

# EphMRA NEWS

EUROPEAN PHARMACEUTICAL MARKETING RESEARCH ASSOCIATION

Issue: June 2003

## WELCOME TO THE REAL WORLD!

Co-prescribing as an example of how off-the-shelf market research techniques may not be right for a pharmaceutical problem

The problem of importing market research techniques from other areas  
When rabbits were introduced to Australia, the numbers quickly reached plague proportions. The problem was that as rabbits did not evolve in Australia they had no natural predators there. Likewise, introducing something that evolved in another environment can produce problems in pharma market research.



*Introducing something from another environment can cause problems!*

Most (virtually all) market research techniques used for pharmaceuticals have been imported from other areas. For example, many techniques have been developed for fast moving consumer goods, transport economics and the automotive industry.

These techniques are then imported wholesale into the pharmaceutical arena. Usually, they are never validated to show that they work well with pharmaceuticals. Perhaps this is excusable: humans are humans, and a technique that predicts their behaviour in one environment might be expected to work in another.

*Continued on page 3*

### EphMRA Lexicon



A completely revised and updated Lexicon is now available for Full and Associate Members. This new edition has been overhauled by the PRM&T Committee along with the Foundation Board.

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# Facts & Figures

about the Newsletter publication

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The next EphMRA News will be issued at the end of August 2003.

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Four colour and B&W ads can be carried. Prices are quoted in Swiss francs.

	Quarter Page	Half Page	Full Page
B&W	300 CHF	500 CHF	800 CHF
Four Colour	N/A	750 CHF	1200 CHF

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# NEW STICKY FINGER

for 2003/04

**EphMRA**

diary  
03/04

2003

**1 October**

Papers submission deadline -  
2004 Conference  
The Persistent Flow of Time.  
Basel, Switzerland

**4-7 November**

Brussels, Belgium.  
Basic Introduction to  
Pharmaceutical  
Marketing Research.

**5-6 November**

Brussels, Belgium.  
Using and  
Understanding  
Desk Research.

2004

**12-13 February**

Brussels, Belgium.  
Positioning Getting it Right.

**28-29 April**

Brussels, Belgium.  
Customer Satisfaction  
PRM&T Committee  
Spring Workshop.

**30 June - 1 July**

Annual Conference.  
Basel, Switzerland.  
The Persistent Flow of Time.

**20-22 October**

Brussels, Belgium.  
The Research Toolbox.

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# EphMRA

**EUROPEAN  
PHARMACEUTICAL  
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*Yearbook 2003*

The 2003 Yearbook will be distributed at the Madrid conference or mailed out after if you are not attending



Sometimes these techniques just cannot work unmodified in pharma. However, what is not excusable is the unthinking application of off-the-shelf market research software when a more common sense approach tells you that these techniques just cannot work unmodified for pharmaceuticals. A case in point is the impact of co-prescribing on product choice.

In many disease areas (cardiovascular, cancer etc etc) co-prescribing of products from different therapy categories is commonplace. For example, a patient with hypertension will often receive a diuretic and/or a beta blocker and/or a calcium channel blocker and/or an ACE inhibitor.

If you were to ask a market research company to predict doctor choice in this disease, they would probably recommend a survey and use a technique like conjoint. Such a technique would determine the extent to which doctors "like" the different therapy categories according to how the categories perform on key attributes.

The software that the market research company would use would almost certainly be an "off-the-shelf" conjoint package produced by a company like Sawtooth. (The market research agency would often have a partial understanding of the software that they are using.)

The resulting research would, in effect, tell you how "likeable" each of the therapy categories is. A "market share simulator" could then be used to translate these "likeability scores" into market share predictions.

These market share predictions are an attempt to forecast the share that each category would have if doctors had to choose between categories. But - and here is the flaw - doctors do not choose between categories. They choose a combination of one, two or three agents.

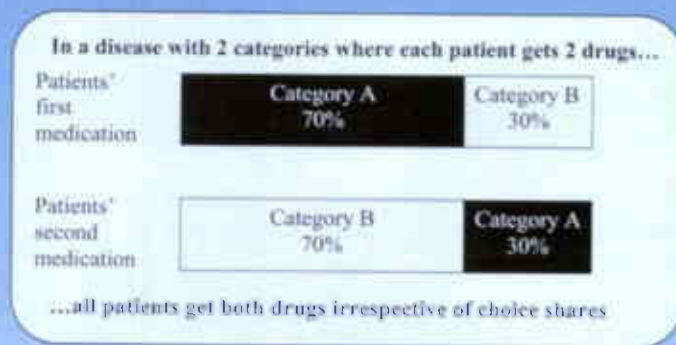
A simple example with **co-prescribing that illustrates** the problem. To understand how co-prescription can invalidate the results of a study performed with the help of off-the-shelf conjoint software, consider the following simplified example. Imagine a disease where there are only two therapy categories, A and B. A conjoint study suggests that doctors favour category A 70% of the time and category B 30% of the time. In other words, category A would have a market share of 70% and category B would have a share of 30%.

But now - for the purposes of understanding - assume that in this disease each patient gets not one, but two therapy categories co-prescribed. In choosing the first of the two agents, doctors follow the prediction of the conjoint study and choose category A for 70% of patients and category B for 30% of patients.

Now, however, the doctors have to choose the *second* agent. It is unusual for doctors to co-prescribe two agents from the same therapy category (although there are some exceptions like HIV). So, the 70% of patients who got category A as their first medication are all going to be co-prescribed category B as their second medication. And the 30% of patients who got category B as their first medication are all going to be co-prescribed category A.

So now (in this exaggerated example) we have 100% of patients receiving category A and 100% of patients receiving category B. In share terms, each product has a 50% share. This is very different from the 70% / 30% split predicted by the conjoint study. Also, the conjoint study has predicted shares - but shares of what?

If in our imaginary disease only category A has been launched and category B is about to launch, our conjoint study would predict the share of patients who would receive category B. But, due to co-prescription, the size of the overall market is about to double.



We now see two errors that have been made as a result of the naïve application of an off-the-shelf market research tool:

1. Market shares have been wrongly estimated because co-prescription tends to decrease differences in market share, and
2. Market sizes have been wrongly estimated because co-prescription tends to increase the size of the market.

Unfortunately, in this example, both errors have pointed in the same direction - they have both led to underestimates. Let us now compare the predictions:

- Conjoint model that fails to take into account co-prescription.. 30% share of 100% of patients = 30% of patients
- Simple model that takes into account co-prescription.. 50% share of 200% of patients = 100% of patients

The result of taking co-prescription into account (albeit in a deliberately extreme example) has been an increase in sales forecast of more than a factor of three. In the real world, these differences may not be so pronounced, but they can still be very large.

