Optimizing Your Co-Pay Patient Offer
How to Create the Optimal Co-Pay Card Program that Will Meet Your Brand Goals and Stay Within Budget
The Ongoing Adherence Challenge

New research studies are showing that it is harder and harder for brands to keep their patients adherent. Two recent studies highlight the issue: A study by HealthPartners Research Foundation, in Bloomington, Minn., assessed the demographics and adherence rates of 31,636 patients across eight different types of diseases, in a study titled "Participant Characteristics Associated with Medication Adherence."

Not surprisingly, they found the highest rates of adherence were among patients with a serious chronic disease such as multiple sclerosis, hypertension, hypercholesterolemia, osteoporosis, and cancer. These patients had a greater than 75 percent adherence rate. Patients with asthma/COPD had the lowest adherence rates at 33 percent. Patients with depression and diabetes had 63 and 60 percent adherence rates, respectively.

Merck recently did an analysis of bipolar disorder patients. They looked at 16,807 new users and 22,131 existing users (those who had been filling their prescriptions for a year or longer) adherence to six commonly prescribed mood stabilizers, typical antipsychotics and atypical antipsychotics. All patients had health care insurance.

The analysis showed that about 85 percent of new users and about 60 percent of existing users discontinued, augmented or switched their medications during the one-year study period.

Many brand managers who run the numbers see similar trends with their own brands which is why the issue of adherence is on the top of their brand agenda.

Utilizing Patient Incentives

Today the majority of pharma brands are trying to combat the issue of diminishing patient adherence by providing savings directly to their patients in the form of a co-pay discount. Even specialty pharma brands, once immune from such practices, are now jumping on the bandwagon in a big way. Many studies confirm that managing patient out-of-pocket costs plays a very big role in a brand’s ongoing success.

If the brand’s patient out-of-pocket is perceived to be too high, the brand will have less trial, adherence, and ultimately lower sales and profits.

There are many factors that affect a patient’s perception of high cost including the economy, the uniqueness of the product, competitive discounting, and the availability of lower cost alternative treatments.

The implications are that all brands need to find their “sweet spot” with their patients, which is why many are offering patient discounts. Patient incentive discounts are offered in many different ways including coupons, free trials, electronic discounts, and co-pay cards. The co-pay card seems to be the most popular, because it is both convenient for the patient and it collects valuable, almost real-time, information for the brand.

Average Patient Abandonment Rates

![Average Patient Abandonment Rates](source: Kleiser Family Foundation Survey 2009)
The Current Myths Surrounding Patient Incentive Programs

Even though the majority of brands are now engaged in practices which discount their patients’ out-of-pocket, many brand managers are uncomfortable with the high cost of getting patient incentive programs into market. Some simply don’t believe in the practice at all yet feel they have to do it to remain competitive. Here are a few of the statements coming from brand managers over the years concerning offering incentives directly to their patients:

- “I feel my program incent only my current loyal customers”
- “It’s only good to drive patients into my Relationship Marketing program”
- “I just need to have an offer in market to compete. The offer itself really doesn’t matter”
- “I can’t prove incentive programs are worth the spend”
- “I don’t like giving away money and getting nothing back”

Are they wrong? Well as the old saying goes “perception is reality.” Their thinking reflects what happens when incentive programs are not correctly planned and structured. When a co-pay incentive card program is put in place without in-depth upfront planning, the results can be very disappointing and even damaging to the brand’s long term value and image. Their learned apathy concerning these programs leads them to perform very rudimentary evaluations of the programs which provide them little learning. Yes, costs can be high and payback questionable based on the current planning and evaluation process, but with a little effort the impact can become clear and productivity or lack of it identified.

Patient Incentive Programs Can Work When the Offer is Right

Many of the myths surrounding patient incentive programs can be shattered by developing a patient incentive offer that connects the patient with the brand’s strategy. Making this connection can be complicated, leading many brand managers to push a co-pay card into market just to remain competitive. The biggest issue is that the majority of brands think they are properly planning and evaluating their programs. Personal experience with over 50 brands tells me that most brands utilizing a patient out-of-pocket reduction strategy don’t properly plan, forecast, execute, or evaluate their programs’ performance, thereby perpetuating the myths.

