

Marketing Analytics Assignment 2

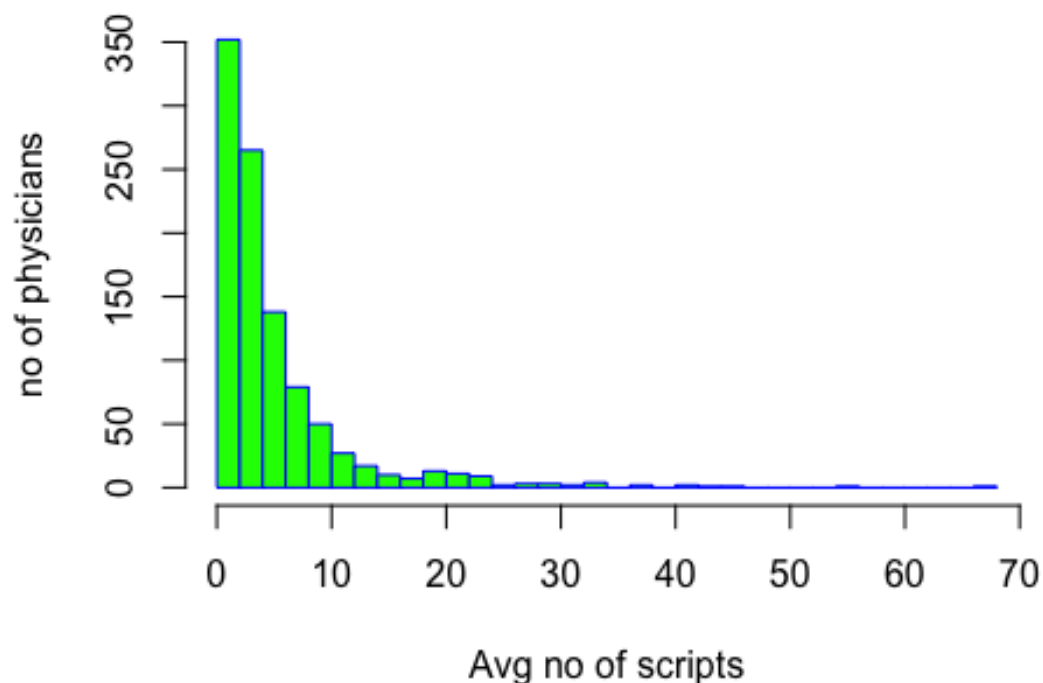
Q1. What are the average number of prescriptions for generalists? For specialists? Plot a histogram of each physician's average number of monthly prescriptions.

```
# Creating a merged dataset:
merged=merge(det_count,det_demo,by="id")

# Calculating average number of prescriptions:
avgscript_gen = merged[generalphys==1,mean(scripts),id][,mean(V1)]
avgscript_spec=merged[specialist==1,mean(scripts),id][,mean(V1)]

#Histogram for each physician's avg number of monthly prescriptions:
avg_pres=merged[,mean(scripts),id]
hist(avg_pres$V1,
      main="Physician's average number of monthly prescriptions",
      xlab="Avg no of scripts",
      ylab = 'no of physicians',
      border="blue",
      col="green",
      las=0.25,
      breaks=40)
```

Physician's average number of monthly prescriptio



#Result :

#a. The avg prescriptions for generalists is 3.73 approximately.

#b. The avg prescriptions for specialists is 12.55 approximately

#c. The histogram appears to be positively skewed as majority of the physicians (approx 350) have written 0-2 prescriptions on an average.

Q2. What is the correlation between current detailing and scripts written by a physician? Start with the specification: `scriptsit = ??0 + ??1detailingit + .it`

#Running a linear regression model with detailing as the key variable of interest :

```
model2.0=lm(scripts~detailing,data=merged,na.action = na.omit)
stargazer(model2.0,type="text", median=TRUE, iqr=TRUE,digits=5,
title="Descriptive Statistics")
```

```
##
```

```
## Descriptive Statistics
```

```
## =====
```

```
## Dependent variable:
```

```
## -----
```

```
## scripts
```

```
## -----
## detailing                0.93977***
##                          (0.02780)
##
## Constant                3.29142***
##                          (0.07081)
## -----
## Observations            23,000
## R2                      0.04734
## Adjusted R2             0.04730
## Residual Std. Error     7.23213 (df = 22998)
## F Statistic             1,142.73900*** (df = 1; 22998)
## =====
## Note:                   *p<0.1; **p<0.05; ***p<0.01
```

#Result : The model suggests that one additional detailing (visit) is associated with 0.94 additional scripts written. This indicates a high correlation between detailing and number of scripts written.

