

The background features a light gray grid. In the corners, there are decorative elements: network graphs with nodes and connecting lines in the top-left and bottom-left, and a bar chart with vertical bars of varying heights in the bottom-right.

Quid[®]

**Voice of the Physician:
WOMEN'S HEALTH**

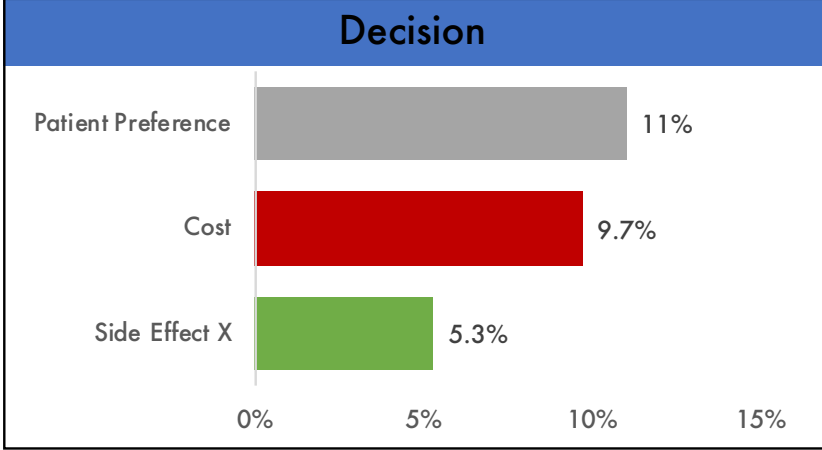
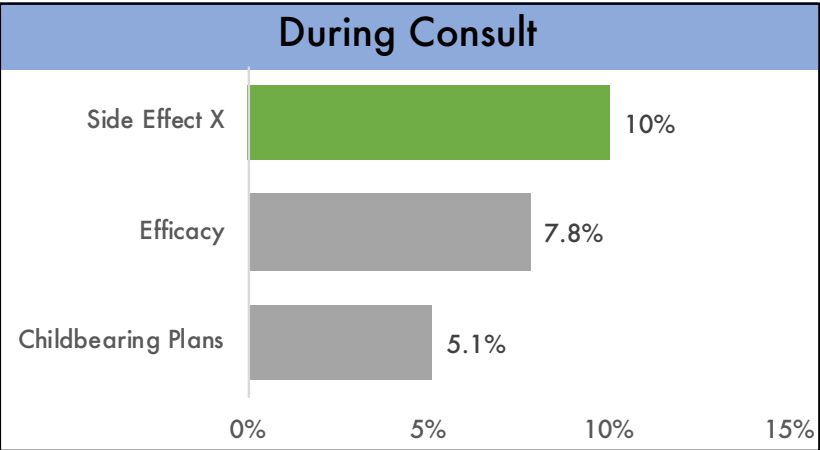
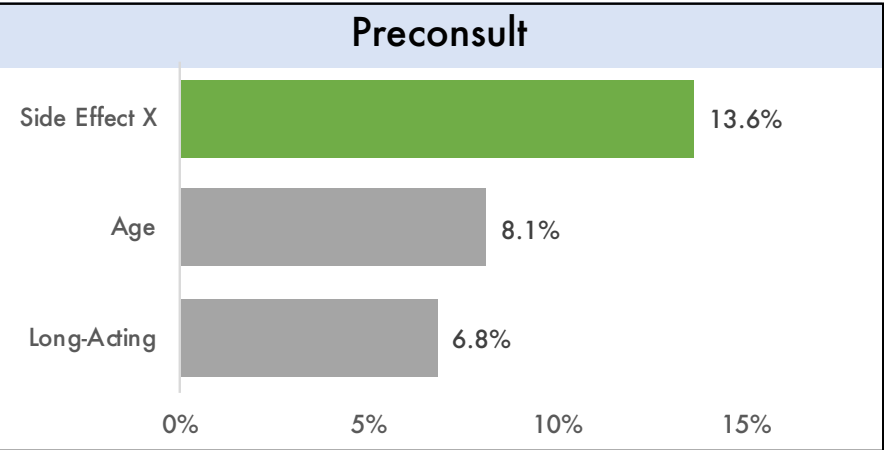
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A leading pharmaceutical company wanted to learn more about how physicians view various contraceptive options and what **leads them to prescribe their brand**.

