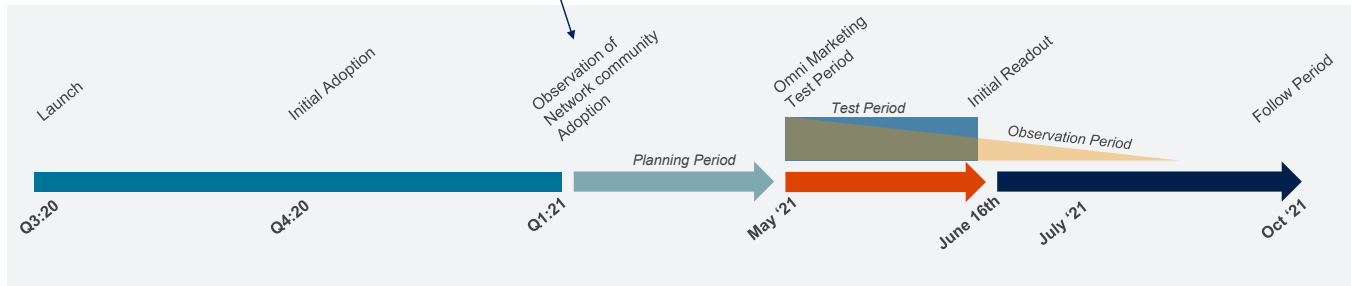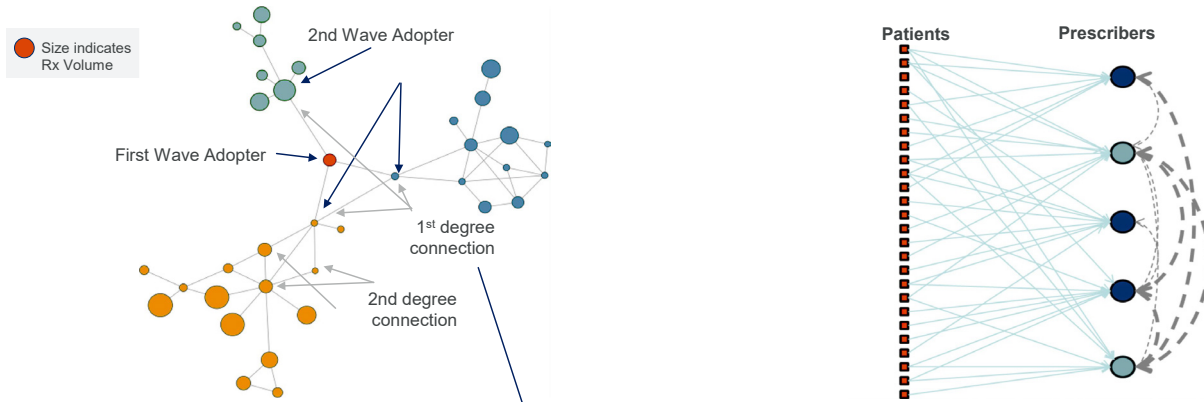
- ✓ Would targeting digital marketing at first- and second-degree connected providers more effectively generate impressions and clicks within the marketing channels?

- ✓ Could this lead to higher enrollment and Rx fills?

- ✓ Could this make outreach investments more effective?

We began mapping out the emerging script pattern to see which providers in this disease area were connected to the initial prescribers through patient networks. By counting the number of patients between prescribers, we could determine how tightly linked the prescribers were, which resulted in a map of second- and third-degree connections in a clear network for possible script adoption.

Similar to the algorithms behind Facebook, drug adoption tends to follow network patterns. When the links in an entire prescriber network can be tested, communities emerge. In our case study, we found two communities within the GI provider network to study effective, focused marketing and sales activities and the results.

## Observation of Network Community Adoption



Size indicates
Rx Volume

2nd Wave Adopter

First Wave Adopter

1st degree
connection

2nd degree
connection

Observation of
Network community
Adoption

Patients                 Prescribers

Launch

Initial Adoption

Omni Marketing
Test Period

Test Period

Initial Readout

Observation Period

Follow Period

Planning Period

Q3:20          Q4:20          Q1:21          May '21          June 16th          July '21          Oct '21

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### TERMINOLOGY

| | |
|---|---|
| **Connected Prescribers** | Prescribers who share patients in a specific disease |
| **Second-degree Adopter/Connection** | A prescriber who shares patients with the original script prescriber. |
| **Impressions** | At this level of script adoption, the provider doesn't necessarily share patients with the first script provider, but they may share patients with the first-degree adopter. |
| **Clicks** | The number of people who clicked on the ad. |
| **Spread** | The speed at which the message goes to the outer edges of the provider community. Can be tested with A/B testing. |

