

A NIGHT AT THE MOVIES POST CONFERENCE NEWS 2008

Dear Colleagues

I am writing this letter to you shortly after the close of the AGM, Committee Meetings and Annual Conference held in Barcelona this year.

I hope that you not only found the programme of meetings and events to be interesting, educational and sometimes fun but also a forum to debate key issues that will drive our function forward to stay ahead of business needs.

EphMRA is a very vibrant Association thanks to your participation and support. It is the energy and enthusiasm of the Membership that keeps the Association fresh, constantly looking for ways to improve and add value in order to ensure that EphMRA is a relevant voice in the pharmaceutical business environment.

With this in mind, I would like to talk to you about the accomplishments of the last year, the priorities for the Association going forward and finally the Conference itself.

As you can see from the summary chart, the accomplishments made over the past year have been wide ranging and impactful.

A number of initiatives were started aimed at enhancing the inclusiveness, transparency, communication, process and energy across the Association.

2007/08 Accomplishments

- Initiation of a process to review the Strategic direction of EphMRA
- Measuring the thoughts and needs of the Associate Members
- Very valuable Committee work continues
- 2008 Conference enhanced
- 2009 MCI to be the EphMRA conference vendor
- On-line Training courses launched
- In-person Training courses changed to meet membership needs
- Creation of the EphMRA / IMS expert panel
- Financial process working well
 - Cash comm accounting system
 - GmbH - up and running - VAT registered
 - Treasurer now a staff position
- Establishment of Operating Team
- Attracting new and more members to Board
- Communication Improvements
 - Web site planned for refreshment
 - Membership Database being evergreened
 - Newsletter - more issues now
 - Development of 'sales' materials - USPs of training programmes; Association

All of these activities are very important to the continued success of the Association and several continue to be priorities as we go forward.

Priorities for 2008/09

- Continue to implement the Strategic Options Process
 - Add value to the Conference
 - Extend the reach of EphMRA
 - Develop further added value for the membership
 - Continue to extend membership
 - Remove barriers to participation
- Ensure that we are 'in tune' with our Membership
- Support the Committee Chairs more fully
- Leverage the expertise of the Associate Members
- Continue to develop top class Training and Development
- Support the success of the IMS Expert Panel
- Ensure that activities are resourced appropriately

Continue to implement the Strategic Options Process

Since October 2007 we have embarked on a process to determine what, if anything, we should change as an Association to stay healthy. The process has been very consultative and inclusive with the aim of ensuring that the Membership has multiple opportunities to weigh in, debate and evolve the emerging options that have become apparent.

At the AGM, the Membership took the four main Strategic Options a step further. This step was to define the details behind each option and then develop an action plan, timeline, champions and resource requirements needed.

The Membership passion behind this initiative was evident. THANK YOU. It is important not to lose momentum as we go forward and to ensure that the available resources are allocated appropriately across these four key areas to meet the expectations for change that we have created.

Ensure that we are 'in tune' with our Membership

As you will know, we have taken the pulse of the Associate Members to understand the needs and opinion of this important Membership voice. It is now clear what is important to the AMs. Although I believe that we have a good handle on the FM perspective we will take the same rigorous steps to embark on surveys to have a complete picture shortly.

Support the Committee Chairs more fully

The various Committees and their Chairs have a tremendous impact on EphMRA. The work that is conducted is the life blood of the Association. Very often progress is held back due to the lack of administrative support. The Board is currently in process to implement a supporting network that will clear the path of this unnecessary roadblock.

Leverage the expertise of the Associate Members

I am pleased to welcome Bob Douglas (Synovate) and Piergiorgio Rossi (SGR) to the EphMRA Board. The remit that Bob and Piergiorgio have is to provide the Board with fresh perspectives on strategic issues and leadership for some key initiatives. The Board has already benefited from the perspective of these longtime EphMRA stalwarts.

Continue to develop top class Training and Development

A huge amount of progress has been made this year thanks to the PRM&T Committee under Janet Henson's leadership. Of note is the ever growing on-line offerings as well as the in-person Masterclasses and workshops that are being revamped based on evolving needs and feedback.

Support the success of the IMS Expert Panel

Again another development that is now beginning to widen the Membership generation of issues and discussion between EphMRA and IMS.

And finally...

Comments on the 2008 Conference

Everyone involved in the development and execution of the conference should feel very proud of this years event.

I had a constant stream of very positive feedback throughout the three days in Barcelona.

Oscars performances for:

- Content
- Format
- Theme
- Agency Fair
- Social Events

based on what I was told. I am looking forward to reviewing the results of the evaluation forms.

The EphMRA Conferences are an investment for all stakeholders and striving for continuous improvement is what the EphMRA Board is committed to accomplish.

