

POINT OF CARE: At a Tipping Point

Primed with verification tools, engaging content and proximity technology, the channel is positioned for takeoff

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Maximizing the POC Opportunity



JOANN WHITCHER
Senior producer,
Haymarket Studio

Point of care is poised to undergo massive growth over the next several years. New verification standards are set to be released to ensure the POC advertiser full transparency. The channel is responding to the changing dynamics within the healthcare industry, from the rise of consumerism in healthcare to how services are delivered, with the capability for POC messaging to travel outside the four walls of the provider's office to anywhere the consumer engages with healthcare.

POC marketers are leveraging the deep pools of data available to go beyond the basic demographic and include search and prescribing behavior datasets. Advanced technologies, such as beacon and voice, are also available to ensure the patient is receiving the right message.

Content is better than ever, infused with both relevant information and the storyteller's constructs to drive a more engaging, dynamic interaction with the healthcare consumer.

How are POC marketing companies leveraging these new opportunities? This eBook will explore the changing POC terrain.

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The point of care channel breaks through



Just shy of two years ago, the Outcome Health verification firestorm threatened to torch the POC segment. The revelation that there was a fundamental lack of industrywide transparency and standards was devastating — still, it functioned as a much-needed wake-up call to the POC sector. Over the ensuing months, POC and Outcome Health emerged stronger, with verification tools, engaging content and the latest technologies all primed to deliver a robust solution for pharma marketing.

POC, reports the Point of Care Communications Council (PoC3), is “anywhere and everywhere a consumer is receiving care via an interaction with a healthcare professional,” and can touch down on a patient’s journey at key points, across a multitude of channels.

Marketers are increasingly tapping into the POC channel to reach patients, as well as providers:

- In a recent study, ZS Associates projected a growth of 15% (CAGR) for POC from 2017 to 2020, with potential revenue climbing to nearly \$850 million.



“POC provides an educational element that grants it a unique place in a marketing/advertising campaign.”

MIKE COLLETTE, PATIENTPOINT

- Within the same study, between 10% to 20% of the brands ZS interviewed reported they shifted marketing dollars from their digital media budgets to digital POC in doctors’ offices and hospitals on a variety of devices — exam room tablets, interactive wallboards, apps, Wi-Fi and waiting room digital TV.
- Platforms to host POC content are growing, bolstered by the increased use of mobile, proximity marketing, voice and even telemedicine to

deliver targeted messaging. These allow the channel’s reach to extend beyond the four walls of the clinician’s office.

- POC’s target audience also is broadening. “POC used to be solely focused on the patient side of marketing,” says Karen Newman, director of the PoC3. “Now, there is an increased emphasis on POC marketing for healthcare professionals.”



“POC providers are able to provide full transparency and validation to their clients who are paying to be on our screens.”

LARRY NEWMAN, HEALTH MEDIA NETWORK

- Marketers recognize that POC is a touchpoint between patients and HCPs, so they’re leveraging the channel’s ability to foster dialogue between these cohorts through engaging, educational content.
- Unlike traditional DOOH (digital-out-of-home) programs, POC provides an educational element that grants it a unique place in a marketing/advertising campaign. It plays an important role in improved outcomes, which, with the advent of value-based care and its tie to compensation, is increasingly important to providers, says Mike Collette, PatientPoint CEO and cofounder.
- Pharma marketers are also intrigued by POC’s ability to open doors to more direct offerings with HCPs.
- Unlike other forms of advertising, POC offers the opportunity to integrate offers into the clinical workflow through EHRs.

THE PUSH FOR VERIFICATION

The benefits of POC are meaningless if clients don’t have verification that their messaging is being delivered, where and when the contract stipulates.

Now either on their own or under the guidance of the PoC3, “POC providers are able to provide full transparency and validation to their clients who are paying to be on



“We’ve built five quality assurance labs that test every piece of creative to ensure it is rendering as intended across our suite of devices and SKUs.”

HEIDI ANDERSON, OUTCOME HEALTH

our screens,” confirms Larry Newman, Health Media Network chief strategy officer.

As drugmakers’ marketing teams and agencies double down on data and analytics, stats from third-party audits are helping POC providers measure the impact and ROI of their clients’ campaigns. Also helping to bolster these efforts is the PoC3 verification and variation guidance, set to release in October with a full rollout in early 2020, reports Newmark. The guidelines are designed to define industry best practices, promote trust among the participants in the POC marketing landscape and provide clear standards for certification and adhering to auditing requirements.

“A ‘proof of play’ report from the POC provider is no longer adequate — even when the provider has aimed for transparency. “The industry is moving away from self-reporting to third-party reporting,” says Newman. “In the latter, all assets are measured and sealed; the POC provider doesn’t have any prior access to what is being reported. This goes a long way in easing the industry’s concern that what we are selling is what we are delivering.

“This is a much-needed direction; if we want to grow the category, we have to be out in front from a compliant standpoint and demonstrate that we are as good as web and TV — if not better,” adds Newman.

Outcome Health’s new leadership has said they are committed to going “above and beyond” to delivering “on the benefits of our promise of our technology to physicians nationwide who entrust their patients’ point-of-care experiences to Outcome Health,” says Heidi Anderson, the firm’s chief growth officer.