A Well Structured Patient Incentive Program Can:

- Provide real time, actionable data which is completely measurable
- Build trial, persistence, and adherence which in turn builds stronger long term relationships with a brand’s patients
- Drive sampling out of the doctor’s office and into retail
- Reduce sample inventory tracking / issues
- Be a key element of a well-structured relationship marketing program which can be a key driver of success moving forward

When a co-pay incentive card program is put in place without in-depth upfront planning, the results can be very disappointing and even damaging to the brand’s long term value and image.
**Getting on the Road to Productivity**

You may be asking yourself, “do patient incentive programs **really** work?” Let’s look at two frames of reference; are they working now? And can they be a productive part of your marketing mix / spend?

So are they working now? The answer is mostly yes for the brands that do proper planning, and a big NO for the brands that don’t. Even for the brands whose incentive programs are working, some minor adjustments could enhance productivity. Incentive programs have many advantages over many tactics on the market provided the programs are structured correctly.

Patient incentive programs can be very productive for the vast majority of brands out there. All that is needed is a structured forecasting, planning and measurement program. This will give them the tools they need to ensure they get the most out of the investments they are making.

In a recent industry study performed this year by Best Practices Research and Consulting, brand managers were asked about these issues. Here is a preview of what they said on the topic of forecasting and budgeting:

- 22% of respondents had no clear objective for their incentive program
- 89% said they did not forecast effectively - being significantly high or low on their initial budget number
- 70% said they missed their original budget number by more than 10%
- 33% missed it by more than +/-21%

So how does one begin? The road to structuring a productive program can be prone to roadblocks and diversions, all of which can be overcome with a little planning. There are many things to take into account which is why it’s so important to have a structured approach in place.

**Incentive Program Influencers**

Many factors can influence the outcome of a patient incentive program including, but not limited to:

- Offer amount (patient discount) combined with co-pay amount
- Offer frequency
- Distribution and in-market timing
- Detail frequency (if dispensed through sales force)
- # of in-market brand programs
- Program geography
- Included educational materials & Instructions
- Patient target (cash payer, co-pay, or gov insured)
- Type - retail, specialty, mail order
- Patient out-of-pocket (after discount)
- Lack of program adjustment
- Competitive offers & in-market timing
- General economy
- Government rulings
- Category
- Patent expiration date

**The Incentive Program Influencers that Matter the Most**

Though there are many factors that influence incentive programs, none will influence your program more than:

- Vehicle chosen - Voucher, co-pay card etc.
- Patient Offer – Save, pay no more than... $10, $20, $30
- Frequency - 1X, 2X, 3X, ... Forever
- Business program rules
- Competitive offers in market
Putting together the most productive program possible

Brands should always be striving to get the most out of any of the programs in which they invest. Patient incentive programs can be very expensive to get in market and a very real possibility exists of wasting the majority of the money spent. Therefore, it’s very important to have a structured process in place that allows a brand to effectively plan, forecast, evaluate, learn, and optimize!

1. Align program to the brand’s strategic objectives

Brands should align their patient incentive program objectives to directly support their brand strategies. They should set measurable objectives for the program beyond a goal for a redemption rate, total program cost, or “I want to do better than last time”. Remember a program need not be profitable if it supports the brand’s key strategies and objectives (unless achieving a positive ROI is one of them). A goal could be to increase trial, persistence, or thwart a competitive entry. If so, a goal should be based on the percent increase expected. Meeting each of these goals is achievable if a program is structured properly.

2. Take the brand’s lifecycle into consideration

Brands sometimes make the mistake of not matching their offer to their brand’s lifecycle. For example, a relatively new brand’s #1 objective should be trial. If so, and depending on their budget, they may not want to have a patient offer with discounts over a period of months because that would be more of an adherence program (spreading the available incentive dollars over time will negatively impact the trial offer). In this case, a brand with a $50 co-pay can have a much more productive spend by putting the majority of their incentive up front increasing the chance of enticing trial. If the brand is 18 months from going off patent, the top objective would probably be keeping the customers the brand has, not trying to get new ones which it may soon lose. In this case, extending the offer over several additional months would be the most productive for the brand at this point in its lifecycle. It sounds simple, and it is, yet brands of all sizes are making these major mistakes all the time.

