True-Lift Modeling: Mining for the Most Truly Responsive Customers and Prospects

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2.6% of targeted customers bought a 529 college savings plan! FANTASTIC!

1.1% of non-targeted customers opened 529 accounts, so the campaign generated a lift of 1.5%.

What?

We should compare campaign results to a randomly held control group.

Eh?

No random control was held, so we came up with a way to clone the target group. The cloned group has a 2.1% response rate. So the campaign generated a lift of 0.5%.

Noway!

Each of you gave me a different number for the 529 campaign. I want you to tell me which number is right!

2.6! 1.5! 0.5! Too many numbers!
Stop spending direct marketing dollars on customers who would purchase anyway!

- True-lift modeling can identify:
  - which customers will purchase without receiving a marketing contact
  - which customers need a direct marketing nudge to make a purchase
  - which customers have a negative reaction to marketing (and purchase less if contacted)

- This discussion will describe:
  - the basic requirements needed to succeed with true-lift modeling
  - scenarios where this modeling method is most applicable
  - the pros and cons of various approaches to true-lift modeling
Outline

- Why do we need true-lift modeling? 10min
- What are the methods of true-lift modeling? 10min
- What is the context where true-lift modeling is most necessary & useful? 10min
- Questions 10min
What’s wrong with this picture?

A successful response model

A successful marketing campaign
Measuring response models by lift over control

Simulated data
Why do we need true-lift modeling?

- Standard response models often behave more like Look-alike models than like True-lift models
- Why spend marketing $$$ on people who would do Action A anyway?

Look-alike model = find people who will take Action A

\[ = P(A) \]

Standard response model = find people who will take Action A after receiving a treatment

\[ = P(A | \text{Treatment}) \]

True-lift model = find people who will take Action A only after receiving a treatment

\[ = P(A | \text{Treatment}) - P(A | \text{no Treatment}) \]
Why do we need true-lift modeling?

Look-alike model = find people who will take Action A

When is a look-alike model good enough?
- Responders can only take Action A if they receive one unique marketing contact
  - Single channel
  - Single contact
  - No other way to take Action A

True-lift model = find people who will take Action A only after receiving a treatment

When is a true-lift model needed?
- Responders have many opportunities to take Action A
  - Multiple channels
  - Multiple contacts
The True-Lift model objective

- Maximize the Treatment responders while minimizing the control “responders”

A standard response model

A True-Lift response model

Simulated data
True-Lift model solutions

A. Difference of two models: Treatment – Control
B. Two sequential models: Treatment Actual – Control Prediction
C. Binned & Averaged dependent variable
Solution A1: Difference of two models: Treatment - Control

- Model 1 predicts $P(A | \text{Treatment})$
  - Dependent variable = Action A
  - Model Population = Treatment Group
- Model 2 predicts $P(A | \text{no Treatment})$
  - Dependent variable = Action A
  - Model Population = Control Group
- Final prediction of lift =
  \[ \text{Model 1 Score} - \text{Model 2 Score} \]

- Pros: simple concept, familiar execution (x2)
- Cons: indirectly models true-lift, the difference may be only noise, 2x the work, scales may not compare, 2x the error, variable reduction done on indirect dependent vars
Solution A2: Single combined model using Treatment interactions

- Model population = Treatment & Control together
- Dependent variable = Action A
- Independent variables are attributes x, y, z:
- Conceptually:

  \[ P(\text{Action A}) = P(A \mid \text{not Treated}) + P(A \mid \text{only if Treated}) \]

  \[ = \{\text{some coefficients}\} \times \{x,y,z\} + 0/1 \text{ treatment flag} \times \{\text{some coefficients}\} \times \{x,y,z\} \]

During model development, the interaction flag is 0 for control records and 1 for treatment records.

- Final prediction of lift = difference of two scores

  \[ = \text{Prob(response if Treated)} - \text{Prob(response if not Treated)} \]
  \[ = \text{score with interaction flag set to 1} - \text{score with interaction flag set to 0} \]

- Pros: combined model minimizes compounded errors
- Cons: indirectly models true-lift; large number of independent terms; collinearity of terms; reduction needed; adding two model scores may compound errors

Solution B: Two sequential models: Treatment actual – Control prediction

- Model 1 predicts \( P(A \mid \text{no Treatment}) \)
  - Dependent variable = Action A
  - Model Population = Control Group

- Model 2 predicts \( P(A \mid \text{Treatment}) - P(A \mid \text{no Treatment}) \)
  - Dependent variable = Action A – Model 1 Score
  - Model Population = Treatment Group

- Final prediction of lift = Model 2 Score

- Pros: more directly models true-lift; identifies variables that are directly correlated with true-lift (some of which are drivers of lift)

- Cons: the Model 2 dependent variable contains Model 1 errors; 2x the work, Model 1 scores and Action A should (but might not) share the same scale
Solution C1: Binned & averaged dependent variable

- Model 1 predicts $P(A | \text{no Treatment})$
  - Dependent variable = Action A
  - Model Population = Control Group

- Create N bins for Treatment & Control population together, ranked by Model 1 score (control “response”)

- Calculate dependent variable value for each BIN:
  - Treatment response rate – Control response rate

- [Could stop here, using the bin average lift as the predicted lift, or continue with]:

- Model 2 predicts actual average lift of each bin
  - Dependent variable = Average lift within each bin
  - Model Population = Treatment Group

- Final prediction of lift = Model 2 Score

- Pros: directly models true-lift; identifies variables that are directly correlated with true-lift (some of which are drivers of true-lift)

- Cons: 2X the work; the approach requires variation in average lift across bins (which might not exist); control response needs to be correlated to true-lift response
Solution C2: Solution A or B + binned & averaged dependent variable

- Complete Solution A or B first to rank-order observations by estimated lift
- Use Solution A/B model score to rank and bin the observations: create N bins for Treatment & Control population together, ranked by Solution A/B score
- Calculate dependent variable value for each BIN:
  - Treatment response rate – Control response rate
- [Could stop here, using the bin average lift as the predicted lift, or continue with]:
- Model 3 predicts actual average lift of each bin
  - Dependent variable = Average lift within each bin
  - Model Population = Treatment Group
- Final prediction of lift = Model 3 Score
- Pros: directly models true-lift; this approach is more likely to maximize the variation in average lift across bins; identifies variables that are directly correlated with “lift” (some of which are drivers of lift)
- Cons: 3X the work
Standard response model

Solution A2: Single combined model with interactions

Solution B: Depvar = Treatment actual – Control prediction

Solution C1: Ranked & binned by Control model

Solution C2: Ranking & binned by Lift model

Simulated data
Other solutions, variations & applications

- Decision trees
- Clustering / K-nearest neighbor
- Bootstrapping
- Optimization

- Personalized medicine
- Other marketing situations (how to separate very similar groups who act differently)
Ideal conditions for true-lift modeling

- A randomized control group is withheld!
- Treatment does not cause all “responses”
- “Response” is not correlated to “lift” (i.e., response model is not good enough)
- Lift-to-noise ratio is large enough
- If overall lift is near 0, then you need pockets of both negative lift and positive lift
- Repeated campaigns, or at least test campaign precedes rollout
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Glossary

- “Response” = taking the desired action (Action A); might have done Action A whether treated or not
- True-lift = taking the desired action (Action A) only in response to the Treatment; would not have done Action A if not treated (aka uplift, net lift, incremental lift)