

Point of Care Communication Council

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# Verification and Validation Guidance

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\*Denotes requirements for PoC3 Compliance Certification

# Point of Care Communication Council (PoC3) Verification and Validation Guidance

## 1. Purpose and Intent

The Point of Care Communication Council (PoC3) has created Verification and Validation Guidance for media buyers and their clients with the intent to:

1. Define industry best practices.
2. Engender trust among those who transact at the point of care.
3. Provide a clear and standardized mechanism that enables media buyers and their clients to determine which point of care (PoC) media vendors are certified and adhering to the auditing requirements set by PoC3.

This guidance and the associated PoC3 Compliance Certification process (see page 4) enables marketers and agencies to see whether a PoC media vendor is compliant with the PoC3 Verification and Validation Guidance and has gone through certification to demonstrate this compliance.

PoC3 cannot legally mandate that vendors certify and adhere to the auditing requirements in this document, but the use of the PoC3 Certification Seal is not authorized without the annual provision of proper Certifications of Compliance to the PoC3 Verification and Validation Guidance to PoC3.

The guidance within this document encompasses both network-level and campaign-level auditing, which are defined as follows:

### NETWORK AUDIT

- An in-person physical audit where personnel from an independent third-party auditing company visit PoC locations to observe and record information to verify a media vendor's network assets. This type of audit is done at a PoC vendor product-line level.
- The objective of a physical audit of a digital network is to confirm that the devices are present and operational. The objective of a physical audit of a print network where placement has been guaranteed is to confirm that the display has been delivered to, and is installed at, the PoC facility.

- A network audit for a non-digital campaign with no fixed asset in place or where placement is not guaranteed is not required (as this particular PoC tactic is, by definition, temporary).

### CAMPAIGN AUDIT

For digital campaigns:

- A digital audit that is performed remotely using electronic logs and reports to verify ad campaign data from a PoC vendor. The objective of a digital campaign audit is to verify that ads were delivered per the contract (when applicable) and in accordance with the PoC3 requirements.

### AND/OR

For non-digital campaigns with a fixed asset in place or where placement is guaranteed:

- An audit where individual physical campaign information (ads) and displays are verified as being present (most commonly through a physical audit or via phone verification).

### AND/OR

For non-digital campaigns with no fixed asset in place or where placement is not guaranteed:

- An audit providing verification of printing/production, shipping, and or delivery shall be based upon the records relevant to the action being confirmed (i.e., printing, USPS, UPS, FedEx receipts/reports etc.). If an audit is performed in conjunction with a list match, then shipping confirmation must include confirmation of the locations purchased based on the list match.

The PoC3 Verification and Validation Guidance will be updated as needed to include new information and make changes based on industry evolution and feedback.

The PoC3 Verification and Validation Guidance was approved by the PoC3 Board of Directors and supersedes and replaces any previous versions or drafts of PoC3 guidance. This guidance is not intended to supersede any federal or state requirements.

## 2. PoC3 Compliance Certification

The PoC3 Compliance Certification is completed on an annual basis. The PoC3 Certification Seal confirms that the PoC vendor and a PoC3-approved third-party auditor(s) have submitted signed affidavits in the form of PoC3 Verification and Validation Certification Forms to PoC3, verifying that they have complied with all PoC3 audit requirements for their product offerings at both network and campaign levels. Such verification forms must be submitted annually to PoC3 to obtain approval for continued use of the PoC3 Certification Seal. **The PoC3 Certification Seal represents compliance with all areas within this document labeled as “requirements” and marked with an asterisk in the Table of Contents, but not within supplemental areas highlighting best practices. The PoC3 Certification Seal also represents a company’s Network Audit success at the 92.5% audit success criteria as a part of the Overall Auditing Requirements within this guidance, as well as an aggregate of Campaign Audit success at that same 92.5% audit success criteria (please see Section 5 for more detail).**

### PoC3 CERTIFICATION SEAL



### THE PROCESS FOR PoC COMPANIES TO BECOME “PoC3 CERTIFIED” IS AS FOLLOWS:

- Conduct all required auditing as specified within PoC3 Verification and Validation Guidance.
- Request PoC3 Verification and Validation Certification Form from the email address provided on the PoC3 website (<https://www.poc3.org>).
- Complete all required Network and Campaign PoC3 Verification and Validation Certification Forms. **A separate PoC3 Verification and Validation Certification Form must be completed** for each third-party auditing company used by the media vendor.
- Submit all signed PoC3 Verification and Validation Certification Forms to the email address provided on the PoC3 website (<https://www.poc3.org>).
- Once approved, the PoC3 Executive Director will provide either the PoC3 Certification Seal or approval to use the language “PoC3 Certified.”
- All PoC3 member companies that have obtained the PoC3 Certification Seal will be indicated as such on the PoC3 website (<https://www.poc3.org>).
- A PoC media company may re-apply for certification at a later date if initial application is denied, provided the requirements and certification process are fulfilled as outlined in this document.

#### Once a PoC company is certified by PoC3:

Use of the PoC3 Certification Seal is only permitted when authorized by the PoC3 Executive Director on letterheads, websites, advertising materials, or any other place where the phrase “PoC3 Certified” is allowable.

#### Appropriate Use of the PoC3 Certification Seal

PoC3 Certification may be claimed or implied only for data or statements exactly as they appear in audits completed by PoC3-approved auditing companies and only if the data or statements are presented in such a manner that gives the reader the same sense or interpretation as the original audit report(s).