# CLINICAL AND MARKET FINDINGS AND INSIGHTS

From the provider networks, our team was able to build bridges and connection paths from first adopters to find our next outreach targets. If you're trying to get the whole community to take an action, such as prescribe a product, companies must target messaging and outreach to the **providers at the center of these communities.**

For example, once you know which provider influences a community the most, marketing and field teams can take actions to increase the chances of influence, such as inviting the provider to speak at a conference where other providers from their community will be in attendance.
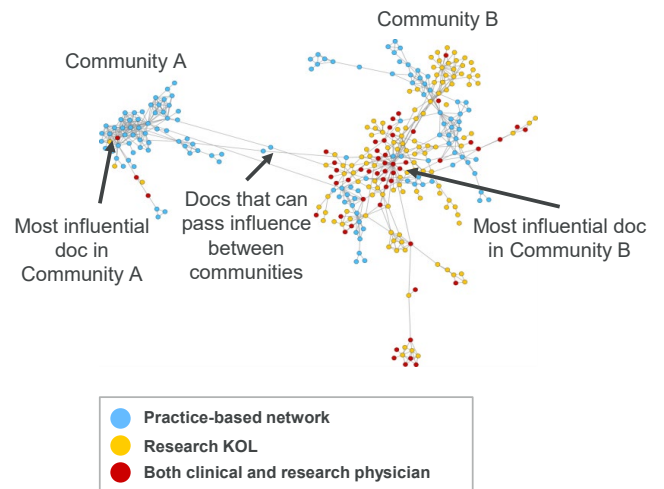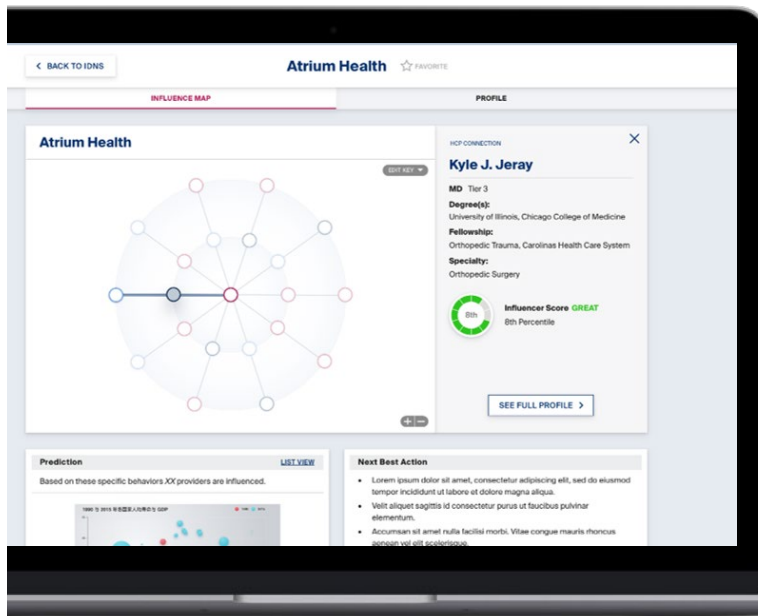