The valuable input from 'Team Conference' (as part of the Strategic Options process) will be discussed with the 2009 Programme Committee to make incremental improvements for our Conference in Paris as well as other improvements for the 2010 Conference.

Congratulations to Jack Bush (Alcon) on winning the Jack Hayhurst Award for Best Conference paper. Jack presented an innovative approach to measure the effectiveness of advertising. This research approach was not only methodologically practical but as Jack highlighted it had a business impact both financially and functionally.

Also congratulations to Steve Grundy (Marketing Sciences) who received the EphMRA Award for his Outstanding Contribution to EphMRA. Thank you Steve, for your tireless efforts.

I would like to thank our generous conference sponsors:

IMS

A+A

Aequus Research

Cegedim Strategic Data

Consumer Health Sciences

GfK European Healthcare Companies

SGR International

The Planning Shop International

Ziment

I am looking forward to my continued role as EphMRA President for a second year, joined by Beatrice Redi (Schering-Plough) as Vice President and supported by a superb Board and Operating Team.



Rob Haynes

EphMRA President - 2007-9

Schering Plough

rob.haynes@spcorp.com

PRE CONFERENCE MASTERCLASSES

(Tuesday 24th June)



1. Gaining Understanding & Insight with Conjoint and Discrete Choice Models

Should I attend the one day pre conference work shop on conjoint methodologies or utilize my time in some other way! This was the “trade off” task faced by delegates the day before the conference in Barcelona started. The workshop had about 25 attendees who reported “high utility values” and were enthused by top level conjoint expert presentations and interactive discussions, which highlighted the value of conjoint for many business questions through the lifecycle.

Why conjoint, where is it appropriate? In the increasingly complex range of market situations and NPD challenges that companies have to assess, it is necessary to deliver market research approaches that enhance management decision making.

These can include: -

- What product features must a product possess in future, for it to succeed and not be considered “me too”?
- What outcomes in the clinical trial programme will affect the chances of success positively/negatively?
- How will potential new entrants influence existing and new market situations?
- What is the optimum portfolio?
- What claims and messages will drive interest?

Trade-off, Conjoint and Discrete Choice Model studies are able to assist with these difficult questions.

The workshop objectives were:

- To provide delegates with **practical guidance** on the breadth and depth of marketing research techniques, covering conjoint and discrete choice modeling approaches, to enable everyone to make better-informed decisions
- On returning to their companies delegates should be able to more effectively and appropriately **advise** their internal and external customers

During the course it became clear that to successfully apply conjoint three main criteria should be met: Firstly a **deep understanding** of the market and its products for designing the conjoint tasks and interpreting results. Secondly it needs insight into the “highlights and pitfalls” of **methodological approaches**. Thirdly **passion**, which was demonstrated by all the speakers. Dirk Huisman of SKIM, one of the presenters, said “...after more than thirty years in conjoint I’m still fascinated by the applications of the technique and I’m still extending its applications”.

The course programme started with **Alexander Rummel – Psyma** establishing delegates’ individual objectives for attending and their experience with conjoint. The main delegate questions to be answered were in relation to the different conjoint approaches, particularly – what are the

specific advantages and disadvantages of the different conjoint approaches, in which research situations should the one or the other approach be applied, what are the differences in interpreting the results, and what should we be careful of when designing the conjoint questionnaire and model?

Stephen Grundy – Marketing Sciences (Demystifying and Defining the Role for Conjoint and Discrete Choice Models) provided key definitions, gave an overview of conjoint and highlighted its place and value for decision making at differing stages of the life-cycle. Stephen concluded that Conjoint is a powerful tool: to provide direction for informed decisions, to assist with understanding and quantification of brand, portfolio and market scenarios and can be used throughout life-cycle planning, but has great utility pre-launch. Stephen also pointed out that the use of Conjoint is never recommended in isolation, but needs a design framework, including qualitative research.



Stephen Grundy – Marketing Sciences

Roger Brice – Adelphi (What are Conjoint and Discrete Choice Models) laid the **theoretical and practical fundamentals** of conjoint techniques and interpretation. For those new to this methodology it became clear that “conjoint” is a generic term for a whole family of techniques which can be applied at various stages of a product life cycle. We all learnt that there is still an ongoing discussion among experts how to interpret and compare the outputs from conjoint models. Roger: “The importance of an attribute, measured by conjoint, is a function of the attribute range being tested.” The researcher must therefore always be very careful in the design of the attributes and levels. Roger also stated that Conjoint analysis does not show the relative importance of attributes, but shows the relative contribution (importance) of variation over the ranges of attributes tested to the utility (value) and hence use of products. Also, there is still a discussion on the influence of having varying number of levels for each attribute on interpretation of the relative importance of an attribute.