## 3. Overall Auditing Requirements\*

### 1. Use of an independent third-party company

- An independent third-party auditing company from the PoC3 List of Approved Vendors (see <https://www.poc3.org>) must be used for all audits.
- Individual PoC media companies must hire and pay for independent third-party auditing companies.
- The independent third-party auditing companies must not provide any other services for or have any conflicts of interest with the PoC media company. To ensure avoidance of a conflict of interest, the independent third-party auditing companies must not have provided any other non-auditing services to the PoC media company during the time of the audit or during the previous 12 months prior to the audit.

### 2. Statistically relevant sampling

- Third-party physical audits, both Network Audits and Campaign Audits, must be conducted on a statistically valid representative sample of the full PoC product line to validate the delivery in its entirety. Auditors will choose the random sample. Sample size must be based on 95% confidence level, +/- 3 precision and a 92.5% positive response (e.g., positive confirmation that a device is physically there and on). See Appendix for Details of Sample Size Calculations.
- A non-physical digital Campaign Audit must report on the entire campaign population instead of using a sample.

### 3. Auditing must be based and conducted on the specific key metrics claimed/sold by the PoC media company.

These key metrics claimed/sold will vary across PoC media companies, depending on their individual offerings and program components. Definitions and criteria for these key metrics are described within Section 7 of this document.

### 4. Audit success criteria

- 92.5% or greater of items audited must meet defined success criteria for the audit to be deemed successful/compliant. All audits must meet this criteria.
  - The 92.5% threshold was developed by PoC3 in consultation with members, auditors, and industry experts to ensure an appropriate level of compliance and is consistent with the standards put forward by the digital out-of-home industry.

## 4. Network Auditing Requirements\*

- Network audits must be completed annually for each network. Audits can be performed at any time during the year.
- Physical audits must be conducted in an as-found (not altered) state.
- Record counts provided to the third-party auditing company must serve as the basis for any key metrics claimed/sold. "Date of Record Count" must be clearly stated.
- Qualification of key metrics and defined success criteria must be adhered to. Please refer to Section 7 of this document for specific detail.
- For a physical audit of a location, if there are multiple devices, at least one device must be operational to be counted as a location. However, if the auditor observes a non-operational device in a multi-device location, that device is not eligible to be included in a device count. Additionally, devices not in clear view (due to obstruction or improper placement) may not be included in a device count.
- For a physical audit of devices/units, all devices/units must be counted and photographed.
  - If all devices/units cannot be accessed, the office staff must provide a signed affidavit that the number of devices/units are present and working.
  - Should the auditor determine that devices are present and operational in fewer than 92.5% of locations, this will result in a failed audit.
  - Physical audit must capture date of visit, address, and photos.
- Any non-audited physical claim made about a future state must use the word "estimated," "forecasted," "projected," or "non-audited." This applies to website, sales materials, request for proposals (RFPs), and all publications.
- Relative to growth, any network that expands, or plans to expand, based on the following schedule over the course of 12 months, must do a physical audit of the new growth locations within six months of the previous annual network audit. If the percentage annual growth in a network is greater than the stated percent, the network must be audited.
  - 100% network growth for networks starting under 1,000 unique locations
  - 75% for networks starting 1,001–2,500 unique locations
  - 50% for networks starting 2,501–4,000 unique locations
  - 25% for networks starting 4,001+ unique locations

(Any merger of a PoC3 Certified Member does not require a growth audit.)

### WAITING ROOM DIGITAL PROGRAMS

- Success Criteria = validation that the equipment is present and that it is turned on.

### EXAM ROOM DIGITAL PROGRAMS

- Success Criteria = validation that the equipment is present and that it is functioning.
- Each exam room must be audited, if possible. If not possible, signed affidavits by office personnel shall be deemed acceptable.

### WAITING ROOM, EXAM ROOM, HCP BACK OFFICE, AND BREAK ROOM NON-DIGITAL PROGRAMS

- For non-digital campaigns with a fixed asset in place or where placement is guaranteed, there must be an audit where individual physical campaign information (ads) and displays are verified as being present.
- In the case of exam room programs with fixed assets and guaranteed placement, each exam room must be audited, if possible. If not possible, signed affidavits by office staff shall be deemed acceptable.

### MOBILE/BEACON

- All mobile reporting must come through third-party tracking interactions. A monthly report including impressions and key performance indicators (KPIs) must be provided to advertisers.
- Where the technology exists, any mobile campaign must have the option for the advertiser to include their own verification tracking technology within the advertisements.
- Must provide third-party partner reporting of beacon geo-location broadcast OR conduct physical "in-person" audit of beacon geo-location broadcast.

*Note: In order to be HIPAA-compliant, ads that may expose PHI to a third-party verification service may not allow an advertiser's tagging to be added. In that event, the PoC media company must provide a third-party auditor-approved report or allow the advertiser to create their own login/account into an accepted HIPAA-compliant third-party tracking solution used by the PoC media company.*

### SAMPLING

- Success Criteria = validation that the sample display is present and contains product that can be accessed by patients.

### OTHER MEDIA TYPES

- For any media type not specified within this guidance document, PoC media companies must work with PoC3 to confirm the audit requirements.