Full transparency is accomplished via a BPA direct feed into Outcome Health’s data lake for anytime access and measurement results. Outcome also cross-checks IQVIA physician address data to ensure physicians are practicing where marketing messages are being delivered. It is providing quality assurance of the functionality of devices and that industry partner campaigns are deployed to the intended physicians and patients as contracted. “We’ve built multiple quality assurance labs that test every piece of creative to ensure it is rendering as intended across our suite of devices and SKUs,” explains Anderson. “We’ve developed a sophisticated anomaly detection system that signals our team when content isn’t rendering correctly.”

LOCATION, LOCATION, LOCATION

As POC technology evolves to remain effective, verification practices will have to follow suit. While screens in waiting and exam rooms are the mainstay of POC marketing, the use of mobile technology to deliver content to patients is almost as ubiquitous.

“Historically, our POC programs were found inside the HCP’s offices,” says Collette. “But one of PatientPoint’s key developmental initiatives is to move outside the four walls to engage with doctors and patients.” (Its other two key initiatives include creating content that is more personalized and the integration of POC communications into the clinical workflow.)

Tomorrow Networks, the 7-year-old division of Aptus Health, embraced a mobile-only solution from day one. Its technology combines proprietary customer segmentation profiles, precise location and mobile ID data with

secondary inputs such as purchasing patterns and behavioral indicators.

The company runs in-app advertising (such as on weather.com), targeted to key HCP offices that are identified by TN’s technology as the most effective in changing behavior and where a brand can have the greatest influence, explains Patrick Aysseh, president of Tomorrow Networks. “The key trigger for receiving a POC marketing piece is whether the patient is within a targeted radius, based on the GPS coordinates for that office location,” he explains. In short, personalized and contextually relevant messaging is programmatically delivered to patients via a vast array of consumer apps to targeted locations.

However, the verification piece hasn’t caught up with his company’s data-driven, mobile-first and location-based technology, Aysseh says.

“We saw that greater transparency was needed with our approach, which was completely different than anything else being done,” he says. “So, we built our own solutions to create more transparency during the course of a campaign. With a traditional publisher, you can go to the publisher’s site and see if your ad is live. But we are targeting thousands of different locations and apps, so there is very little chance of the advertiser seeing their ad.”



“The key trigger for receiving a POC marketing piece is whether the patient is within a targeted radius, based on the GPS coordinates for that office location.”

PATRICK AYSSEH, TOMORROW NETWORKS

To resolve the issue, the company created a “command center,” a heat map that shows in near real time when and where ads are placing (see page 9). This also gives the client a sense of how ads are pacing and which ads are resonating.

“On top of that, we also layer in the third-party data of who we are reaching,” says Aysseh. “The data is based on demographics, psychographics and purchasing habits for marketers to better understand the personas they are reaching. How many were younger, how many retired? What qualitative characteristics do they have in common? Are they healthy eaters and do they exercise or are they couch potatoes? Depending on what this data tells us, we can change the messaging.



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“The proof is in the pudding,” says Aysseh. For example, for one client, a large, mature gastrointestinal drug brand experiencing a decline in prescribing volume due to young upstarts, Tomorrow Networks launched a POC level geo-targeting campaign to maximize reach among consumers at or near target writer locations. The technology pinpointed more than 38,000 prescribing offices across more than 13,000 ZIP codes. Tomorrow Networks was able to further optimize the campaign by hyper-targeting original consumer groups based on what they buy and where they spend their time.

The campaign delivered a 4% increase in new prescriptions within three months.

Health Media Network follows a different track to reach patients beyond the physician’s waiting or examination room. It employs geo-fencing, which uses either GPS or RFID technology, and beacons, which use Bluetooth Low Energy technology, to define exactly where its mobile ads are hitting. Its 7,000 beacons across 12,000 medical offices and healthcare systems allows “marketers to get more and more granular to reach individual patients, understand their habits, and what they are being treated for to create and deliver the best outcomes of care,” says Newman. “We are a data-driven scientific organization, and our location-based targeted technology ensures that our patients receive relevant information at the right time.”

The ability to retarget mobile as a result of location-based technology means advertisers now can follow the patient beyond the point of

care, bringing unique opportunities for clients to deliver strategic brand messages to patients’ devices during their health journey.

SPEAKING OF MESSAGING...

When PatientPoint was first established, recalls Linda Ruschau, PatientPoint chief client officer, “We were worried about consumers looking at *People* magazine while in their physician’s office; now everyone is on their phone every minute. The challenge for the POC provider to engage consumers is acute, not only because of screen time, but also because of the amount of information consumers are bombarded with daily.”

POC marketers are creating content for specific disease states, as well as where and how the content is viewed. “We learned through physician, nurse and patient research with IQVIA that these audiences want healthy lifestyle advice in the waiting room and clinical, customized content in the exam room,” says Anderson. “We are leveraging these insights to create customized lifestyle and condition content at the office specialty level through our partnerships with Headspace, Verywell and others.”