Felicia Itote – Abbott



Alexander Rummel – psyma international
medical marketing research

Roger used an entertaining case study which showed how respondents could be forced to trade off “Sunbathing in Scotland”, with other attractive locations, and explained the need for fractional conjoint designs to cover the complexity of the market. “For all conjoint methods” – Roger concluded – : “It’s the quality of the thinking behind it that counts”. All conjoint tools are founded on the common principles and produce similar outputs – you have to know what you need. For the future he predicts: Increasingly the focus will be on capturing “reality” – in data collection & market simulation models, the use of partial profiles and the development of non-compensatory models.

Dirk Huisman – SKIM (What does it all mean and how to apply Conjoint and Discrete Choice Models) visually illustrated how to conduct sophisticated experimental designs, but more importantly how to interpret some of the outputs. He elegantly revealed the power of combining Conjoint with Latent Class Analysis to identify target segments that show a greater interest in the product under assessment.

Ralf Maser – Psyma (New approaches: Generating benefit orientated communication with conjoint) demonstrated in case studies showing the utility of Conjoint in promotional communications research. Ralf showed the application of the conjoint paradigm to simulate story flow in print ads or TV spots, to identify best claims and wording in communications, to find the best combination of a visual, USP and supportive claims to generate an optimized print ad, and to simulate preference of different or competing communication approaches. Conjoint can therefore serve as a “Communication Generator” detecting the optimal communication flow and wording for TV/Radio Spots, Print Ads or brochures. Additionally, it can serve as “Print Ad Generator” to optimize message & key visual testing for different target groups.

The Pitfalls and Dos and Don’ts of Conjoint and Questionnaire Design was eloquently reviewed by **David Hanlon – TNS Healthcare**. Not only is care needed to select the right approach but there are some fundamental considerations. “Time invested up front may avoid tears later” was a key theme. It is important to allow time for qualitative work and much discussion internally to “get the attributes right”. Respondent fatigue must be taken into account to avoid “garbage in and garbage out”.

Despite the fascinating opportunities of conjoint methodologies to model products and markets, all speakers highlighted that market uptakes especially need **careful interpretation** of conjoint results and that conjoint does not substitute market knowledge.

The workshop ended with a discussion on opportunities and limits of these fascinating techniques. Indeed the success of the workshop was largely due to the questions and interaction among all the delegates and speakers.

The convenors – Alexander Rummel, Psyma International Medical Marketing Research, Felicina Itote – Abbott and Stephen Grundy – Marketing Sciences thank all the speakers and delegates for a lively and interactive workshop.

Stephen Grundy – Marketing Sciences

sgrundy@marketing-sciences.com

Alexander Rummel – psyma international medical marketing research

alexander.rummel@psyma.com

Felicina Itote – Abbott

felicina.itote@abbott.com

2. Testing Medical Devices

Industry and agency experts met during a day long training workshop sponsored by PRM&T on ‘Testing Medical Devices’ where practical theory was brought to life by real case studies. The masterclass was convened by Henrik Zoeller (Gruenenthal), Dorothy Parker (Fast Forward), and Julie Buis (Aequus).

Henrik Zoeller set the scene by giving pertinent examples of how medical devices have improved quality of life, convenience and compliance in diabetic patients, how frequent use injection devices provide higher safety margins and, how transdermal technology has enhanced transport of molecules through the skin.

The morning session began with Peter Winters of Haddock Research and Branding in Canada, with his paper ‘**Online Testing of Medical Devices**’. By use of a case study amongst doctors and patients in North & South America and Europe Peter described how six products were tested, each on a separate video created in a virtual design format with text sub-titles to show features. Peter described the security measures taken to ensure confidentiality of

respondent and the material, and, outlined the strengths and weaknesses of online testing. In his opinion, online testing of medical devices is cost effective and has good potential at early stages of product development, especially if concepts are developed virtually and can be developed and tested iteratively. A drawback however, is that respondents cannot handle the device!

Marianne Purdie and Guy Pascoe – Purdie Pascoe Ltd. UK, followed with ‘**Testing Medical Devices: Methodology and Sampling Issues**’. Their paper provided an excellent overview of the methodological approaches used for device testing from ‘blue sky concepts’ to concept development, to prototype testing, through to concept validation. Sampling and recruitment issues were covered as well as the importance of briefing interviewers. From a very practical point of view, Marianne and Guy highlighted that getting the logistics right; in particular gauging the number of prototypes required, building engineer lead time into the project, and, potential transport issues were the biggest challenges to successful device testing.



The afternoon sessions focused on case studies. **Testing Medical Devices employing a Time and Motion approach** – by Dr. Hubertus Meixner and Krish Guckenberger – An interesting case study looking at testing the subjective measurements of preparing a lyophilized vaccine for injection (such as ease of use on various defined parameters) and objective ‘Time and Motion’ measures focusing on time needed to complete a definitive tasks including number of handling steps, performance/accuracy of handling, type and number of errors.