We then found that to garner scripts from multiple provider communities, targeting doctors in **between the networks is an effective strategy that provides more outreach opportunities.** Providers who are connected to both communities have a higher influence over networks than those on the fringes. While communities are typically based on a disease area or specialty, they're also often built around the geographic locations of providers and patients. For instance, there's a large network of cardiovascular providers between New York and Florida due to patients moving back and forth. For this experiment, our test states were Texas, Florida and New York.
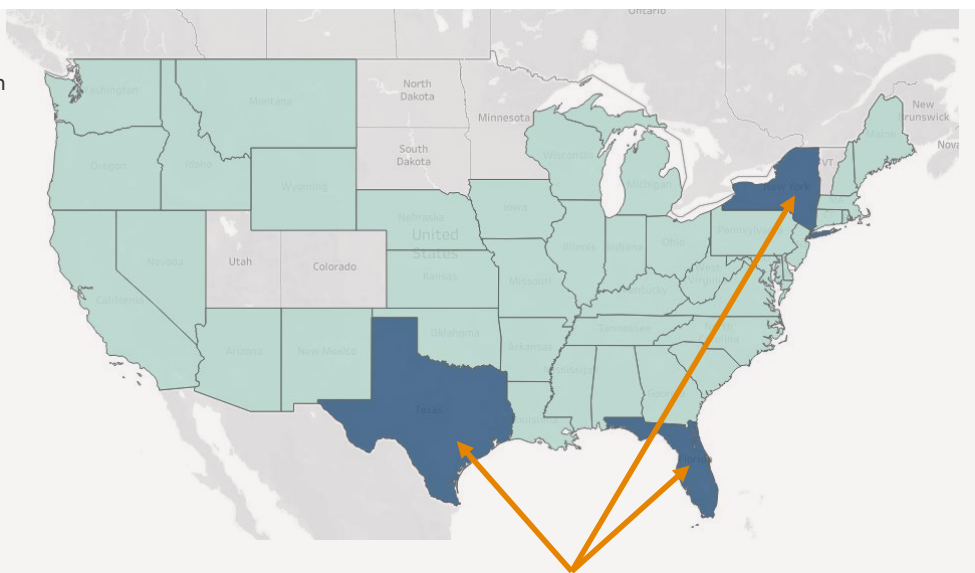


**States where marketing experiment was run in May (Only first- and second-degree connections were targeted)**

## How To FInd Communities Among Providers:

1. Fill/Enrollment Trends
2. Geography
3. Patient-focused Disease Area
4. National Provider Identifier (NPI)
5. Anything connected with an action

Once we identified provider communities and networks with degrees of connections between prescribers and potential prescribers, we were able to test:

✓ **Whether or not connected providers were prescribing more often than unconnected providers.**

✓ **How targeted marketing influences providers who are connected to initial prescribers.**
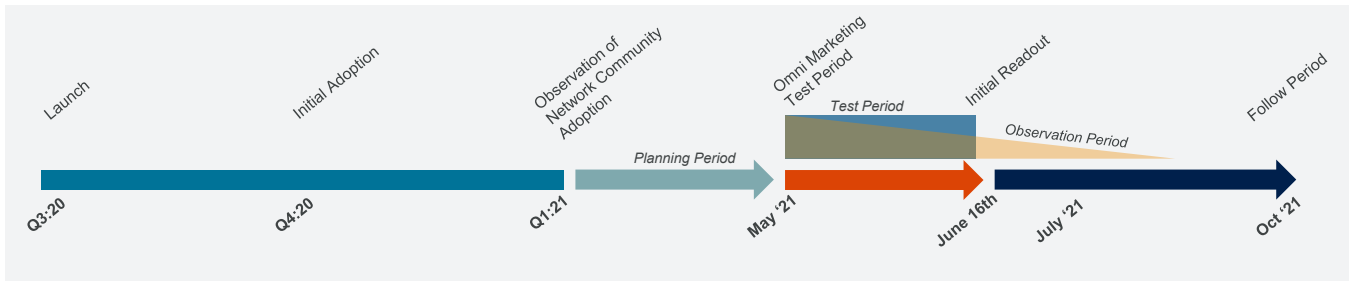


## Results

Do connections to existing prescribers convert providers to the product at a higher rate?

The answer to this question is simple – **yes.**



**Fold Difference in Connected Group vs. Not**
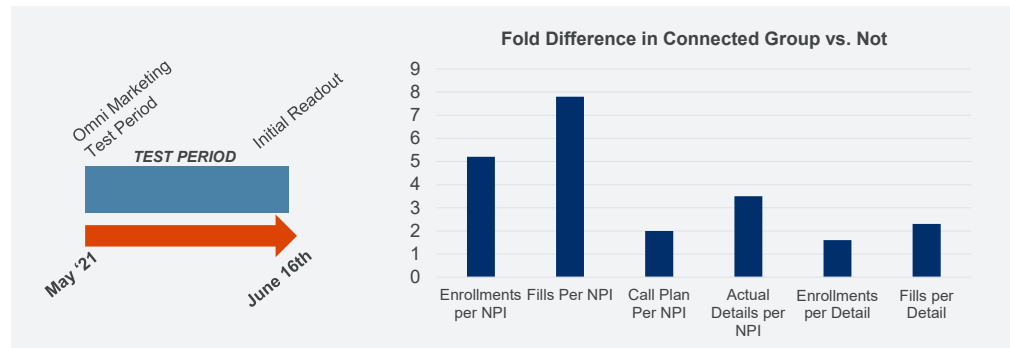
| Connection to Prescriber | Existing Target List (NPI) | 12 Month Meto RX | Rx per NPI | % of total Rx |
|---|---|---|---|---|
| **1st or 2nd Deg** | 1,334 | 115,731 | 86.8 | 18% |
| **2nd Deg only** | 67 | 2,661 | 39.7 | 0.5% |
| **Not Connected** | 11,684 | 529,075 | 45.3 | 81.5% |
| **Total** | **12,085** | **647,467** | | |

> "The long-term impact of this study comes down to understanding and pin-pointing prescription trends, which will lead to more predictable launch forecasting in the future and enable coordination of outreach through omnichannel methods."