What does this simple illustration with co-prescribing teach us? What is the point that this simple little example is trying to make? It is this: We can spend too much time in a specious debate over which type of off-the-shelf market research methodology is best. Often, for pharmaceuticals, none of them is right. Issues like co-prescription are easy to address. But not with off-the-shelf market research tools.

We should stop being intimidated by complex off-the-shelf market research methodologies and start using our common sense and medical knowledge to question whether they are right for our problem. Co-prescription is a case in point.

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# WHEN IS A NEED NOT A NEED? WHEN IT'S A GOAL - IMPROVING UNMET NEEDS RESEARCH

Pharmaceutical markets have become increasingly competitive with ever decreasing windows of opportunity. The time between competitive launches is decreasing and creating strategies to minimise the effects of genericisation is becoming increasingly difficult.

It is therefore necessary to reach peak sales quickly by building strong brands rather than simply selling products.

Brand building starts with identifying an unmet customer need and any definition of a brand which does not encompass customer need satisfaction we would consider flawed.

The pressure is therefore on the market research industry to conduct better unmet needs research. There is certainly more primary unmet needs research taking place now but have our methods changed or improved sufficiently to match the demands?

When conducting unmet needs research there are two view-points that have to be taken into account, firstly the patient perspective, and secondly the patient need as seen through the eyes of the clinician. The former clearly has far more importance where there are strong DTC opportunities such as in the US market. In some markets patient research is the critical way to define unmet needs. In others it will be the clinician view that drives decision taking and it is the latter we are focussing on in this article.

In identifying patient needs the first and critical step is to identify the target patient segments through the eyes of the clinician rather than as defined by secondary data. This process requires 2 steps, generation of patient types and then simplification or grouping. It is key that the identified patient groups are classified by clinically relevant factors or constructs.

We can now identify the unmet needs for each clinically relevant patient group by asking clinicians about the patient unmet needs.

The problem is as follows:

A clinician's ability to understand and articulate patient needs is a function of their empathy with patients. In any sample there will be a mixture of responses, including empathetic clinicians who reflect real patient needs and non empathetic clinicians who can have an incorrect view. It is difficult to know what taking an average of these tells us.



If we look at how a clinician operates whether empathetic or not they examine a patient and create a goal for their intervention. By interrogating these goals we can gain a clearer view of where our brand fits in for that clinician. Goals are much more robust across clinicians (whether empathetic or not) and across countries when compared to projected patient unmet needs.

Goals can cut across patient demographics and give us a new and better understanding of needs through the clinician's eyes. We have found that there are common goals that cut across different patient groups - we refer to these as Goal States. In targeting brands against these different Goal States the brand can become a goal achiever across patient groups rather than being restricted by demographic or other definitions of patients.

By combining an understanding of goals weighted by patient groups together with a match of brands to goals we create a model to identify unachieved or underachieved goals. Consequently new products can be positioned against these quantified underachieved clinician goals. This approach directly generates the required brand claim list giving a strong start to brand development.

The Goal States work can be used to drive product selection, clinical trial focus, brand positioning or portfolio development all the time focussing on the patient segments with the highest ROI.

Goal States may not be rocket science but it may represent one small step for better unmet needs research.

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Dear Colleague,

Measurement of promotional response, or effectiveness has been the holy grail of marketing for many years. As with all measurement a detailed understanding of what you are attempting to measure frequently clarifies the issues and begins to allow you towards making the appropriate measurements.

Let us assume that you have been asked that most frequently posed question "How effective are the representatives?" What is the real question behind this and how can it be measured?

It is usually assumed that the representative works in isolation, being totally responsible for the sales (usage) of the product currently being promoted. This assumes that there are no competitors and no other elements of marketing functioning in the sales environment. But what do we mean by sales? In the six months ending March 2001 in the United Kingdom 89.9% of PPI prescriptions were repeats. This is not an uncommon figure in most markets. It is reasonable therefore to question the role of the representative in 89.9% of sales. Possibly a more realistic measure of effectiveness is that of generating new business including switch therapy.

Another option would be only to measure the effectiveness when measured against targeted doctors, however, in this case not only may the representative be performing well, but he/she may be perceived to be ineffective due to the target being incorrect. Not only does this suggest that it will be difficult to measure the effectiveness of the representative, but it also excludes all other elements of the marketing mix that will be affecting sales.

The measurement of promotional response is, therefore complex. Simple consideration of a single element against a sales statistic will definitely produce an incorrect result. The whole of the marketing mix has to be taken into consideration. In order to produce a true result one has to use a mixture of time series analysis, multiple regression and econometrics.

The data required for this kind of study is large. It will consist of monthly information for each product in the defined market and should cover sales volumes, sales values, price, detailing activity (possibly by detail position), advertising, mailing, PR, sales force changes and any other relevant information. The latter may include apparently unrelated information such as economic indicators for some market sectors.

Accuracy of the data used is very important, since the study is looking for very small changes in both the dependant and independent variables. In this respect changes in trends are significant in the analysis and equally important is the natural variability within the data. It is obviously incorrect to assign all of the increased sales of a hay-fever product in May and June to the activities of the representatives in April and May of the same year. The majority of the increase will be due to seasonality, but some will be due to promotional activity. Seasonality in all its forms has, therefore to be removed from the data before examination of the effects of marketing activity can commence. Throughout the development of the model it is essential that the analysis is examining a true situation. It is possible for important activities to be hidden in the residuals (unexplained elements of the dependant variable) to be having an effect on the perceived results. This can result in the measures of fit and T-statistics being better than one would expect. This effect known as autocorrelation has to be searched for within the model and if found dealt with, otherwise the model will be producing elasticity's or coefficients that do not reflect the true situation.

The model is built using multiple regressions methodologies. A step-wise approach is taken, including the development of carry-over effects, initially for each single variable and then for the variables in combination until a stable historical model is produced. This model is then validated against more recent data to ensure that the stability is maintained. At each stage the search continues for hidden effects in the residuals, and the best coefficients, T and F statistics. The final model should be providing a fit of 90% or better in the pharmaceutical industry.

	Coefficient	T-Ratio
Intercept	-646,768.33	-2.74
Detailing	96.94	3.33
Advertising	0.72	2.48
Mailing	5.89	2.13
Details Competitor 2	318.97	2.37
Details Competitor 5	-2,481.66	-2.71
Details Competitor 6	361.94	3.29
Details Competitor 7	17.81	1.67
R-Squared	0.94	
F-Statistic (7,1)	20.4	

In this model all of the variables are statistically significant with the exception of Details for Competitor 7. A figure of greater than 2, or less than -2, can be used as a rough guide of statistical significance. The variables explain for 94% of the dependant variable, and the F-Statistic is also at a significant level. In addition the Durbin-Watson test did not indicate any remaining elements within the residuals.

