



# Shaping the MR Puzzle

EphMRA Post Conference Newsletter

Madrid, June 2003

## A conference to remember

It is not an easy task to organize a congress and to arrange for an interesting and attractive program after the successful 41st congress in Brussels in 2002. But if the first signs are proving true then we can conclude that both the organizing and the program committee were able to organize again a congress that can compete with the successful congress in Belgium.

The congress in Madrid attracted again around 300 people from around 18 countries, from various countries within and outside Europe. Not only the congress itself but also the agency fair was considered as successful by many agencies. This is already showing that a closer involvement of agencies in the work of EphMRA is paying off. As such the first year with agencies as associate members was a very successful year and this is promising a lot for the future. Agencies are taking up the responsibility of being an associate member and we are thankful for that. In this post conference news letter, you will find a further round-up of the conference, with I think a well-known and highly respected winner of the Jack Hayhurst Award: Colin Maitland.

Thanks to many people, organizing committee, program committee, speakers, discussion chairs and sponsors and technical staff, the conclusion is that Madrid 2003 was a very informative congress. In order to prepare for future congresses, I think EphMRA should further enhance working with and listening to its members (full and associate) in finding new ways, new directions and new potential customers of market research and market intelligence. By doing this, EphMRA can further plan and prepare themselves for future successful annual meetings and congresses.



We can learn about successful new ideas from our colleagues at PBIRG like poster sessions, but it is up to the new program committee to put this into action. I can assure you that the executive will support new ideas and suggestions where possible.

André Boer

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the sixth sense of business™

# The numbers don't speak for themselves.

We've all sat, staring at a page of digits, looking for the meaning hiding somewhere between the lines. But those numbers will never be more than marks on a page, until someone can translate them into real insight. In the past, companies used market research to help give them the information they needed. But now **information is not enough**.

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# Pre-Conference Training Workshop

## Value and Pricing, a Continuous Challenge Workshop Review

Prior to the annual conference in Madrid, a one-day workshop was held to explore this dynamic and important area. Convened by Catherine Franeau (UCB), Stephen Grundy (Martin Hamblin GfK Global Healthcare) and Cathy Clerinx (Adelphi International Research), the workshop attracted speakers and up to 20 delegates from both industry and agency backgrounds.

The workshop reviewed; the drivers of price and value, provided an excellent overview of the US and main European healthcare systems relevant to pricing and value; and revealed some of the implications for marketing research and marketing. Whilst the format was mainly presentations, the day concluded with a lively debate.

Cathy Clerinx (Adelphi International Research) set the scene demonstrating how pricing and value are different but very linked concepts:

$$\text{Value} = \frac{\text{Perceived Product Performance}}{\text{Price}}$$

The above equation demonstrates that we can work at various levels, to optimise a product's value offer. The simplest, but hardly ideal solution is to drop the price in the denominator, making the value offer go up. However, to achieve the same objective, we can also work on leveraging the perceived product performance while maintaining the price constant, typically a more desirable option for pharma companies.

Marketing research has a key role in this process:

- identify the value drivers, the hard and softer ones
- identify who are the influential customers who will assess your value offer and what drives them.

It is a process that starts early by solid market understanding.

Jim Furniss (Bridgehead Technologies Ltd.), Marc Tendeloo (Contingo Consulting) and Mark Nissenfeld (Ziment) gave strong reviews of the healthcare systems; and the important current situation and dynamics that all researchers and marketers should be aware of. Some observation and key take aways were:

### USA

- The audience was reminded of sheer size and volume. 291 million people with \$1.3 trillion spent (13% of US GDP). The HMO Kaiser, just one of the many, has more members than the population of Sweden!
- Free pricing still does not mean that there are no cost / price pressures. Generic substitution and formularies are in place and are multiplying. With growing price transparency, parallel imports may soon become an issue.
- Lay media exposure is placing more pressure on pricing.



### France

- Is becoming more transparent!, with the Commission de la Transparence setting out clearer dossiers for re-imbursement of new products. But of course, the specific price negotiations remain confidential.
- The real prices in France are lower than audited prices, due to price volume rebate agreements between companies and the government, which are re-negotiated every 3 years.
- The government is striving to curb spending on pharmaceuticals by introducing generic substitution, de-listing, reducing reimbursement, further rebates, compulsory and programmed price cuts.

### UK

- Whilst often regarded as a "free pricing" and "centralised" system, this is not entirely the case. Often budget pressures at a local and regional level dictate the acceptance or omission of brands from the local formularies.
- NICE is the key national review body. A NICE review is still a major hurdle & negative reviews are damaging. Physician awareness of a review process may slow product acceptance; and positive reviews are not well communicated. Many countries are looking to the NICE model for product review.
- Cost cutting is at the centre of expectations. E.g. When the PPRS scheme is re-negotiated in 2004 it is anticipated that across the board price reductions will be implemented. In addition, local prescribing budgets and targets will force PCTs to become more interventionist, by setting up guidelines and formularies, which should be adhered to.

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## Germany

- Future changes are not clear, except that rationalisation and cost containment will be an important theme. Reforms will place budgetary pressures on physicians through formal systems, and there are likely to be more significant disease and income dependent drug co-payments.
- When we do research in Germany we must recognise that many groups are dissatisfied that their freedom will be removed and are expecting a change for the worse.

## Italy

- Pharmaceutical drug costs are not as high on the government agenda as other markets reviewed. CUF already takes cost effectiveness into account.
- There is a growing decentralisation, shifting responsibility and accountability to the regions. However, the rich north / poorer south scenario does still hold true.