Our study found that enrollments were **5.3 times higher** among first- and second-degree connections compared to non-connected providers, and prescription fills were **7.8 times higher** in this group. The call plan in the connected group had 2 times Rx volume, but this does not explain the 3.5 times more enrollments and fills for first- and second-degree connected providers. Furthermore, sales calls with a focus on targeting connected providers also proved to be more effective: **enrollments and fills both almost doubled.**

From this client's sample of 12,000 target physicians, there are about 1,300 providers who are first- and second-degree connections to initial prescribers. Our findings show that this group prescribes at a higher rate than the rest of the community, making up about 20% of the early-adoption scripts written for this product and representing more Rx than the total percentage of providers.

By studying how to best influence, reach and educate prescriber networks about new therapies and treatments, pharma would have an inside look at the most effective sales and marketing methods to improve script adoption, which led us to our next question.

**Is marketing more effective when targeted to connected physicians?**

Once again, we found the answer to this question is yes: Marketing to precise targets in a provider network is more effective than other methods of outreach. This level of targeted marketing resulted in:

- ✓ **13 times higher impressions** per first- and second-degree connected providers in test states.

- ✓ **More than double impressions** for first- and second-degree connected providers across all states in U.S. with no targeted marketing.

- ✓ Provider communities located in Texas, Florida and NY had **7.8 times higher click rates** among providers, proving impression conversion rate is higher.

- ✓ Enrollments per impression were **3.4 times higher.**

- ✓ Fills per impression were **5 times higher.**



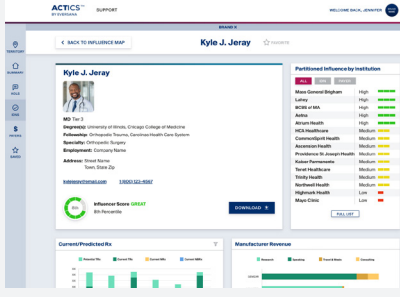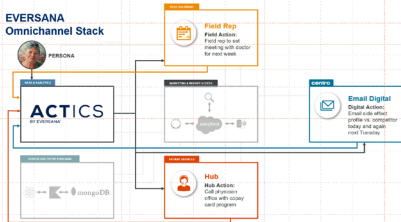**Fold Difference in Connected Group vs. Not**
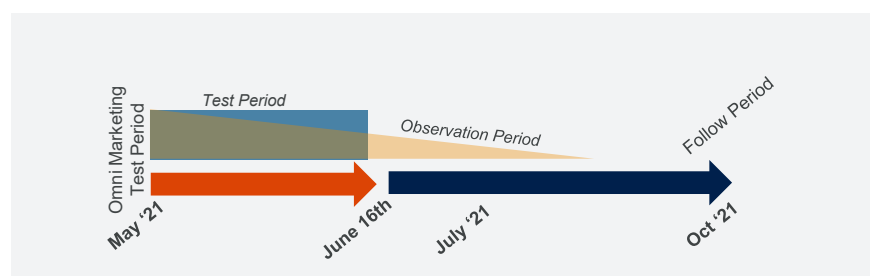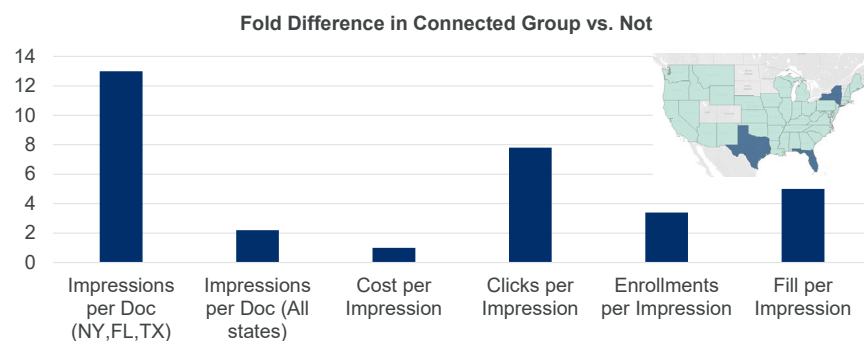
Despite this spike in provider engagement, the same cost was spent on marketing for the connected providers as non-connected providers. The drastic improvement in scripts among connected providers begs the question – **Is personalized, targeted marketing the push that deeply connected groups of providers need to prescribe?**