## 5. Campaign Auditing Requirements\*

### OVERALL

- Campaign audits must be completed quarterly at a minimum for any campaign running greater than or equal to three months. Physical campaign audits, where required for non-digital fixed-asset programs, are required every six months due to the amount of time and expense required for physical audits.
- Audits must be completed for any advertiser who is spending more than \$20,000 per month average over the life of their contract. Where a contract is three months or longer, audits must be conducted at a minimum on a quarterly basis.
- Digital audits must report on the entire campaign population.
- Certification of all audits of the digital platform AND/OR third-party audited reporting must be submitted annually to PoC3.
- Qualification of key metrics and defined success criteria must be adhered to when conducting any campaign audit. Please refer to Section 7 of this document for specific details.

### EXAM/WAITING ROOM DIGITAL CAMPAIGN LEVEL:

- Company-generated reports from a reporting system/digital platform that have been certified/audited AND/OR reports audited by an independent third party must be provided.

#### **OR for Distributed Digital Campaigns (as defined in Section 10) only:**

Third-party ad tagging and tracking may be used if the PoC media company is using industry-recognized services that have been accredited/certified by MRC, AAM, or BPA.

### MOBILE/BEACON

Except in circumstances where technology does not enable tagging:

- All mobile reporting must come through third-party tracking solutions.
- Any mobile campaign must include the option for the advertiser to include their own verification tracking technology within the advertisement.
- Must provide third-party reporting of Beacon geo-location broadcast OR conduct physical "in-person" audit.

*Note: In order to be HIPAA-compliant, ads that may expose PHI to a third-party verification service may not allow an advertiser's tagging to be added. In that event, the PoC media company must provide a third-party auditor-approved report or allow the advertiser to create their own login/account into an accepted HIPAA-compliant third-party tracking solution used by the PoC media company.*

### WAITING ROOM, EXAM ROOM, HCP BACK OFFICE, AND BREAK ROOM NON-DIGITAL PROGRAMS

- Verification must be performed through methods approved by the third-party auditing company and executed with data that can be shared with the advertiser pending execution of a non-disclosure agreement.
- Campaigns should be verified following launch as agreed between the advertiser and the PoC media company.
- Final audit report provided to the advertiser must be created by a PoC3-approved third-party auditing company.
- For non-digital campaigns with a fixed asset in place or where placement is guaranteed, there must be an audit where individual physical campaign information (ads) and devices are verified as being present.
- For non-digital campaigns with no fixed asset in place or where placement is not guaranteed, there must be an audit providing verification of mailing receipts (when applicable) and delivery confirmation.
- In the case of exam room programs with fixed assets where placement is guaranteed, each exam room must be audited, if possible.

If not possible, signed affidavits by office staff shall be deemed acceptable.

## 6. Campaign and Network Auditing Best Practices

### MITIGATION PLANS

It can be beneficial to have mitigation plans in place for handling potential discrepancy, rate base, and make-good scenarios, which are handled on an individual basis by PoC media companies and advertisers. Some common make-good scenarios to consider include:

- **Additional time**—Adding time to the contract
- **Additional frequency**—Providing more ad plays by increasing the frequency of the execution
- **Additional reach**—Running an execution in an extended footprint (e.g., in more locations or against more HCPs)
- **Additional vendor programs**—Applying funds to executions and other tactics in which a brand is participating (e.g., if a make-good is due on a waiting room TV, apply credit to an exam room)

### RECOMMENDED NETWORK AND CAMPAIGN AUDIT TIME FRAMES

- Once the scope of the audit engagement has been defined, physical audits typically take two to three months to allow for question/protocol development, fielding, analysis, and compilation of results.
- For Distributed Digital networks, audit results are typically expected 30 calendar days after the close of an audit period.

### ADDITIONAL FREQUENCY FOR CAMPAIGN AUDITS

- More frequent campaign audits beyond PoC3's quarterly requirement should be evaluated based on several factors, including a risk assessment, length of campaign, dollars spent on the campaign, whether the company is certified, tactics of the campaign, and the agreement that the advertiser has with a PoC media company (i.e., audit rights).

### VARIANCE AND DISCREPANCY REPORTING FOR CAMPAIGN AUDITS

- If the campaign audit results in an under-delivery of 10% or more versus the Advertiser Contract or I/O during the invoice period, the PoC media company will proactively report the under-delivery to the advertiser within a week of the PoC media company becoming aware of the discrepancy.

### HCP/PROVIDER AUDITING AND VERIFICATION

- It is recommended that PoC media companies use a third-party independent organization (not self-reported) to obtain an up-to-date list of HCPs twice per year or call HCP offices twice per year to verify the list.

## 7. Qualification of Key Metrics and Defined Success Criteria\*

### REPORTING OF METRICS FOR DIGITAL PROGRAMS

Agencies and marketers use a variety of deliverables in contracting PoC media programs. Examples of contract deliverables include locations, devices, ad play totals, HCPs, and interactions. To successfully count a digital action or deliverable against any of these metrics, there must be a corresponding performance measurement. The specific performance measurement for each digital action or deliverable is defined as follows:

- Quarterly locations/devices—Since PoC companies continually install new locations and devices, guidelines on how to count locations/devices installed throughout the quarter are as follows:
  - The PoC3 requirement is that a buyer’s ad must run 92.5% of the days a location is open for business. This provides a small but realistic buffer to account for times when a network interruption is identified and needs to be remediated. The application of this percentage will be based on the cumulative aggregation of daily log data for each location or device where a buyer’s ad is running. Some illustrative examples are shown in Appendix 2.
- Criteria for calculations (based on quarterly calculations):
  - Open Days = For a given quarter, the total number of days that a location is open for business in locations that were active during the audit reporting period (e.g., from the beginning of the audit period or install date through the end of the period or cancellation date, as appropriate).
  - Ad Play Days = For a given quarter, the number of days that a specific ad or group of ads is played, on Open Days, during that office’s published business hours (+/- 30 minutes).
    - > Ad Play Days shall be defined as the number of days that a specific ad or group of ads played in locations that were active during the audit reporting period (e.g., from the beginning of the audit period or install date through the end of the period or cancellation date, as appropriate).
  - Percentage of Ad Play Days Delivered = Total Ad Play Days among all contracted locations (or devices)/Total Open Days among all contracted locations (or devices) for a given quarter.
- Delivery Calculations:
  - Ads must play a minimum of one time during business hours (+/- 30 minutes) on a given day to count as a successful Ad Play Day.
  - The Open Days will be based on the hours that location is open and operating. In some cases, this may include weekends.