Practical tips for successful implementation of these objective ‘time and motion’ measures included central briefings or at least demonstration videos for interviewers and having instructions for use of devices translated into local language by affiliates.

The speakers concluded that using the objective ‘time and motion’ measures can supplement the more subjective evaluation and ratings and help to determine differences between devices which cannot be determined by subjective measurements alone.

The final case study was presented by Dorothy Parker from Fast Forward Research and Sylvie Casabianca from Merck Serono entitled ‘**Growth Hormone Injection Devices**’. The main aim of the research was to help the marketing and development team decide on the way forward in developing a new generation r-hGH device for Saizen. Research was conducted across the EU and USA amongst physicians, nurses, patients and parents by means of creative mini group discussions and IDIs as well as a quantitative assessment of key attributes looking at four development options. Findings from the study resulted in the launch of Easypod for Saizen, an E-device, which in fact, won the very prestigious Gold Medal from the Medical Design Excellence Awards, a well recognized institution in the medical device industry.



Dorothy Parker
– Fast Forward Research



Henrik Zoeller – Gruenenthal



Julie Buis – Aequus Research

The day ended with an extremely interesting group exercise '*Testing the usability of a medical device*'. The task was to create an actionable research plan for testing a specific drug delivery device kindly donated by Gruenenthal.

Upon conclusion, it was felt that the workshop provided a very comprehensive 'nuts and bolts' approach to medical device testing, utilizing all types of methodological approaches. All speakers had a wealth of expertise to draw upon and the case studies were well received.

The Conveners would like to thank all participants and speakers for a very rewarding day.

Julie Buis, Aequus Research – jbuis@aequusresearch.com

Dorothy Parker, Fast Forward Research – dorothy.parker@fastforwardresearch.com

Henrik Zoeller, Gruenenthal – henrik.zoeller@grunenthal.com

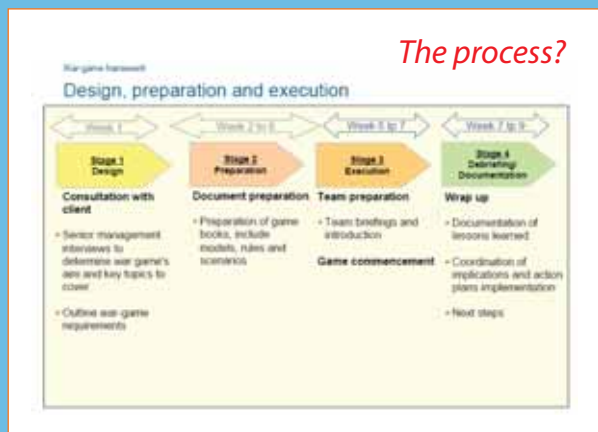
3. Let Battle Commence! (War Gaming Masterclass)

The Generals (aka Stuart Bartlett, Peter Winters, Bryan Deane, Stephen Godwin and Anna Garofalo) greeted the recruits at 09.00 hours. The latter were nervous and at the same time excited at the prospect of going into battle.

The recruits had been assigned to their various regiments and been sent their briefing papers in advance of the battle, all that was left was for the recruits to receive their final orders and soon they would be locked into battle.

General Winters initiated the pre-battle briefing at 09.00 hours by describing how War Gaming has its roots in Social Physics and Game Theory and how critically we must decide what game we are in prior determining our strategy for engagement. Are we facing a Prisoner's Dilemma, should we employ a 'Tit for Tat' or are we going to have to 'Burn our Boats'?

General Deane drew upon his vast experience from the Hepatitis B War Zone and the benefits of testing different strategies in a safe environment whilst at the same time aligning internal thinking, harnessing internal consensus on the vision for the brand, re-energising the brand managers and instilling them with the confidence to go into battle and win. General Deane then handed the briefing over to General Bartlett who at 11.30 hours outlined a 4 stage process for preparing for war.



The importance of selecting a strong multi-functional team based on key stakeholders was highlighted as well as the value of spending sufficient time gathering and synthesizing internal information and knowledge in order that all involved start from a basic level of knowledge and understanding. Preparation and planning is everything!

Finally General Godwin provided the critical briefing on the War Game itself that was going to play itself out during the remainder of the day – the battle field was to be the ED market. The new information that was to trigger the start of the battle was presented and key outputs required from each of the regiments outlined in terms of crystallizing current assumptions about the market, conducting a company and product SWOT analysis, setting future goals and agreeing the future strategy in the light of the new information.

The 3 teams LEOPARD (aka Bayer Schering - Levitra), COYOTE (aka Lilly - Cialis), VIGOR (aka Pfizer - Viagra) quickly found their positions in the far flung corners of the Rey Juan Carlos I Hotel to prepare their plans of attack with the Generals keeping a strict eye on proceedings.