3. Forecast the expected outcome of the offer

Forecasting the expected results of a brand’s patient programs will take a bit of effort but with the data available today this can be done with a high degree of accuracy. There are several key steps which must be taken to develop an accurate forecast:

- Evaluate market research data to determine the brand’s “optimal offer”
- Utilize all key data to determine the optimal offer including:
  ⇒ Patient retention curve
  ⇒ Written to fill rates
  ⇒ Reversal rates
- Understand competitive activity (offers the brand’s competition has in market)

A major part of getting the brand’s forecast highly accurate involves putting the correct offer in front of each one of the brand’s patient types such as cash payers, commercial and government insured patients. It’s also important to group patients by their OOP costs to see the impact the offer has on each grouping. Brands may find their discounting does not impact the patient groups they wanted to, wasting valuable budget that could be put to better use.
Optimize the Patient Offer

In my past experience, I've seen at least 80% of brands put the same offer in market as the year before. Not because the offer was proven to be the most productive, but because they didn't know how to optimize the offer currently in market. Brands no longer have the time or resources to test two or three different offers in market to see which one will be most productive.

Most brands don't realize the positive and negative financial difference of putting seemingly very similar patient offers in market. For example, a patient offer of “save $50”, versus “pay no more than $50”, or “save up to $50”, can represent millions of dollars of incremental or lost profit. The same result holds true for extending the current patient offer for additional months. Sometimes this is a very good strategy and sometimes, as they say, “not so much.”

Many brands that find extra budget, rush to increase their discount for their patients. This could be by increasing their co-pay discount, or by extending an offer out for a few additional months. Many times these actions are not only unnecessary and very costly, but can actually be harmful to a brand's image hurting longer term sales and profitability.

When a brand prepares to set up a forecasting model to optimize their patient offer, they will need to start by focusing on at least the following items:

- Base volume (volume they would have gotten anyway)
- Incremental volume (new volume generated as a direct result of the incentive program)
- How the program will impact a brand’s retention curve (trial and persistence)
- Incremental profit (incremental volume X margin)
- Total costs (including all patient discount monies)
- True ROI (incremental profit generated/total costs)

Establish Measurement Criteria

As the old saying goes “proper preparation and analysis prevents poor performance.” This was never more true than when trying to set up and evaluate a patient incentive offer. Some additional data from the Best Practices Research study asked brand managers about their current practices in evaluating their incentive program. The results indicated that 30% of brand managers didn't or couldn't evaluate their last incentive program! Additionally,

- 66% rated their program performance as “somewhat effective”
- None rated their patient incentive program as “extremely effective”
- 66% said they could benefit from a well-structured process

What Should Brands be Measuring?

They can start by developing KPI’s which show how well the program is supporting the brand’s objectives and strategies. This way if the brand’s strategy is on target, their incentive program will support it.

At a minimum, the brand should set performance goals for:

- # of patients participating
- Incremental volume
- Incremental profit
- Impact on patient trial and adherence
- TRx's/ NRx’s
- Budget by component

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A patient offer of “save $50”, versus “pay no more than $50”, or “save up to $50”, can represent millions of dollars of incremental or lost profit.

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Creating the Optimal Offer

Two more steps bring your plans to life
Key Items to Keep in Mind When Evaluating an Incentive Program

- Formally evaluate a program on a quarterly basis & make adjustments if needed!
- Evaluate all programs the same way across brands
- Set the proper timeframe for evaluation (not too short, and not by calendar year!)
- Don’t eliminate “patient monies” (e.g. $30 off) from the ROI calculation just because they aren’t in the budget which the brand oversees or because the corporation “doesn’t require it”.
- Isolate the incremental business (new business acquired because of the program) and compare it to the total cost of the program.
- Look at distribution habits, impact on HCP writing habits, impact on patient trial and adherence, as well as regional differences in performance.
- Don’t set a goal for redemption rate since redemption rates are not good indicators of program performance.