“We are an extension of the physician’s practice,” says Newman. “You are in the waiting room, about to see physician. What information can we provide that will help you when you engage with the nurse or doctor? How can we help foster that conversation?”

Embedded in POC content is not just the educational quotient — which is critical — but the emotional one as well. “The mindset of the patient at POC is very, very different than what it might be consuming content at home or watching TV,” says Collette. “The most important thing is, obviously, that you’re moments away from engaging with a physician. How you shape that call-to-action, and how you tee up that CTA is critical. We found that we can get



“The challenge for the POC provider to engage consumers is acute, not only because of screen time, but also because of the amount of information consumers are bombarded with daily.”

LINDA RUSCHAU, PATIENTPOINT

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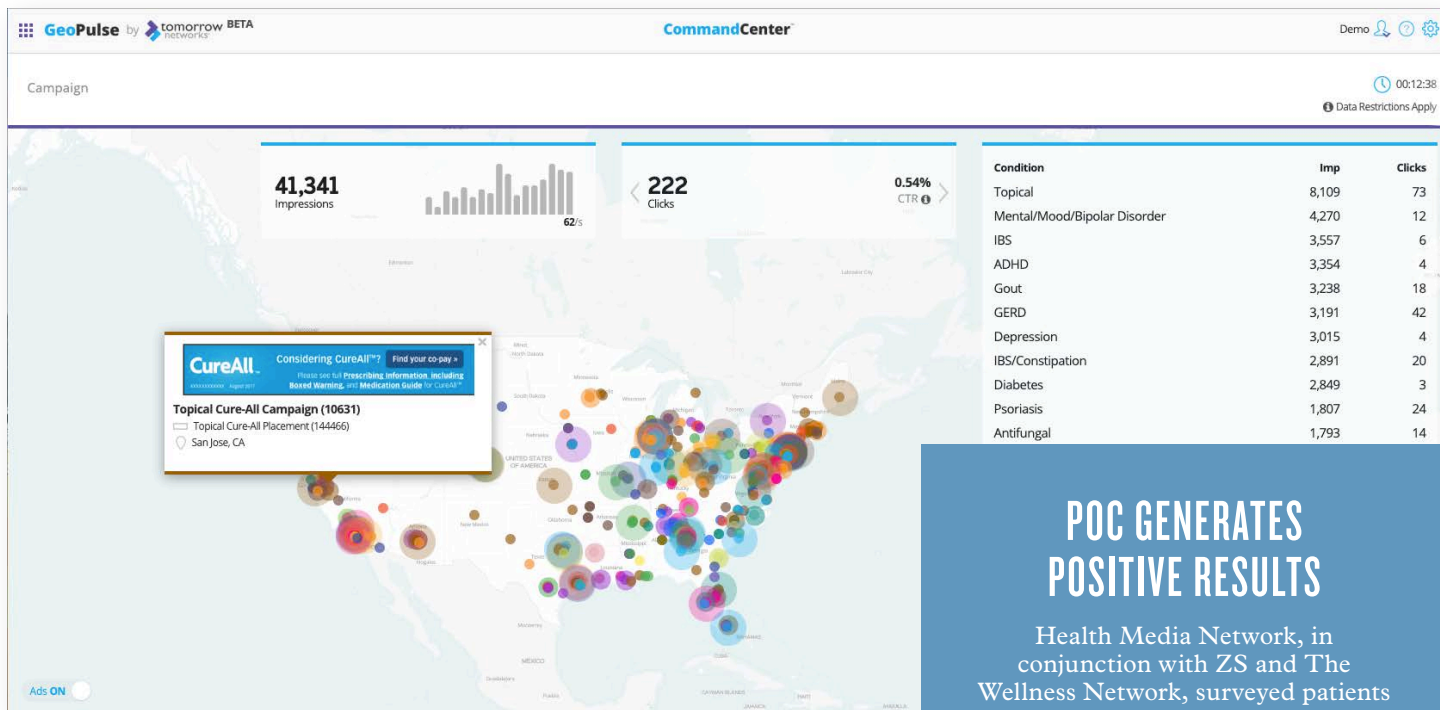


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POC GENERATES POSITIVE RESULTS

Health Media Network, in conjunction with ZS and The Wellness Network, surveyed patients and caregivers in acute care settings to examine the impact of point of care messaging and the patient experience. Survey findings indicate that engagement with POC messaging is highly trusted and leads to positive patient behavioral outcomes.

- 87%** OF PATIENTS AND CAREGIVERS NOTICED WAITING ROOM TV CONTENT
- 64%** TRUSTED THE INFORMATION ON IN-ROOM TVs
- 53%** NOTICED A STATIC POSTER OR WALLBOARD
- 41%** NOTICED A MAGAZINE WITH HEALTHCARE ADVERTISING WRAP

As a result of the engagement:

- 55%** INTEND TO BECOME MORE PROACTIVE IN MANAGING THEIR HEALTH
- 48%** INTEND TO DISCUSS TREATMENT OPTIONS WITH PHYSICIANS

Source: ZS Associates, Health Media Network, The Wellness Network

far better content if it is created specifically for the POC channel, rather than re-purpose it from another channel.”