They used Quid to analyze **5,000 survey data points** (primary research) and **50,000 online conversations** (secondary data) to understand what truly matters to physicians in recommending contraception.

Clients hypothesized that cost was a key barrier in physicians prescribing their brand – Quid saw that cost only came up during the decision phase; side effects and patient preference are more top of mind prior to this

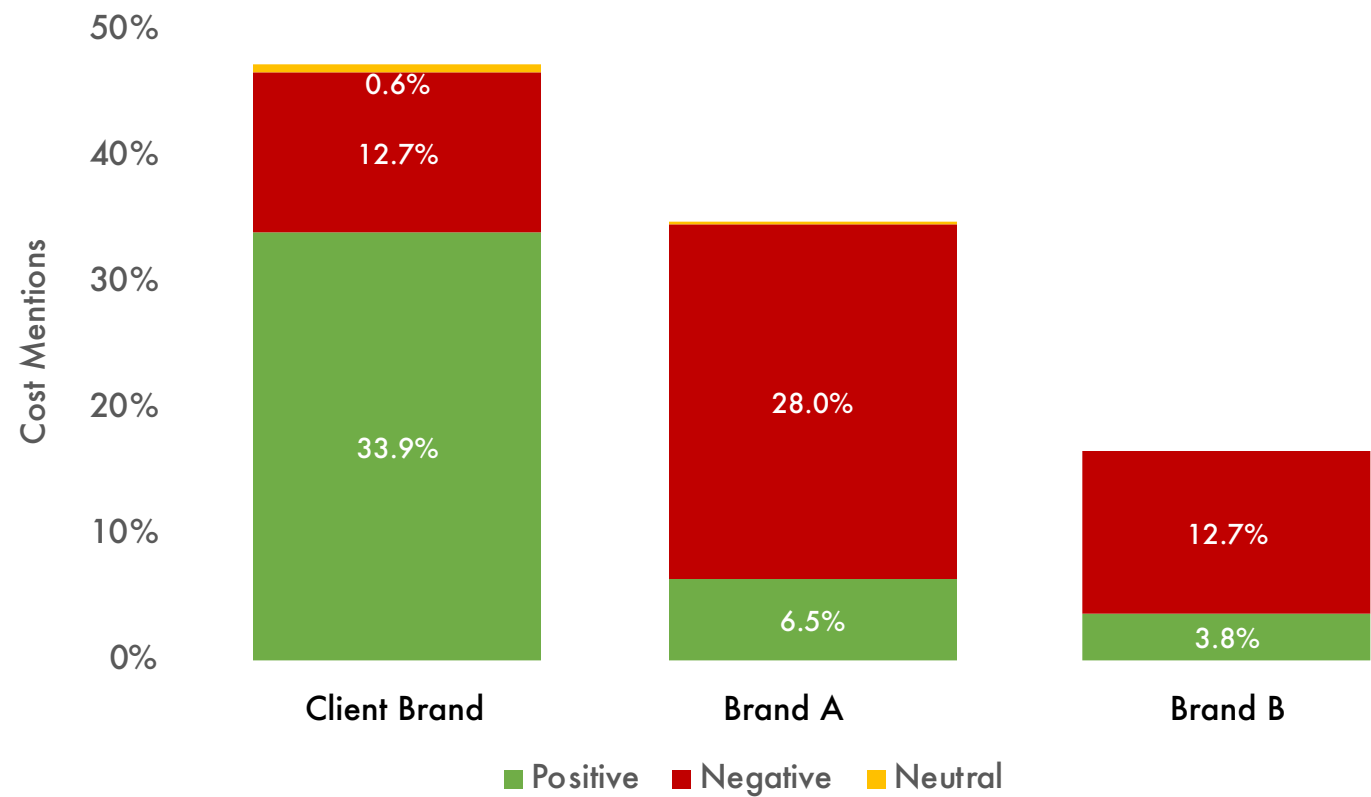
Primary Research — Analysis based on 5000 physicians, colored by topics