- > The following major holidays will be removed from the Open Day and Ad Play Day calculations: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.
- > Ad plays during an office’s published “lunch hour” (or other similar break when the office is officially closed) qualify.
- > Ad plays up to 30 minutes before or 30 minutes after published opening and closing hours qualify.
- For campaigns, only the Ad Play Days during which a campaign was running will be counted.
- Quarterly Ad Plays shall be defined as the sum of all Ad Plays at an audited location during the quarter.
- Professionals shall be defined as Physicians, Advanced Practitioners, and other Medical Professionals.

Some agencies and marketers prefer to contract based on HCPs or targeted HCPs rather than locations or devices. The requirements for HCP counts for any given period (month, quarter, year) are as follows:

  - The HCP count for any given period is calculated by taking the average number of distinct and unique professionals working in “good, active, and operational” locations during the period audited. For example:
    - For a quarterly audit, the number of professionals is counted on the first and last calendar days of the quarter. Those two counts are averaged for auditing and reporting the proper average HCP count.
- Interactions—Interactions will follow MMA, IAB, and MRC guidelines as outlined below:
  - Mobile Web Measurement Guidelines, version 4.0  
<https://www.iab.com/wp-content/uploads/2017/11/Mobile-Web-Measurement-Guidelines-MMTF-Final-v1.1.pdf>
  - Mobile Application Advertising Measurement Guidelines, version 3.0  
<https://www.iab.com/wp-content/uploads/2017/11/Mobile-In-App-Measurement-Guidelines-MMTF-Final-v1.1.pdf>
- Reach—When specifying a deliverable based on professional reach, the following definitions apply:
  - Physicians: MD, DO
  - Advanced Practitioners or NP/PA: Nurse Practitioners (NPs), Physician Assistants (PAs)
  - Other medical professionals: Med Techs, Nurses
  - Office Staff: Non-medical office personnel
  - HCPs: All personnel that provide medical services to patients including MDs, DOs, NPs, and PAs. Excludes office staff and other medical professionals.

## 8. Measurement Best Practices

*Within this section, you will find a high-level overview of best practices and considerations for the measurement of point-of-care programs. This is not meant to serve as a comprehensive point of view on measurement planning and methodology.*

Point of care is a highly measurable channel, but it is important to gain alignment on a measurement approach during the planning phase prior to execution. This can help define reasonable goals and KPIs.

The primary return on investment (ROI) measurement within point of care is most often script lift, but the metrics should be set according to the program objectives. Questions should be asked relative to the defined goals of the PoC initiative.

For example, is it a lift in NRx or NBRx with a new product launch? Is it awareness around a disease state imperative during a pre-launch time period? Is it TRx lift for a late-stage lifecycle brand? Is it an increase in diagnoses for a specific condition? Is it requests/questions to the doctor relative to a new class of medications?

Some important factors to consider when mapping a measurement plan:

- When measuring script lift, the minimum recommended length of time to conduct a robust analysis within point of care is six months, as it takes time to see change in prescribing behavior within the actual data. A shorter time period may be possible in some cases and longer time periods may be needed in others, but six months is a generally recommended minimum.
- Measuring relevant patient-focused clinical milestones (i.e., diagnostic testing, diagnoses, treatment starts and switches) can help provide perspective on the PoC campaign's effectiveness toward driving real health outcomes and quality of care metrics.
- A third-party measurement company should conduct measurement analyses.
  - At a minimum, a third-party company should deliver a statement that the results are correct and independent. Additionally, 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 the third-party company with the inclusion of the PoC media company.

Marketers should consider what questions they are trying to answer when determining appropriate measurement methods. For example, it might make sense to group all PoC tactics/campaigns across media vendors together within a Marketing Mix model to get a read on the overall channel contribution compared to other channels. Alternatively, it may make sense to group PoC media vendors according to similar buys within a Marketing Mix model. When a more granular view on tactics is desired (e.g., effectiveness of digital wall boards versus print posters by specific PoC media vendors), a standard Test and Control would be the most accurate measurement method. For comparison purposes, this approach and way of thinking mirrors the best practices set forth in the measurement of digital media.

### MARKETING MIX CONSIDERATIONS

Marketing Mix models are used to help marketers assess what blend of tactics/channels is most effective in driving their brand objectives. This type of modeling can address questions around individual tactic/channel contribution, incremental impact seen or not seen with certain tactics/channels working together, predicting what levels of future investment across tactics/channels will drive the most impact, and clarifying what reach and frequency with certain tactics/channels will have the greatest impact and when those levels of activities plateau and decline in effect.