It’s critical to utilize this channel as it is intended — unique to TV, print and digital, agrees Anderson, and to infuse the content with its own brand of messaging. Simply extending your message to the point of care by extending the “set of matching luggage” of messages won’t get the job done.

“For many years, healthcare marketers posed the question: ‘What if I could walk into the exam room with the patient during those critical moments of the patient journey?’” Anderson poses. “The good news is, now they can. But with that opportunity comes tremendous responsibility to support their journey and elevate the patients’ experience through “beyond the pill” resources and information about promising new treatments. This content needs to give them the confidence to have the ‘door handle’ conversation with their healthcare provider. The bravery to ask that question that might make all the difference.”

Just how critical is the right content at the right time? In October 2017, PatientPoint collaborated with Shatterproof to launch a POC opioid engagement program to 20,793 physician offices nationwide. The campaign leveraged PatientPoint’s engagement program in waiting rooms, exam rooms and in the physician back office with content designed to increase opioid addiction awareness and encourage doctor-patient discussion about treatment.

The findings proved POC’s value: Working with PatientPoint, Symphony Health compared opioid prescribing behavior among the campaign participants and closely matched, non-participating physicians between October 2017 and May 2018. Its analysis concluded that over the same time period, physicians running PatientPoint-Shatterproof content distributed 2,954,768 fewer pills than similar counterparts.

It’s results like these that bolster the claims of POC providers that the channel is unique in the pharma marketing landscape. “We are now at a crucial point, where we can now create real consistency, real validation and a reputation as a leader in pharma marketing, not just in providing healthcare information but also as that last mile of education for the patient prior to seeing their physician,” says Newman.

Patients trust your message.

Do you trust it reached the right patients?

Point-of-care advertising connects marketers with patients in a trusted environment. Just as patients expect the ads they see to be credible and relevant, marketers expect the campaign data they receive to be trustworthy and accurate.

The Alliance for Audited Media provides third-party verification of point-of-care media to establish greater transparency and trust. Our custom audits assess the performance of print and digital networks and campaigns to determine whether they provide marketers with accurate, reliable and consistent data.

Download our free **Audit Guide for Media Buyers** to learn how third-party audits foster greater trust in point-of-care media.



*Alliance for
Audited Media*

POC trade group releases draft of revised audit rules

A revised set of guidelines designed to codify standards about screens in doctors' offices, delivery of media for ad campaigns and other vendor claims has been released by the Point of Care Communications Council (PoC3).

The group said it hopes to collect feedback on the draft standards from the media-buying community, including both pharmaceutical marketers and their agencies. Comments were accepted until June 24, after which PoC3 said it will publish a summary of input along with a formal response. A final version is due this summer.

PoC3 executive director Karen Newmark said that the guidelines are meant to instill trust among media buyers that POC vendors are adhering to a unified set of standards.



How Point of Care Communications Council Define "Point of Care"

Anywhere and everywhere a consumer is receiving care via an interaction with a healthcare professional

Advocating for guidelines in the POC advertising space "is an industry priority and an opportunity to advance the point-of-care marketing channel as it continues to grow at an accelerated pace," stated Mike Collette, PoC3 co-chair, in a statement posted to the group's website recently.

The 17-page rules guide included a pathway for POC media companies to become "PoC3 Certified," which "will enable the buying community to see consistency in guidelines followed across POC companies," added co-chair Eric Jensen, also as part of the statement.

That certification, overseen by Newmark, requires use of an independent third-party company, according to the draft standards, and companies must pick from a list of approved vendors. In addition, media buyers and their clients "should be offered the opportunity to receive results directly from the third-party company and have the opportunity for direct contact with that company," according to the guidelines.

The standards are designed to accommodate digital and non-digital media in exam rooms and waiting rooms, like monitors and digital wallboards, as well as to allow for newer formats, such as mobile and beacon.

The group added media buying companies to its ranks this year for the first time, such as IPG's HealixGlobal, joining others like auditing organization BPA Worldwide and consultancy ZS Associates.

After fraud allegations were leveled against network Outcome Health in late 2017 for forging the number of screens it had installed in doctors' offices, pharma advertisers and their agencies



"The guidelines are meant to instill trust among media buyers that POC vendors are adhering to a unified set of standards."

KAREN NEWMARK, POC3

pulled out of POC and the channel has been working to restore trust.

According to PoC3, the new rules are designed to "engender trust among those who transact at the point of care."

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Point of care marketing: A doctor's perspective

To get a doctor's perspective on point of care marketing, MM&M reached out to Dr. S. Steve Samudrala, medical director at America's Family Doctors, which has three locations and a wellness practice in and around Nashville.

Dr. Sam, as he is called by his patients, embraces a progressive approach to technology. His practice has been paperless since its inception in 2002.

"It was a founding principle, to be honest. Our goal is always to be as high-tech and high-touch as possible," Samudrala said.



"Self-education with [content and information] that patients get to choose is really good. It makes them feel empowered."

DR. S. STEVE SAMUDRALA, AMERICA'S FAMILY DOCTORS

He contended that POC technology and content are essential to that mission. His practice's exam rooms are equipped with PatientPoint touchscreens, which are placed in a position of prominence.