Women’s Health Patient Journey

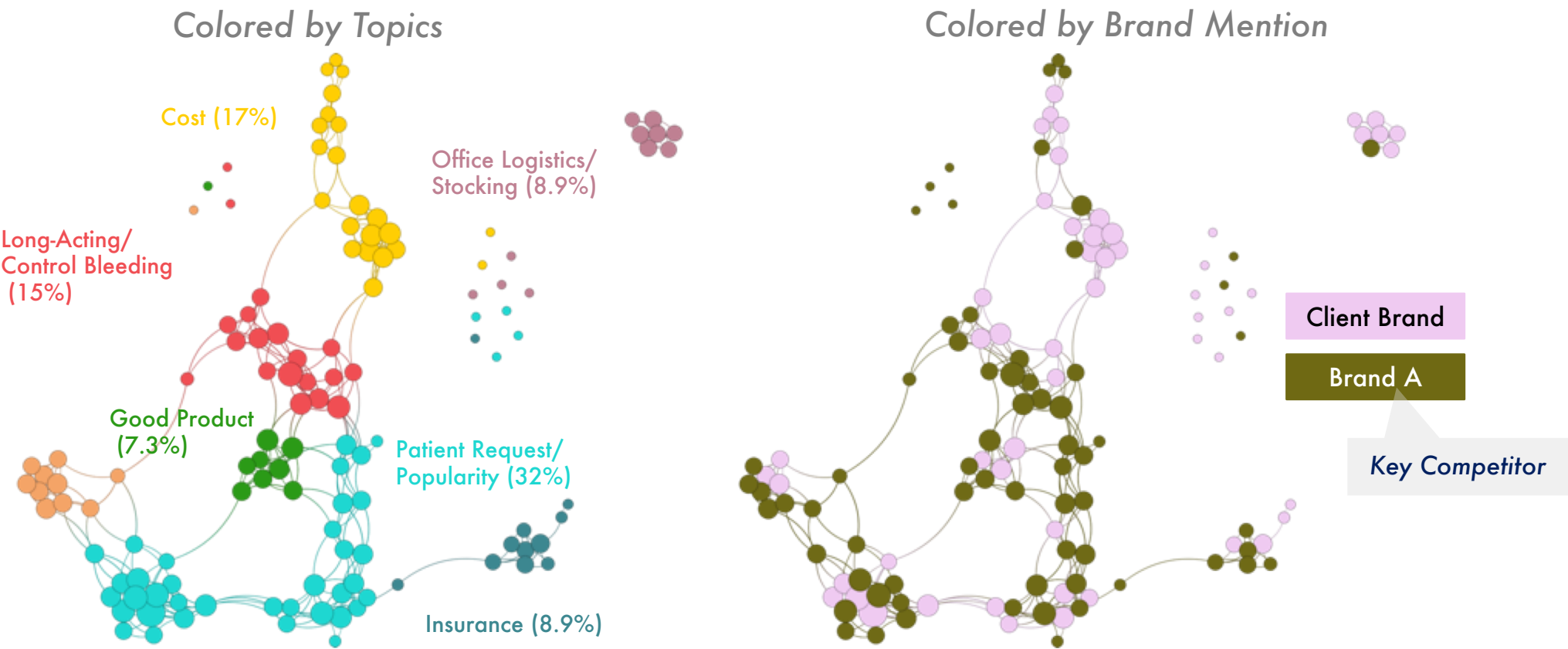
When physicians are explicitly asked about cost, Brand A comes to mind more often and with more positive sentiment

Primary Research – Cost Mentions by IUD brand
(colored by sentiment)



Physicians choose Brand B due to patient preference for favorable side effects, whereas Brand A is chosen for cost-conscious patients