While Marketing Mix analyses provide an important broad view of tactic/channel effectiveness within the context of overall brand performance, there are some important nuances to consider when including PoC initiatives into the modeling:

- The data output is only as good as the data you put in. In other words, you need to have quantity, specificity, accuracy, and adequate time within the data that feeds the modeling.
- If full input data is not available, there is a strong likelihood your output will show as "inconclusive." Remember that "inconclusive" does not mean "ineffective." "Inconclusive" means a conclusion can not be drawn, either positive or negative.
- Variability in the data must be present for Marketing Mix modeling to detect impact. Within PoC media, some examples of variability include:
  - Locations running versus not running a campaign
  - Media/campaigns starting or running at different points in time
  - Incremental addition of locations and/or doctors

## 8. Measurement Best Practices

(continued)

### TEST VS. CONTROL CONSIDERATIONS

Test Vs. Control Analysis is the recommended methodology for measuring specific tactic effectiveness within PoC, as it allows for isolating audiences exposed to the PoC tactic and can provide a pure read of any change in prescribing behavior. PoC media companies often choose HCPs based on criteria such as prescribing different brands or categories, location, detailing patterns, and affiliations with a large practice or hospital group. Test Vs. Control Analysis ensures those inherent differences are accounted for.

When using this methodology, Test and Control groups should have similar criteria other than the PoC program being run during the test period. The Control group should be closely matched to each HCP or group of HCPs being measured, or in the case of purely patient-level programs and analyses, the Control group should be closely matched to each individual patient exposed.

With Test Vs. Control Analysis, specific recommendations are as follows:

- At a minimum, for HCP level measurement, Test and Control matching should account for product volume, category volume, geography, HCP specialty, brand detailing and sampling, and other HCP level promotions in market that may affect HCP prescribing behavior.
- For measurement using patient-level medical claims data, total trackable claims volume should be matched between Test and Control HCPs to ensure data coverage is similar between the two groups. Additionally, individual patients or pools of patients can be matched. The most common criteria are demographics (age, gender, etc.), past Rx usage, and number of visits to locations with a PoC program.
- For digital programs and measurement conducted solely at the patient level, Control matching must be done at the individual patient level and the exact date of first exposure should be provided to the third party for each exposed patient. At a minimum, individual Control patients should be matched using demographics (age, gender, etc.), geography, and past Rx usage. Other commonly used fields include: number of visits, diagnosis, insurance coverage.
- The influence of parallel exposure to other marketing channels should be controlled for in the modeling to prevent inaccurately attributing results solely to PoC exposure.

## 9. PoC3 Approved Third-Party Auditing Companies

### PHYSICAL AUDITING COMPANIES:

- Please see <https://www.poc3.org> for a list of PoC3-approved Physical Auditing Companies.

### DIGITAL AUDITING COMPANIES:

- Please see <https://www.poc3.org> for a list of PoC3-approved Digital Auditing Companies.

### AUDIT VENDOR SCREENING AND APPROVAL

Audit companies that conduct any physical, digital, or other type of audit seeking PoC3 certification must adhere to Generally Accepted Auditing Standards (General and Standards of Field Work) as defined by the American Institute of Certified Public Accountants (AICPA). See the following link for additional detail:

<https://www.aicpa.org/Research/Standards/AuditAttest/downloadabledocuments/au-00150.pdf>

Audit companies that conduct physical audits may submit request for inclusion/approval within the PoC3 list of acceptable auditors. There is a formal vendor vetting process that each audit company must go through to be included on the list of PoC3-approved third-party auditing companies.

- An audit company may request to initiate the audit vendor screening and approval process via email from the PoC3 Executive Director at [knewmark@poc3.org](mailto:knewmark@poc3.org).
- Each PoC3-approved auditing company is required to go through a re-approval process with PoC3 on an annual basis. If any auditing company was previously approved by PoC3 and then decides to no longer provide auditing services (and are thus removed from the future list), so long as the audits were conducted in the time frame during which the auditing company was PoC3 approved, the PoC media company may still gain PoC3 certification using those audits as detailed in this guidance.

Note: The vendor review is a limited review, and as such, the PoC3 does not vouch for, ensure the quality, nor warrant the credibility or competency of these audit organizations.

#### **Audit vendor inclusion/approval criteria is as follows:**

1. The company must have successfully completed a minimum of one prior audit of a PoC campaign or network that has been accepted by both the vendor and the advertiser client or have demonstrated other relevant experience.
2. The company agrees to participate in PoC3 training to ensure that the auditing firm understands and agrees to conduct the audit in line with PoC3 guidance.
3. The company must be willing and able to contract with any member company of PoC3.

## 10. Glossary of Common Definitions

The following are definitions for most of the common terminology used in the PoC space and are the definitions to be used within all PoC3 auditing requirements.

### GENERAL DEFINITIONS

- **Advertising Campaign (Campaign):** A series of ad units delivered to the provider's network, or part thereof, for an advertiser during a defined period.
- **Conversion Rate:** The percentage of users who complete a desired action (e.g., purchase or registration) compared to all users who were exposed to an ad.
- **Days:** Refers to calendar days unless otherwise noted.
- **Digital Photos:** A picture or likeness captured utilizing a digital camera.
- **Exam Room:** Private area within a location wherein a patient receives care from an HCP. Multiple exam rooms may exist within the same location.
- **Heartbeat:** A notification from a device that the device or player is operational. Usually done on a minimum of a daily basis. Good business practices would dictate this be done at an hourly minimum during business hours.
- **Location (Medical Office):** A unique physical address wherein a practicing HCP receives and treats patients.
  - A location consists of unique HCP business units at a distinct address. In situations where multiple HCPs exist within the same building or street address, the location will be considered distinct if there is a different floor or suite number.
  - Places where an address, suite or floor, and HCP list match shall be counted as one location.
- **Metadata:** Data that describes other data, and can be used to organize, understand and find data.
- **Unit or Device:** Printed and/or electronic display used to deliver educational and advertising content. Locations may have multiple units or devices in the waiting and/or exam rooms.
  - **Screen:** A subset of units or devices. Any single digital monitor capable of hosting educational and advertising content. Locations may have multiple screens in waiting and/or exam rooms.
- **Waiting Room:** Common area within a location where patients scheduled to receive care wait in queue. Multiple waiting rooms may exist within the same location. They shall be counted as separate locations if they serve different sets of HCPs.