Brian Lovatt (Vision Healthcare Consultancy) reviewed the above presentations and observed similar points. Brian showed that tackling Rx drug prices is only dealing with a small area of cost. In the USA Rx drug costs represent only 8% of the healthcare spend. However, it is politically acceptable to attack what is seen as a rich industry.

Countries are learning from each other's cost containment and rationalisation systems and are trying to implement them. Therefore the onus is on the healthcare industry to prove true value.

Bill McKenna (Strategic Marketing Corporation) reviewed the changing paradigms in pricing and value research. Bill argued that discrete choice modelling (DCM) should be accepted as a standard, and for monadic designs to be dismissed in the pharmaceutical sector. He said that DCM can provide strong price volume estimations for new products and help companies understand the importance of price. This session also reviewed the value of "mimicking" the decision making process with buying groups and formulary committees.

Stephen Grundy (Martin Hamblin GfK Global Healthcare) followed on from Bill's theme, and presented on "Identifying & Measuring Brand Value Drivers". Stephen confirmed conjoint approaches are often the favoured method for helping assess the attributes that most drive value; but he also outlined the strengths, weaknesses and utility of several other techniques including Van Westendorp, Gabor Grainger and Perceived Value Pricing. He showed that when talking to payers, as well as professionals and patients, it is important to focus on the attributes and levels that drive value, price and thus varying levels of market access. Identifying important and critical value drivers, whether it is through qualitative or quantitative methods must be done early.

When thinking of value, Stephen urged us to identify and consider appropriate market segments.

"...the scatter-gun approach of value to all patients with this disease is a thing of the past; the trick is to identify an unmet need for a specific segment, and show value for that..."

Paul Thomas (Adelphi) provided insight into "...How to market the value of the brand to payer audiences...". He showed that branding activities should be initiated with the end in mind. Paul argued that the industry has a long way to go in translating clinical messages for payer audiences with real impact and branding.

"...Success comes from Focus, Clarity and Consistency and this results in a distinctive and differentiated brand offer..."

Through a case study, Paul showed how tools such as a value pack to reveal gaps, and an interactive cost effectiveness model can assist development of tailored messages for payers.

A lively debate, in parliamentary style with speakers for and against the motion: "...do physicians still have a role in pricing value research..." ended with the key conclusion that physicians do have a massive role in value research, but payers are becoming the pre-dominant audience for price setting for Rx only drugs.

The day ended with delegates' knowledge of value and pricing enhanced.

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## Facts & Figures

about the Newsletter publication

Copy/Advertising Deadline: October 15th 2003.  
The next EphMRA News will be issued  
at the end of November 2003.

Advertising rates and details are as follows:  
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

Prices do not carry VAT

EphMRA is a Swiss based Association and invoices will be issued in Swiss francs - you transfer the relevant amount into our bank account (details of which will be on the invoice).



# Pre-Conference Training Workshop

## Brand Equity Measurement Workshop Review



Over 20 delegates from a wide range of pharmaceutical companies and agencies in several countries attended the workshop. The aim was to address some essential questions around brand equity research such as:

- What is brand equity, and what contributes to it?
- Why, how and when to measure brand equity?
- How do I use brand equity to my advantage?

These aims were addressed by a stimulating mix of conceptual and practical presentations, together with interactive exercises in break-out groups.

After introductions, Barry Gowers of TonicHealth, UK, took on the challenging task of defining Brand Equity. The very wide variety of definitions that exist is testimony to the fact that the science of branding is very much in a "pre-paradigm" phase, where definitions and concepts are often conflicting or overlapping, as are the models that arise from them. There is more consensus on what brands *do*, than on "what is a brand?"

Brands individualise products, add value to a company's assets, and are the means by which customers form ongoing relationships with products. As explored in Franzen and Boumann's *The Mental World of Brands*, brands exist not on shop/pharmacy shelves but in the customers' minds, and they are often perceived beyond consciousness.

Measuring brand equity is therefore about much more than the value of sales on a balance sheet: it involves measuring awareness, loyalty, perceived quality, and associations that connect consumers to the brand.

After a syndicate debate on the relevance of consumer brand equity concepts to pharmaceuticals, Sue Christy of TNS, focused on Using Qualitative Research to Understand Brand Equity. This explored the critical role qualitative research techniques play in identifying the kind of relationships consumers - including doctors - have with brands. Various projective and enabling tools for understanding the

unconscious motivators of brand choice were reviewed. Sue outlined the pathways that can be drawn from drug features to target values using these techniques. A key point was the importance of an analysis and interpretation scheme that is dynamic, iterative and involves multiple viewpoints - including the moderator, an independent analyst, the project director and the clients themselves.

After lunch it was back to concepts and models. Bob Douglas of TNS, gave a brief overview of various brand equity models, which was followed by a paper on the Conversion Model by Jannie Hofmyr of the Customer Equity Company, South Africa. The basic segments of the Conversion Model, and their strategic significance, were outlined. Jannie also discussed some interesting paradoxes, such as customers with multiple commitments, and those who remain committed despite dissatisfaction. Using a pharmaceutical case study, he then used the model to illustrate the differing potential of brands by virtue of the ratio between "open" and "committed" customers.

The more financial nature of brand equity was the focus of the next paper by Clement Galluccio and Lauren Henderson of Interbrand Wood Healthcare, USA. This examined an approach to pharmaceutical brand valuation based on five steps: segmentation, financial analysis, brand and demand analysis, brand risk and the "brand value calculation". The paper concluded with strategic implications of the brand valuation process.