The Two Most Misleading KPIs: Redemption Rate and ROI

Probably the #1 KPI used in measurement of these types of programs is the redemption rate. Redemption rates simply show the percent of offers redeemed divided by the number of offers a brand puts into market. The fact is that as a key indicator of a program’s success, redemption rates are very misleading! They should be used only to forecast the budget and nothing more! The first problem is that redemption rates assume that all offers (let’s say cards) have made it to their point of distribution (many times the doctor’s office). It is surprising how many of the offers never make it out of the sales rep’s trunk or are still in the distribution center. So if only half of the offers make it to their proper “point of patient contact” the redemption rate will reflect half of actual (may look like 2% redemption when it could be 4% of offers which were properly placed).

So what does a 4.2% redemption rate actually mean? It doesn’t tell a brand marketer what their program costs will be (that’s based on actual # of redemptions). It doesn’t tell them how this program compares to others they’ve done even if they produced the same number of offers. They may not have been distributed the same way, may not have reached their destination, and may not have had the same competitive offer in market at the same time. They won’t tell them how the program impacted patients or physicians, and they certainly won’t give a comparison point verses other brand performances in that company or in the marketplace because every brand’s situation is unique at different times in its lifecycle ... The brand marketer who looks to a redemption rate as a KPI for program measurement gets no learning at all. So why is it still so popular?

Once a program is in market, the brand will want to get as many of their targeted patients using it as possible...why? Because, if only the targeted patients (not all patients) are utilizing an offer they are more engaged and it’s been proven that an engaged patient will be more persistent and compliant. This will increase the program’s ROI every time! So, tracking program usage is valuable but relying on a redemption rate as a key indicator is misleading and inaccurate!
Calculating Return on Investment

There are many wrong ways and only one right way to calculate it

ROI Calculations Can be Misleading

Three different vendors can present three very similar programs and yet the ROI they produce varies greatly...How can this be? ROI calculations can be very misleading. There is an old saying "good analysts can make the numbers say anything they wish" and this is true in most situations. There are many different ways marketing professionals and vendors calculate ROI in this industry.

Contrary to popular thinking, the major issue is less with the vendors who sell the programs and more with the brands themselves that often “compartmentalize” their spending, only counting costs for the budget line items they control (e.g. excluding the patient discount monies because they are covered in a corporate budget).

The fact is, there is only one way to calculate true ROI so marketers should stop approaching this from a brand perspective. To see the “true ROI” a brand marketer must simply put on his or her corporate hat.

The Right Way to Calculate ROI

Step #1 - Add up all the program costs. This means every dollar spent planning, launching, managing, and evaluating the program...and I mean everything!

Step #2 – Isolate the incremental volume that the program generated (not the total volume which the brand would have gotten anyway).

Step #3 – Multiply the incremental volume generated by the brand’s margin to get the net profit for the program

Step #4 – Divide the net profit by the total program cost

The resulting calculation is displayed in a dollar return number. For example a return of $1 is actually the breakeven point. Less than $1 means a negative return and over $1 is a positive return. This simple all-encompassing calculation can quickly turn what looked like a very positive ROI into something showing a very negative return when all costs are compared to just the profits derived from the program’s incremental volume.

Contrary to popular thinking, the major issue is less with the vendors who sell the programs and more with the brands themselves that often “compartmentalize” their spending, only counting costs for the budget line items they control. By doing so, they are missing key items needed in order to calculate ROI the correct way.
Yes Virginia … There is Only One “True” ROI

Many brand marketers are calculating ROI in a convoluted fashion. So much so, the resulting ROI isn’t based on reality. To demonstrate that fact let’s take a simple example.

A candy store owner sells 100 pieces of candy a day for $1 each ($100 sales per day). The owner enters into a discount coupon program which costs them $5 per day. They offer a $0.10 cent “instant rebate” on their candy with the coupon.