Primary Research – Reasons for Increase in Brands A & B Prescription




Quid analyzed 50k+ organic online forum physician conversations on birth control – wider topics such as religion, insurance coverage, and clinical examples are emphasized

Secondary Research – Topics of Online Conversations from Physicians


	Topic	Volume	Sentiment	Centrality
1	Religion			
2	Insurance/Coverage			
3	Patient Cases/Life			
4	Clinical Tests			
5	Hospital Visits			
6	Politics			
7	Hospital/Clinic/Office			
8	Birth Control/Pregnancy/Abortion			
9	Board/Legal/Compliance			
10	Comorbidities			

Sentiment



Negative Positive

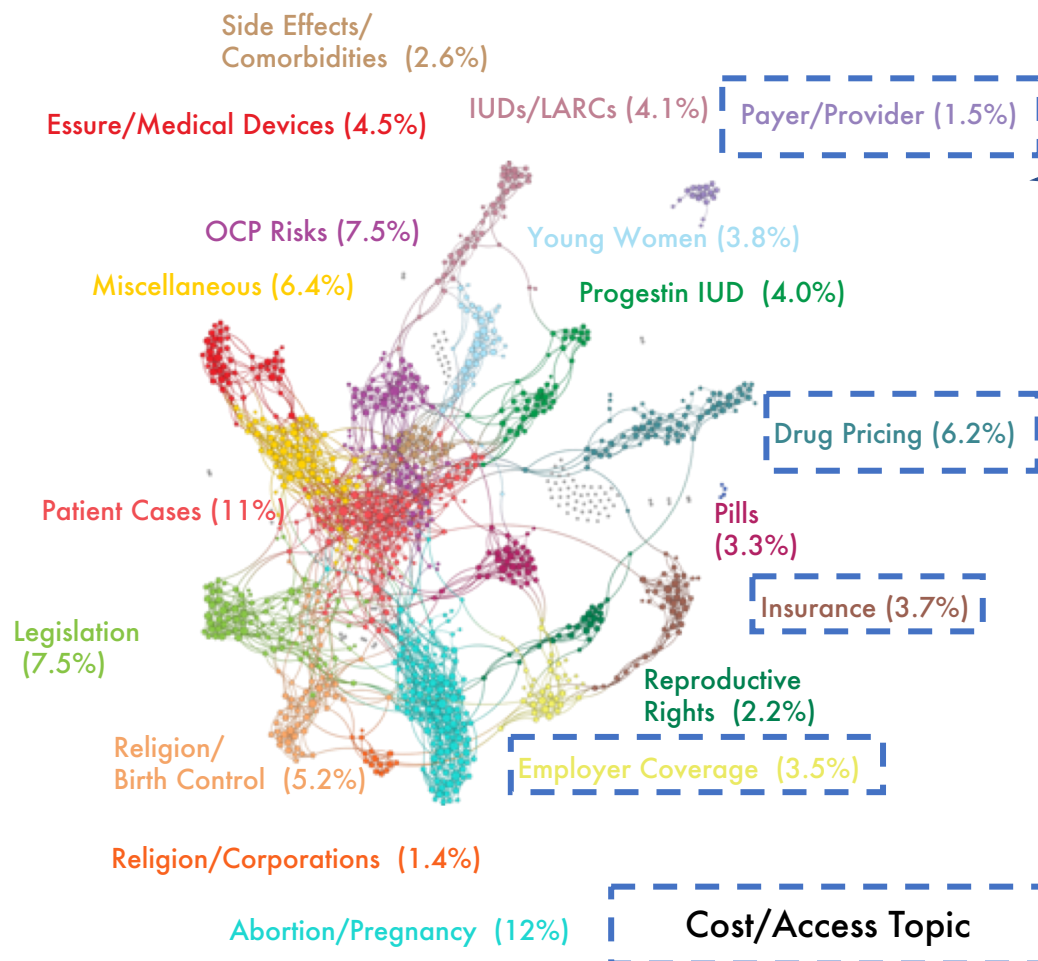
Volume & Centrality



Very Low Very High

Client's brand comes up in the broader physician conversation around birth control policy, and 15% of the total conversation is cost-related

