

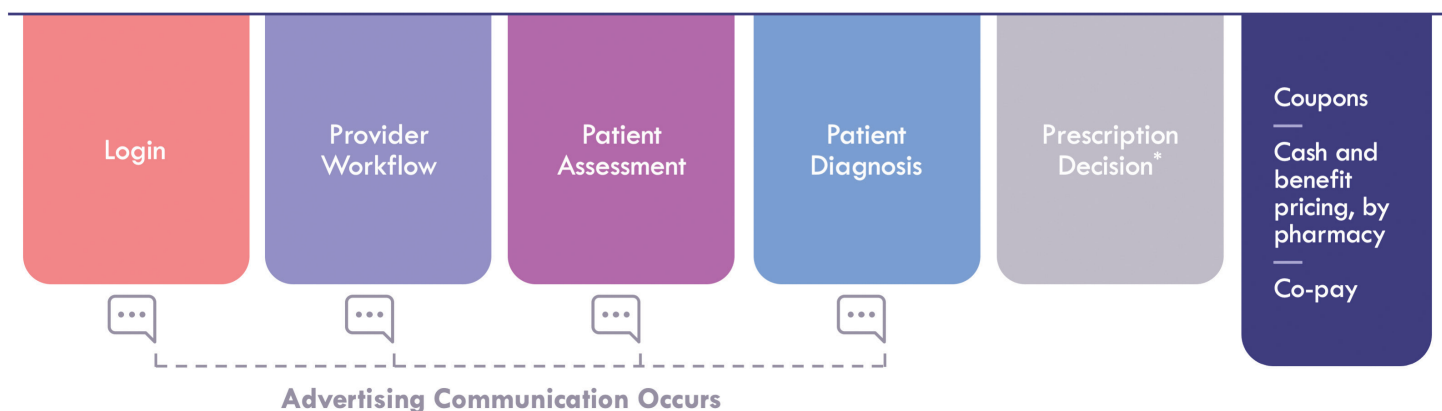
Combining target list and white-space strategy for 'bottom of the funnel' marketing drives significant growth in total Rx

By Allison Mudd, Director – Client Success, Veradigm

For marketing teams at life science companies, it has historically been standard practice to focus point-of-care marketing exclusively toward physicians with specific, targeted National Provider Identifier (NPI) numbers. This approach has the merit of ensuring that all physicians who are exposed to point-of-care marketing tactics meet the marketing team's targeting criteria. When utilizing upper funnel tactics, a focused target list on physicians that meet conversion criteria allows a greater return on investment. However, a recent point-of-care marketing campaign executed via Veradigm Digital Health Media has demonstrated that this orthodox strategy is an incomplete path to achieving the highest potential impact in EHR advertising.

Veradigm enables life science marketing teams to market directly into physicians' electronic health record (EHR) system. These systems contain clinical data including ICD-10 codes, prescribing behavior, and more. This first-party data is exclusively available to the vendor providing the EHR system. It can be used to effectively expand target audience criteria, supplementing NPI-level targeting to include physicians with patients who have specific ICD-10 codes in their charts, have previously prescribed the drug, or other criteria that strongly correlates with likelihood to prescribe.