The coefficient represents the amount contributed to the model by 100 units of the variable. One would expect that a competitor's activity would detract from your sales. In this case only competitor 2 is producing the negative result that one would expect. All of the other competitors are increasing sales of the test product. This cross detailing effect is very common within the industry. Identification of this can be of real value since training can reduce the effect that the company is having on competitor products with potential increases in the effectiveness of your own representatives.

The model can be used with a high degree of confidence to test marketing scenarios over a time period of a maximum of 18 months. However, some caution is required. One must remember that these models are essentially linear in what may be a non-linear environment over a more extended time period. The responses will change over time. Also increasing a sales force size by a factor of three will increase sales within the model to much higher levels, but is that a realistic response. The actual effect may be to increase the overall sales but to reduce the coefficient of detailing (a non linear effect)

Promotional response modelling is very good at providing quantification of the value of the elements of the marketing mix. It also identifies synergies and lag effect associated with each of the inputs. The technique can also be used to test marketing scenarios and examine the effects of the timing of proposed changes to the marketing plan. However, take great care when attempting to build a model of this kind, there are many traps awaiting the unwary.

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# EphMRA Segmentation Course Review

10th- 11th April 2003

The two day EphMRA PMR&T training course on segmentation was convened by Stephen Grundy (Martin Hamblin GfK) and Carolyn Fenwick (AstraZeneca) and attended by 18 delegates from both industry and agency backgrounds. The course provided a healthy mixture of presentations and workshops; theory and practice; strategy and tactics; which enabled the delegates to apply some of what they had learned and to appreciate the practical implications of advice they were hearing. The energy and commitment of both delegates and speakers ensured a very productive two days.

The aim of the course was to give delegates a thorough grounding in segmentation within the unique environment of the healthcare industry. The details of why, when, who, how and how to implement segmentation were all addressed - not without controversy and challenges - and there was considerable discussion around the dual role of segmentation - in strategic planning and tactical communications.

The convenors introduced the programme with a review of the value of segmentation to marketing i.e. to derive competitive advantage. They also shared some learning from the consumer world.

Trevor Flanagan (Premark Services) drew from his considerable experience in supporting development projects to communicate how segmentation makes competitive advantage and differentiation possible. The approach provides clarity and focus thus avoiding blandness. He urged the industry to be pre-emptive and proactive about segmentation, to drive its own segmentation and positioning or risk being driven by competitors.

Dorothy Parker (Fast Forward Research) presented the value and place of qualitative research in segmentation. Qualitative research has a role both prior to and following the collection and analysis of quantitative data for segmentation. She emphasised the need to use qualitative work to identify the deep-rooted differentiators i.e. the values that drive the behaviours. Communications and key messages could then be designed accordingly.

*The industry is showing a growing interest in quantitative segmentation approaches. Stephen Grundy (Martin Hamblin GfK) reviewed some of these approaches, demonstrating segmentation solutions, based on needs, psychographics and patients' key symptoms often yield meaningful insights and actionable recommendations.*

Beverley Henry (Martin Hamblin GfK) gave a statisticians perspective on the strengths and weaknesses of both traditional data analysis methods, such as factor and cluster analysis; and newer approaches such as latent class analysis. One insight that emerged, during the discussion of latent class analysis, was the strength of this technique to identify hidden or latent variables. For example, you can't question a physician directly about how good they are at treating a certain disease, but by analysing responses to other variables latent class may predict latent variables which drive segments such as "uninformed", "pro-active and informed" etc.

Phil Dunn (Martin Hamblin GfK Consumer and Business Division) provided a consumer perspective. He presented an OTC segmentation case study that showed the utility of segmentation in helping companies understand markets. Phil also provided insights from his work with segmentation for telecommunications / cell-phones, where customer needs form the basis for certain segmentation approaches.

The sessions presented by Steve, Beverley and Phil helped set the scene for the workshops, where delegates were tasked to look at data sets for patient segmentation and physician segmentation; and to develop actionable segmentation solutions from the information provided. The teams of delegates delivered well developed solutions and demonstrated how they would target each segment with regard to positioning options product, price and target messages.

Finding a way to segment i.e. understand your market is only the first step. Janice MacLennan (St Clair Consulting) addressed the role of segmentation in strategic planning. In her view, the rigour of a segmentation exercise enhances the quality of thinking around marketing strategy. The output should then be used creatively in the design and communication of what you offer. Janice delivered a very thought-provoking presentation in which she recommended focusing on a single segment according to a needs-based understanding of this segments within the market. Widening of the target pool would follow.

Nina Felton (IMS) delivered more food-for-thought as she addressed the issues around targeting of customers from a tactical point of view. Nina recommended that we choose the appropriate and optimum means of differentiating between our customers NOT historical prescribing behaviour. It is essential that representatives of the sales function are involved in the segmentation process. Accessibility to the various segments is fundamental so the differentiators must be identifiable and measurable. Implement the strategy through tactical tools. Measure the success of the implementation and take corrective action if needed.

The course ended but not the debate.



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Carolyn Fenwick  
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# Important Developments in the US Market Could Impact Companies Approach to Marketing & Promotion on a Global Basis—or will it?

Given the importance of the USA as a part of the global market, researchers in the rest of the world need to keep pace with the latest developments and trends occurring there. During the recent PMRG conference there were a great many insights provided which need to be carefully considered in not only thinking about future ways of marketing and promoting prescription medicines in the USA but also elsewhere in the world.

Kim Slocum, Director of Strategic Planning at AstraZeneca, provided an important backdrop to the conference. Kim pointed out that in 1998, for every dollar the industry spent there was a return on investment of \$22; however, by 2001, this return had fallen by \$5 to \$17 (this data was assessed from an evaluation of the top 14 US companies). It is clear that companies are finding it more difficult to achieve the level of profitability that they once did in the mid to late 90s. Despite the emerging value of direct to consumer advertising in the USA and the returns provided by this important media, greater competition, increased pressures from Managed Care, the need to provide increased services to support pharmaceutical products, increasing costs of supporting the representative sales force have all contributed to this reduction in "ROI."

An extraordinary fact that Kim highlighted was that between 1995 and the present time, there was a significant increase in the number of representatives calling on doctors. We now have a situation in the USA where 90,000 representatives are

calling on a total of 850,000 physicians. In an article recently published by the Economist, the data points to the fact that 250,000 US MD's give rise to 80% of all US prescriptions written. Given that there are currently 90,000 representatives in the US whose aim is to call on physicians, it is conceivable that each doctor could see a representative every two hours! The questions being asked more and more are:

- i) Is there a diminishing return on investment in conventional rep detailing?
- ii) What is the optimal number of representatives for a field force?
- iii) What additional forms of communication would compliment the field-force activities and produce the optimal R.O.I?

