

Webinar Results Summary

**From Patient Case to HCP Journey:
Making Every Congress Touchpoint Relevant**

Webinar with Onomi
July 7, 2026

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Here are the results from the live patient case.

During the webinar, Anna Omstedt presented "The Coffee Case" – a fictitious patient case run live through the MedUniverse platform. Below is the engagement and response data captured in real time.

37

Connected attendees

81.3%

Question response rate

100%

Slides presented

23:09

Session duration

Reach, Completion & Engagement

The Coffee Case | July 7, 2026

A fictitious patient case about "Harald" and his caffeine dependence was presented live. Attendees engaged on their own devices in real time.

37

Visits

unique link opens

37

Connected attendees

100% click-through rate

100%

Slides presented

full case delivered

9

Resource clicks

across 4 linked resources

00:23:09

Session duration

from when first attendee joined

100%
Mobile

Device type

37 devices – all on mobile phones

Response Rate & Resource Engagement

Question Response Rate

81.3%

of questions answered by connected attendees

Respondents per question:

Q1 – Caffeine dependence severity	33
Q2 – Mechanism for palpitations	30
Q3 – Eligibility for Coffeewizumab	15
Q4 – How many cups today? (survey)	26

Resource Engagement (Clicks)

9

total clicks across 4 linked resources

Clicks per resource:

Take the case again on demand	3
MHRA product page (shot link)	3
Visit our coffee shop (meduniverse.com)	2
Book here (hello@meduniverse.com)	1

Question response rate = % of questions answered. Resource clicks tracked individually.

Question Results – Q1 & Q2

The case included 3 clinical questions and 1 survey question. Results below are from the 37 attendees who connected to the case.

Q1 – Severity of caffeine dependence

How would you characterise the severity of Harald's caffeine dependence?

33 Attendees answered

✓ **B. Moderate, two to three cups daily, irritable if delayed more than 30 minutes** **72.73% (24)**

A. Mild, one cup in the morning, occasionally skips on weekends **0%**

C. Severe, continuous IV drip, has considered listing 'espresso' as a next of kin **27.27%**

Q2 – Mechanism for palpitations

What is the most likely mechanism for his palpitations?

30 Attendees answered

✓ **A. Adenosine receptor antagonism causing increased sympathetic tone** **66.67% (20)**

B. Direct myocardial toxicity from the paper cup lid **13.33%**

C. Placebo effect driven by the smell of the booth **20.00%**

Question Results – Q3 & Survey

Q3 was the final clinical decision question. Q4 was a survey question (no right or wrong) – included to humanise the case and connect with the audience.

Q3 – Eligibility for Coffeezumab

Based on his full history, is Harald eligible to initiate Coffeezumab?

15 attendees answered

✓ **A. Yes, Harald meets all current eligibility criteria for Coffeezumab initiation**
73.33% (11)

B. No, a prior cardiology diagnosis excludes patients from biologic therapy **26.67%**

C. No, Harald has not completed a 4-week caffeine washout period **0%**

Q4 – Survey: Answer honestly!

How many cups of coffee have you had today?

26 attendees answered · Survey question – no right or wrong



Q3 had fewer respondents (15) as it appeared later in the case – typical drop-off pattern for longer cases. Q4 is a survey and has no correct answer.



Want to run this with your HCPs?

The Coffee Case was a demonstration. Imagine the same approach – with your product, your therapy area, your HCP target list.

Let's connect!

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Three ways to get started:

Book a 30-minute meeting

We'll walk you through the full MedUniverse platform – reach analytics, knowledge gap tracking, and how it fits your existing channel setup.

→ *Let's connect*

Run a pilot case

Let's build a patient case for your therapy area, run it with your target HCPs, and give you real engagement and response data before you commit to a programme.

→ *Let's scope it together*

Get more data reports

We can showcase real, anonymized business cases and success examples across multiple therapeutic areas and geographies.

→ *Reply to this email*