After much deliberation, heated discussions, debate, frantic writing & re-writing of battle plans, amassing of armaments and the donning of bullet proof vests, the regiments were ready for battle.

COYOTE launched the first attack and soon a missile was seen to land squarely into VIGOR territory. LEOPARD with their stealth bomber left COYOTE reeling. However, their gain was short-lived as LEOPARD found themselves in the firing line with VIGOR and COYOTE retaliating fiercely and LEOPARD being attacked on all flanks. Not a team to be easily beaten LEOPARD had placed a number of landmines in key strategic positions which caught both VIGOR and COYOTE off guard leading to a hasty retreat by both regiments.

As the dust settled over the battlefield and the smoke started to lift, the Generals were able to count the casualties and assess the losses sustained, there was only one victor – LEOPARD!

Article prepared by The Generals, 24th June 2008

It was great fun for all concerned...



The Generals, Peter Winters...



...Anna Garafalo



...Stephen Godwin



...Stuart Bartlett

AGM Update

The EphMRA AGM took place on Wednesday 25th June. In parallel the Full and Associate Members met separately to discuss issues of importance to both sets of members and then all members met together to participate in **Strategic Options Discussions**.



AGM Strategic Options

STRATEGIC OPTIONS 2008

EphMRA has been looking at future strategic options and paths forward in order to ensure that it meets the needs of all its members in the future.

The Association is currently in good shape – with structures in place to ensure we can develop our activities and engage our members.

However changes in the pharma industry mean that we face mergers and acquisitions and thus the potential numbers of active full member companies is changing and the number of pharma members to participate in EphMRA activities may thus change.

Associate members – the diversity of members means that we need to structure the membership to meet their needs and this has been addressed via a 2 stage market research study – qualitative and a telephone quantitative stage.

Financing our activities is a key aim. We need to look at generating revenue to fund any extra activities we decide to undertake and to be able to meet members expectations.

Before attending the Full Members meeting at the February IMM the members had completed a questionnaire which gathered their thoughts on what aspects they want to see in an Association, activities to look at and areas to focus on.

It emerged from the Full Members survey results that the Association needs to maintain its impulsion and drive and to this end we have identified 3 key areas so far:

1. Establishing the personnel who can keep the Association moving forward to meet its objectives.
2. Reaching out to other Associations in order to identify areas of collaboration and sharing ideas initiatives.
3. Looking at satisfying member needs and aspirations.

So at the AGM...

OBJECTIVE

To develop a new strategic path to establish in what ways EphMRA can survive, prosper and provide maximum value for its members

There were 8 discussion groups running at the same time in the AGM meeting room, with 2 moderators for each group and these moderators were also charged with bringing together a strategic plan.

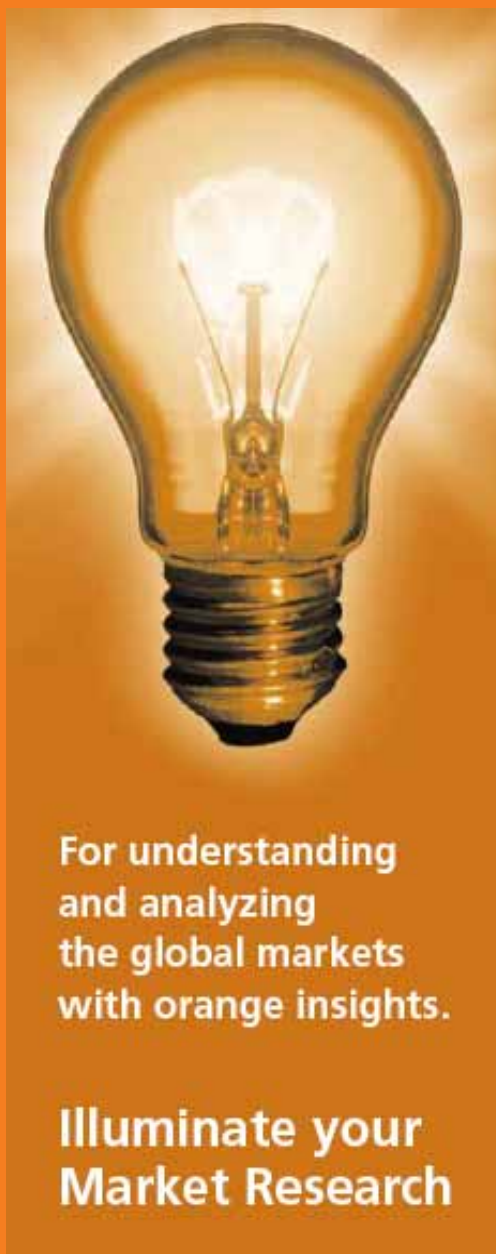
The areas were:

1. Conference – How to add value – Moderators – Stephen Godwin, Piergiorgio Rossi, Andrew Scott, Angela Duffy.
2. How to develop further added value for EphMRA members? Moderators – Linda Grosjean, Sally Birchall, Julie Buis, Marco Koch.
3. Full pharmaceutical membership of EphMRA how to extend members and participation – Moderators – Rob Haynes, Anne Loiselle, Sandra McAuliffe, Matthieu Edelman.
4. Extending the reach of EphMRA – Moderators – Allan Bowditch, Beatrice Redi, Dan Fitzgerald, Francois Noailles.