Statistics available from Harris Interactive points to the fact that 93% of US physicians are now active on the Internet and 13% actually use the Internet to email patients on a variety of important matters, this of course has implication for communication and collaboration with physicians by the industry.

Bruce Grant, VP Strategic Consulting of The Medical Broadcasting Company went on to talk about the variety of ways in which e-detailing had developed in the USA, possibly due to the high use of computer technology, but also driven by the fact that even when a representative sees a physician, time is now limited to less than 2 minutes! Initially, Physician Net, Inc. was



involved in setting up opportunities for representatives to speak to physicians via the Internet in "real time." A variety of split screen approaches enabled the parties looking at the computer screen to view not only the information about the product, but each other, too. Physician Net had 8,000 PCP's signed up for video detailing, the average video detail lasting around 8 to 10 minutes which was a much longer time than the usual 2 to 4 minutes afforded representatives who visit physician's in their office.

The virtual e-detail was another approach developed in recent years. This interaction between the doctor and the information supplied by a company lasts around 5 to 6 minutes but does not involve any video interaction with a representative. Although costs of this approach is less than video detailing, the process has been harder to get off the ground since there is a payment to doctors who take part in virtual detailing and this has been understandably a "harder sell" to senior management.



The latest developments have involved "platform detailing" which is in many ways a combination of both video and virtual detailing. Although commercial organizations have been involved in the development of a number of these approaches, several pharmaceutical companies (notably Lilly) have been developing key detailing approaches without the aid of external organizations. It seems likely that this will become more widely adopted in the coming years. The one failing of e-detailing to date has been the lack of creative development as far as the information being conveyed is concerned. To date, only static pages have been used in e-detailing methods. In many ways, this seems strange given the fact that video detailing allows a much more dynamic approach to take place. Perhaps part of the reason behind the lack of innovation in this area has been the high cost of production and the still somewhat limited number of physicians that are being contacted via this media.

The reasons behind the development of e-detailing is obvious. It affords greater targeting, can provide information to physicians in wider geographic areas than possibly could be contacted via representatives, it can compliment traditional promotion, physicians opting into learning about a product can do so at their own time and, hence, are more likely to be interested and spend more time than they would otherwise, than if contacted in the conventional way. Is this the way forward in other countries, too?

Seth Godin, author of *Permission Marketing*, provided another fascinating but different insight into emerging problems for the healthcare industry, particularly in the United States. Patient compliance has always been of considerable concern to pharmaceutical companies not just in the USA. Patients suffering from a chronic illness, particularly one that may be asymptomatic invariably leads to patients forgetting to take their product on certain days, reducing dosage, or stopping the product all together. In the United States, these factors are exacerbated by the costs incurred by patients. Although the co-payment for many branded products amongst patients covered by Managed Care is relatively low (circa \$15 per prescription for a branded drug), if a patient is taking many different products at the same time, this can start to add up to a considerable amount. Some Managed Care organizations are now introducing three-tier or even a four-tier co-pay system. This means that some of the newer pharmaceutical products that may be more expensive may trigger a higher co-pay (out of pocket payment to cover part of the product cost) for the patient of as much as \$30-\$50 per prescription. Aside from this, patients who may be on Medicare and do not have an accompanying prescription plan would have to pay for the total cost of the product.

It is, thus, not surprising that compliance becomes an even greater problem in these circumstances. Seth, in his talk, provides a compelling argument to pharmaceutical companies to embrace "relationship marketing" in an effort to better help patients understand their condition and the need for continuing drug treatment. AstraZeneca in the UK was cited for a novel approach for patients suffering from asthma. Electronic peak flow readings are submitted to the physician to enable them to keep more precise documentation on the patient's developing condition over time. In the field of osteoporosis, Aventis, it was stated, have also been experimenting with enabling patients to communicate their BMD measurements with the physician's office. While these initiatives are interesting, will these too also reduce the ROI initially discussed?





Kevin Clancy put the Pharmaceutical Industry under the microscope, and it came in for some harsh criticism. In his book, *Counterintuitive Marketing*, Clancy links the high rate of business failure to bad marketing strategy and the implementation of that strategy! He points out "excess testosterone compels senior management to make decisions intuitively, instinctively, quickly, and unfortunately disastrously."

Clancy, in his talk, and in his book, underlines the importance of targeting.

- "Targeting is perhaps the single most important element in a marketing plan. It is essential to a brand or brand positioning strategy, you can't even write a positioning statement without knowing whom it is for. And all other elements pricing, product features, and so on depend on the brand's targeting and positioning strategy."
- He pointed out that as Phil Kotler continues to remind us, "to get it right first time, the most important steps are targeting and positioning. If you nail these two components of strategy, everything else follows."

Clancy went on to point out five questions that highly effective marketers should be able to answer about targeting.

- Have we segmented each market in which we operate to identify and profile the most profitable market targets to pursue?
- For each of our core business or brands, how do we describe in words and numbers the critical market target?
- What was or is the rationale for selecting these targets? What process did we use to find them? Was it based on judgment alone or on a rigorous analysis of unimpeachable data?
- Can we prove that our targets are profitable? Can we show that they have made money for us in the past or will make money in the future?
- Is there some other target or targets that might be more profitable? What are we doing to investigate this possibility?

Many companies it seems do not use all of the various ways in which segmentation can be accomplished. These can include:

- Attitudes
- Buying behavior
- Psychographics
- Demographics
- Sociographics
- Lifestyles
- Lifestage
- Database variables
- Problems and motivations

Clancy's talk linked very nicely with that of Tom Albright, Senior Director of Marketing for Botox at Allergan. Tom provided a case history of the development and significant rise in sales for Botox. In its marketing program, Allergan relied very heavily on the use of public relations in conjunction its promotional activity and careful positioning to create a high level of desirability for the brand amongst women over the age of 35 who wanted to improve their appearance.

**A factor in Tom's talk which should not be lost on anyone involved in marketing pharmaceuticals (or for that matter any other product), was the importance of understanding the different motivational factors that govern early adopters and those who may be regarded as late adopters.** It was evident from the market research investigations that were carried out by Allergan that while early adopters who were happy to embrace the new technology and benefits offered by Botox, others were more concerned about potential side effects that could occur with such a product, what might happen after the effects of the product wore off, and over how long a time would the product be effective as well as issues surrounding the subsequent use of the product. Addressing these issues required a different communications strategy than that first adopted by the company in the initial months of launch. While many companies think about modifying their promotional strategy over time, it has been uncommon in my experience to find

companies who modify their promotion in line with different segments of the targeted population a product is being aimed at. Congratulations to the Botox marketing team for what seems to have been such a well thought through launch program. It is certainly one that has provided the company with substantial rewards. Are we doing as much as we could to help management understand the ways in which marketing and promotion should be altered as certain stages are reached in the launch process to account for different attitudes and behavior of potential prescribers. **I think not!**



Laura Ries, author of *The Fall of Advertising and the Rise of PR*, delivered a very provocative talk on the same theme as her book. Her lively delivery created considerable interest and while there is no doubt that PR can and should be playing an increasing role in the marketing of pharmaceutical products, however, PR tends to have, as Laura admitted in her delivery, a somewhat slower take-off curve in sales revenue than an overtly advertising lead campaign. This is unlikely to appeal to senior management in the pharmaceutical field who are unlikely to wait several years to see a return on sales, particularly when increased competition and the ever looming threat from the loss of patent increases the pressure for more immediate sales return. Nonetheless, the power of PR has been a significant factor in the success of products in the anti-hypercholesterolemic field, for products like Detrol for the treatment of "overactive bladder," Proscar and alpha-blockers for the treatment of BPH and the recent launch of Botox!

