
Share of voice measures volume, not impact

Share of voice is not the same as influence

It tells you how loudly you are speaking. It does not prove anyone changed behaviour.

Reach is not influence.



Engagement metrics can mislead

High interaction volume may not translate into durable prescribing change.

Activity is not outcome.



Influence networks are non-linear

Academic influence, peer referral and guideline roles often matter more than call frequency.

APAC physician influence is networked.



The key question is behaviour change

Which prescribers changed patterns after engagement,
and in which direction?

Measure movement, not noise.



Reach vs prescribing influence

High reach / High influence

Strategic leverage

Low reach / High influence

Hidden opportunity

The best targets are not always the loudest.



Link engagement to real-world outcomes

Connect CRM, HCP engagement and prescribing data to
measure channel effectiveness.

The metric must connect to behaviour.



The next level is outcome-linked engagement

Counting calls is easy. Understanding influence requires data linkage.

Which engagement activities are actually changing prescribing?

How does your team connect physician engagement to prescribing outcomes?

#PhysicianEngagement #CommercialExcellence #ShareOfVoice #RealWorldData #MedicalAffairs
#SalesExcellence #APAC



The challenge is no longer whether healthcare data exists.

It is whether the right evidence can be generated fast enough?

Yes, it can.

Aurumetrics supports pharmaceutical and life sciences teams with real-world data intelligence, strategic commercial insight and evidence generation.

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