While some physicians worry about the distraction that screens can create — "the goal is always to try to get as much as possible done when we're with the patient in the exam room," Samudrala said — he explained that his patients respond well to the content featured on PatientPoint Interact. He downplayed any concerns that exam-room content diverts attention from important doctor-patient interaction.

"Sometimes I'll be speaking to them and I'll turn in their direction, and they'll be clicking on the screen instead of totally and completely listening to me," he said with a laugh. "Self-education with [content and information] that patients get to choose is really good. It makes them feel empowered. It's not like pointing to a rack and saying, 'Here's a *Better Homes & Gardens* from 2008.'"

The content that resonates best with Samudrala's patients tends to be related to healthy eating. For obvious reasons, marketers don't think of physicians' offices as recipe

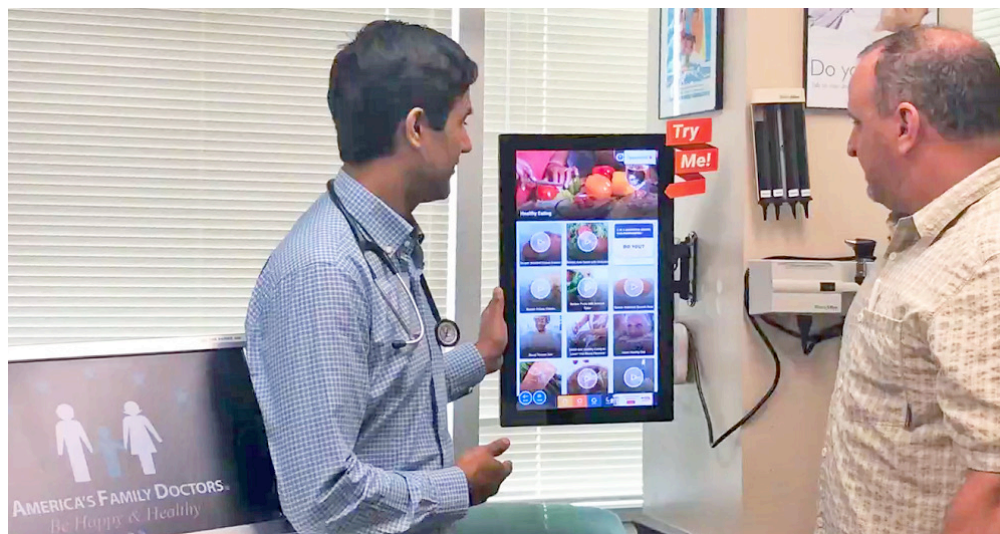
repositories, but Samudrala said patients have shown keen interest in information about the Mediterranean Diet. In particular, a recipe for mustard-glazed salmon has captured the fancy of patients in the greater Nashville area.

Asked about the importance to his practice of the screens and the content they present, Samudrala responded, "Extremely." In his telling, they've transformed patient interactions, almost always for the better. For a patient with, say, high cholesterol, Samudrala will summon information on plant-based diets. This inevitably starts a conversation that might otherwise have been relegated to the final seconds of a visit.

"Someone who was here today, he has been on three different cholesterol medications and he just didn't tolerate them well. He was like, 'What do I do, just go home and die?'" Samudrala said. "I showed him photos of plant-based foods. I showed him Beyond Meat." In another recent encounter, an iron-deficient patient complained about the constipation that came with taking iron supplements. "I brought up a bunch of photos of iron-rich foods. The guy took out his phone and took pictures of the screen."

As for any marketing messages delivered via PatientPoint Interact, Samudrala said they're unobtrusive to the point where he barely notices them, which he intended as high praise, but might not be what marketers want to hear. He also likes the ability to create messaging of his own, such as reminders about scheduling annual physicians or information about the practice's medical weight-loss offering.

"There's more consumerism in medicine, because everybody's trying to keep people engaged," he said. "When patients are in the room, there are some that want to be engaged and some that don't. Giving them that choice has been great for us."





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The near death and new life of Outcome Health

In October 2018, during his fourth month as CEO of Outcome Health, Matt McNally walked into a conference room filled with investors who had pumped some \$500 million into the company. He was accompanied by COO Nandini Ramani, the sole executive remaining from the period when Outcome — which coordinates and manages the display of content on screens in doctors' offices and other point-of-care settings — allegedly misled clients about campaign performance and lied about how many

physicians' offices it was actually in around the country.

McNally and Ramani brought with them a detailed five-year business plan, but the primary purpose of the meeting was to start rebuilding the trust that had been obliterated a year or so prior.

That day may well have marked the turning point in Outcome's evolution from point-of-care pariah to community member in good standing. Nobody has forgotten and not everybody has forgiven, but client and agency partners largely believe that Outcome has put its recent past behind it.

"They've been taking the right steps," says Healix president Jeffrey Erb. "Matt in particular is doing all the right things to move them forward in a positive way."

CMI/Compas chief organizational effectiveness officer Nicole Woodland-De Van agrees: "They have been very honest, upfront and transparent about their previous shortcomings as an organization."