3. Does past detailing appear to have an effect on current scripts? What about past script writing? Consider up to three lags. How do you interpret these results?

Part A: Evaluating impact of past detailing on current scripts:

#Creating lagged variables for detailing for upto 3 months

```
merged[, detail_lag1 := shift(detailing, n=1L, "lag"),id][, detail_lag2 :=
shift(detailing, n=2L, "lag"),id][, detail_lag3 := shift(detailing, n=3L,
"lag"),id]
```

Running regression including the lagged variables:

```
model3a.0 =lm(scripts~detailing+detail_lag1,data=merged,na.action = na.omit)
model3a.1 =lm(scripts~detailing+detail_lag1 +
detail_lag2,data=merged,na.action = na.omit)
model3a.2
=lm(scripts~detailing+detail_lag1+detail_lag2+detail_lag3,data=merged,na.acti
on = na.omit)
```

```
stargazer(model2.0,model3a.0,model3a.1,model3a.2, type="text", median=TRUE,
iqr=TRUE,digits=4, title="Descriptive Statistics")
```

```
##
## Descriptive Statistics
##
```

```
=====
=====
```

```
##
Dependent variable:
```

```

## -----
##
scripts
##              (1)              (2)
(3)              (4)
## -----
## detailing              0.9398***              0.5717***
0.3865***              0.3195***
##              (0.0278)              (0.0350)
(0.0375)              (0.0389)
##
## detail_lag1              0.6041***
0.3982***              0.2735***
##              (0.0357)
(0.0392)              (0.0412)
##
## detail_lag2
0.5293***              0.3879***
##
(0.0389)              (0.0418)
##
## detail_lag3
0.4234***
##
(0.0408)
##
## Constant              3.2914***              2.8373***
2.5712***              2.4120***
##              (0.0708)              (0.0767)
(0.0807)              (0.0844)
##
## -----
## Observations              23,000              22,000
21,000              20,000
## R2              0.0473              0.0591
0.0660              0.0700
## Adjusted R2              0.0473              0.0590
0.0659              0.0698
## Residual Std. Error      7.2321 (df = 22998)      7.1704 (df = 21997)
7.1412 (df = 20996)      7.1429 (df = 19995)
## F Statistic      1,142.7390*** (df = 1; 22998) 690.4620*** (df = 2;
21997) 494.8960*** (df = 3; 20996) 376.3730*** (df = 4; 19995)
##
=====
## Note:
*p<0.1; **p<0.05; ***p<0.01

```

#Interpretation:

#1. Compared to the base model, including 1 month lagged variable for detailing reduces the impact of current detailing from 0.94 to 0.58 on current scripts. The detailing of the previous month has a higher impact than the current detailing (0.604 as compared to 0.57 for detailing)

#2. The 2nd and 3rd month lagged variables are also significant and have a positive impact. However, it turns out to be more impactful as compared to the 1st lagged month, which contradicts with the business assumption that the recent months will have more impact.

Part 2: Evaluating impact of past script writing behaviour on current scripts:

#Creating lagged variables for scripts upto 3 months

```
merged[, script_lag1 := shift(scripts, n=1L, "lag"),id][, script_lag2 :=  
shift(scripts, n=2L, "lag"),id][, script_lag3 := shift(scripts, n=3L,  
"lag"),id]
```

#Considering only the lagged scripts with current detailing

```
model3b.1=lm(scripts~detailing+script_lag1,data=merged,na.action = na.omit)  
model3b.2=lm(scripts~detailing+script_lag1+script_lag2,data=merged,na.action  
= na.omit)  
model3b.3=lm(scripts~detailing+script_lag1 +script_lag2  
+script_lag3,data=merged,na.action = na.omit)
```

#Intuitively we feel that the detail lags should have an impact. Hence we are including it in the model.

```
model3b.4=lm(scripts~detailing+script_lag1+script_lag2 + script_lag3 +  
detail_lag1 + detail_lag2 + detail_lag3 ,data=merged,na.action = na.omit)
```

```
model3b.5=lm(scripts~detailing+script_lag1+detail_lag1,data=merged,na.action  
= na.omit)
```

```
stargazer(model3b.1,model3b.2,model3b.3,type="text", median=TRUE,  
iqr=TRUE,digits=4, title="Descriptive Statistics")
```

