

Call for Speakers

Join us and add your contribution

SUBMISSION DEADLINE 20th SEPTEMBER 2021



21-23 June 2022



2022

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SUBMISSION DEADLINE:
20 SEPTEMBER 2021



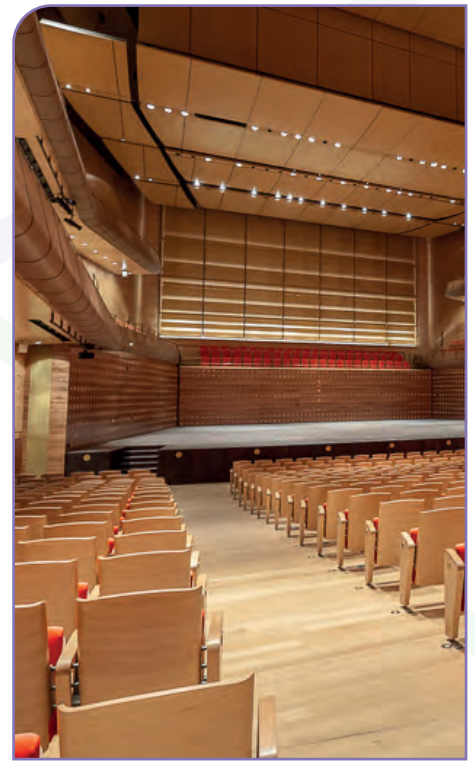
1. Introduction

For 2022, ephmra is looking for highly innovative and insightful papers which will engage, inspire and challenge our delegates.

At this pivotal time of the increasing use of technology, different challenges to successful launches and the drive to cut costs and increase efficiency, more than ever, our conference will deliver papers which will really help our industry move forwards and meet the challenges ahead. We want every person attending our conference to leave having learnt new ideas which they can take back to their office with them and papers which will encourage new and inspiring research and insight generation.

In 2022 (whether on-line or in Antwerp), we will again focus on business analysis in its widest sense and how it can provide solutions to the challenges facing the healthcare industry – especially post COVID-19. Whilst market research is an important part of the package of resources available to the industry which guides decision making and solve problems, it is not the **only** resource available and the conference next year will again endeavour to incorporate a range of papers which talk about the different tools and approaches which support and guide the industry, both now and in the future.





2. Topics to Consider

Our Programme Committee have listened to feedback and looked more broadly outside ephmra for ideas about topics which will resonate with colleagues from both industry and agency and for 2022, we'd like to receive papers focussing on:

- What's innovative and what can make a difference?
- What challenges our current thinking?
- Learning by example: sharing case studies that really demonstrate adding value

1. Technology

Technology is everywhere, both at home and in business, but how is it enhancing insights? We want to hear about situations where technology has changed the way we think.

a. Artificial Intelligence (AI), machine learning and automation

We are looking for papers and case studies that will explore the impact AI is having on pharmaceutical marketing and market research.

For example:

- How AI is reshaping the way the industry interacts with HCPs by influencing the HCPs interface and advertising strategy.
- The use of real time analytics, such as NLP (Natural Language Programming), or chatbots and virtual moderators.



- The use of Big Qualitative, which is blurring the distinction between qualitative and quantitative.
- Allowing faster and more efficient analysis of secondary data
- By making respondent panel communities management more effective.

b. Advanced technologies

AI is not the only technology show in town. We would like to hear about other technologies which are changing the marketing and market research landscape.

Examples of these include:

- The role of voice analysis in interpreting respondents' sentiment.

- The role of neuroimaging technologies, such as electroencephalogram and magnetic resonance, to provide non verbal analysis of respondents emotional reactions to product or advertising stimuli.
- Eye movement recording is not new in market research, but both the usability and sensitivity of the instruments have given this technique a new lease of life. How useful is it at providing additional insights into the way respondents view and respond to advertising material, and ultimately, how can they help us develop more effective communications with our customers.
- Other biometrics, such as heart rate and facial expression, are also increasingly used in market research as ways of understanding respondents' reactions. We are also interested in papers demonstrating how these have been used and what role they could play.

All these new approaches are often used in combination to provide a more holistic customer reaction. We are particularly interested in case studies which demonstrate their value either alone or in combination.

Telemedicine

The way patients interact with their physician has changed significantly over the past 18 months, not least through the use of telemedicine.. There are many claimed positive benefits for telemedicine: it reduces healthcare costs, increases efficiencies, increases access to healthcare, reduces hospital visits. It also reduces the risk of spreading disease via personal contact. In short, it is claimed to lead to better health. There are some disadvantages, especially for patients who require a physical examination, or don't have access to the technology to benefit from it, or simply prefer a face to face appointment.