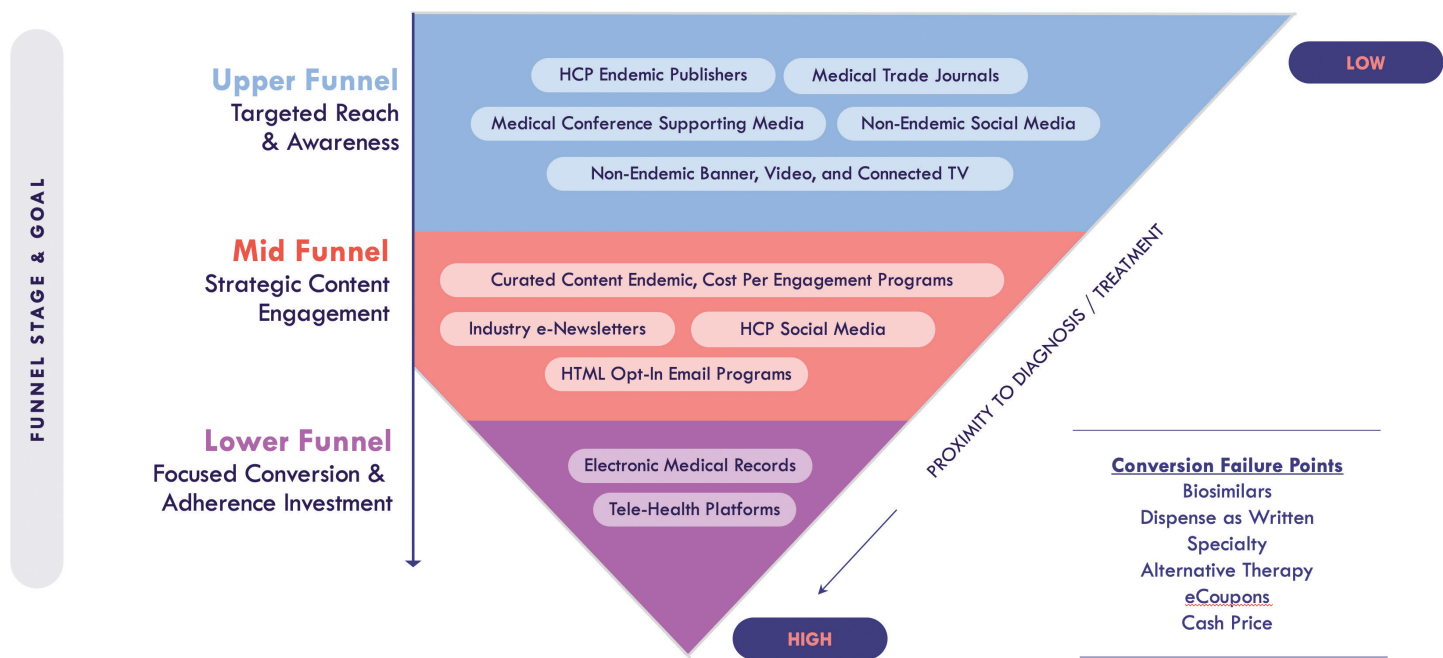
POINT OF CARE EHR WORKFLOW



*No biopharma or device advertisements appear during the prescribing workflow consistent with applicable law.

Why Point-of-Care Marketing is Essential for Effective Omnichannel Strategy

There are many ways that prescription conversion can break down as marketing strategies get closer to the point of care. These include, but are not limited to, switches based on tier status or prior authorization requirements, coupons and cash cards, biosimilars, or switch at fill when the brand is not marked as medically necessary or to be dispensed as written. While the vast majority of marketing budgets are spent in the mid and upper marketing funnel, this leakage of lost opportunities for conversion at the point of prescribing can significantly reduce the effectiveness of upper funnel spending. Particularly given the lower total investment of budget required in the lower stage of the marketing funnel relative to higher stages, many life science marketing teams do not consider how applying an expanded audience targeting strategy based on first-party clinical data from the EHR can increase total Rx's, helping offset these common conversion failure points.



Why expand targeting criteria at the 'bottom of the funnel'?

As omnichannel emerged as the go-to strategy for marketing teams at Life Science companies of all sizes, the requirement to maximize targeting precision for point-of-care advertising has continued. The low degree of targeting available in mid and upper funnel channels, and the high budgets often spent at these stages, demand the maximum degree of targeting precision available. This strategy is then applied to point of care advertising as well.

Targeting on the basis of specific NPI numbers provided by the life science company is one of the primary advantages conferred by investing in marketing at bottom of the funnel. However, limiting the approach to NPI "list match" alone fails to account for alternate physicians with a high potential for conversion that are available to reach at the opportune time at the point of care. With the availability of data on ICD-10 codes, prescribing behavior, and other clinical data exclusively within the EHR, expanded audiences are identified. This data provides an opportunity to reach Providers in a deidentified patient-centric way. The clinical encounter is with a patient with a diagnosis, medication history or other clinical signals that indicate a high value opportunity for a brand to be present.

One campaign executed in 2024 demonstrated how broader targeting, leveraging white space targeting extensions available from Veradigm's own first party data, was associated with dramatically higher total prescriptions than targeting on client-provided NPI numbers alone. These targeting parameters include elements like ad impressions directed only to known prescribers and to providers that have patients with specific ICD-10 diagnosis codes appearing in their medical chart during a specified time period.

The Challenge

In 2024, a US-based life science company with a new drug in the gastrointestinal therapeutic area engaged with Veradigm to deliver point-of-care advertising directly into healthcare providers' electronic health record (EHR). Targeting was directed at providers in a list of NPI numbers supplied by the company.

Observed results from the campaign were strongly positive, with 54% average month-over-month growth in total Rx's among targeted providers for the six months from February to July 2024. Despite this positive impact, MoM growth trends began to flatten in the second half of this period.

The Solution

As a major provider of EHR software, Veradigm had the ability to analyze exclusive, de-identified prescribing data. This enabled identification of additional likely prescribers beyond the NPI list provided by the client.