After a second break-out session in which delegates "rolled up their sleeves" to analyse car brands with qualitative and projective techniques, Bärbel Matiaske of GfK, gave a presentation on Brand Equity Tracking. The practicals of "what", "how" and "when" to track were reviewed. Bärbel went on to analyse five brand equity elements that may be included in tracking: awareness, image, loyalty, value and market penetration.

The last paper on getting the most out of brand equity measurement was given by Mike Owen of Context, UK. Mike highlighted some critical factors that will turn market researchers into effective "brand analysts" who can help make their clients' brands successful. Amongst these are the ability to use a broad range of qualitative and quantitative measures, recognising that "emotion is the driving force behind reason", having the appropriate analytic tools, and understanding / tracking the factors of change in the market as well as what is happening to the brand itself.

The day concluded with a lively debate on how agencies and companies should best partner each other to build and measure brands successfully - a debate that continued well past the time when most other conference delegates were starting on their cocktails.

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# Conference Round-Up

## Session I - Defining the Future Puzzle Pieces



My reflections on the first three papers presented by Kenneth Watson, Yamanouchi, Graham Lewis, IMS and Michael Owen, Context, focus on key themes:

**The Big Company model:** The pharma company business model is to focus on the USA market, because of its size and recent growth history. Yet this does not address the health needs of the majority of the planet's population today and in the future. If we look at other industries where this model has been applied it does not necessarily work the way you expect. British Airways is a good example of over emphasis on the transatlantic routes on high yield passengers. RyanAir, in contrast, targeting the low price market is now the third biggest airline in the world. My proposition is that, *'there is no such thing as unprofitable customers, only unprofitable business models'*.

So what lessons can the pharma industry learn from companies like RyanAir in order to redesign their business models for the developing world? They:

- simplify their offering
- minimise marketing expenses
- make all customers feel wanted
- review internal structures, and simplify
- use technology to reduce costs, but do not overburden with over complicated technical solutions
- have realistic financial targets, especially in the short term.

**Tensions between the supply and demand for healthcare:** A lot has been written about the increasing demand for healthcare, so this is a given. The real question is, 'Who will pay?'. Payers may now be as important as physicians in determining the uptake of new drugs, and they employ many strategies to contain costs and to restrict use. Yet patients and their associations are fighting back and demanding access to drugs. Patients will be required to pick up a larger part of the bill. This offers both opportunities and challenges to the industry as patients are increasingly put at the centre of healthcare marketing.


**Strategies to combat generics:** Much press has been given to the \$80 billion revenue loss for drugs coming off patent over the next few years. Likewise, we also see that upon patent expiry the majority of sales are lost in a matter of months. There are a number of tactics the industry can employ to delay this process, but ultimately they are unable to prevent it. Is it time therefore for companies to review their brand strategies post patent expiry? One alternative is to supply the generic houses, as happens in fmcg, automotive and the electronics industries. Another is to market generics under the originators own label, as some companies such as Novartis are doing. We may also see significant price reductions post patent expiry with companies continuing to market their brand.

**Patterns of innovation:** Mike Owen made the point that respondents are poor visionaries, and therefore have a limited role in identifying the products of tomorrow. Perhaps we should learn from the work of Genrich Altshuller who reviewed over 200,000 patent applications in order to look for patterns of innovation, (see *Harvard Business Review*, 'Finding the sweetspot of innovation', March 2003). His finding was that there were 5 basic innovation patterns.

They are: subtraction, multiplication, division, task unification and attribute dependency change. They involve starting with an existing brand and applying the patterns to invent new products. Just to take one example, subtraction; we can explain lead free petrol, de caff coffee and sugar free soft drinks. We should therefore 'listen to the voice of the product' more than blue sky in focus groups.

**Using analytic frameworks:** Analytic frameworks provide a structure to interpreting qualitative work which helps us extend our thinking, stretch our outputs, integrate other data source and provide a blueprint for the brand. Start with product features, assess what each can deliver and what this means in terms of benefits. Relate these back to needs, particularly unmet needs, and segment on the basis of target groups. There are a number of variations, but they all provide similar benefits without stifling creativity, and their use is increasing in our industry.

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## 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.



# Conference Round-Up

## Session II - Alternative Puzzle Scenarios

The theme of the Conference, as usual was very ambitious. It aimed to take a thorough look into how the Healthcare Industry is changing nowadays, trying to draw likely scenarios and to provide suggestions on how every element involved in this field should react to the evolution.

Valuable task, no doubt about that. We all fear when we have to face some changes, and the only power we have is to sit down and study the situation and react to it. During this second session four brilliant papers were given.

Generic drugs are becoming consistently more important in the Healthcare industry. Dramatic change isn't it? It will imply a number of chain reactions that the key players in the market cannot disregard. The main one is that consumers (patients in this case) will have a bigger role in the decision of which drug to buy.

The first paper, *"Sleeping with the Enemy"* given jointly by Angela Duffy and Karen Wise of Martin Hamblin GFK, was trying to focus on the role and future importance of the patients in both the pharmaceutical and in the market research world.

The key objective of this paper was to determine what the pharmaceutical market research professionals can learn from consumer colleagues, going beyond simply reviewing market research methodologies.