Graham Lewis (IMS) in several of his talks and in particular in his delivery at the EphMRA meeting in Athens, pointed out that the double digit growth of Pharma. business in the USA will slow to single digit growth for the foreseeable future. However this fact coupled with the reduced ROI that has been pointed out, plus the need to become even more creative in getting the promotional message to target customers is leading to difficulties in the USA. Perhaps even more worrying is that even after the physician has actually prescribed the product increasing numbers of people are likely to be less compliant than companies would wish to see. Is this a pattern that will emerge in Europe and other countries too?



Allan Bowditch  
CEO Global Healthcare & Chairman  
Martin Hamblin GfK, Inc.



Where are the pieces of the global jigsaw going to fit? In all this uncertainty, one thing is certain, and that is the need to use marketing research even more creatively, more quickly and at less cost.

**MH** = more  
Martin Hamblin GfK



## Recruitment: **EphMRA** Treasurer Position Vacant

EphMRA is seeking to appoint a new Treasurer when Dick Beasley retires in September this year.

Responsible for financial welfare of the Association. This routinely involves signing cheques, bank drafts, etc. However, the preparation of these financial documents plus invoices and such as debt-chasing letters, is handled by a suitably qualified external accountant.

All book-keeping also done by the external accountant. Requires 1 meeting per year, usually Dec/Jan, to review accounts and prepare for submission to external auditors.

The person does not have to be a qualified accountant, although an appreciation of financial control is essential, as is complete integrity.

Member of Executive Committee. Although no voting rights, full participation in all discussions, not just those involving finance, is encouraged.

Attends the 4 yearly Executive committee meetings - 3 x 1.5 day meetings during the year and one during the AGM conference.

Preparation and distribution of Annual Report together with a short slide presentation at the AGM.

Liaison with the Association's bankers, UBS in Switzerland. In addition to the usual cheque and savings accounts, the Association also holds some investments in Swiss AAA Bonds. Advice on the purchase and selling of these is available from the UBS.

Two year term - office commences 1 October and finishes 30 September 2 years later.

A non-remunerated position with applications invited from pharmaceutical company persons.

Contact EphMRA General Secretary  
MrsBRogers@aol.com

## Recruitment: **Chair of EphMRA New Form Codes Committee** Applications Invited

EphMRA is seeking to appoint a new Chair of the NFC Committee.

The work involved is approx 5-6 days per year:

- Reviewing and Approving Form 10s
- A face to face NFC Committee meeting at the AGM
- Meeting with Executive Committee and making the AGM Presentation
- Review of meeting minutes, preparation of reports, presentations to AGM and replying to NFC enquiries. A non-remunerated position with applications invited from pharmaceutical company persons.

Contact EphMRA General Secretary MrsBRogers@aol.com

# EphMRA

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in conjunction with the 43rd Annual EphMRA General Meeting  
(30 June - 1 July 2004)

**EphMRA**

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- Kurt Ebert: F Hoffmann La Roche - kurt.ebert@roche.com  
Saeed Mumtaz: Novartis Pharma - saeed.mumtaz@pharma.novartis.com  
Angela Duffy: Martin Hamblin GfK Global Healthcare - angela.duffy@martinhamblin-gfk.co.uk  
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Piergiorgio Rossi: SGR International - pg.rossi@sgr-international.it  
Caroline Wilson: Praxis Research & Consulting - caroline@praxisresearch.co.uk  
Janel Henson: EphMRA Conference Organiser - hensonsschnee@bluewin.ch  
Bernadette Rogers: EphMRA General Secretary - MrsBRogers@aol.com

## Notes

Dates for your Diary:

September 22  
PBIrg Industry Networking Reception  
September 22-23  
PBIrg Education Workshop Series

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# Shaping the MR Puzzle



The conference is the high point of the EphMRA year and provides an invaluable opportunity to keep in touch with where our industry is going. The EphMRA conference is renowned for providing a programme of distinguished calibre speakers delivering papers of high quality. This conference is not just about listening to high-level speakers from across the industry; it's about interacting with them. As well as networking opportunities there are topical papers, interactive sessions, where you will have the opportunity to question the experts and a one-day agency fair, making the conference the most important event in the Pharmaceutical Marketing Research Calendar. The EphMRA agency fair is a unique platform for agencies to reach their audience and demonstrate their contribution to pharmaceutical marketing research. The popular Pre-conference interactive workshops topics this year are Brand Equity Measurement and Value and Pricing - a Continuous Challenge, which address and tackle key issues and implications for Marketing Research.

The conference theme centers on the changing Healthcare industry. We should not feel powerless in the face of change. The future is for us to shape and we can have control over how the pieces of the puzzle are assembled, using information as a powerful tool to help our companies build commercial success.

**Session One** will aim to help us determine and define the most significant factors that are changing or about to change our external and internal environments, forcing us to re-shape our thinking and working practices.

**Session Two** will concentrate on the future shape of the Single European Healthcare System, The New Virtual Pharma exploring deconstruction in the Pharma industry functions and The Multi-skilled Worker and core competence of the future marketing research professional.

**Session Three** will look at Managing the Change and the effect the myriad of possible alternative futures has on information overload, resourcing issues and ever increasing stress, whilst at the same time highlighting key generic issues. The objectives of this session are to provide key insights into the implications of these future scenarios on the MR executive's role.

Finally **Session Four** aims to bring the puzzle pieces together to generate creative ideas on how to start implementing change now. This session will provide the take home actions from the conference.

## Speaker Highlights - The conference features some of the most provocative thinkers



**Kenneth Watson** is currently Vice President of Global Marketing at Yamanouchi's Corporate Headquarters. Kenneth graduated from university as an MD with a specialization in Internal Medicine. After he joined the pharmaceutical industry, he held various senior management positions in R&D, Marketing and Project Management. In the course of his career he also graduated as an MBA. Until 2002 he lectured International Business Management at the University of The Hague in The Netherlands. Kenneth is a past winner of the EphMRA Jack Hayhurst Award.