##

Descriptive Statistics

##

```
=====
```

```
##                                     Dependent
```

```
variable:
```

```
## -----
```

```
##                                     scripts
```

```
##                                     (1)          (2)
```

```
(3)
```

```
## -----
```

```

-----
## detailing                0.1675***                0.1022***
0.0827***
##                        (0.0155)                (0.0144)
(0.0141)
##
## script_lag1              0.8353***                0.4949***
0.3889***
##                        (0.0036)                (0.0062)
(0.0066)
##
## script_lag2              0.4015***
0.2608***
##                        (0.0061)
(0.0069)
##
## script_lag3
0.2724***
##
(0.0066)
##
## Constant                0.4911***                0.2849***
0.1756***
##                        (0.0405)                (0.0380)
(0.0376)
##
## -----
-----
## Observations            23,000                22,000
21,000
## R2                      0.7161                0.7620
0.7795
## Adjusted R2            0.7160                0.7620
0.7794
## Residual Std. Error    3.9483 (df = 22997)        3.6064 (df =
21996)        3.4703 (df = 20995)
## F Statistic            28,999.1000*** (df = 2; 22997) 23,472.6100*** (df = 3;
21996) 18,550.7200*** (df = 4; 20995)
##
=====
=====
## Note:
*p<0.1; **p<0.05; ***p<0.01

stargazer(model3b.4,model3b.5,type="text", median=TRUE, iqr=TRUE,digits=4,
title="Descriptive Statistics")

##
## Descriptive Statistics
##

```

```

=====
===
##                               Dependent variable:
##                               -----
##                               scripts
##                               (1)                (2)
## -----
## detailing                    0.0411**          0.1105***
##                               (0.0189)          (0.0193)
##
## script_lag1                  0.3886***          0.8317***
##                               (0.0068)          (0.0037)
##
## script_lag2                  0.2623***
##                               (0.0071)
##
## script_lag3                  0.2732***
##                               (0.0068)
##
## detail_lag1                  0.0206            0.0935***
##                               (0.0200)          (0.0198)
##
## detail_lag2                  0.0794***
##                               (0.0203)
##
## detail_lag3                  -0.0246
##                               (0.0199)
##
## Constant                    0.1204***          0.4397***
##                               (0.0419)          (0.0434)
##
## -----
## Observations                 20,000            22,000
## R2                          0.7811            0.7160
## Adjusted R2                 0.7810            0.7159
## Residual Std. Error         3.4660 (df = 19992)    3.9397 (df =
21996)
## F Statistic                 10,188.5000*** (df = 7; 19992) 18,481.5700*** (df = 3;
21996)
##
=====
===
## Note:                        *p<0.1; **p<0.05;
***p<0.01

```

#Result :

#1. Compared to the base model, including lagged scripts variables have an

impact on current detailing. However the 3rd script lagged variable contradicts the business assumption that the scripts written in recent months will have more impact.

#2. Including the script lagged variables have reduced the impact of current as well as past detailing significantly which means that past script writing is capturing some variation in the number of scripts written for the current month.

4. Are there large differences in the average prescribing activity across physicians? Can you account for these differences in the regression? How does this affect the estimated influence of past scripts and detailing? Why?

```
summary(avg_pres$V1)
```

```
##      Min. 1st Qu.  Median    Mean 3rd Qu.    Max.
##  0.000   1.500   2.958   5.076   5.927   66.333
```

```
range(avg_pres$V1)
```

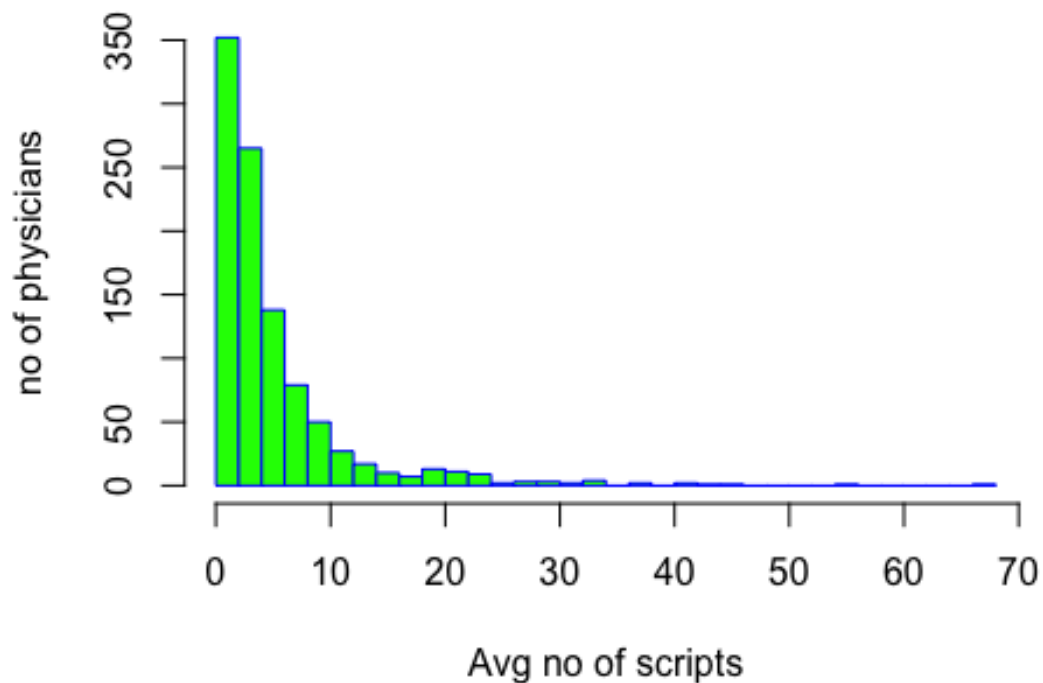
```
## [1]  0.00000 66.33333
```

```
var(avg_pres$V1)
```

```
## [1] 43.03256
```

```
hist(avg_pres$V1,
     main="Physician's average number of monthly prescriptions",
     xlab="Avg no of scripts",
     ylab = 'no of physicians',
     border="blue",
     col="green",
     las=0.25,
     breaks=40)
```