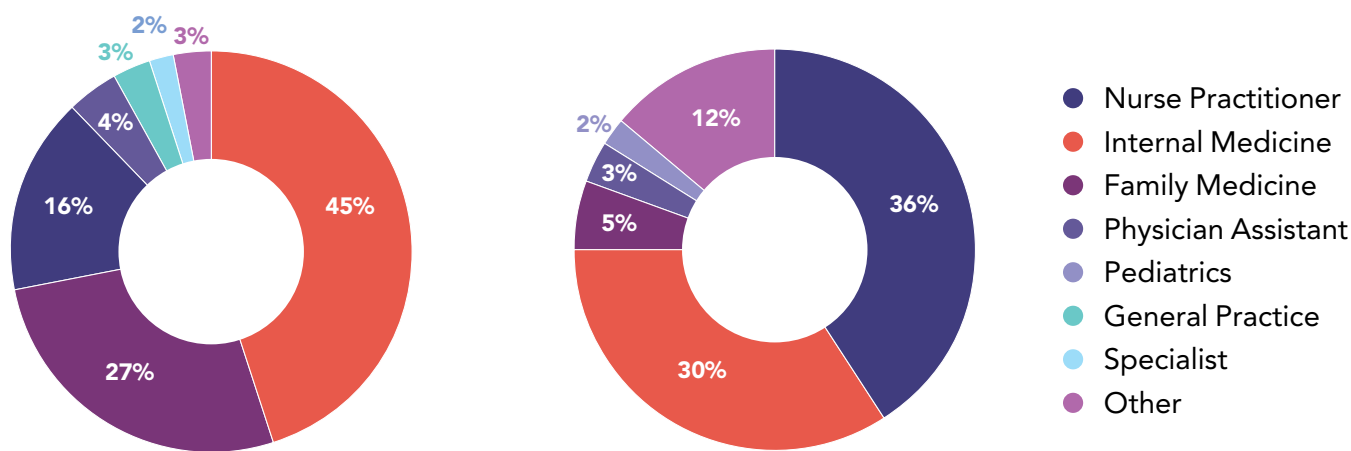
In August 2024, targeting criteria was expanded to focus on all providers utilizing one of the EHR systems from Veradigm, who had patients with a specific ICD-10 code in their medical chart within the previous twelve months. By targeting on this basis, the Veradigm team was able to help the client effectively expand their target audience of likely prescribers and drive further conversion.

Observed Results

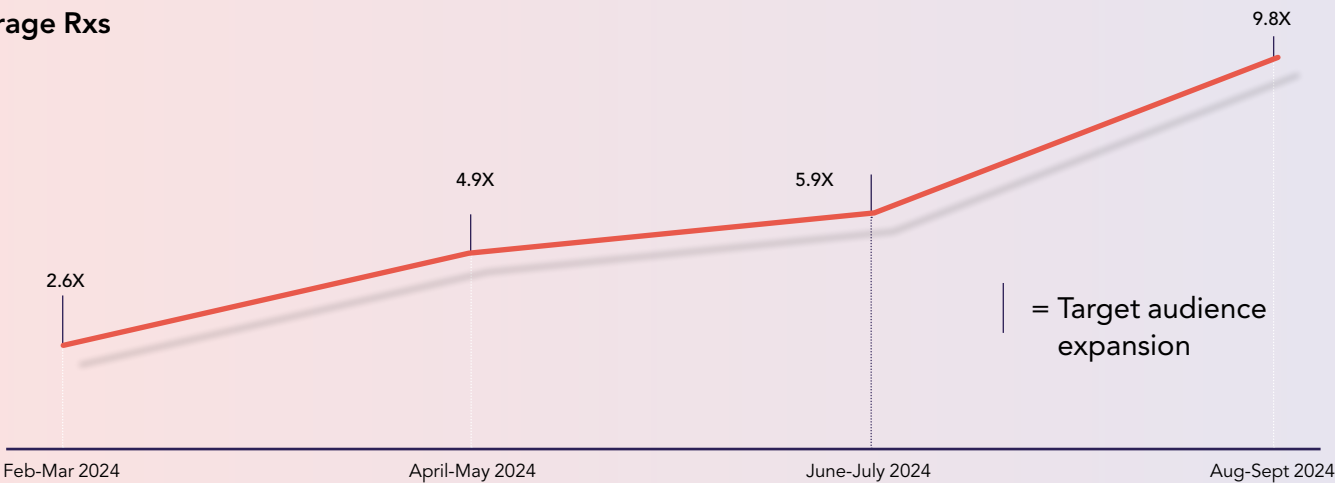
The client life science company worked with Veradigm to broaden their targeting parameters utilizing first-party data available from the EHR, while retaining focus on the most likely prescribers. As a result, the **client was able to achieve an associated growth in total Rx's of 40% for August vs July, and 95% for September vs July. September Rx's were 157% higher than the average monthly Rx's for the six months from February through July.**

Impressions Share Jan-Jul 2024

Impressions Share Aug-Sept 2024



Average Rx's





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