Adds Vishwavijay Singh, director and head of commercial analytics and insights at Promius Pharma, "We were associated with them before that negative event came to light. The transparency they provided was very helpful in addressing the concerns we had."

The transparency to which Singh alludes comes in different forms for different organizations, more or less based on what those organizations requested. Erb, for example, says he had "a pretty straightforward requirement: I wanted to do an audit and I wanted the audit to be on my terms, not with an auditing company that was someone [Outcome] recommended. I told them, 'Honestly, that's the only way I'm going to be able to recommend working with you.'"

Outcome passed the test. "I didn't need to know everything was perfect, but I needed to know what the truth was," Erb continues. "If you tell me that there are ten screens and eight are working, but I find out only five are working, you're lying to me. But if you tell me that five of ten are working and I confirm that, I know you're honest. We wanted the reality of the situation so that we could make good decisions."

McNally believes that accommodating all such requests was a necessary part of the trust-rebuilding process. "Every client needed very specific things to ease their concerns," he says. "Some wanted financial or sales incentives, some wanted additional reporting and rigor. We had to over-index on expectations."

Singh says that flexibility was important to Promius, noting that Outcome was willing to "devise an innovative mechanism for working with us. It was risk-sharing, basically. They make money when we make money."

Beyond that flexibility, there were three bars that past, present and prospective clients asked

“The idea was to bring people completely behind the scenes. We wanted to show them how we match their lists, how we reserve inventory, how we ensure we deliver, how we are the only company that is third-party BPA-audited regularly, everything.”

Outcome to clear. The first was financial: Was Outcome solvent?

That was answered definitively in May, when Outcome announced that investment firm Littlejohn & Co. was acquiring a majority interest in the company. “‘Are you running out of money?’ was something we heard on the street,” McNally acknowledges. “The recapitalization allowed us to check that box, which unlocked some of our blocked clients.”

The second bar concerned Outcome’s original management team — namely, that they’d have no role in the company’s future. “That was a big issue, not just for us but for pretty much everyone,” Erb says. Former CEO Rishi Shah and former president Shradha Agarwal stepped away from day-to-day operations in January 2018 and resigned their positions on the company’s board of directors last June.

But it was the third bar, the one relating to auditing, verification and reporting practices, that loomed as the most crucial. Outcome could make all the promises in the world about its upgraded procedures and technologies, but they’d all fall flat if the company couldn’t guarantee that client campaigns were running on functioning screens in the right physician offices.

Outcome’s immediate response was to put together a presentation, “Under the Hood,” designed for clients, investors, industry wonks and basically anyone else who’d give the company an audience. “The idea was to bring people completely behind the scenes,” McNally says. “We wanted to show them how we match their lists, how we reserve inventory, how we ensure we deliver, how we are the only company that is third-party BPA-audited regularly, everything.”

BPA Worldwide EVP Rich Murphy was observing with great interest. His organization had started working with Outcome in April 2017.

In its initial engagement, BPA sought to verify that Outcome’s screens were physically present and functional in the right physicians’ offices and that ads were being delivered as promised, among other things. It didn’t find much in the way of issues, Murphy says. “We noticed some gaps and

advised [Outcome] how to fix them. In the end, we felt the network was legitimate and that they were serving ads correctly and reporting correctly.

“By the time we were called in,” adds Murphy, “Outcome recognized the challenges they had and were putting in the right controls and fixes.”

That belated recognition didn’t comfort the company’s investors or clients. And it wasn’t as if the pre-scandal Outcome was blowing the industry away with its practices.

“They didn’t have good visibility into data and performance. They didn’t know how a campaign performed until it was over — and in the digital space, that’s too late,” Murphy says.

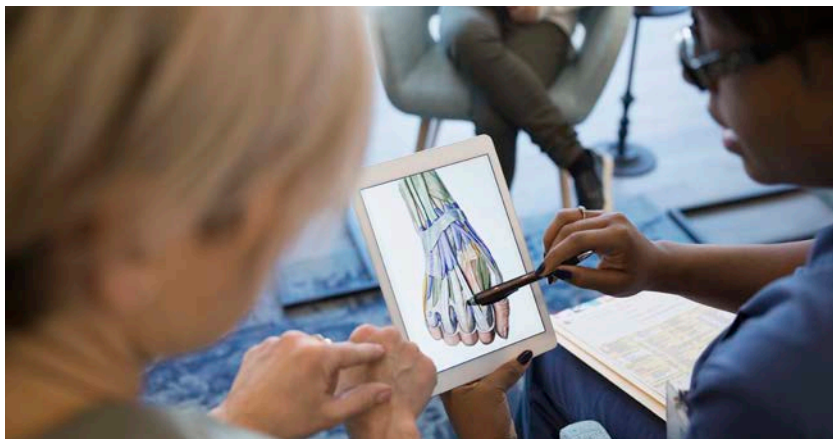
He believes that has changed. For most of its clients, BPA conducts full system audits annually; it now does so for Outcome every six months. Murphy says BPA has audited approximately 300 individual campaigns during the last 18 months, a process facilitated by Outcome’s willingness to give it a direct link into its real-time data feed. Similarly, during the last year BPA’s independent telemarketing team verified 2,936 locations and 13,075 devices, Murphy reports.