Physician's average number of monthly prescriptio



Result : Yes, there seem to be large differences in the avg prescribing activity across physicians. The avg prescriptions vary from 0 to 66 with a mean of 5. There is a large variation in the number of prescriptions written as indicated by the high variance of 43.

#This is also evident from the positively skewed histogram plotted for physicians where the right tail indicates large values for prescribing activity. These values are further away from the mean resulting in a high variation.

#These large variations can be accounted in the regression model by taking fixed effects for each physician.

```
model4.0 = felm(formula = scripts ~ detailing+detail_lag1+script_lag1|
id,data = merged)
stargazer(model3b.5,model4.0,type="text", median=TRUE, iqr=TRUE,digits=6,
title="Descriptive Statistics")
```

```
##
## Descriptive Statistics
## =====
##                               Dependent variable:
##                               -----
##                               scripts
##                               OLS           felm
##
```

```
##                                (1)                                (2)
## -----
## detailing                      0.110460***                      0.078075***
##                                (0.019315)                      (0.018300)
##
## script_lag1                   0.831734***                      0.263946***
##                                (0.003688)                      (0.006648)
##
## detail_lag1                   0.093505***                      0.072393***
##                                (0.019769)                      (0.018636)
##
## Constant                      0.439671***
##                                (0.043436)
## -----
## Observations                   22,000                          22,000
## R2                            0.715963                          0.804791
## Adjusted R2                   0.715925                          0.795475
## Residual Std. Error          3.939661 (df = 21996)            3.342834 (df = 20997)
## F Statistic                  18,481.570000*** (df = 3; 21996)
## =====
## Note:                          *p<0.1; **p<0.05; ***p<0.01
```

#Intrepretation:

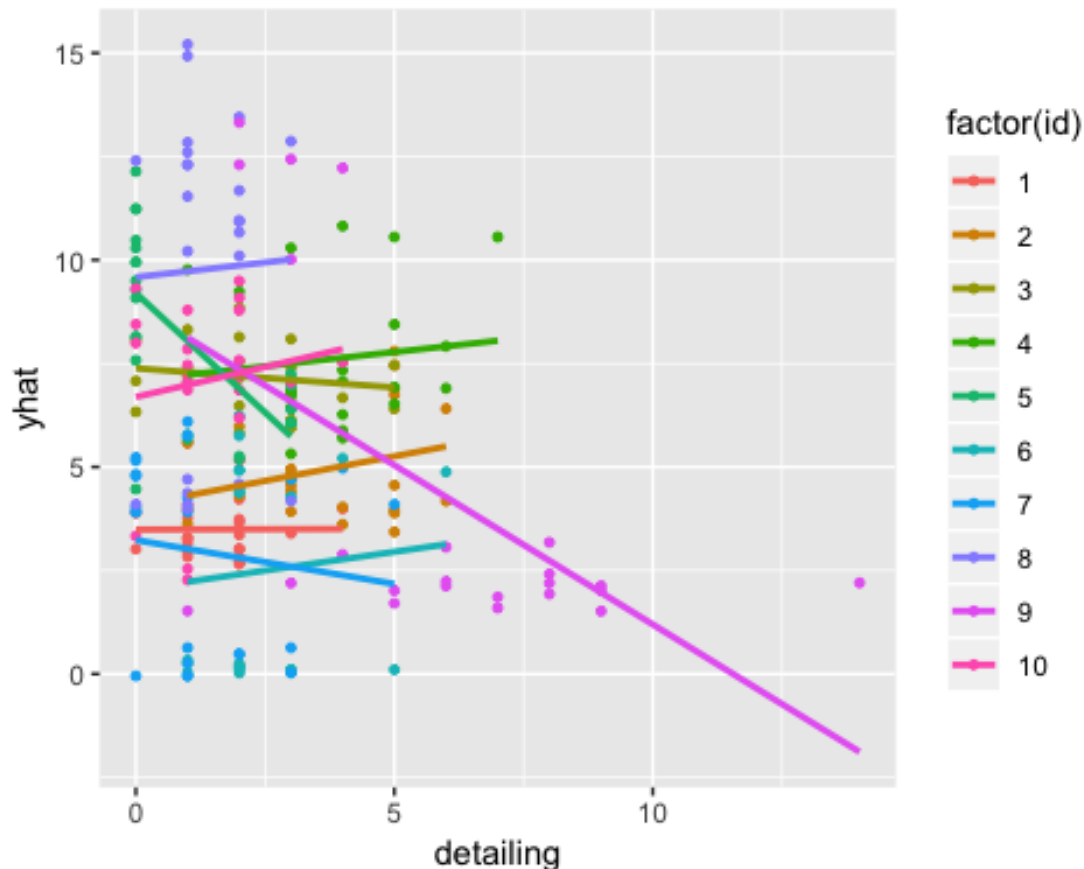
#1. Including the fixed effects for each physician have accounted for the object bias in the model. The scenarios like targeting physicians due to popularity, specialities, low-prescribing activity, personal characteristics etc. have been accounted for.