As cited, the power of the final consumer is growing larger. It will be vital to get a clear understanding of the healthcare consumer in order to structure a more appealing offer in the market. Angela and Karen stated: *"We must learn how to develop insights and how to use these to build long term brand relationships not only with patients, but also the physicians. Extreme examples of how consumer insights are developed included: Consumer Immersion - where researchers live, eat, drink, sleep with their subjects in order to develop true understanding. Can you imagine this scenario with our relevant patient groups? Alternatively, one could develop Brand Rooms - where the ads are on the walls, the product on the table, and consumer talking heads on videos. Are we really ready for the Viagra room or the Prozac room?"*

In order to get a true understanding of the healthcare consumer and to offer what they are looking for it is not necessary, according to Angela's and Karen's opinion just to copy what had been done in the consumer field so far. However they stressed it will be important for a traditional market such as the pharmaceutical one to become open to some of the ideas/techniques used in the Consumer market.

Angela and Karen stated as well: *"However, the paper was keen to emphasise they weren't merely suggesting one copies the fmcg market - but at least be open to their ideas. The time is right for the pharmaceutical market research industry to put into place all those*

*things we have been discussing and ruminating upon for many years. We must stand by our convictions and involve patients not only in our market research plans, but in our brand development process."*

The second presentation, *"The Virtual Pharma"*, was given by Kurt Kessler from ZS Associates. This presentation generated by the awareness of the increased pressure experienced by the global pharmaceutical industry. Amongst the causes of the increased pressure mentioned:

- Rising costs of drug development/Lower return on discovery investment
- Lack of new product innovation
- Reduced exclusivity time
- Complexity of managing huge organisations
- Cost containment efforts/pressures

In order to respond to those pressures the industry has developed 3 different strategies:

1. Organic Growth
2. Mergers and Acquisitions
3. Virtual Pharma

The third strategy is the one Kurt explored during his presentation. It was suggested how convenient it could be for Pharma Companies to become more "virtual", outsourcing some of their functions. Kurt noted that: *"The marketing research function already exhibits this virtual nature through the use by pharma companies of selected agency competencies on an as needed basis..."* Kurt believes that the marketing research function can definitely offer pharma companies the chance to make this overwhelming pressure more manageable serving several internal functions. For example Discovery and Licensing could address their efforts in a more accurate way just gathering customers beliefs and perceptions about the actual medical need out in the field.

Sales as well could be made more effective by building a physician segmentation (done through a conventional market research project) using an integrated approach based on a clear Marketing Strategy executed afterwards by the Sales organisation.

Key takeaway of the paper:

*"Marketing research can enhance its value to the organisation, reducing the risk of further outsourcing, by playing a strong integrative role across functional areas through customer knowledge."*

During the Question & Answer session Kurt claimed: *"Virtual Pharma is not the Panacea. It is only one possible strategy to respond to the increased pressure in the industry."* Given this greater complexity, of course it is likely people working in the Marketing Research function within a Pharmaceutical Company will have to expand their set of skills.

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# Conference Round-Up



The third paper of the session, **"The Multi-Skilled Worker (in the Multi-Skilled Department)"**, was given jointly by John Branston and Alex West, both Directors at P&S UK practice. This paper was the result of actual research conducted over 2 months, consisting of a two step approach:

- First step: 18 depth interviews were carried out with heads of MR departments both in Europe and the USA
- Second step: 157 online interviews with all levels of market researchers

This presentation highlighted once again the increased complexity of the Pharma industry, and consequently the need of market researchers to get the pace of this changing environment building an adequate set of skills. There is an incredible time pressure which they were not used to in the past. New disciplines are influencing marketing drugs and treatment, and new types of decisions need to be taken in less time. First of all a diagnostic approach is probably required: MR departments will have to determine which kind of skills their staff get at the current time. This is crucial in order to determine whether any adjustment is needed (in term of training) and how to recruit the new personnel that will be incorporated.

It was quite evident that the image of the MR department, as a one of service, in the respondents mind was not very high. This probably is a consequence of the low importance allotted to the MR department in some Company's. It will be crucial to change this perception, given the importance of the department itself for the success of any Companies' brands.

An accurate recruitment/training process, together with a renewal of the image of the MR department will probably motivate more effectively professionals to invest in their current positions avoiding the migration of people from this department to others so far perceived as more appealing.

One of the recommendations suggested by the speakers focused on greater links between MR departments and agencies, in order to allow the companies to benefit from a more direct on-the-job training. Agencies, from their end could provide to the MR Company insights from the research conducted itself.

Alex West during the Q&A session stated: *"It is hoped that this research will provide more than a yard stick for research managers in the future for the research for the truly multiskilled worker. But per-*

*haps it would also be of help for the industry to work more closely with EphMRA and, specifically with the PRM&T committee in the development of future training programmes."*

The same theme of the former paper was analysed from the recruiters perspective in the last paper of the second session **"The Multi-Skilled Worker: a Recruiter perspective"**, presented by Vivien Yule, Ruston Poole an executive search company.

Vivien also remarked how much the general changes occurred in the pharma industry during the past decade (complex organisation, highly regulated markets, more pressure, etc.) have dramatically impacted the international pharma MR function's role. People working in this function is requested more and varied insights. Consequently an adequate, multivariate skill set is requested from those professional working in the MR function. Vivien stated: *"MR is much more focused on providing true business decision support (rather than mere information/data)."*

Vivien clearly summarised the main changes for Corporate pharma and for Agency pharma MR:

CORPORATE pharma MR	AGENCY pharma MR
Broader remit supporting many more functions/ parts of the business	Operating in more competitive environment for more and greater variety of service providers
Higher visibility...more influential role	Must respond to clients' need for interpretation...actionable conclusions
Focus on early stage development projects	High stress+low ownership/influence on ultimate decision
More proactive role...more of an internal consultancy	

As a consequence, career options for MR people in Pharma MR have increased over the last decade.