Secondary Research – Topics of Online Conversations from Physicians



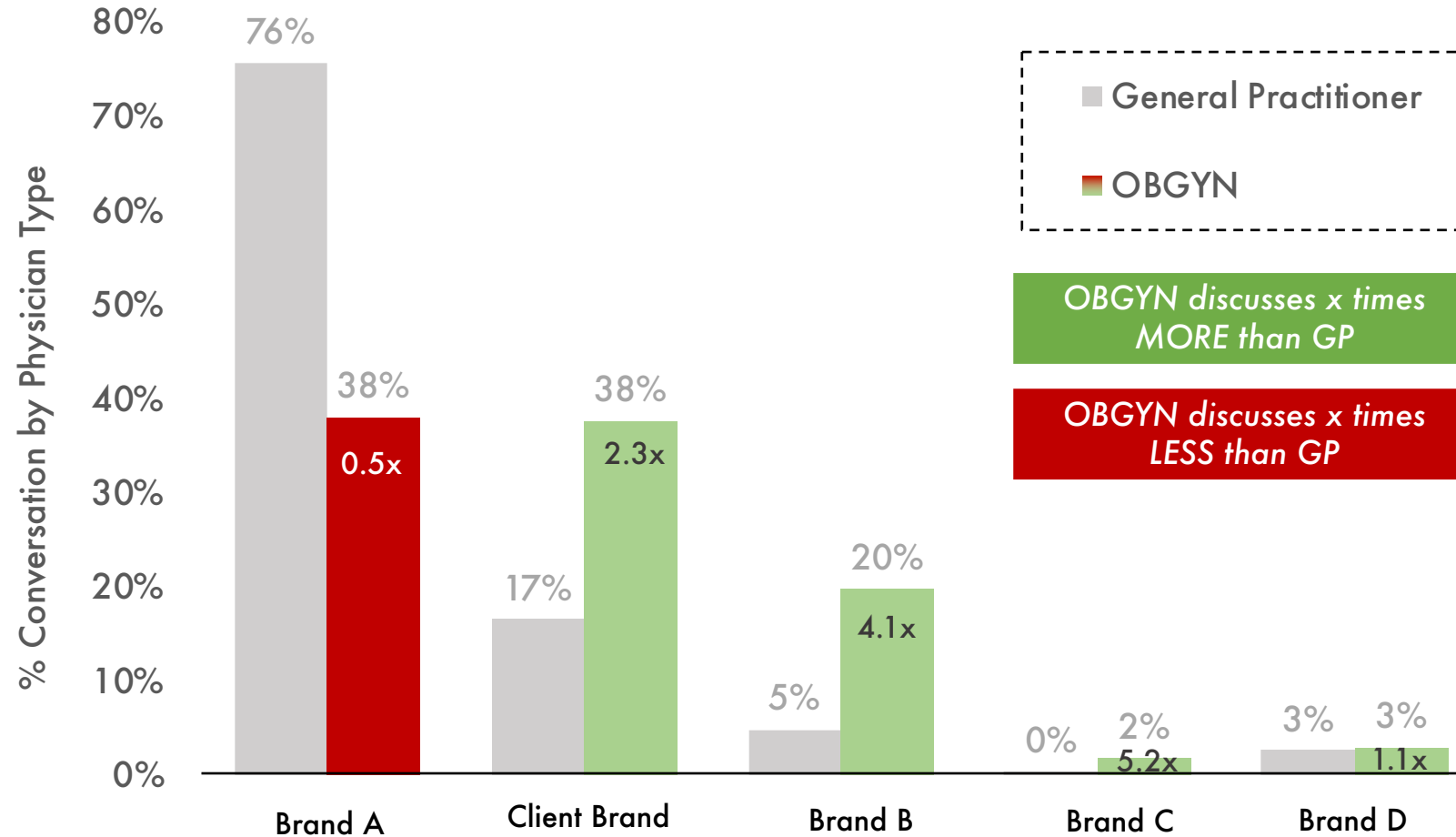
~ 15% of total Client Brand discussion
is cost-related