#2. Including physician fixed effect reduced the impact of current detailing on the current scripts. Also, it captured the upward bias prevalent in the script lagged variable.

#3. The slight change in detailing and the larger change in script lagged variable imply that major variation in the model was being captured by script lagged variable and so including physician fixed effects didnt change detailing to that extent.

Graph:

```
merged[, yhat := model4.0$fitted]
ggplot( data = merged[id<=10, .(id, detailing, yhat)],
  aes(x = detailing, y = yhat, color=factor(id) ) ) +
  geom_point(size=1) +
  geom_smooth(method = "lm", se = FALSE)
```



5. How does including a linear time trend affect your estimates? How does including time fixed effects affect your estimates? (Note that for technical reasons you should not include the lagged Y variables in a regression that includes time fixed effects.)

```
#Creating time variable which accounts for different 24 months in the
dataset.
merged=merged[, month := rep(1:24, each =1), id]

#Running regression:
model5.0=felm(formula = scripts ~ detailing+detail_lag1 | id,data = merged)
#Reference base model.
model5.1=felm(formula = scripts ~ detailing+detail_lag1+month | id,data =
merged) #Model with linear time trend.
model5.2=felm(formula = scripts ~ detailing+detail_lag1 | id + month,data =
merged) #Model with fixed time effect.

stargazer(model5.0, model5.1, model5.2,type="text", median=TRUE,
iqr=TRUE,digits=7, title="Descriptive Statistics")

##
## Descriptive Statistics
```

```
##
=====
#####
##                               Dependent variable:
##                               -----
-----
##                               scripts
##                               (2)
##                               (1)
##                               (3)
## -----
-----
## detailing                0.1018847***      0.1260746***
0.1265448***
##                (0.0189640)      (0.0190747)
(0.0193004)
##
## detail_lag1              0.1025340***      0.1259622***
0.1305661***
##                (0.0193060)      (0.0194038)
(0.0196305)
##
## month                    -0.0374154***
##                (0.0037538)
## -----
-----
## Observations                22,000      22,000
22,000
## R2                0.7901347      0.7911230
0.7918168
## Adjusted R2              0.7801302      0.7811552
0.7816741
## Residual Std. Error 3.4659710 (df = 20998) 3.4578820 (df = 20997)
3.4537800 (df = 20977)
##
=====
=====
## Note:                               *p<0.1;
**p<0.05; ***p<0.01
```

#Interpretation:

#1. Including linear time trend increases the impact of detailing on the current script. However, in general as time progresses, the number of scripts written by the physicians reduces.

#2. Including time fixed effects increased the impact of detailing compared to the base model. This can imply that the downward bias due to seasonality, low prescribing months, etc. in detailing was accounted for.

6. For a regression that includes both physician and time fixed effects, what sort of plausible story can you tell that would cause the detailing coefficients to be biased? What is/are the unobservable variables that result from your story? Would these unobservables bias the detailing coefficient upward or downward?

#The physician and time fixed effect doesn't account for targeting of physicians due to competitor's targeting behaviour.
#For Example: Imagine a physician 'A' in our sample, is being targeted by the competitor selling a similar drug. Our salesperson would then schedule a visit to the same physician, persuading him to write the prescription for Drug X. Also, any prior knowledge about the scheduling of our competitors would influence our targeting. As a result, the impact of detailing observed in the model on the number of scripts written is not the true impact.