We'd like to hear about the actual experiences of patients and doctors of using telemedicine. Specifically:

- The quality of the consultation
- Its impact on patient care and outcomes
- The impact it has on openness and especially the factors which are important to ensure that patients do receive the care they need.
- What support services would improve the experience for both doctors and patients
- The user friendliness of the Telemedicine apps.



Is agile research the new paradigm?

This is a really hot topic! The saying goes that quality, speed and cost effectiveness are all important in research, but that you can have any combination of two of these three, but not all three. Yet with ever increasing role of technology has this old paradigm been broken? Can we have all three factors on a project, and is agility the new paradigm?

We are looking for papers that demonstrate how innovation in survey design, fieldwork and reporting have met the increasing needs for agility without compromising quality, speed and price.

It's not just about what AI can bring to the party, it's also about data processing and analytical tools providing real time analysis.

It's also about how we can access respondents quicker and more effectively. Achieving sample is often key to price, quality and speed.

Do you have some examples of research projects which have met these needs from pharma – e.g. reducing time for DP/analysis or responding and adapting to findings in real-time during the research phase? Are you using some online reporting tools, for example, which are proving to be very helpful in reducing timelines that you could share with conference delegates? How do we manage client expectations? Sharing your experience would be really valuable for the EphMRA conference in 2022.

2. Analytics

Data analytics and forecasting

Data analytics and forecasting continues to be a highly important topic. The paradox for forecasting is that at the same time as data has become more abundant the problems integrating the different sources to produce reliable forecasts has become more complex.

We welcome papers that can address the following issues:

- How has forecasting changed over recent years, due to new data sources, new analytics and new models?
- Innovative ways big data and machine learning have been applied in healthcare forecasting
- What are the key trends in applying predictive analytics in healthcare? What are the advantages and pitfalls?
- Data integrity is key to forecasting. What are the emerging data integration issues, and how well do they meet the need for accuracy.

Integrating primary and secondary data to answer business questions

Linking different sources of data, primary and secondary intelligence leads to a more holistic evaluation of a situation. Both the explosion of different data sources and the increasing ability to analyse them has put the spotlight on data integration to provide deeper and richer insights.

We are interested to include papers onto the programme which demonstrate how primary and secondary data have been successfully integrated to answer common business issues.

Typically, secondary data sources provide answers to the 'What?' Question, eg, 'What is prescribed?', 'What is reimbursed?', 'What is the population size in X condition', etc.

Primary data may be used to provide answers to the, 'Why?' question. Eg, 'Why is this drug prescribed?', 'Why do patients not comply with their therapy?', 'Why do doctors prefer a particular administration form?', etc.

It may be that the increasing availability of secondary data is changing the role of type of primary research conducted. We would like to include papers which highlight how this dynamic is changing.



We would also welcome papers showing how data from both primary and secondary sources have been successfully combined to answer specific business issues, what problems were encountered and how these were overcome.

3. Patients

Patient activation and engagement

From regulatory authorities, to health authorities to patients themselves, patient engagement has become a crucial consideration in drug uptake and acceptance.

To make patient centricity a reality we have to understand the business issue by 'standing in the shoes of the patients'. How do they experience the condition? What impact does it have on their lifestyle? What support do they need to comply with the medication? What's important to them?

We are looking for papers which show inspired and innovative ways to engage with patients in order to provide pharma with meaningful insights, to address the questions posed above. This may include the use of technology to get close to patients, ethnography, empathetic interviewing techniques, or other innovative ways you have engaged with patients to truly understand the disease from their perspective.

Researching and understanding the impact of digital engagements

One impact of Covid on healthcare communication to HCPs and (to a certain extent) patients is the step change in digital engagements. An increase in importance which was already a significant communication channel before the pandemic. It is therefore key that we know how to best use the digital media as effectively as we can.

We are therefore very keen to include papers that can address the following issues, with case studies:

- How do we choose the best communication strategy combining both face to face and digital?
- How does a digital strategy differ between doctors and patients?
- What content is relevant to specific channels?
- In practice, what is the main metric, ROI or KPIs, when evaluating the success of each channel?

4. Behavioural Science

With so much focus on behavioural science, not just in our industry, but in many areas of society when a change of behaviour is an objective, it's not surprising that its principles have been widely adopted.

Now is the time to take stock of what has been achieved, to assess what has been learnt, and importantly what its future role should be.

We are interested in papers that showcase examples where behavioural principles have been applied and what value it can bring.

Specifically:

- How has BSci impacted research design, implementation and interpretation of results, and what is its future role?
- What types of research has it had the most impact on, and how will this change in the future?
- What role has it played in the creative processes, especially brand development and communications research?
- What role does it play in encouraging HCPs, patients and other stakeholders to participate in surveys?