He came away from the continuing engagement impressed. “Outcome has really made investments in their controls and reporting... All the right pieces are in place,” he adds.

As for what comes next, McNally says the recapitalization will allow Outcome to focus on improving its product and technological infrastructure. There are also likely to be changes in the type of content that runs on Outcome screens.

“What we heard from our market research is that we need to give people a reason to look up from their phones. ‘We need to deliver powerful content that people can’t get anywhere else,’ acknowledges McNally.” To that end, Outcome has partnered with Headspace on content around mindfulness and mental health.

The company’s revamped approach to content is designed to “create an experience at the moment of care between patients and physicians,” McNally adds.



Partner Perspective



GEORGE BARTMAN
SVP OF SALES, ALLIANCE FOR AUDITED MEDIA

The point-of-care industry is experiencing a transformation that is not unlike one that created the Audit Bureau of Circulations (now AAM) more than 100 years ago. Back then, an accountability crisis engulfed the newspaper publishing industry. Calls for honest circulation statements dominated the publishing headlines. As a result, advertisers, agencies and publishers came together to create auditing standards that laid the foundation for advertising and media to become big business throughout the 20th century.

POC marketers are demanding greater transparency. They want proof that their ads were shown on operational devices that played during office hours and that their collateral made it to waiting rooms.

Third-party audits help point-of-care media providers demonstrate that they are doing everything possible to provide accurate data. Audits give advertisers confidence that their ads are being delivered through a channel that has been vetted by an independent third party. Through organizations like the Point of Care Communication Council (PoC3), advertisers, agencies, media providers and auditors are coming together to establish verification standards to elevate the entire industry.

The lessons of the past can be applied to the present. Independent third-party verification helps foster trust and transparency between media buyers and sellers. AAM is proud to be part of the process and apply our extensive auditing experience to help set standards that will strengthen all point-of-care media in the years to come.

For additional information, contact georgeb@auditedmedia.com or visit auditedmedia.com.



RODNELL WORKMAN
CMO, HEALTH MONITOR NETWORK

The National Assessment of Adult Literacy reports that nine in 10 Americans lack the skills needed to obtain, process and understand basic health information, adopt healthy habits and make appropriate health decisions. Furthermore, the Centers for Disease Control and Prevention (CDC) states the consequences of health illiteracy can include failure to seek preventive care, not receiving timely treatment, higher rate of hospitalization/emergency services and poorer treatment outcomes. In short, proper patient education and effective patient engagement are critical to the successful administration of healthcare.

As a trusted fixture in medical offices for more than 35 years and a proud member of the Point of Care Communications Council (PoC3), Health Monitor Network (HM) has been committed to improving clinical outcomes, fostering adherence, enhancing patient-provider dialogue and promoting health literacy via a robust stable of award-winning, medically reviewed patient-education print, digital and mobile products. Our highly respected content, which reaches tens of millions of individuals through a network of 200,000+ medical offices and 400,000+ HCPs nationwide, continues to represent the gold standard in the ever-evolving point-of-care space.

HM follows a prescriptive process in the development and delivery of content that is most desirable to the person living with a particular condition and genuinely supportive of the HCP. Our content features accessible language, pictures and diagrams, hopeful imagery, inspirational real-life stories and interactive tools and worksheets. HM's content is designed to help the individual better manage their health, prioritize their needs and be better receptive to HCP engagement.

We strive to be an extension of the service and support HCPs deliver to patients. It remains clear that quality patient education improves engagement, drives better outcomes and inspires more collaborative healthcare. Health Monitor Network is the preferred choice for effective patient engagement.

To learn more contact sales@healthmonitor.com or visit www.healthmonitornetwork.com.

Partner Perspective



LINDA RUSCHAU
CHIEF CLIENT OFFICER, PATIENTPOINT

Point of care — and healthcare as a whole — has changed greatly over the past 30 years since PatientPoint was founded, so we've had to continue to evolve our approach. There is one dynamic that you can count on — there is fierce competition for attention in the physician office, as it still represents that moment of truth for pharma. Patient activity during wait times has evolved from People magazine to the almighty smartphone, which now commands the attention of nearly half of all waiting patients according to our latest research.

A successful approach really starts by adapting to changing behaviors and integrating with new technology versus competing against it. For example, in the waiting room, PatientPoint was the first to customize content to the physician level, delivering stand-out messaging to keep patients and physicians engaged. As that dynamic changed, we've evolved to deliver that same award-winning content not just on waiting room screens but also on patients' mobile devices with our latest solution, PatientPoint Proximity. This mobile engagement solution ensures that patients get the information they need, regardless of the device they're using, with that same empowerment to have more meaningful conversations with their healthcare providers. By leveraging location-based marketing technology, Proximity allows brands to reach waiting patients with relevant messaging on their personal devices for a completely personalized experience. Truly the right place and right time!

We know that an educated patient is an empowered patient. And we'll keep innovating to support the patient journey by delivering trusted information — when and where patients want to consume it — to help guide their conversations with their doctor and help them receive the best treatment option.