#The unobservable variable resulting from the above scenario is "Targeted_by_competition" (A dummy variable indicating if the physician has been detailed by the competitor). This variable impacts the number of scripts written by the physician and also the detailing done by the salesperson. Owing, to the above reasons, it leads to omitted variable bias.

#Absence of variable 'Targeted_by_competition' will introduce a bias which can be upward/downward based on the scenarios:
#Upward Bias: Aggressive detailing to physicians targeted by our competitors.
#Downward Bias: If effect of our detailing is diluted by our competitors, it will result in downward bias

#The bias due to this targeting cannot be accounted for by the physician and the time fixed effects.

7. Instead of using scriptsit as the dependent variable, what happens if you use its “first difference”, i.e., scriptsit ??? scriptsit???1? What is the estimated effect of detailing on this outcome? How do you interpret these estimates?

```
#Creating a variable indicating the first difference in scripts
merged[, sript_diff:= (scripts - script_lag1)]

model7.1=felm(formula = sript_diff ~ detailing+detail_lag1|id + month ,data =
merged)
stargazer(model7.1,type="text", median=TRUE, iqr=TRUE,digits=4,
title="Descriptive Statistics")

##
## Descriptive Statistics
## =====
##                               Dependent variable:
```



```
##                                scripts
##                                Model-1      Model-2
##                                (1)         (2)
## -----
## detailing                     0.0781***    0.1265***
##                               (0.0183)      (0.0193)
##
## detail_lag1                   0.0724***    0.1306***
##                               (0.0186)      (0.0196)
##
## script_lag1                   0.2639***
##                               (0.0066)
##
## -----
## Observations                  22,000        22,000
## R2                           0.8048        0.7918
## Adjusted R2                   0.7955        0.7817
## Residual Std. Error 3.3428 (df = 20997) 3.4538 (df = 20977)
## =====
## Note:                        *p<0.1; **p<0.05; ***p<0.01
```

#Reason to chose models:

#Model 1 accounts for the lagged variables for both detailing and scripts as well as it controls for all the attributes specific to the physician.

#Model 2 accounts for the detail lagged variables but majorly controls for both attributes specific to the physician and any seasonailty or time related trends. These controls also compensate for the loss of removing the script lagged variable.

#Hence, Model 2 is our preferred model

#Range of estimates for detailing:

The coefficient of detailing ranges from 0.078 to 0.126 : 0.0484

#Range of standard errors: 0.001

#The range for detailing coefficients is larger as compared to the range for standard errors.

9. Pick one of these models that you like the best. We'll call this your "preferred" model going forward. Alter it so that it estimates the advertising elasticity. What do you estimate?

#Preferred Model:

```
model5.2=felm(formula = scripts ~ detailing+detail_lag1 | id + month,data = merged) #model5.2
```

#Created a physician type variable (phytype). Phytype 1 is for specialist, 2 is for general practitioners and 3 is for others.

```
merged=merged[(specialist==1 & generalphys==0),phytype:= 1][(specialist==0 & generalphys==1),phytype:= 2][(specialist==0 & generalphys==0),phytype:= 3]
```

#Altered Model: The model has been altered to account for advertising elasticity by including mean_samples. However, since mean_samples and id were perfectly correlated, we included physician type to control for certain physician characteristics.

```
model9.1=felm(formula = log(scripts + 1) ~ log(detailing + 1)+log(detail_lag1 + 1)+ log(mean_samples + 1) | month,data = merged)
model9.2=felm(formula = log (scripts + 1) ~ log(detailing + 1)+log(detail_lag1 + 1) + log(mean_samples + 1) | phytype + month, data = merged)
```

```
stargazer(model9.1,model9.2, type="text",column.labels = c( "Model-1",
"Model-2"), median=TRUE,
          iqr=TRUE,digits=4, title="Descriptive Statistics")
```

```
##
## Descriptive Statistics
## =====
##                               Dependent variable:
##                               -----
##                               log(scripts + 1)
##                               Model-1      Model-2
##                               (1)         (2)
## -----
## log(detailing + 1)      0.1423***      0.1530***
##                          (0.0129)      (0.0119)
##
## log(detail_lag1 + 1)   0.1420***      0.1443***
##                          (0.0130)      (0.0120)
##
## log(mean_samples + 1)  1.1163***      0.9188***
##                          (0.0203)      (0.0192)
##
## -----
## Observations           22,000          22,000
## R2                     0.2200          0.3356
## Adjusted R2            0.2191          0.3348
## Residual Std. Error    0.8716 (df = 21975) 0.8045 (df = 21973)
## =====
## Note:                  *p<0.1; **p<0.05; ***p<0.01
```

#Intrepretation:

The advertising elasticity seems to be positively correlated with the current scripts. When accounting only for fixed time effects, 1% increase in the number of average samples provided to physicians per month is associated to 1.11 % increase in the number of current scripts.