Finally, it is clear from a recruiter's perspective it will be more difficult and challenging to recruit experienced people for Pharma MR roles. This, according to Vivien's opinion is due to:

CORPORATE	AGENCY
People tend to move out of MR, which will be used as a stepping stone to other functions...MR is not seen as a desirable long-term career	Very stressful...poor quality of life/job satisfaction and financial rewards are not that high
Very demanding set of technical and personal skills are required	High attrition rates people often go freelance...set up on their own
The universe of potential candidates is limited	Also demanding and rare set of skills required
	Not many places to find people requisite skill-set and motivation

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# Conference Round-Up

Nigel Burrows, while commenting on the second session of the Ephmra Conference in Brussels last year stated: *"What will the future bring? Change."*

The session we just reviewed in this article not only clearly analysed the changes occurred over the past years but offered an interpretation of how all the players in the market could or should react to the dynamics detected.

The change is behind us nowadays. We have to start acting. I believe the papers reviewed gave us many valuable takeaways to make the reality more manageable.

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## Session III - Managing the Change



**Will "Corporate Policies" Drive the Extinction of the Pharmaceutical Company - Supplier Partnership?** Richard B. Vanderveer, V2, Inc.

Richard Vanderveer has a unique presentational approach. Both in content and presentational style he attacks the audience - challenging us to address some difficult issues in the way we do business as he strides around the room. Not for him the safety of speaking from behind the podium. It is the second time I have seen him speak and I worry about how non-native English speakers manage to keep up with him, and about the craned necks of those sitting in the front rows as they search for him whilst he holds forth - yet he always makes me think, and smile.

In this presentation, he talked about the dangers facing the industry in the way that research is bought. He argued that amongst the dwindling number of pharmaceutical companies there was an increasingly inappropriate business relationship between pharmaceutical client and agency, and also between agency and employee. These developments would impoverish these relationships, and the quality of research would tend to diminish. We need richer, more equal relationships - or "covenants" - in our business relationships. He said that it is something we need to work on together as an industry.

Richard Vanderveer is someone who captures the zeitgeist for the industry and we would do well to take account of his insights. Particularly in the US there seems to be more and more debate on the nature of partnerships in the different areas of our lives. Perhaps we should consider some of these issues within a future EphMRA Foundation project?

**How the Generic Industry is Expected to Influence the Worldwide Pharmaceutical Markets until 2007.** Herbert Vorhauer, Novartis

**The Future for Generics - Is Europe the key dynamic in the global generics market?** Anne Delaney and Neal Hansen, Datamonitor

There were 2 papers concerned with generics. Herbert Vorhauer provided us with an overview of the generic market from a company perspective. If you need to know which companies are active in generics and in which markets there was some good information in this paper. One useful chart showed the size of companies plotted by number of pipeline products and degree of internationalisation.

Anne Delaney and Neal Hansen then provided an extremely comprehensive review of the generics market up until 2010. Since many of us are much more familiar with this ethical drugs business, this paper was a very useful wake-up call as to how important the generics business is likely to be over the next few years. Specifically a couple of facts stuck in my mind - "\$82 billion worth of global blockbusters potentially face generic competition by 2008" and yet "Pipeline launches between 2003 and 2008 are predicted to return just \$24 billion in new blockbuster sales in 2008".

Without going into the detail of the paper, I was particularly impressed by how Europe was treated as a unified strategic challenge for pharmaceutical companies notwithstanding the tactical hurdles to be negotiated within each European market.

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## Notes

Dates for your Diary:

September 22  
PBIRG Industry Networking Reception

September 22-23  
PBIRG Education Workshop Series

PBIRG Headquarters  
215.337.9301  
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Web site - www.pbirg.com



# Conference Photo Round-Up









# Conference Round-Up

## SESSION 4 - Bringing the Pieces Together

This final session of the conference did precisely what its theme suggested. It looked at the industry, the healthcare environment and the people involved in it. It shook them up and came up with some hard home truths. The days of the "low hanging fruit" are over, serendipity is not enough on its own and the pressure is on to ensure that the laboratory-cultivated fruit that we now produce will be paid for and will provide the results to patients, payers and shareholders alike.



The opening paper in this session affronted very effectively I felt an area touched on many times in the past, namely what we as market researchers should be doing to tackle the ever-more-difficult market in which we find ourselves. Stephen Godwin from TNS Healthcare, UK and Uwe Hohgräwe from Johnson & Johnson, USA in their paper entitled: **"Storms are gathering - where are the shelters"** raised the rather sticky question of why the industry has never truly tackled the issue of the inevitable product patent expiry in a pro-active way.

Maybe it is because of the past nature of many drug discoveries deriving from the serendipity route - we just sat back and waited for the next wonder drug to pop out. However, we have heard the story and seen the many charts of how drug production is dropping many times. Why not prepare to pull the rabbits out of the hat (read line extensions) right from the start and so ensure the franchise that we build up pays us its dividends for much longer than the patent life.

Their argument was that we should sit down at a table at the beginning of drug invention and plan the long-term strategy of a drug as an integral part of drug evaluation. Look around at how the competitors handle these issues and learn from these experiences. An excellent example of coping with generic attack was provided in the name of Cardizem which effectively staved off generic competition by launching its CD formulation providing 6 years of top sales following patent loss. A nice definition of business intelligence in this context is "information about the past, intelligence about the future."

The long-term aim should be to make use of the vast library of experience which has been built up over the years, don't let corporate knowledge slip out of the window but rather listen to what we have learnt and incorporate this into the life-cycle of a product. Sounds a simple message, often the best ideas are, but maybe it's time we started to put it into practice, given that times are leaner and a well-earned franchise represents a goodwill we should not give up without a fight.