Interested in hearing more? Contact Linda.Ruschau@patientpoint.com.



NATE LUCHT
PRESIDENT & CEO, RX EDGE

Pharmacies provide such a wide range of healthcare services today that they're more than “drug stores.” They're becoming mini-healthcare malls. They're facilitating a wider range of meaningful, contextual conversations about healthcare with patients in the pharmacy.

Consider the growth of point of care testing. Consumers already see the pharmacy as a place to monitor basics like blood pressure. Now pharmacies are branching out. Blood tests are already offered in thousands of retail pharmacies, with genetic screening available at cutting-edge stores. Rapid testing for a wide range of both acute and chronic conditions is also quickly becoming the norm.

In-pharmacy treatment options are expanding beyond acute care. Innovators are building long-term treatment plans and lifestyle coaching into the pharmacy. Others are expanding services to include dental and vision care. This greatly opens up the field for conversations about conditions ranging from cosmetic to chronic.

In hundreds of pharmacies, staff are being trained to support the mental health and wellness of visiting patients. This creates a much wider context to have discussions about issues related to side effects that accompany many disease treatments, as well as to play a role in addressing issues important to those at risk of mental health crises.

And the pharmacy is transforming into a technology hub and source of innovation. Rite Aid, for example, offers tele-medicine kiosks at many locations. As an innovative health care facility in its own right, the pharmacy is now a topical place to introduce patients to tech that could improve their quality of life.

In another year I expect we will see even more advanced services offered in point of care settings outside the traditional doctor's office. Until then, I encourage everyone to look at ways to communicate with patients where treatment and care is definitely on the rise — in the neighborhood pharmacy.

For more information, contact Nathan.lucht@rxedge.com.

Partner Perspective



PATRICK AYSSEH
PRESIDENT, TOMORROW NETWORKS
(A DIVISION OF APTUS HEALTH)

When it comes point-of-care advertising, finding the balance between scale and precision can be challenging.

Pure demographic and geo-targeting can be too broad. Content targeting lacks significant scale to move the market, and targeting based on purchase history is limited to the people who are the most difficult to convert — current users of the product or competitive products.

Many healthcare marketers are turning to a mobile advertising approach that provides qualified reach at scale to healthcare professionals and consumers, anchored on key point-of-care locations and refined through aggregated healthcare data.

By qualifying audiences based on characteristics such as prescribing volume, market and insurance data, and physician concentration by specialty, it's possible to identify and target the most valuable locations for a brand to drive business.

But it's not enough to simply geo-fence a list of doctors' offices; that will spread impressions too thin. Rather, by ranking the point-of-care locations that have the best potential to influence sales, we've seen brand marketers yield an average prescription lift of 4.3%.

Smart marketers are further targeting these campaigns based on personas that use location histories at relevant healthcare locations and de-identified consumer data. For example, by looking at signals gathered from interactions that people with diabetes have with a geo-located mobile campaign, we can identify nuances in how these consumers behave. Understanding these behaviors and how they play out in the real world — at the pharmacy, the supermarket, the gym — is key to crafting messages that resonate and drive action.

This rich combination of observed and enhanced data informs new places to target, which in turn provide new context in which to engage audiences, which in turn drives messaging. The result — campaigns that offer the scale of television with the precision of point-of-care advertising in a compelling, privacy-safe way that drives results. After all, that's the real target, isn't it?

For more information, contact info@aptushealth.com or visit aptushealth.com.



STEPHANIE WINANS
PRESIDENT, THE WELLNESS NETWORK

The point of care industry is broadening to include more “points” of care: hospitals, digital health tools accessed at home or on mobile, pharmacies, and outpatient facilities including walk-in clinics. In fact, the challenge today is not so much about how to reach patients, but about how to compete with the multitude of inputs patients confront as they navigate the complex healthcare system.

Hospitals remain essential components of this evolving landscape. Thanks to regulatory changes and shorter average in-patient stays, hospitals continue to tighten their focus on outcome measures, including improved patient satisfaction and readmission reduction.

With a network of 3,000 hospital clients, The Wellness Network provides tools that support patient education and engagement initiatives throughout the care continuum. Our comprehensive approach makes it possible to reach patients when education can have the greatest impact. This may mean sending pre-surgery instructions to help ensure patients are prepared for their procedures, sending follow-up messages after discharge when patients should be making follow-up appointments and filling prescriptions, or exposing patients to timely education while they're in the hospital. Studies have found that hospitalized patients are more receptive to healthcare messaging; in one recent study, 71% of patients reported that they plan to put their education into action after discharge.

That receptivity drives increased health literacy, but it also drives positive results for our advertising partners; our TVs, interactive tablets and print education in patient rooms and clinics and our consumer health tools activating patients across the care continuum provide multimedia advertising opportunities. With hospitals and providers leveraging modern technology to reach patients where they are, advertisers are smart to follow suit. With the rise of consumer health, the rapid growth in health tech, and the recent shift in the U.S. healthcare system, point of care is evolving. Is your marketing mix evolving, too?

For more information, contact advertising@thewellnessnetwork.net or visit www.thewellnessnetwork.net.