



# Reach More POTENTIAL PATIENTS

*Using anonymous patient-level data, brand teams can identify which placements reach the most patients in the healthcare markets of interest.*

**O**n the year ending October 2010, more than \$4.4 billion was spent to promote drugs directly to consumers (DTC) through television, magazine, newspaper, Internet, radio, and outdoor advertisements. Although spending was higher when there were more blockbusters being advertised, there are still many brands today for which DTC advertising is one of the biggest marketing investments.

With products such as Lipitor, Cialis, and Advair Diskus supported by more than \$200 million in DTC advertising each year, some brand teams clearly believe that the investment increases sales. But, just what is the impact, and how can brand teams improve the return they get from advertising to patients?

## Improved Ad Placement Intelligence

Historically, brand teams needed to rely on inexact methods for selecting where to place advertisements. In most cases, in order to choose which publications or television programs to advertise with, brand teams tried to match the typical age and gender of patients in their target with the demographics of subscribers or viewers. So, an oral contraceptive might be advertised during TV programs where most viewers are female and younger than 40.

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Today, however, brand teams and media planners do not have to gamble that potential patients will be reached because demographics match. Instead, using anonymous patient-level data, brand teams can identify which placements reach the most patients in the healthcare markets of interest.

The foundation of patient-level data is the ability to create an anonymous “key” to represent a patient by replacing identifiable information with a string of characters.

Although originally developed to comply with HIPAA and privacy concerns, this technology is not limited to use with healthcare records. In fact, it allows patient healthcare information to be combined with data from other sources.

More recently, the patient key methodology has been used to analyze the healthcare behavior of television program viewers, magazine subscribers, and website visitors.

Advertisers can now compare and choose placement opportunities based on which programs or publications are viewed more often by patients who have filled prescriptions for products in their markets of interest. So, the oral contraceptive marketer can now feel confident that when advertising his product on TV, it is being seen by potential patients, in-

stead of hoping that he’s reached some by advertising to younger women.

## Measuring Return and Strategy Refinement

In addition to improving ad placement strategy, combining audience and healthcare information allows for a true measure of return on investment. The impact of DTC advertising, especially in some media such as television, hasn’t always been easily measured. In many cases, primary research was used to identify if patients saw and remembered the campaign and the impact it had on their behavior. Today, however, empirical data can be used to see if patients exposed to an ad campaign filled prescriptions afterward. Monitoring of de-identified patients who watched a program or visited a website, for example, can show if those who were exposed to advertising filled more prescriptions than other patients.

Based upon the information obtained by combining profiles of various media audiences with measurements of the impact of advertising on prescription-filling behavior, future ad placements can be refined and improved.

With so much time and energy invested in creating impactful DTC ads — along with the cost of placing them — brand teams should take advantage of new technologies that allow them to make better, more informed decisions on the best places to reach potential patients. **PV**

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