The second paper in this session gave us a eye-opener on the true impact of the expansion of the European Union on our industry and just what industry should be doing if it wants to play a pro-active role in defining Healthcare rules. Brian Lovatt, from Vision International Healthcare Research in the UK, in his paper **"Harmonisation Healthcare - Fact or Fiction"** told us that the attrition rates involved from the lab to the market place haven't changed over the last 15 years so we should be concentrating on speed to get to peak optimal sales, since forces are in play to cut down the ROI (return on investment). From his viewpoint on the European Union Healthcare committee he told us that the next 18 months in Europe will be dramatic.

The estimated cost of expansion just in year one have been calculated at Euro 91 billion. It has been estimated that 50% of low-paid staff in the new countries (which includes doctors and nurses) will move into the existing EU15 countries, auguring trade union problems for the EU15 and local problems for the new EU10. In this context, harmonisation has happened in only 3 areas: rules on tackling bio-terrorism; approaches to infectious diseases; and laws regarding population movements. On the healthcare front, little has been truly achieved, since the EU15 countries have each followed more of a "you harmonise with me" approach.

Currently, four future scenarios are being discussed by the Health Ministers of the Union, and industry, like the EMEA is not included in these discussions. If this situation persists, we in the industry will just have to sit back and reap the consequences - something which the speaker felt ought to change! The underlying problem we have all heard before: aging populations, rising healthcare costs; and so the monies to pay for them have to be found somehow. Monitoring systems are now in place across Europe (also in the new countries) logging the listed prices but also the price deals at the local level, implying that these could be used as a reference price. Care delivery already has its guidelines (NICE and the like), something which doctors like since it provides them with legal protection.

Also, health technology assessment programmes are in place, all on the lookout for cost-containment measures, and these will be extended to the new countries. A gloomy outlook but once again emphasising the need for improved efficiency for our industry, even to the extent of culling less-likely-to-succeed products earlier to provide the funds for those that will succeed. Easily said, but the practice will require a mix of guts and skill - sounds vaguely familiar!

*Continued opposite ➤*



The final paper in this session proved to be the Jack Hayhurst award winner, justly deserved by Colin Maitland from ISIS Research in the UK: "How we will be in Twenty One Three", only a realistic 10 years into the future and not the 100 years into the future I initially thought it to be. Starting with a quick look back into the past to see where we come from, it was perhaps a surprise to some to hear that pharmaceutical market research was born only around 25-35 years ago with IMS and MIL being the first to provide secondary and primary research respectively.

Although the original MIL is no longer around, its prole still are and of course so is IMS, still providing some of the best baseline services to any industry. The pioneers on the client side were just as important, if not more so, in recognising the need for market research. In that newly growing industry, skills were taken from statistics and consumer research to breed generalist researchers. Today, and more so tomorrow, there will be much less place for the generalist. The message from Colin was a need to specialise - by therapy area, research type or even by client - reflected on both the agency and client sides.

Medicine is becoming much more complex and complicated, there will be much less need in the future for the traditional Jack-of-all-trades. That person, in Colin's view, could, however, have a role - the "muse" or "wise old man or woman": consulted for sound advice, helping to see the wood from the trees and having the self-confidence to provide an unbiased non-partisan view. Gone are the days when a person would be promoted for making a mistake, we're in the real world of accountability now - we don't just need to be asking the right questions, we need to be understanding what the answers mean and what impact they will have. Interpretation is the king, and if you're good at it, you'll be needed.

**Nigel Burrows**

PiTRE

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# Shaping the Puzzle

## A Review of the Conference



The 2003 conference papers focused very quickly around four key themes, the foundations of which were laid strongly on the first day:

- A new importance of, and focus on, the decision-making process
- Opportunities in product development to meet the needs of specific customers
- The central and exciting role of researchers in and beyond the Pharma core. Specific recommendations on areas requiring training and development
- The importance of, and approaches to, brand creation

The decision-making process is certainly becoming more iterative, involving wider disciplines, and is more demanding of effective communication and teamwork. Whether the rate of blockbuster development continues or not, the demand from our customers for measurably improved medicines and improved targeted treatments in patient segments brings huge opportunities for effective and interactive intelligence and research.

Creation and development of brands in all fields was a recurring theme at the conference, including skills, people, products and franchises. There was allusion to the inappropriateness of some forms of research to assist this process, however, in my view research has never been there solely to give the answers and criticism of its role is unwarranted. That research is vital is as clear today as Ogilvy's reminder of 20 or 30 years ago:

*"A blind pig can sometimes find truffles, but it helps to know that they are found in oak forests."*

Fundamentally intuitive, intelligent analysis is essential to reach the right decisions and concepts. In this respect, researchers reaching out to teams to involve and ensure that great decisions are made should be guided by the quote in Owen and Chandler's paper:

*"We need a process that is going to involve marketing and communication experts in the analytic enterprise, utilising their expertise and experience in developing hypotheses and interpreting research findings."*

I am pleased to report there was slightly less emphasis on the hurdles and difficulties that face us, and more on the opportunities and solutions than we sometimes see these days at conferences. However, let us see the emphasis change even more since today we are all well aware of the challenging environment in which we work.