At the end of the first day, they had sold 50 pieces of candy with the discount and another 55 without, for a total of 105 total pieces sold. As shown in the table below, $10.50 was spent in total marketing costs and the candy store got back $5 in incremental sales.

Was this program successful? We’ll look at six different ways of calculating the ROI of our candy instant rebate program. The top 3 are the most prevalent ROIs in the pharma industry. Each of these is missing one or more key elements that is needed to show true ROI.

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Method 1:
Total Sales Divided by Program Cost
The most simple of all methods is to divide the total sales by the cost of the marketing program to calculate the return per dollar invested. For our candy store program:

$105 Total Sales / $5 Program Cost = $21 ROI

This result is very good! A 21:1 return. But, is this accurate? What about the instant rebate? And, the cost to purchase the candy from the supplier?

Method 2:
Total Sales Divided by Total Marketing Cost
This method includes the lost revenue associated with the instant rebate as part of the cost.

$105 Total Sales / $10.50 Total Marketing Cost = $10 ROI

The ROI has now dropped from $21 to $10, simply by including the rebate cost.

Method 3:
Total Sales Times Margin Divided by Total Marketing Cost
This method accounts for the cost associated with the store owner purchasing the candy from his supplier (margin).

$105 Total Sales x 50% Margin = $52.50 / $10.50 Total Marketing Cost = $5 ROI

ROI has dropped again. What once looked like a 21:1 return, is down to 5:1.
ROI Overstated

In our candy store example, using three common methods of calculating ROI, we calculated an ROI between $5 and $21. That’s a big range, but all of those look pretty good, don’t they? Yet, these ROIs are very misleading. Each of these calculations leaves out one or more key components:

- Funds used for the discount “cents off”
- Margin %
- Incremental volume

In these three common methods of calculating ROI, leaving out one of the three major components greatly exaggerates the ROI. The result is an ROI not even close to what actually happened. Each of these ROIs makes the candy program look profitable, even highly profitable, yet a simple scan of the numbers tells a very different story. Going back to the example; $10.50 was spent in total marketing costs and we got back only $5 in incremental sales, i.e. sales above and beyond what we would have gotten without the program. The $5 is incremental sales, not profit on those sales.

Looking at just those numbers, we’d probably all say that the program was “a bust” and we would not repeat it. In our simple candy store example, it’s easy to see the incremental sales. But, incremental sales may be more difficult to quantify for pharma. If this is the case, why not take a crack at some type of guess on incremental? We know it’s closer to 0% than it is to 100%, so why not start at 50% and try and look for some additional data points to get to a more accurate forecast?

Let’s look at the three more ROI calculations with method 6 being the true program ROI:

Method 4:
Incremental Sales Divided by Program Cost

Here, we are using incremental sales resulting from the program instead of the total sales. This gives us a $1 or a break-even ROI. Quite a different story, and we’re not there yet!

$5 Incremental Sales / $5 Program Cost = $1 ROI

Method 5:
Incremental Sales Divided by Total Marketing Cost

Similar to method 2, this method includes the lost revenue associated with the instant rebate as part of the cost. Here, we see for the first time that the program does not offer a good return. We are actually losing 52 cents for every dollar we invested.

$5 Incremental Sales / $10.50 Total Marketing Cost = $0.48 ROI

Method 6: True ROI
Incremental Sales Times Margin Divided by Total Marketing Cost

This method accounts for all the missing items from the other methods. Now, we can see the real story. We are losing 76 cents for every dollar we invested.

$5 Incremental Sales x 50% Margin = $2.50 / $10.50 Total Marketing Cost = $0.24 ROI

The Bottom Line

Now that we’ve included those key components (incremental volume, customer discount monies, and margin %) you can see the impact on our ROIs. Of course the impact is not positive! So, for every brand manager who is calculating their ROI as I did in method #6, there are 90 more calculating it like method #1, 2, or 3.