Total Brand A volume (N = 1400)

Abortion/Pregnancy	12%
Patient Cases	11%
Legislation	7.5%
OCP Risks	7.5%
Drug Pricing	6.2%








Client brand was being discussed by OBGYN's more than GPs, an insight that helped sharpen our client's engagement strategy

Secondary Research – Topics of Online Conversations from Physicians



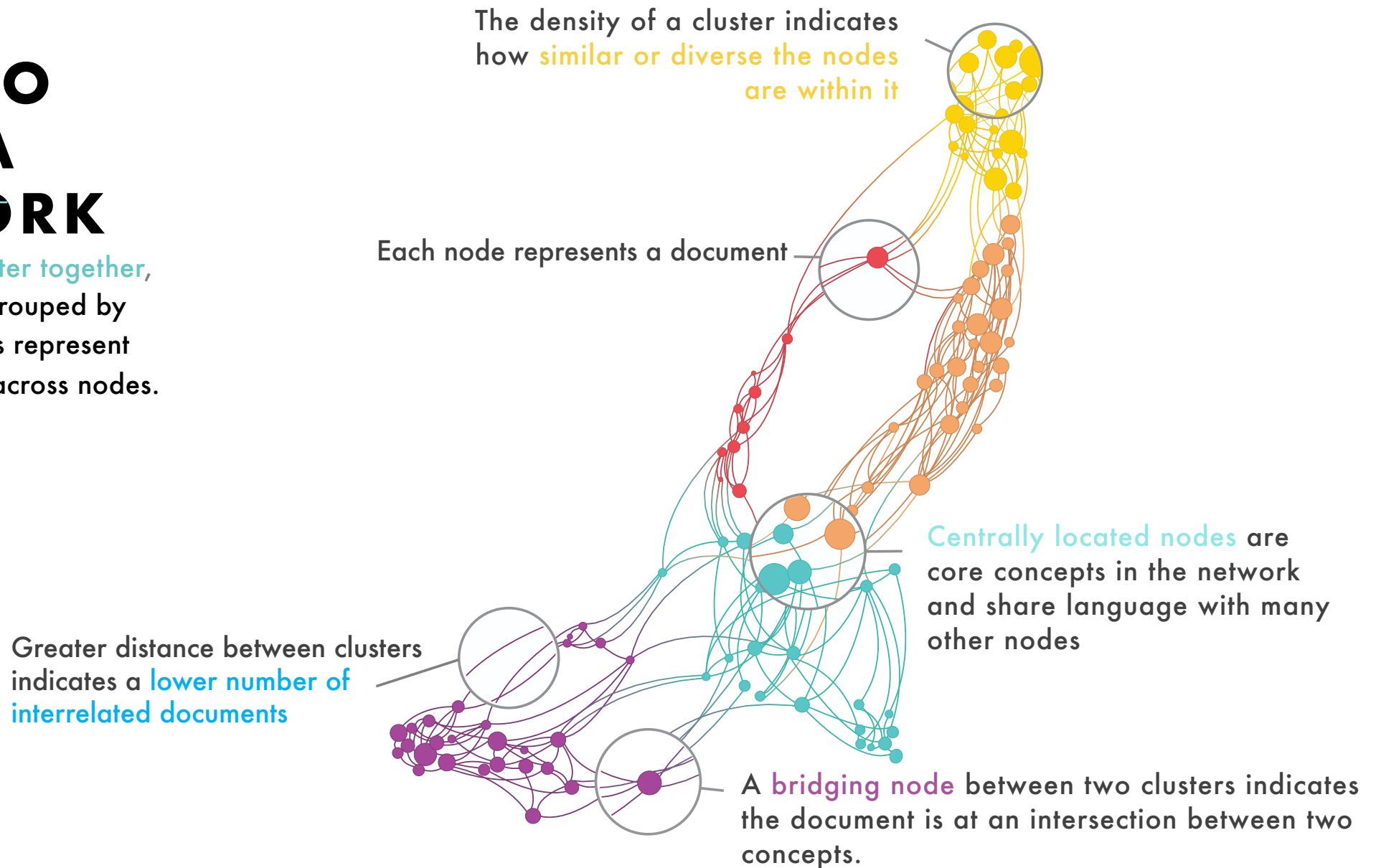
A deeper look into why physicians recommend the client's brand reveals their perception of safety, efficacy, and convenience – drivers which should be messaged to OBGYN's to drive adoption