And the results...the group strategic plans are currently being formulated and fed back to the Board for review and once this stage is complete the members will be kept fully informed.

**GfK's European HealthCare Companies
would like to thank the many clients, agencies and interested
parties who visited our stand at EphMRA 2008. It was by far
our busiest year ever and we even had to recruit
'Captain Jack Sparrow' for crowd control.**

We look forward to seeing you soon and meeting you again.



**For understanding
and analyzing
the global markets
with orange insights.**

**Illuminate your
Market Research**

Please feel free to contact your GfK European HealthCare Companies :

Nuremberg
Peter Eichhorn
+49 911 3954409
peter.eichhorn@gfk.com

London
Sandra McAuliffe
+44 207 8909006
sandra.mcauliffe@gfk.com

Basel
Chris Krattiger
+41 61 2269400
chris.krattiger@gfk.com

Paris
Eric Robillard
+33 1 47144220
eric.robillard@gfk.com

Prologue – Wednesday 25th June

Co-Chair – Rob Haynes, Schering Plough and Chris Thomson, Astellas

Keynote One

"You, the Movie" – David Pearl, David Pearl Group



Rob Haynes – Schering Plough



Chris Thomson – Astellas



David Pearl – David Pearl Group

David Pearl has been a professional performer since the age of 9 when made his solo debut with Plácido Domingo in Tosca. Since then he has adapted his performing arts to the business world and built an international reputation for helping companies be more inspired and inspiring.

So in Barcelona he was well placed to open the conference and pick up on the theme, 'A Night at the Movies' to provide an entertaining and engaging presentation on the powerful connections between organisational evolution and the mythic structures that underpin movies. As the title above suggests, the presentation was about us as individuals and how we can make a difference and take control of our lives, using movies as the metaphor.

Essentially, 'You, the Movie' starring you, written by you, and performed by you' (with a bit of help from colleagues, customers and competitors), was a lesson in you the individual as your own brand. So what is the secret of making ourselves a 'blockbuster'? Well, this is where the mythic structure of movies comes in. Let's look at the essentials, there are 8 of them.

1. The story line. Every movie has a story line, so what's yours? David represented this as a series of graphs, where the x axis was time and the y axis was, well whatever you thought of as 'success'. The first graph was a flat line, where nothing changed, as if we were dead already! Clearly an uneventful and dreadfully uninspiring life! The second was the all American line, which was onwards and upwards, in superhero style. In reality most of our 'story lines' generally progress upwards, but have many ups and downs along the way. You might think of these as 'high' and 'low' points, but David disagrees. They are simply, 'turning points', and each is a positive experience because we learn from both, and we become stronger and wiser as a result.

2. The hero. Now in the movie of our lives we are the hero. We may have different ideas about which movie star represents us, but we do assume the role of hero. Yet in real life we often fail to act like our heroes. What is important is not what we do, but why we do it. To make this point David used the example of the film, 'Gladiator'. In this film, the hero, General Maximus Decimus Meridius, played by Russell Crowe, is motivated not by power or victory for Rome but by love. This is his 'deep intent'. In the opening sequence, just before he goes into battle, he reminisces about his family and his homeland. It is clear that this is his key motivator. In our businesses different people will have very different motivations, and to understand what drives our colleagues, we must understand their motivations and what they want from their work, their 'deep intents'.

3. Call to adventure. We often fail to act as heroes, because we need a call to adventure, and this is what typically happens in the movies. Something happens, or 'calls us' to action. Like in the movie, 'The Matrix' where the computer programmer, Neo, receives cryptic messages on his computer, as his call to action. For us in corporate life we can view the call to adventure in terms of the change formula: $\text{Change} = V + P \times D$. Where V is vision, P is possibilities and D is dissatisfaction. We all have these three elements in our working lives, in different ways, and it is up to us whether we accept the call to adventure.

4. Allies. In films the hero needs allies, as Neo had in the Matrix. Neo's allies were not his friends, but rather people who could help him achieve his goals. Our allies will not necessarily be our friends, and we should look for colleagues who have the right blend of skills that will really make a difference on our adventure.