Perhaps it is a question of the way we brief or review our speakers prior to meetings, or perhaps I am in a minority with this feeling. In terms of the solutions and way forward, there were some excellent messages in terms of:

- The future being about business, not science
- Opportunities for demand-led, targeted treatment solutions
- A more interactive drug development model
- Focusing on the drivers of value
- Top-to-bottom communications
- Demand-led relationships with customers
- Good people, teams and networking, well beyond the core Pharma Company
- Benchmarking
- Maximising the molecule + life cycle management and involvement
- Enhancing and integrating the business intelligence function
- Importance of KOL research
- Central and local marketing research need to work more closely together
- Modelling scenarios as a core marketing research competency

Where the marketing researcher/intelligence person operates will be irrelevant in the future as long as they follow and build on these tenets. In an excellent award-winning review paper, it was strongly argued that in the future there would be a much greater marketing research and intelligence capability emphasis outside the core Pharma industry. Wherever they are, I feel more strongly than ever that my long-term view is reinforced from this conference:

*"A powerful, confident, analytical researcher can have tremendous internal and environmental influence."*

**Stuart Cooper**

Adelphi

stuart.cooper@adelphigroup.com

### Colin Maitland, Isis, wins 2003 JHH Award for Best Paper

Colin Maitland from ISIS Research with his paper **"How we will be in Twenty One Three"** was voted, by the conference delegates, the winner of the Jack Hayhurst Award for the best paper.



In second place was Graham Lewis of IMS Health with a paper entitled **Building Blocks for Pharmaceutical Industry Success - Putting the Pieces Together**. Third place went to the paper entitled **Will "Corporate Policies" Drive the Extinction of the Pharmaceutical Company - Supplier Partnership?** By Richard B. Vanderveer, V2, Inc



## EphMRA Executive Committee

The current members of the Executive Committee are as follows:



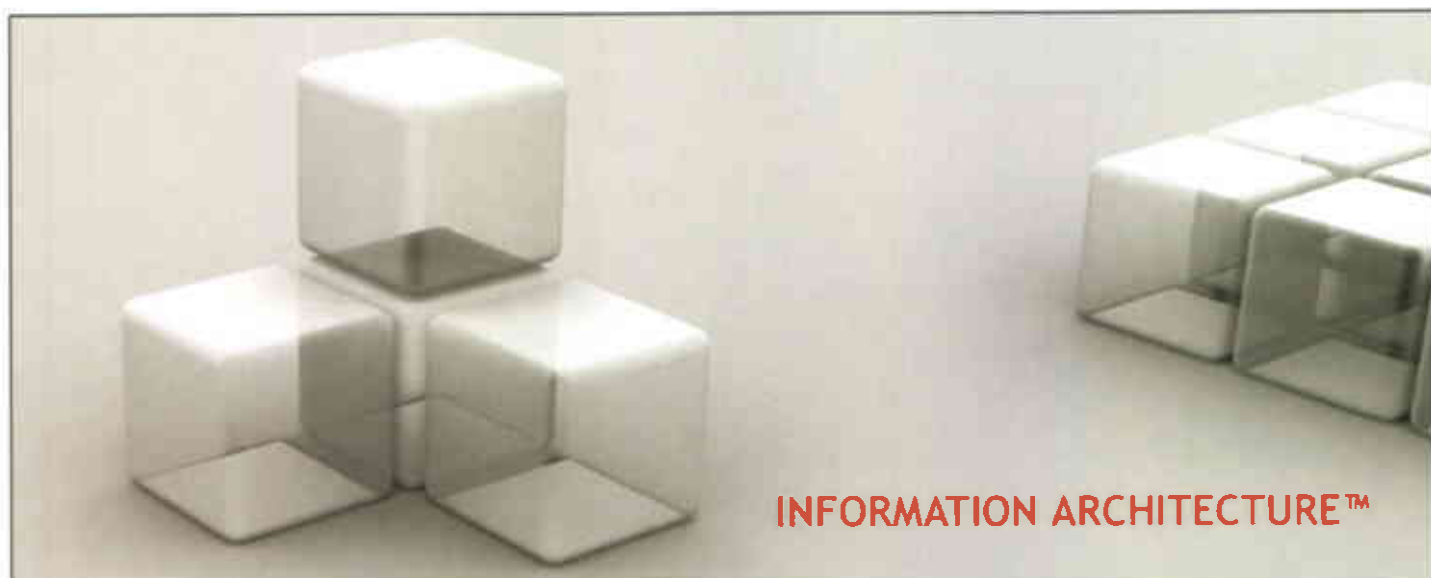
*Georges Andre*

Georges Andre, UCB Pharma will become President of EphMRA on 1 October 2003.



*Andre Boer*

Andre Boer, Yamanouchi Europe current President becomes EphMRA Past President on 1 October 2003.



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## EphMRA Award for Contribution to Pharmaceutical Marketing Research - 2003

In 2001 EphMRA initiated an award which was first presented at the Athens 2001 conference. This award is a recognition of a person's outstanding contribution to pharmaceutical marketing research. The winner was Panos Kontzalis from Novartis and runner up was Allan Bowditch from Martin Hamblin GfK. In 2002 the winner was Allan Bowditch from Martin Hamblin GfK Inc and the runner up was Rainer Breitfeld.

The award recipient can be from a pharmaceutical company or supplier/agency and will receive the award based upon:

- having made an outstanding/recognisable contribution to EphMRA
- having made an outstanding/recognisable contribution to pharmaceutical marketing research

Examples of such a contribution are :

- New technique developed
- Strengthened the role of marketing research in pharmaceutical companies
- Done much more than agreed and contracted
- Representation of EphMRA to other associations or organisations
- Strengthened the role of EphMRA
- Lifetime achievement etc

The award recipient will receive a certificate plus memento.