Secondary Research – Explicit Physician Recommendations on Clinical Guidance Posts

Recommendation	Volume	Reason	Quote
Client Brand	26%	 Safety and Efficacy for Patients with Comorbidities	"While the absolute risk of CVA might not be outrageous, a small risk of something catastrophic is different than a big risk of a minor side effect - especially if there are good contraceptive alternatives – <u>XXX</u> and <u>YYY</u> , vasectomy come to mind <u>as much safer, effective choices.</u> "
Brand A	20%	 Convenience and Efficacy	"OCP are tough for lots of patients. She would do much better with a birth control method she <u>doesn't have to worry about or even think about...</u> Have her consider an IUD or a <u>XXX (implant).</u> Both good for about 5 years. Also cut down on bleeding with periods."
OCPs ¹ <i>Equal # of physicians recommend OCPs as those who do not</i>	20%	 Recommended Contraception for "healthy" individuals	"Ok to try OCP, if the teen is not a smoker, or too much overweight, and BP is normal. <u>Many pediatricians will prescribe OCP in a healthy teen.</u> "
	20%	 Not Recommended - Teenagers have issues with Compliance	"15 year olds are NOT responsible enough for barriers or pills." "And there's no way I'm not going to put my teenagers on OCPs if that's what they want. I always counsel for LARC's because there is no argument at all as to <u>higher efficacy and compliance.</u> "
Brand B	9%	 IUD Size for Young Nulliparous Patients	"If a 15 yo came into my office wanting an IUD, I'd probably order an u/s before insertion, but I bet it would be fine. I put them in quite a few 17 year olds. <u>XXX is a smaller product that can fit in a small uterus.</u> "
Brand C	4%	 General Contraception	"I'd use <u>XXX</u> (5 year 19mg LNG IUS) and condoms (yeah, right!) for STI prevention."
Brand D	2%	 General Contraception (always suggested as an alternative to XXX)	" <u>I would recommend IUS - XXX or YYY instead of OCPs.</u> Does she have children, is she looking to have children ever again? Do not assume she is not considering another child, which changes the recommendations."

HOW TO READ A NETWORK

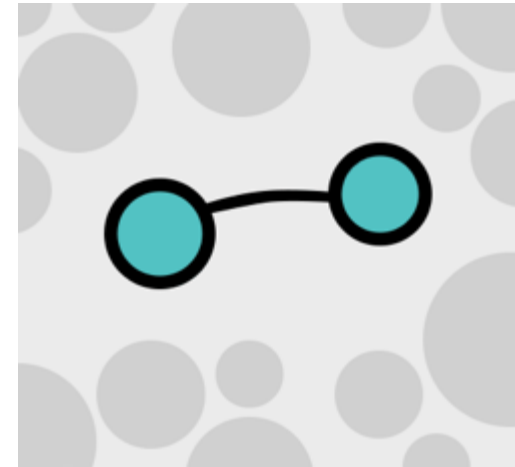
Similar nodes **cluster together**, and clusters are grouped by color. Connections represent similar language across nodes.



TEXT ANALYTICS BACKGROUND



Quid reads any text to identify key words, phrases, people, companies and institutions.



Then Quid compares words from each document to create links between them based on similar language.



Quid repeats the process at immense scale, producing a network that shows how similar all the documents are to one another.