5. A worthy opponent. In films we need a 'bad guy' as part of the plot, otherwise there will be no point to the film. This is often a very big and powerful bad guy! An 'opposite' helps us define ourselves. So, for example in the film 'Erin Brockovich', Julia Roberts plays a legal clerk who takes on a multi billion dollar energy company for polluting the local drinking water. In our terms our 'opposite' is often the competition, and in doing battle with our competitors we will define who we are and what we really stand for.

6. Choices. We all have choices in life but often we take the easy option. As Victor Hugo once said, 'There are those who say no and are rewarded by the safety they attain. Those who say yes are rewarded by the adventures they have'. It is up to us to decide whether we accept our 'call to adventure'.

7. Ending. In the film, the ending is usually happy, or at least in Hollywood. For us, we only live once, and we must decide now, while we have the choice, whether we believe what we are doing will ultimately lead to one of three likely outcomes; the three classic endings – comic, tragic or heroic. The comic journey concludes with the hero learning nothing from what has happened. The heroic ending sees the hero learning, but too late. And the heroic ending, where the protagonist does learn enough to complete the journey – and is usually rewarded with another journey.....

8. One more thing. What matters most, in films, presentations or in life generally is not what we say, or even how we say it but why we do the things we do. Just like General Maximus Decimus Meridius in Gladiator. It is our deep meaning that is the most important driver explaining what we do, and ultimately how we will be judged and how we judge ourselves.

Written by Bob Douglas, Synovate Healthcare

Bob.douglas@synovate.com

Keynote Two

Evolution: a journey from the past to the future

Part 1: The past and present

Bob Douglas, Synovate Healthcare and Nigel Burrows, IMS Health

Bob and Nigel drew on Stanley Kubrick's cult film, '2001, A Space Odyssey', as the theme for their review of the history of pharmaceutical market research.

They started the presentation with a video clip based on the opening sequence of Kubrick's film. The film charts man's evolution from primitive times driven by three key factors: curiosity, courage and fear, and in particular how we have developed increasingly sophisticated tools. Parallels were drawn with the evolution of pharmaceutical market research, particularly the role played by increasingly sophisticated tools that we have at our disposal.

Using video material, and again referencing movie material, the main events in the history of pharmaceutical market research were highlighted in a very graphical and amusing way.

Many things have changed in our business over the last 70 years and will continue to change. Various factors which are in a constant state of flux were highlighted such as: technology, social trends, business models, methods, promotional media, techniques, stakeholders, key countries and regulation. The lesson from history was to see these changes as opportunities rather than threats and to have the curiosity and the courage to embrace them in order to find ways of identifying competitive advantage for our companies.

Of all the issues that have shaped our industry the speakers picked out four as having a timeless quality. These are: demonstration of our value proposition, providing insights not just data, the human factor and the development of partnerships. They have always been important and will continue to be important to our business in the future.

Let's consider each of these in turn. We, ourselves, consider market research to be a Cinderella profession, especially compared to the more glamorous profession of brand management. Yet the speakers believe that our value to the business is recognised. There have been over 120,000 job losses in the pharmaceutical industry since 2000. Yet market research has come out of this relatively unscathed. Sure there have been job losses in market research but the majority have been focused on manufacturing and the sales force. This is a clear indication that our businesses do see our value. Yet the industry is under severe pressure. Over the last 5 years the industry share index has been static, and the number of NCEs coming to market has declined. However, we cannot blame the plight of the industry just on the poor productivity of R&D. Only 3 out of every 10 launched brands recoup their investment. This is a failure of marketing, and by implication a failure of market research. So we must use the current situation as a challenge and critically re-think our tools and approaches. At no time has it been more important for us to really demonstrate our value to the business. So, it is really time for Cinderella to go to the Ball!

The second timeless issue is providing insights not just data. This has been a common plea for as long as we can remember. We are a data rich industry, but we fail to provide the illusive insights that our clients really demand. We must move away from simply plotting additional points on a time series, or describing research findings, we must work more like consultants to provide interpretation. Research is like a shovel. Nobody buys a shovel because they want a shovel. They buy a shovel because they want to dig a hole. Likewise nobody buys data because they want data. They buy data because they want answers to business issues. Coming back to Kubrick, we have become over reliant on our tools and must refocus our attention on the business issues.

The third timeless issue is the human factor. Here the presenters focused on the difficulty we have in attracting and retaining talent. This is an issue irrespective of good or bad times. So we have to think of this problem another way. We have to use our human resource more effectively. To do this we must consider three things: time, knowledge and mindset. We need to use our time more effectively. A lot of our executives time is spent on mundane, routine administrative tasks. No wonder we don't have the time to uncover real insights! So we have to create more time, and we can do this by automating as much of the routine as we can. There are many software tools which enable us to do this, so it should not be a real challenge. The second way we can create time is to shift our recruitment to emerging



Bob Douglas – Synovate Healthcare



Nigel Burrows – IMS Health

markets. Here we can afford additional resource at lower costs which in turn make us more time effective. We believe that the business case is overwhelming and we expect to see a fundamental change over the short term in terms of using HR as a truly global resource.