**Mike Owen** has a social science degree from LSE and for past 15 years he has been Chairman of Context. Mike has been in charge of well over 600 projects in the pharmaceutical area in many therapy areas. This has included much work on global branding. He has written and presented at a range of conferences. In 2000 he was commissioned by SAGE (along with Jon Chandler) to write an authoritative book on Developing Brands through Qualitative Research.

**Jon Chandler** is Managing Director of Context where he has been for last 16 years. Jon has a social science degree from Bedford College, University of London and over 20 years research experience. He has been in charge of over 500 consumer and healthcare projects. Jon has presented many papers/workshops on qualitative research.

**Vivien Yule** BA (Psych.) is a co-founder and Director of Ruston Poole, an executive search company. Vivien was previously a career pharmaceutical market researcher at Glaxo and was Managing Director of Louis Harris International Medical Surveys.

**Colin Maitland** is a highly regarded market researcher and is Chairman of Isis Research plc, which he founded in 1973, having previously worked as European Research Manager for Leo Burnett.

**Graham Lewis** is an economist by profession and entered the pharmaceutical industry in 1973. Graham has worked on all the major compounds launched over the past 20 years, in all major regions of the world. He has spoken at conferences in Western Europe, North America, Latin America and the Far East, including China, and is widely sought after for his strategic insights.

**Richard Vanderveer** has given nearly 60 presentations at major industry conferences. Richard is a consumer and industrial psychologist with a career in the pharmaceutical industry spanning twenty-five years. Richard has created and run three companies: The Vanderveer Group (now TVG), Physician Micromarketing, Inc., and now V2, Inc where he is CEO.

**Brian Lovatt** - an international Health Economist with a broad base of expertise spanning across pharmaceutical research with over 26 years experience. Brian has worked in product research and development, sales and marketing, and health economics and pricing. Brian is acknowledged for his management of the creation and dissemination of socio-economic data focused upon customer needs, and innovative pricing strategies.

**Stuart Cooper** is Chief Executive Officer, Adelphi, his experience stems from both the consumer and pharmaceutical industry, in which he has held positions in international and national product management, market planning and marketing research. Stuart's career in the pharmaceutical industry commenced in 1979 and included international and national research management, and product management and marketing planning. Stuart has presented previous papers at EphMRA and PBIRG.



## Stop Press - New This Year

- Discounted registration and agency fair fees for EphMRA associate members.
- The pre-conference workshops have moved to Tuesday and start at 10.30am.
- The agency fair is on Thursday morning 12th June opening at 10.00am. From 10.00am until 11.30 the fair is only open to all Pharmaceutical Company registered conference delegates and registered Agency conference delegates whose company has registered and paid to exhibit at the agency fair. Registered Conference Agency delegates whose company has chosen not to exhibit can attend the fair from 11.30 until it ends at 13.30. This new arrangement was the result of a survey amongst agencies.
- Sponsoring Agencies and EphMRA Associate Member Agencies will have priority for agency fair space allocation.

## Sponsors

EphMRA are most grateful to the companies below who have generously supported the Conference and AGM.

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### **SOLE SPONSOR - ims Gala Evening WEDNESDAY 11 JUNE**

IMS Health

### **CO-SPONSORS - EphMRA EVENING THURSDAY 12 JUNE**

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Martin Hamblin GfK Global Healthcare

# ASSOCIATE MEMBERS



June 2003



Dear Associate Members

I would like to introduce myself to you in my capacity as the first Chairperson elected to the Associate Member Committee.

I am delighted and honoured to hold this position.

It is important to all of us that we have this opportunity to represent equally all suppliers, whether full service or field work agencies and that we can provide more input in the committees and services, as well as being able to portray the many benefits EphMRA provides.

Please do not hesitate to contact me should you have any questions or queries.

See you soon

Lila

Lila Mann  
Director

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**Next Associate Members meeting:- Friday 13th June at the Melia Castilla Hotel, in Madrid - 7.30-8.30am - Salon Escudo - Ground Floor. All Welcome.**



The confirmed Associate members at the time of going to print are listed here. Other companies have also applied to join as Associate members since then and so we will include them in the next News edition.

Company	Key Contacts	Address
<b>A&amp;A Healthcare Marketing Research</b> 	<b>Pierre Dupont</b> <b>Dominette Toulouk</b>	A&A Healthcare Marketing Research 2 avenue Lacazeagne, Lyon 69003, France Tel +33 4 78 82 23 23 Fax +33 4 78 82 84 17

Company	Key Contacts	Address
<b>Able Aster Inc.</b>	<b>Tom Pagan</b> <b>Russ Stern</b>	Able Aster Inc. 21021 Devonshire St #200, Chatsworth, CA 91311, USA Tel +1 818 996 0256 Fax +1 818 341 5480

Specializing in medical market research for over 20 years, Able Aster remains America's leading agency for domestic, international, and managed care projects.

Company	Key Contacts	Address
<b>Access Global Research (AGR) Ltd</b> 	<b>Sarah Barker</b> <b>Michael Gury</b>	Access Global Research (AGR) Ltd Chichester House, 145a London Road, Kingston upon Thames, KT2 6NL, UK Tel +44 208 547 2064 Fax +44 208 547 3029

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Company	Key Contacts	Address
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Company	Key Contacts	Address
<b>Aekous Research</b> 	<b>John Lindeale</b> <b>Justi Durr</b>	Aekous Research 39-43 Putney High Street London, SW15 1SP Tel +44 20 8700 5969 Fax +44 20 8700 5925

Company	Key Contacts	Address
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Company	Key Contacts	Address
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<b>AnswerS Teststudie GmbH</b>	<b>Andreas Müller</b> <b>Christina Wenzel</b>	AnswerS Teststudie GmbH, Erdbeere 14b, Hamburg, 21149, Germany Tel +49 40 7029 100 Fax +49 40 7029 1022

Company	Key Contacts	Address
<b>Back Bay Strategies</b>	<b>Mick King</b>	Back Bay Strategies, 196 Marlborough Street, Boston, MA 02116, USA Tel +1 617 836 3006 Fax +1 617 376 0623

Company	Key Contacts	Address
<b>Datamonitor</b> 	<b>Wendy New</b> <b>Mark Mann</b>	Datamonitor Chafex House, 108-110 Portway Road, London NW2 5JL UK Tel +44 20 7676 7199 Fax +44 20 870 8236

Company	Key Contacts	Address
<b>Dedicated Research</b>	<b>Marc Dumoulin</b>	Dedicated Research, Avenue Brugmann 216, 1050 Brussels, Belgium Tel +32 2 344 00 86 Fax +32 2 346 9073