### PATIENT-RELATED DEFINITIONS

- **Condition Sufferer:** A patient who is affected by a specific illness or symptoms. A condition sufferer will seek treatment from an HCP specializing in that particular illness or condition.
- **Medical Condition:** A disease, an illness; a physiologic, mental, or psychological condition or disorder; or an injury.
- **Patient:** A person who has ailments or medical needs receiving or scheduled to receive medical treatment.
- **Patient Home:** The unique street address for a patient.
- **Patient Visit:** A meeting involving an HCP and a patient at a location or patient's home wherein healthcare services are provided.
- **Touchpoint:** A place of interaction within the location where audience is exposed to health, wellness, and condition-specific educational and advertising content.

### HCP-RELATED DEFINITIONS

- **Administrative Staff:** Administrative Staff do not provide any medical services at a doctor's office or a hospital. They handle appointments, payments, patient files, health insurance companies, specialists, medical reps, etc. Examples include receptionist, office manager, claims coordinator, etc.
- **Advanced Practitioner (AP):** Sometimes referred to as Mid-Level Practitioners. APs include individual practitioners, other than physicians, who are generally accepted as a practitioner of medicine. Examples of APs include Nurse Practitioners (NPs), Nurse Midwives, Nurse Anesthetists, Clinical Nurse Specialists and Physician Assistants (PAs).
- **Health Care Provider (HCP):** HCPs include all Physicians and APs. Most HCPs have NPIs and are eligible to prescribe.
- **Mid-Level Practitioner:** See Advanced Practitioner.
- **Medical Technician (MT):** Sometimes referred to as Med Techs or Techs. MTs include all personnel who perform medical, non-administrative tasks, including running routine tests, preparing patients for procedures, administering medication, analyzing samples, etc. Examples of MTs include nurses, phlebotomists, Medical Lab Technicians, etc.
- **Physician:** Physicians include people who have earned a Doctor of Medicine (MD), Doctor of Osteopathy (DO), or Doctor of Naturopathy (ND) degree and who are accepted as a practitioner of medicine under the laws of the state, province, and/or nation in which they practice.
- **Non-Prescriber:** A medical professional who does NOT write a prescription for a given brand or category during a specific time-period.
- **Prescriber:** A medical professional who writes a prescription for a given brand or category during a specific time period.

## 10. Glossary of Common Definitions

### HCP-RELATED DEFINITIONS

(continued)

- **Provider Network:** A comprehensive list of the locations, HCPs, and units or devices via which educational and advertising content is provided.
- **Specialty:** The physician specialty defined by a third party provider such as the AMA, IQVIA, or Symphony. Specialties are not “self-defined” and are not based on a PoC media company’s interpretation of “provider prescribing.”

### ADVERTISING/EDUCATION PLATFORM DEFINITIONS

- **Brochure/Guide:** Portable, printed educational and advertising content that patients may take upon leaving the location.
- **Closed Circuit Website:** Internet-based system that enables the display of educational and advertising content on digital billboards on one or many screens. Content is stored on remote servers and can be updated remotely.
- **Digital Wallboard:** Digital monitor that displays rotating static or moving-image educational and advertising content to patients in waiting or exam rooms.
- **Interactive Touch Screen:** Digital monitor/tablet/program that displays educational and advertising content to patients in waiting or exam rooms, initiated by patient or HCP activity.
- **Passive:** Digital monitor/program that displays rotating or moving-image educational and advertising content to patients in waiting or exam rooms.
- **Content Loop:** Duration of programming content before repeating.
- **Streaming Vs. Flash Memory Distribution:**
  - **Connected Device/Streaming:** A distribution method for serving video files such that the video is played over a persistent connection between the browser/app and the location device.
  - **Connected Non-Streaming:** A distribution method for serving video files or other content that may be updated via a persistent connection between the browser and the location device.
  - **Flash Memory:** A type of reprogrammable memory such as SD card, memory stick, USB key, etc. that is utilized to manually install the periodic programming updates on location devices.
- **Computer Distributed versus Non-Computer Distributed:** Digital Campaign Deployment Method refers to the method that the content/advertisements are distributed to a Digital Screen. In alignment with common/standard regulatory guidelines.
- **Digitally Distributed** digital content deployments include internet and/or network-based content distribution.
- **Non-Digitally Distributed** digital content deployments include preloaded on-device content and/or distribution via an external storage device such as SD card, memory stick, USB key, etc.
- **Exam Table Paper:** Sanitary paper used to cover exam tables imprinted with advertising.
- **Floor Decal:** Printed advertising or branding content affixed to waiting/exam room or pharmacy floors.
- **Magazine:** Printed periodical containing editorial and advertising content directed toward a general or specific audience.
  - **Coverwrap:** Editorial and advertising content, usually comprised of several pages, appended to the outside of a magazine.
- **Mobile App:** Software application designed to run on a mobile device such as a phone/tablet or watch.
- **Pharmacy Bag:** Poly bag designed to hold prescriptions and/or samples imprinted with advertising content.
- **Print Wallboard Poster:** Printed educational and advertising content displayed in a waiting or exam room or other specific location.
- **Sampling:** Trial-size products distributed to patients upon their departure from the location.
- **Tablet:** A small handheld programmable electronic device that can store, retrieve, and process data.
- **Take One Display:** Tabletop or wall-mounted display holding printed education and advertising content that patients may take upon leaving the location.
- **Television:** Digital monitor that displays video and audio educational and advertising content to patients in waiting and or exam rooms.
- **Virtual Reality Headset:** A head-mounted device that provides the wearer with video and audio stimulus, creating the sensation of realistic sensations of activity.
- **Wi-Fi Hotspot:** Wireless internet connectivity at a location, which may be sponsored.