# GOING FROM GOOD TO GREAT: RECOMMENDATIONS

Finding provider communities for your product is the first step in improving script volume as well as noticing when and where drop-off rates are happening. The next step is understanding the overall community goal. To do this, companies must begin by drawing the full network of prescribers and working from the middle to the outside of this community to find the most influential targets. Then, create strategies for provider engagement to promote action and script adoption, such as focusing outreach on the providers who influence multiple networks, and implement these strategies across marketing, email and call plan campaigns.

Eventually, payers can be added into network maps for greater industry visibility and to help companies better understand how institutional influences over providers and payers affect script volume.

| Complete Full Network Map and Change Targeting to Maximize Community Spread | Add Payer Influence to Network Influence to Build Out More Complete Physician Profiles | Go From Monthly Experiment to Daily/Weekly Email, Digital and Sales Coordination Around Key Targets |
|---|---|---|



*Create the +5x effectiveness ratio in disconnected GI communities*

*Optimize for current and future payer access, and maximize S&M resource utilization*

*Prove that we can exceed 5-8x benefits shown in this experiment the weekly cross-channel coordination and further persona development*

## Recommendation 1

**1**

Immediately factor first- or second-degree provider status into your call plan with a 30% weight in total scoring vs. other metrics, such as volume.

We found that retargeting call plans to focus on first- and second-degree connections should have a **3 to 5 times greater impact on enrollments and fills** without additional investment or resources, only a redirection of effort. **Reps are 2 times more effective when they're calling the right person.**

## Recommendation 2

**2**

Add market access overlay to your influencer map to tune network factors for types of patient coverage. Determining which physicians have a favorable underlying market access position from payers is an important factor in weighting outreach.

### Recommendation 3

**3**

Roll out a first- and second-degree connection target list to all states, and add a secondary campaign to target high-volume communities that are not currently connected to existing prescribers. At this phase, you'll also want to consider market access and hub support messaging in coverage-challenged regions.

**Reps are 2 times more effective when they're calling the right person and estimated to be 3-5 times more effective while using the same resources.**

### Recommendation 4

**4**

Invert the network model to determine influence scores for all providers in the target community; then apply the influencer list to target call plans and marketing at high influencers, not just high-volume providers. This will open new communities and maximize spread.

By coordinating marketing and sales strategies around a specific, proven influencer list and tracking real-time, integrated data, outreach efforts will become more effective.

## CONCLUSION: NEXT STEPS TO PREDICTABLE FORECASTING

One of the industry's top challenges is accurate forecasting. Now, with a way to predict provider actions and script volume, companies can predict product performance better than ever before.

With this case study, we were able to model a provider behavior that could lead to greater script adoption and treatments for patients. While we learned that targeting connected providers and prescribers for outreach results in **7 to 8 times more prescription fills,** this uptick will not remain a constant, and **the strategy will have to be altered throughout commercialization.**

Executing an integrated omnichannel strategy driven by sophisticated data requires an agile, end-to-end commercialization model. EVERSANA is leading the way in meeting manufacturer, patient and provider needs with an omnichannel activation model that is integrated into a complete, full-scale, customizable infrastructure, including best-in-class analytics. By providing clients unprecedented visibility into ever-changing patient and provider trends, EVERSANA is maximizing opportunities for effective brand impact; customized, dynamic promotional campaigns; and optimized commercialization investments. With this model, clients can flex their omnichannel commercialization and outreach strategies **how and when** they need to in order to meet product and patient needs.

A prediction alone is not interesting. A prediction that enables an action and learns from the outcome of that action is what creates a high-performance operation. Above all, this study proved that real-time analysis of provider and patient trends is critical in planning and strategizing marketing campaigns, field activities and patient services programs to create a cohesive, impactful brand experience. In doing so, outreach goes well beyond "marketing" to inform touch points across an array of stakeholders and optimizes resources to reduce waste and inefficiencies, ultimately driving therapy adoption and brand success.

Schedule a meeting with one of our commercialization experts today.