Company	Key Contacts	Address
<b>East to West Medical Market Research</b>	<b>Anne Vagstad</b>	East to West Medical Market Research 73-1425 Lamey's Mill Road, Vancouver, V6H 2W2, Canada Tel 1 604 461 6661 Fax 1 604 461 6660


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Company	Key Contacts	Address
<b>Fast Forward Research</b> 	<b>Debbie Parker</b> <b>Clare Hards</b>	Fast Forward Research, Riverside Moundwater Way, Congleton, CW12 1DT, Cheshire, UK Tel +44 1260 299 534 Fax +44 1260 297 054

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<b>Feedback International</b> 	<b>Peter Dudge</b> <b>Ruby Dudge</b>	Feedback International, Ferry House, 51-57 Lacy Road, Putney, London SW15 1PW, UK Tel +44 20 8046 4830 Fax +44 20 8700 0306

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Company	Key Contacts	Address
<b>GO Medizinische Marktforschung</b> 	<b>McViggin</b> <b>Palmer</b> <b>Goebel</b> <b>Chen</b>	GO Medizinische Marktforschung Gutleutstr 47, Frankfurt, 60328, Germany Tel +49 69 24 26 26 11 Fax +49 69 24 26 26 23

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<b>The Research Partnership</b>	<b>Mark Jeffrey</b> <b>Mark Jeffrey</b>	<b>The Research Partnership</b> 45 Seagrove Road, London, SW4 1DB, UK Tel +44 20 7365 8222 Fax +44 20 7365 8222			
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Field Management company with experience in the US and abroad. We work hard to be competitive and quality driven on all projects, small and large.			V2 is an international, full service provider of marketing research services and strategic counsel to the pharmaceutical and biotech industries. V2's key asset is its dedicated staff of seasoned senior level researchers, many with advanced research degrees, and significant industry experience.		
<b>RMBC</b>	<b>Anna Zimovskaya</b> <b>Anna Zimovskaya</b>	<b>RMBC</b> Timiryazevskaya 1/5, Bldg 2, Office 405, Moscow, 127422, Russia Tel +7 095 211 0322/52 Fax +7 095 211 0322/52	<b>Wood Mackenzie</b>	<b>Yoko Saito</b> <b>Yoko Saito</b>	<b>Wood Mackenzie Ltd</b> , Kinston House 74-77 Queen Street, Edinburgh EH2 4JG, UK Tel +44 131 243 4255 Fax +44 131 243 4537
					
Specialising in market research and business consulting in Russia and CIS countries. Data of retail sales and hospital purchases, pre-launch studies and a lot more.			Wood Mackenzie has a longstanding reputation for its detailed knowledge, insight and the consequent delivery of objective advice and analysis in the shape of both research and consulting services.		
<b>Remark</b>	<b>Philip Cross</b> <b>Philip Cross</b>	<b>Remark</b> S. Chemin du Canal, Nyon, 1260 Switzerland Tel +41 22 363 6644 Fax +41 22 363 6640	<b>WVWH Inc</b>	<b>David Fleming</b> <b>David Fleming</b>	<b>WVWH Inc</b> 2929 Campus Drive, Suite 200, CA 94403, USA Tel +1 949 513 0330 Fax +1 949 512 1570
					
Remark, a division of Interbrand World HealthCare, focuses on developing brand-related market research services for the pharmaceutical and healthcare marketplace.			<b>Zinnov</b>	<b>Mark Haslam</b> <b>Mark Haslam</b>	<b>Zinnov</b> , 162 7th Avenue, 11th Floor, NY 10013, USA Tel +1 212 647 7200 Fax +1 609 688 0862
<b>V2 International</b>	<b>Caroline Ross</b> <b>Caroline Ross</b>	<b>V2 International</b> Via C. Pasarella 46, Rome, 00153, Italy Tel +39 06 58 10 356 Fax +39 06 58 06 934			
			<b>ZS Associates</b>	<b>Paul Fagan</b> <b>Paul Fagan</b>	<b>ZS Associates</b> 100 College Road West, Suite 200, Princeton, NJ 08540, USA Tel +1 609 415 3672 Fax +1 609 561 1839
<b>SKIM Analytical</b>	<b>Rob Houston</b> <b>Rob Houston</b>	<b>SKIM Analytical</b> PO Box 28044, Richmond, VA 23133, USA Tel +1 813 282 3636 Fax +1 813 282 3640			
			<b>ZS Associates</b>	<b>Dean Lefebvre</b> <b>Dean Lefebvre</b>	<b>ZS Associates</b> Oneil House 16 Cantrough Place, London W2 2ES, UK Tel +44 207 915 4266 Fax +44 207 915 4248
SKIM Analytical Healthcare designs, coordinates and analyses multi-country surveys for the pharmaceutical and medical device industry. Based on primary research SKIM Analytical Healthcare offers the marketplace the strategic insight and the tools to determine effective strategies with respect to product development, segmentation, positioning, and pricing.					
			<b>ZS Associates</b>		



## Interested in submitting an Article?

If you would like to submit an article for possible publication in this Newsletter then forward them to EphMRA at [MrsBRogers@aol.com](mailto:MrsBRogers@aol.com). We welcome submissions from all parties.

*'A+A is delighted to announce the opening of its London office. Not only is the London office a major asset in A+A's successful global expansion, it will also play a crucial role in A+A's implementation and promotion of its expanding portfolio of products and services in marketing research and decision support. For more information, please contact Martine Leroy-Sharman at m.leroy-sharman@aplusadecision.com.'*

## GENACTIS are proud to announce



Two key appointments to our executive staff:

### ■ Paul Teta, PhD, Executive Vice President

Paul is a well renowned pharmaceutical market researcher widely recognized for his expertise in advanced analytical methods. GENACTIS' clients will benefit from Paul's extensive experience in designing innovative quantitative studies. He has directed hundreds of projects in areas such as new product optimization, pricing, positioning, and market segmentation. Paul's expertise has made him a sought after trainer in advanced methods at a number of the world's top pharmaceutical companies. In his position as Executive Vice President, Paul will be responsible for the operation of GENACTIS' US headquarters, with a particular emphasis on continued growth and expansion of our quantitative capabilities and product offerings.

■ **Dave Cornwall, MBA, Vice President of Client Services.** Dave brings to GENACTIS more than 15 years of market research and consulting experience in the pharmaceutical industry. He began by "carrying the bag" as a professional pharmaceutical sales rep in the 1980s. Later turning to management consulting and market research, Dave has worked with most of the world's leading pharmaceutical companies. Experienced in both qualitative and quantitative methodologies, Dave's recent assignments have included market structure analysis, new product forecasting, franchise optimization, and customer satisfaction studies. In all of his work, Dave shows a relentless commitment to the highest standards in quality and customer service.