### AUDIT REPORT TERMINOLOGY

#### • Print Audit Report Terminology

- **Delivered:** Confirmed via the delivery system records that the educational/advertising unit content was delivered to the location.
  - USPS: “Delivered” represents locations that have passed USPS pre-screened deliverability process.
  - FedEx, UPS: “Delivered” represents all locations that have a successful “signed for” entry.

## 10. Glossary of Common Definitions

### AUDIT REPORT TERMINOLOGY

(continued)

- Hand delivery/In-person delivery: “Delivered” represents all locations that have provided a signature confirming receipt of materials or geocoded photos taken with a geo-stamp from a showing latitude and longitude coordinates of placement.
  - **Received:** Confirmed via means other than the delivery system records that the educational/advertising content unit was received by the location.
  - **Posted/Displayed/Installed:** Confirmed via interview or physical audit that the educational/advertising content was placed into the location waiting or exam room, thereby creating a potential touchpoint.
  - **Printed/Production Receipts:** Confirmed via production records that the assets have been successfully produced.
  - **Shipped:** Confirmed via the delivery system records that the educational/advertising content was shipped to a location.
  - **Digital Audit Report Terminology**
    - **Ad Audience:** The number of individuals estimated to be in the screen audience while ad content is present and deemed viewable, as define in the Digital Place Based Audience Measurement Standards, Version 1.0: [http://mediaratingcouncil.org/DPB%20Standards%20Version%201.0%20\(Final\)%203-15-17.pdf](http://mediaratingcouncil.org/DPB%20Standards%20Version%201.0%20(Final)%203-15-17.pdf)
    - **Ad Plays:** The number of times an ad has been displayed, regardless of whether anyone has actually seen or interacted with the ad in any way.
      - **Viewable Ad Impression:** A served ad impression can be classified as a viewable impression if the ad was contained in the viewable space, in-focus, based on pre-established criteria such as the percent of ad pixels within the viewable space and the length of time the ad is in the viewable space. Guidance is meant to be consistent with the MRC Viewable Impression Measurement Guidelines as defined in [http://www.mediaringcouncil.org/063014%20Viewable%20Ad%20Impression%20Guideline\\_Final.pdf](http://www.mediaringcouncil.org/063014%20Viewable%20Ad%20Impression%20Guideline_Final.pdf)
      - **Display Ads:** Viewable Display Ad Impressions are counted when the following criteria are met:
        - > Pixel Requirement: Greater than or equal to 50% of the pixels in the advertisement were on an in-focus browser tab on the viewable space of the browser page, and
        - > Time Requirement: The time the pixel requirement is met was greater than or equal to one continuous second, post ad render
  - **Video Ads:** Viewable Video Ads are counted when the follow criteria are met:
    - > Pixel Requirement: Greater than or equal to 50% of the pixels in the advertisement were on an in-focus browser tab on the viewable space of the browser page, and
    - > Time Requirement: The time the pixel requirement is met was greater than or equal to two continuous seconds, post ad render
  - **Engagements:** A spectrum of consumer advertising activities and experiences—cognitive, emotional, and physical.
  - **Click or Click-Through:** The measurement of a user-initiated action on an ad element (advertisement), usually causing an HTTP 302 redirect to another web location, thereby transferring the user from a publisher site to an advertiser site. Additionally, internet-based search activity or shopping activity can lead to click-through transactions on search results or other content sites that display ad impressions, which similarly can result in redirects to other web locations, such as an advertiser site. These measurements should be filtered for click counting purposes for robotic activity and invalid click activity in accordance with the provisions of this guideline.
  - **Conversion:** The percentage of users who complete a desired action (e.g., purchase or registration) compared to all users who were exposed to an ad.
  - **Defer to IAB/MRC terms and definitions for any other applicable terms.**
- **Email Audit Report Terminology**
  - **Delivered:** The volume of emails sent.
  - **Open Rate:** The percentage of total emails sent that were opened by the recipient.
  - **Bounce Rate:** The percentage of total emails sent that could not be successfully delivered to the recipient’s inbox.
  - **Click-Through Rate (CTR):** The percentage of email recipients who clicked on one or more links contained in a given email.

## Appendix

### DETAILS OF SAMPLE SIZE CALCULATIONS

#### Procedure for determining base size required for estimating 92.5% likelihood of “Unit is there and on” under a given margin of error (+/-).