However, including the physician type in the model reduced the impact of advertising elasticity to 0.918%. This might be because mean_samples did not capture the physician characteristics and thus had an upward bias in Model-1

10. What happens to the standard errors of your preferred model if you adjust for heteroskedasticity? What happens if you cluster your standard errors by time? What happens if you cluster your standard errors by physician? Which adjustment for the standard errors do you think is most appropriate for this analysis and why?

#Preferred Model:

```
model5.2=felm(formula = scripts ~ detailing+detail_lag1|id + month,data = merged)
```

#Adjusting for heteroskedasticity:

```
summary(model5.2)
```

```
##
## Call:
##   felm(formula = scripts ~ detailing + detail_lag1 | id + month,
data = merged)
##
## Residuals:
##      Min       1Q   Median       3Q      Max
## -26.642  -1.513   -0.312    1.241   51.007
##
## Coefficients:
##              Estimate Std. Error t value Pr(>|t|)
## detailing      0.12654    0.01930   6.557 5.63e-11 ***
## detail_lag1    0.13057    0.01963   6.651 2.98e-11 ***
## ---
## Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
##
## Residual standard error: 3.454 on 20977 degrees of freedom
## (2000 observations deleted due to missingness)
## Multiple R-squared(full model): 0.7918   Adjusted R-squared: 0.7817
## Multiple R-squared(proj model): 0.005623   Adjusted R-squared: -0.04282
## F-statistic(full model):78.07 on 1022 and 20977 DF, p-value: < 2.2e-16
## F-statistic(proj model): 59.31 on 2 and 20977 DF, p-value: < 2.2e-16
```

```
summary(model5.2, robust = TRUE)
```

```
##
## Call:
##   felm(formula = scripts ~ detailing + detail_lag1 | id + month,
data = merged)
##
## Residuals:
##      Min       1Q   Median       3Q      Max
## -26.642  -1.513   -0.312    1.241   51.007
##
## Coefficients:
##              Estimate Robust s.e t value Pr(>|t|)
```

```
## detailing      0.12654      0.02242    5.645 1.67e-08 ***
## detail_lag1    0.13057      0.02298    5.681 1.36e-08 ***
## ---
## Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
##
## Residual standard error: 3.454 on 20977 degrees of freedom
## (2000 observations deleted due to missingness)
## Multiple R-squared(full model): 0.7918    Adjusted R-squared: 0.7817
## Multiple R-squared(proj model): 0.005623    Adjusted R-squared: -0.04282
## F-statistic(full model, *iid*):78.07 on 1022 and 20977 DF, p-value: <
2.2e-16
## F-statistic(proj model): 42.77 on 2 and 20977 DF, p-value: < 2.2e-16

#Clustering standard errors by time
model10.1=felm(formula = scripts ~ detailing+detail_lag1|id +
month|0|month,data = merged)

#Clustering standard errors by physician id:
model10.2=felm(formula = scripts ~ detailing+detail_lag1|id + month|0|id,data
= merged)

stargazer(model5.2,model10.1, model10.2, type="text",column.labels =
c("Preferred Model","CL1","CL2","CL3"),
median=TRUE,iqr=TRUE,digits=4,title="Descriptive Statistics")

##
## Descriptive Statistics
## =====
##                               Dependent variable:
##                               -----
##                               scripts
##                               Preferred Model    CL1    CL2
##                               (1)            (2)    (3)
## -----
## detailing                0.1265***    0.1265*** 0.1265***
##                          (0.0193)    (0.0202) (0.0283)
##
## detail_lag1              0.1306***    0.1306*** 0.1306***
##                          (0.0196)    (0.0204) (0.0295)
## -----
## Observations                22,000        22,000    22,000
## R2                        0.7918        0.7918    0.7918
## Adjusted R2                0.7817        0.7817    0.7817
## Residual Std. Error (df = 20977)    3.4538        3.4538    3.4538
## =====
## Note:                      *p<0.1; **p<0.05; ***p<0.01

#Intpretation:
#Adjusting for heteroskedasticity increases the standard error from 0.019 to
```

0.022. This might be owing to the fact that there might be variation within specific time or object groups in our dataset.

#Clustering standard errors by time increases the error as compared to the preferred model. However, the standard error reduced as compared to model adjusted with robust standard errors

#Clustering standard errors by physician overall increases the standard error.