### ■ The opening of an office in Rome:

GENACTIS is opening an office in Rome, Italy, to be fully operational in September 2003. The Italian office will be run by Stefano Costa, Doctor in Biology and in Natural Science, who has extensive experience in the pharmaceutical industry. He started out as a sales representative for Menarini before moving to market research consultancy in 1997. Stefano joined GENACTIS's European headquarters in France in 2000, where he gained considerable knowledge and experience of global pharmaceutical marketing as well as a deep understanding of the Italian market. Stefano will be dedicated to developing this enterprise for GENACTIS with a primary objective of developing domestic work, while continuing to serve global research.

## Medical Marketing Research International (UK)

is pleased to announce the appointment of Dr Omar Shibier as an International Director of New Business. Omar has over a decade worth of experience in the pharmaceutical industry on both agency and client-side, most recently, consulting for European countries by identifying new healthcare markets. Omar has worked in a number of companies over the years including MSD, B/Braun Medical and Reckitt & Colman and has worked in a number of countries including Belgium, Sweden and Saudi Arabia.

Omar brings to MMRI a valuable range of commercial skills putting him in good stead for dealing with pharmaceutical, biotech and other health care related industries in Europe and the US.

## Announcement of changes and new starters at Isis Research

### ■ New Vice President of Advanced Analytics.

Don Marshall has returned to Isis Princeton to take up the position of Vice President of Advanced Analytics. Dan will be based in the Princeton office, however, his role is global. He has worked in marketing research for over 20 years, principally with SmithKline Beecham for ten years and Sandoz for eight years. Prior to beginning his career in marketing research, Don worked for 3 years as a microbiologist in the anti-viral research program at Burroughs Wellcome (now GSK). He holds a BSc in Biology from the University of Denver and an MBA in Finance and Operations Research from the University of Kansas.



### ■ New Associate Research Director

Dr. Raymond W. Chan, Ph.D. has joined Isis Research, Maryland as an Associate Research Director, with a focus on advanced analytics. In his role as Associate Research Director, Dr. Chan will be responsible for introducing advanced quantitative methods to clients, and for providing training to clients and staff on various quantitative techniques. Dr. Chan will be focused on US domestic clients.

Dr. Chan is a quantitative marketing researcher with expertise in product positioning, decision modeling, market segmentation, and a variety of pricing issues. Prior to joining Isis Research, Dr. Chan was Senior Methodologist at NFO Migliara/Kaplan. Dr. Chan is also experienced in project management, as he was Associate Project Manager with the Healthcare Practice at National Analysts Research and Consulting. His primary focus of research is in the areas of HIV/antiretrovirals, hypertension, gastroenterology, obesity, and women's health markets.



■ **New Research Director.** Gareth Phillips will move from the UK to Princeton this July to become the Research Director of Isis' second International Ad Hoc Group. Gareth has been with Isis for 3 years and previously worked at IMS for 5 years.



■ **New Senior Research Executive**

Barbara Mieczkowski has joined as a Senior Research Executive in the US International ad hoc team based in Princeton. Prior to joining the team in April 2003, she worked for Johnson & Johnson in various pharmaceutical and consumer companies for over 4 years. Barbara graduated from La Salle University with a Bachelors degree in Economics and International studies and a French minor. She has also completed her MBA degree with La Salle University.

■ **New Group Head - Jigsaw Spain**

Roger Domecq has joined Isis to head up Jigsaw in Spain. Roger has previously been working for ZS Associates in London as a pharmaceutical consultant focused on sales force strategy. He brings a wealth of knowledge and experience to Isis and is very excited by the prospect of building the Isis 'Jigsaw' service in Spain.

**Martin Hamblin GfK Global Healthcare signs letter of intent to exclusively use websurveyeurope for on-line physician survey research**



WebSurveyEurope, the premiere Internet survey company in the healthcare industry and Martin Hamblin GfK, a leader in healthcare marketing research announced today they signed a Letter of Intent to deliver online physician surveys.

"Martin Hamblin GfK Global Healthcare has an excellent reputation for performing high level research," said Jerry Arbittier, Managing Director of WebSurveyEurope. "The company is well respected and an industry leader. They are the kind of company with which we want to build our Membership of European healthcare companies."

"Martin Hamblin GfK Global Healthcare is constantly investigating new methods for performing marketing research", said Stephen Grundy, Managing Director of Global Business Development and Client service at Martin Hamblin GfK. "The speed and economics of the Internet will allow Martin Hamblin GfK to build on our strength of providing value-added and innovative strategies for our clients and continue our philosophy of delivering more."

Under the terms of the Letter of Intent, Martin Hamblin GfK will have immediate access to over 40,000 physicians in Europe and the United States for performing marketing research. Martin Hamblin GfK Global Healthcare will perform questionnaire design, data analysis and develop insights and recommendations for their clients, while WebSurveyEurope will field the studies and provide the data.

**Martin Hamblin GfK Global Healthcare announces management restructure to support objective of further International growth**

As a result of significant business expansion which has been taking place at Martin Hamblin GfK Global Healthcare, the company is announcing a number of important changes to the staff functions of several senior directors at their London and Connecticut offices.

■ **Stephen Grundy**, who was previously Joint Managing Director of Martin Hamblin GfK Global Healthcare based at the UK office, will be changing his role. Stephen Grundy becomes Managing Director of Global Business Development and Client Service. His key responsibilities will include client relationship management, co-ordination of key account business development initiatives, employee training and development, co-ordination of a global seminar plan and co-ordination of the strategic plan for the healthcare business in conjunction with other senior directors.

■ **Angela Duffy** becomes Managing Director of Martin Hamblin GfK Global Healthcare. Her role is to develop and implement the strategic operating plan for the UK office, manage sales and client care, manage training and development of all UK based global healthcare staff and prepare an appropriate marketing strategy for the Division.

■ **Peter Goldberg**, President of Martin Hamblin GfK Inc, the US global and USA specific healthcare operation, extends his role in becoming Global Research Director for Product Development and Commercialisation. Peter will retain his role as President of the Inc office. His objectives are to identify opportunities for product development to serve the international research industry, evaluating existing products and services and investigating new ideas. He will work with internal project teams to identify client needs and bring appropriate new services to the market.

■ **Allan Bowditch** remains Global CEO Healthcare with overall responsibility for the strategic direction of healthcare business domestically and internationally across the two offices based in the UK and US. The new positions that have been created will report to Allan who has been based in the US office for almost 5 years.

Commenting on this restructure, Allan Bowditch, said "It has become increasingly apparent that Martin Hamblin GfK Global Healthcare needed a management structure which would help us respond even more effectively to a fast-changing global marketplace and clients needs. We anticipate that these changes plus the appointment of several additional senior staff will enable us to be more flexible, faster and more innovative in meeting our clients needs both on a Global, USA and UK basis"



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