- What is the value of BSci in the selling situation to pharma Company customers?
- How does the power of BSci techniques improve patients drug adherence?

5. The Future of.....

This year we have successfully held Panel discussions on the Future Transformation of Market Research and The Future of Qual.

We are interested in proposals addressing other 'The Future of.....' Topics. What topics would you suggest and how would your panel run?

6. Other Topics

These are only our initial thoughts - we want you to be inspired to develop your own ideas which reflect the new world of business analysis.

We welcome suggestions for other topics – so don't feel you have to keep to the list we have included here!

In addition: We are always interested in having papers which showcase what is going on outside the pharma/healthcare sector, as these papers can provide relevant learnings which can be applied in our sector. Joint papers with pharma/healthcare speakers are encouraged.

Formats

It is great to have variety in our conference in terms of presentation formats and so feel free to suggest whether your submission would work best as a:

- Presentation
- Panel Discussion
- TED Talk
- Etc

3. Speaker Information

Number of Speakers

ephmra accepts 2 speakers per presentation submission. Panels, debates can feature more speakers of course.

All speakers need to feature on the submission form.

Speaker Registration Fees:

Important Note

Online event: If the event is held online all speakers are able to attend their speaking session for free but will need to register and pay to attend the whole event.

In-person event: Speakers from industry companies are able to have a free conference registration. For all other speakers, ephmra is unable to waive the conference registration fee or fund any associated travel or personal expenses. Speakers need to register themselves for the conference.

At the Event Papers Will:

- be presented in English
- be presented using the ephmra conference PPT template, which will be sent following acceptance onto the programme
- have a speaking slot of 20-25 minutes + 5 minutes for Q&A

You will receive more details in the Speaker Guidelines and acceptance letter which we will email to those who get a speaking slot.



4. Tips for a Successful Submission

A successful paper:

- *Is thought provoking, innovative, forward looking or controversial in nature*
- *Offers solutions and recommendations based on the problem addressed*
- *Demonstrates how a specific process, technique or approach can impact on the business*
- *Is appropriate to an international audience*

It is assumed that all presenters have ensured that permission has been obtained from clients or other third parties to present the information (this includes, music, drawings, visuals etc.) contained in the paper and/or the final presentation.

The presenters will indemnify ephmra and will ensure that ephmra is not held liable for any claims from clients or other third parties incurred by the author's failure to obtain permission to use information. The authors should also be sure there is no infringement upon the copyright, right of use or any other right of intellectual property under any circumstances.

PLEASE ENSURE:

You give a clear and detailed picture of the intended full paper to enable judgement of the quality of the final presentation output.

Outline the main argument to be put forward, describe the case study and/ or data which will be used to support the argument, present the major findings or conclusions and list any published papers which will be referred to.

State clearly the key take away messages from your paper – what will the audience be able to do differently when back in the office.

Submit your speaking ideas online by **20 September 2021**.

A receipt should be received by email within 2 working days - if not then please contact ephmra to check if the document has been received. This is very important as each year at least one submission is not received by ephmra and the authors did not follow up to enquire about receipt.

If you are submitting supporting files, then please ensure that you indicate on your submission (and in your email) what you are proposing to send, so that we can be sure to tie up your submission.



5. What Happens After You Submit

The submissions are all formatted and then evaluated by the Programme Committee.

In October - we contact you about the Programme Committee's decision.

There are 3 possible outcomes:

1. **Acceptance onto the programme (with or without revisions)**
2. **A 5 minute telephone 'pitch' to the Programme Committee to provide further detail on your submission and 5 minutes for questions.**

These will take place in October – as below:

Monday 18 October	14.30 - 16.30 UK time
Tuesday 19 October	10.30 - 12.30 UK time
Wednesday 20 October	14.30 - 16.30 UK time

Please make a note of these dates in order to ensure you are available on one of the days.

The zoom meetings will be 10 minutes and will be arranged at 15 minute intervals: 5 minutes pitch time and 5 minutes for questions.

3. **Your submission not being accepted onto the programme, with some guidance on why this decision was reached.**



6. Who is on the Steering Committee

Amr Khalil

Ripple International

Carolyn Chamberlain

Blueprint Partnership

Elizabeth Kehler

Adelphi Research

Erik Holzinger

groupH

Georgina Cooper

Basis Research

Letizia Leprini

Bayer

Roy Rogers

Research Partnership

Sarah Phillips

IQVIA

Stephen Potts

Purdie Pascoe

Tracy Machado

Phoenix Healthcare

Xierong Liu

Ipsos Healthcare



The ephmra conference Programme Committee is steered by highly experienced people from the industry and agencies. Please get in touch if you are interested in joining this committee for 2023!