#Based on the standard errors clustering with month seems to be a better option. However, intuitively, there seems to be more variation among the physicians. So, physician id as a clustering variable is more appropriate.

11. Using your preferred specification, test for different effects of detailing between generalists and specialists. Do they appear to have different responses? Are there any other physician characteristics that are related to differential responses to detailing?

#Model to test effects of detailing for specialists:

```
merged_spec = merged[phytype==1]
model11.1=felm(scripts ~ detailing+detail_lag1|month + id ,data =
merged_spec)
```

#Model to test effects of detailing for generalists:

```
merged_gen = merged[phytype==2]
model11.2=felm(scripts ~ detailing+detail_lag1|month + id ,data = merged_gen)
```

```
stargazer(model11.1,model11.2, type="text",column.labels = c("Spec","Gen"),
median=TRUE, iqr=TRUE,digits=4, title="Descriptive Statistics")
```

```
##
## Descriptive Statistics
## =====
##                               Dependent variable:
##                               -----
##                               scripts
##                               Spec          Gen
##                               (1)          (2)
## -----
## detailing                0.3583***      0.0475**
##                          (0.0695)      (0.0198)
##
## detail_lag1              0.3381***      0.0560***
##                          (0.0709)      (0.0201)
##
## -----
## Observations              4,070          13,222
## R2                        0.7945          0.5929
## Adjusted R2               0.7835          0.5728
## Residual Std. Error 5.8532 (df = 3862) 2.7240 (df = 12598)
```

```
## =====
## Note:                                *p<0.1; **p<0.05; ***p<0.01

# Interpretation:
#There appears to be differences in the responses to detailing for
specialists and generalists. The impact of detailing for specialists is
approximately 7.5 times more as compared to that for generalists.

#There are other physician characteristics that are related to differential
responses. One of the characteristics available in the dataset is
mean_samples.

#Model to test for mean_samples for specialists:
model11b.1=felm(scripts ~
detailing+mean_samples+detailing*mean_samples+detail_lag1|month ,data =
merged_spec)

#Model to test for mean_samples for generalists:
model11b.2=felm(scripts ~
detailing+mean_samples+detailing*mean_samples+detail_lag1|month ,data =
merged_gen)

stargazer(model11b.1,model11b.2, type="text", column.labels =
c("Spec","Gen"),median=TRUE, iqr=TRUE,digits=4, title="Descriptive
Statistics")

##
## Descriptive Statistics
## =====
##
##                               Dependent variable:
##                               -----
##                               scripts
##                               Spec          Gen
##                               (1)          (2)
## -----
## detailing                    1.1038***    0.3040***
##                               (0.1523)    (0.0299)
##
## mean_samples                 7.6503***    2.6836***
##                               (0.3838)    (0.0926)
##
## detail_lag1                  0.6446***    0.1842***
##                               (0.1216)    (0.0253)
##
## detailing:mean_samples       -0.4986***    -0.1506***
##                               (0.0991)    (0.0240)
##
## -----
## Observations                 4,070        13,222
## R2                           0.2317        0.1886
```

```
## Adjusted R2                0.2269                0.1871
## Residual Std. Error      11.0615 (df = 4044)  3.7575 (df = 13196)
## =====
## Note:                      *p<0.1; **p<0.05; ***p<0.01
```

#Interpretation:

#If free samples are provided, the impact of detailing is reduced.

12. What are your main takeaways from this investigation of the effect of detailing on physician behavior? Present these takeaways such that a non-technical person could understand them. Discuss whether you think detailing is effective, to what degree, the degree of confidence in your conclusions and explain why that is your level of confidence (i.e, what are your sources of doubt).

Takeaways:

#Effectiveness of Detailing on current scripts:

#1. From our analysis we find that the impact of current and past detailing on physician script writing behaviour is high. This impact accounts for any seasonality, prevalence of epidemic, other time related trends in prescribing activity. It also accounts for popularity, script writing behaviour or any other characteristics specific to the physician.

#2. For every 10 additional detailings done, the number of scripts written increases by 1 approximately.

#3. We also observed that the response to detailing is different for different physicians type. For every 10 additional detailings done, specialists prescribe 3-4 additional number of scripts whereas generalists prescribe around 0-1 additional scripts approx.

We are fairly confident that the detailing has a significant impact on the physician prescribing behaviour. However, there are certain limitation to our analysis:

#1. The biases caused by another omitted variables like targeting by competition couldn't be accounted for.

#2. Limitation in capturing the variations in the samples sent to the physicians per month owing to the lack of exact number of samples sent.

#3. Loss of data due to NAs generated owing to creation of lagged variable (systematic sampling) as it is a panel data.