The base size estimate in general depends on three factors:

- The likelihood that a unit is on (e.g., 92.5%).
  - The higher the likelihood, the smaller the required base size.
- Margin of error reflecting the acceptable amount of sampling variability (e.g., ± 3%).
  - The lower the margin of error, the higher the required precision in detecting the likelihood, and the larger the required base size.
- How confident we want to be in detecting the likelihood value above (e.g., 95%). Or, what is the required confidence value?
  - The higher the confidence, the larger the required base size.

#### Estimating the base size involves two steps:

- Estimate base size assuming infinitely large population: With the following underlying assumptions:
  - Sample is randomly drawn from a very large population of units, each having an equal chance of being picked.
  - Units in sample are independent; the likelihood of a unit being on does not depend on any other unit.
  - On average, a unit in sample has 92.5% likelihood of being on ± 3% (i.e. likelihood between 89.5% and 95.5%).

Under these assumptions the formula for estimating the base size is:

$$n = \frac{z^2 p(1 - p)}{moe^2}$$

Where:

p = likelihood unit is on e.g., 92.5%)

moe = margin of error (e.g., ± 3%)

z = a factor expressing our level of confidence in detecting the likelihood that unit is on (z = 1.96 for 95% confidence level)

Plugging the numbers in the equation above:

$$n = \frac{(1.96)^2 * (0.925) * (1 - 0.925)}{(0.03)^2} \approx 297$$

That means, assuming we have access to a very large population of units, and each unit is, on average, 92.5% likely to be there and on, a random sample of 297 units would be sufficient to detect with 95% confidence the 92.5% likelihood value ± 3%.

- Adjust the base size estimate for finite population:

Since we probably only have access to a finite population of units, and the sample is picked without replacement, the base size estimate above needs adjustment to reflect the finite population. The following formula is used:

$$n_{adj.} = \frac{n}{1 + \left(\frac{n-1}{N}\right)}$$

Where:

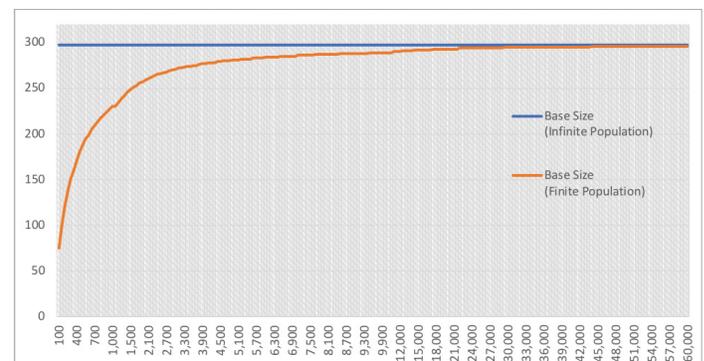
n = base size estimate assuming infinite population (e.g., 297 units)

N = population size (e.g., total universe of available units)

Assuming a population of 100 units, the adjusted base size would be:

$$n_{adj.} = \frac{297}{1 + \left(\frac{297-1}{100}\right)} \approx 75$$

This adjustment has the effect of lowering the base size estimate depending on how big the population is. The adjustment is bigger for smaller populations. For larger populations, the adjustment has less effect, and almost no effect for much bigger populations. This can be seen in the following graph.



Clicking this link will download a Base Size Calculator:  
[PoC3 Base Size Physical Audit Calculator](#)

Below please find sample of Base Sizes:

Total Universe (# of Available Units)	Finite Population Adjusted Base Size Estimate of Likelihood Unit is There and On = 92.50% Margin of Error = +/- 3.00%
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
50	43
100	75
250	136
500	187
1,000	230
2,500	266
5,000	281
7,500	286
15,000	292
20,000	293
25,000	294
50,000	296
100,00	297

## EXAMPLES OF QUARTERLY DELIVERY CALCULATIONS

### 1st Quarter, 2020

Location	Install Date	Open Hours	Open Days	Play Days	
A	2016	M-F 9-5	64	64	
B	2015	M-F 9-6	64	62	
C	2016	S-S 9-7	90	87	
D	2016	S-S 9-8	90	80	
E	2014	M, W 1-6	25	23	
			<b>333</b>	<b>316</b>	<b>94.9% SUCCESS - 5 locations</b>
Location	Install Date	Open Hours	Open Days	Play Days	
A	2016	M-F 9-5	64	90	<i>Only credit 64 - Can NOT count days location wasn't open</i>
B	2015	M-F 9-6	64	60	
C	2016	S-S 9-7	90	90	
D	2016	S-S 9-7	90	90	
E	2014	M, W 1-6	25	24	
			<b>333</b>	<b>328</b>	<b>98.5% SUCCESS - 5 locations</b>
Location	Install Date	Open Hours	Open Days	Play Days	
A	2016	M-F 9-5	64	64	
B	2015	M-F 9-6	64	64	
C	2016	S-S 9-7	90	90	
D	2016	S-S 9-7	90	90	
E	2014	M, W 1-6	25	2	<i>Location underperformed, but OK on aggregate.</i>
			<b>333</b>	<b>310</b>	<b>93.1% SUCCESS - 5 locations</b>
Location	Install Date	Open Hours	Open Days	Play Days	
A	2016	M-F 9-5	64	64	
B	2015	M-F 9-6	64	62	
C	2016	S-S 9-7	90	87	
D	2016	S-S 9-7	90	80	
E	Feb. 25, 2019	M, W 1-6	10	9	<i>Only counts since date of installation</i>
			<b>308</b>	<b>293</b>	<b>95.1% SUCCESS - 5 locations</b>