2003 Nominations were:

**Colin Maitland** - Isis  
**Cliff Kalb** - Merck  
**Gary Johnson** - Inpharmation  
**Dick Beasley**  
**Nigel Burrows** - Pitre  
**Gillian Kenny** - Gillian Kenny & Associates  
**Bob Douglas** - TNS  
**Uwe Hohgrawe** - J&J  
**Janet Henson & Bernadette Rogers**  
**Chris Kautz** - Bayer



**THIRD PLACE** - Uwe Hohgrawe Johnson & Johnson

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**Many thanks to the 2003 Conference  
 Programme Committee...**  
 ...for steering the successful Madrid  
 conference and programmes

**Georges Andre** - UCB Pharma  
**Sally Birchall** - Chugai Pharma Europe  
**Bob Douglas** - TNS Healthcare  
**Janet Henson** - Conference Organiser  
**Baerbel Matiaske** - GfK HealthCare  
**Mark Nissenfeld** - Ziment  
**Bernadette Rogers** - EphMRA General Secretary  
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# EphMRA 2004 Conference

## CALL FOR SYNOPSES

### the persistent flow of time



#### INTRODUCTION

**Have we all been here before, do we really need to keep starting from scratch or should we simply perfect it?**

Marketing research and the pharmaceutical industry is an evolving giant - which must use past experiences, mistakes and successes in order to move forward.

We invite speakers to concentrate on the past, present and future of the pharmaceutical marketing research industry, in order to better equip us for the testing times ahead.

#### SESSION ONE - LOOKING BACK TO THE FUTURE

Don't throw out your bell bottoms since they may be the fashion of the future! What can marketing researchers learn from the past? What techniques were successful then, which can be used now and could have relevance in the future?

Opening the conference this session will aim to stimulate delegates' thinking about what can be learnt from what has gone before and how these ideas can be adapted for the future.

We are looking for papers from both client and agency personnel on:

- Pricing research
- Qualitative techniques
- Sampling/data collection
- Forecasting/validation

These four topics are of particular interest but other topics may also be considered. Successful papers will use examples from the past and illustrate how these have been adapted to fit the needs of the future. Each paper in this session will be allocated a 40 minute slot.

#### SESSION TWO - GLANCING SIDEWAYS AT THE FUTURE

On its way into the future the industry has close companions. How do they picture the journey? We are looking for papers which will highlight issues in these areas:

From the physicians' perspective:

- Where is the industry moving and how does this impact on the medical profession?
- How does it feel to be the subject of pharmaceutical market research and what are the trends from a respondents' perspective?

From the financial analysts perspective:

- Where is the industry moving and what will be the drivers of change, from the view of the financial communities.
- What will be the focus of the analysts' work and how is it affected from the market research view?

**INVITATION FOR PAPERS -  
DEADLINE 1st OCTOBER 2003**

#### SESSION THREE - BREAK OUT SESSIONS

Session Three is designed around break-out sessions. These participatory working sessions are built around the exploration of three separate themes and the production of a three slide deliverable at the end. Consistent with the theme of the conference, in each session the group will provide a synthesis of past learnings which should guide the future, a brief synopsis of the current status, and speculation about the future.

The three topics for the break-out sessions are:

- Patient Research in Europe
- The Internet
- The Global versus Local Perspective

Delegates will choose one of these three topics for their break-out session. The session will culminate with the production of three summary slides. One slide defining past contributions to the future, one on the current status, and one speculating about the future and these will be presented to the general session and followed immediately by a brief question and answer session.

Finally, these slides will be memorialised on the conference CD.

We are looking for leaders for each of these break-out sessions. The leaders will be responsible for setting the scene for the delegates, moderating the ensuing discussion and summarising the views for the conference as a whole.

*Continued over*

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#### SESSION FOUR - WILL TIME GO ON?

One certainty is that time marches on and at what seems to be an ever increasing pace. The value of market research will continue to be challenged. Market research will need to deliver greater impact in a shorter space of time to enable organisations to be agile decision makers.

A review of the communication of market research past, present and future will identify areas for improving impact and ensuring that the organisation listens to its values.

This 30 minute paper should cover/will include:

- How to maximise communication of market research reports
- Different formats for different audiences

Following:

- How market research results were communicated in the past, lessons learnt
- How the market research is communicated in the present day across different audiences and needs. Also consider the role and position of the communication of marketing research in the more general business information reporting flow.
- How the future could look enabled by new communication paradigms

#### SHOULD MARKET RESEARCH LIVE OR DIE?

Market research will be put on trial for its very life. Does it add value? How should market research be conducted in a cost contained environment? A full trial will be staged with judge, expert witnesses and you the jury deciding upon the outcome. Come and participate For and Against market research as we know it?

You will be subpoenaed to attend either as a witness or jury. Further details to follow on this vital case.

We invite you to apply for these positions:

- Judge
- Prosecuting lawyer
- Defence lawyer
- Witnesses

Please submit a synopsis outlining what your case might be, what witnesses you would call and what you would cover.

#### TIMETABLE

1st October 2003

Synopses of proposed papers to be received by the Programme


#### PROGRAMME COMMITTEE

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*I would like to thank the EphMRA committee for the expert organization of this year's conference. We would like to extend our thanks to the companies and candidates that have worked with us and supported Sharpstream Pharma over the past four years.*

**Martin Reynolds, Managing Director**

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- **Pricing & Re-imburement Manager**  
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- **Global Head of Business Intelligence**  
Pharma
- **Business Development Director**  
Europe
- **Oncology Business Unit Head**  
Pharma
- **Head of Consulting**  
Europe
- **Team of Market Researchers and Business Analysts**  
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Further examples can be provided on request

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