Just to be clear, a $0.24 return means the program lost $0.76 for every dollar invested. Most would say this is not a very good return! The fact is, it never was a 21 to 1 ROI in the first place, merely a manipulation of the numbers which I mentioned earlier. It doesn’t matter what the corporate policy is on calculating ROI, brands need to be looking at it the correct way to ensure they are spending their company’s money effectively! Taking the total sales attributed to the program and using it to calculate any ROI is a misleading play on numbers and it isn’t close to being correct! In this case there is only one correct way to calculate ROI.
Programs for Pharma Brands Should Not be Run with “Candy Store Math”

The examples given are a true indication of how most pharma brands are currently evaluating their programs’ ROIs. Again, they need to put on their corporate ownership hats and look at their businesses through those eyes!

On the surface it may sound easy to produce this ROI but it really takes an investment in time and effort. The fact is if brands don’t invest the time properly evaluating these programs they’ll never obtain the learning needed to improve them. Isolating the program’s incremental volume can take some hard work but the benefit of the resulting analysis far outweighs the time investment, as they will get a feel for the true return for their programs.

The first step the company or at the very least the brand team has to define is how they wish to calculate their ROI and then make sure each of their vendors calculates it the same way! This is the only way to compare one program against another.

Do

- Closely tie a brand’s tactics to its strategies
- Set up a framework to forecast, plan, evaluate, and adjust the program at least 4X per year
- Know that the combination of strong educational materials combined with the right incentive always produces the best results
- Think through the patient offer and forecast/simulate its impact on all affected patient groups
- Know that incentive and relationship marketing programs produce more useful data than any other program type for pharma marketers
- Know that simply offering patients a “co-pay reduction” or “free trial” doesn’t mean the program will be beneficial to the brand

Don’t:

- Run a program just to have an offer in market
- Think that going with a higher offer or longer offer duration will automatically give the brand more trial or persistence
- Think all incentive programs or vendors are the same... small differences in the ways programs are structured or are put in market can have a major impact on a program’s effectiveness and ROI (offer, delivery, timing, program type, business rules, execution vehicle, etc.)
- Have confusing wording in the “offer statements” as this can drastically reduce a program’s effectiveness!
About Al Kenney

Al Kenney has 27 years’ experience in sales, marketing, and analytics within the pharmaceutical, OTC, food, direct marketing, and software industries. Al’s expertise lies in the areas of marketing, sales, business process redesign, data, software application design, program implementation, forecasting, and the analysis and measurement of marketing and sales spending.

Al is the founder of Alpha1C, an innovative company headquartered in Sherman, CT, which does strategic marketing, predictive modeling and measurement. Before Alpha 1C, Al spent six years as a partner at M2 Worldwide, a strategic marketing consulting firm. Prior to that, Al spent eight years in the software industry specifically focused on advanced analytics, supply chain, and forecasting. He owned and operated Performance Wave Inc., a software company which also specialized in modeling and forecasting. Performance Wave was sold in 1999. Later, he served as the General Manager for Demantra Inc., a leading provider of analytics and program measurement software (which is now part of Oracle). Al is now applying his knowledge and skills specifically to the food, drug, pharma and bio-technology industries.

In addition to evaluating thousands of sales and marketing programs across many different industries, Al has worked on, forecasted, and analyzed over 50 incentive programs in over 20+ therapeutic pharma and specialty pharma categories.

About Alpha 1C

Founded in 2012, we are marketing, sales, and analytical industry professionals with a deep background in strategy, predictive forecasting, and post event tracking and analysis for sales and marketing programs. We have vast experience solving complex problems and providing key insights across more than 20+ core industries. For the last 6 years, we have been focusing our solutions primarily on the Pharmaceutical and Bio-Tech marketplaces.

Alpha 1C Provides Key Insights to brand teams allowing them to make more informed decisions that provide a better ROI. We work closely with your vendors and agencies to execute your brand’s vision.

We apply truly innovative thinking and approaches to your complex business problems and utilize our easy to use predictive analysis tools so you can quickly identify the information you need to run your business more productively and utilize the most profitable solutions to meet your business goals.

Alpha 1C has unparalleled experience in:
• Strategic Marketing
• Marketing Program Optimization
• Predictive Modeling & Forecasting
• Sales and Marketing Program Measurement and Reporting
• Brand Building

Our work is easily paid for through the efficiencies and insights we bring to your business.

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