We need also to increase our knowledge base, as the increasing complexity of our business grows. We can achieve this by recruiting people who have different skills and experiences, by creating a knowledge culture through enhanced learning and development programmes and better career planning. This combined with more time will help us focus on the key business issue of providing insights. But we still need one other human factor to make the difference. That is a change in mindset. A change from thinking about just delivering data to actively providing commercial interpretation. We need a mindset change too to think more broadly than simply the projects we are working on, to thinking about how we can integrate data from different sources to address the real issues. If we can affect change on these three dimensions: time, knowledge and mindset, then we give ourselves the best chance of finding the holy grail of insights that will really make a difference to our businesses.

The fourth timeless issue is the development of partnerships. Now partnerships have always been important, but they have taken a different direction over recent years. They have been formally recognised in preferred supplier agreements. There are two key drivers for closer partnerships. The first is obvious, it's to obtain volume discounts on the business. The second is less clear, and in the long run much more important, that is to utilise the skill set in agencies through a closer working relationship in order to provide greater business insights. Now there is a general recognition that preferred supplier agreements do not deliver on this second need. They tend not to be delivering for neither the client nor the supplier. Hence we are seeing a trend to a much closer form of collaboration, the so called, 'Agency of Record'. These will become more common in the future. They are characterised by non competitive bids, greater continuity of staff, including greater involvement of senior directors and a preferential sharing of the supplier's innovation.

Bob and Nigel closed the presentation using a video clip based on Space Odyssey. In the film man had lost his way, and had become over reliant on his tools. He faced a challenge to his very existence and had to rediscover his curiosity and courage. The film ends with the re birth of man to the next evolutionary stage. We can view where pharmaceutical market research is on its evolutionary journey in these terms. It is interesting to note that Kubrick's ending focuses on the human being rather than machines or technology.

And this is our key lesson. We can have as many and as sophisticated tools as we like but in the end it is us who must change and develop to be able to take on the challenges that face our businesses in the future.

Written by Bob Douglas, Synovate Healthcare

Bob.douglas@synovate.com



Part 2: The future

Allan Bowditch, Ziment and Graham Lewis, IMS Health

Allan and Graham drew on the Star Wars movies as the theme for their presentation of the future of pharmaceutical market research. Dressed in costume, and sparring with light sabres, Allan and Graham transformed into Darth Vader and Obi-Wan Kenobi addressed both the 'dark forces' that threaten our industry, and the opportunities which present themselves as we fight back.

There were several threats to our industry that were highlighted.

Procurement was expected to grow in terms of involvement in the purchasing of market research services, with increased cost cutting measures, greater process in the buying of market research and generally as a result a negative effect on the breadth and depth of consultancy provided to clients.

Data protection will become an even more difficult issue for us to have to deal with. We have already seen a conflict between patient confidentiality and freedom of information. In the future the balance will shift towards increasing confidentiality of personal healthcare information, which will reduce the ability to link critical data bases matching individual information from one data source to another. Use of data for commercial purposes it was claimed, will be curtailed.

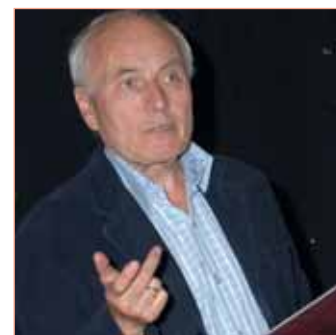
Adverse Event reporting will make doctors more reluctant to participate in market research. This could result in a serious threat to representative samples of respondents. The Senate and House of Representatives are now drafting legislation where Risk Evaluation and Mitigation Strategy (REMS) together with a Risk Minimization Plan for all drugs, will include a post-marketing research agenda to track drug safety!

Promotional research will be more restricted. Governments and various States in the US are demanding information about the payments made to physicians. There is also a requirement in several US States for Big Pharma to reveal who has been paid to complete promotional research. In Vermont, for example promotional research cannot be undertaken and this movement seems to be a growing one with dangerous and damaging consequences.

Payer pressure will reduce the ROI on medicines further. We all know of the refusal by NICE to cover the cost of new RA and anti dementia drugs for newly diagnosed mild Alzheimer's. But manufacturers in UK and France are moving to payment by results agreements where reimbursement is at issue. The continued expansion of reference pricing schemes in Germany, Italy and Spain demonstrate that governments are NOT differentiating value within therapy classes.



Allan Bowditch – Ziment



Graham Lewis – IMS Health

Local pricing and regulatory decision making will make the interface between global and local strategy more complex. While the industry is increasingly global, pricing and reimbursement remains a local prerogative. The local dimension is actually increasing. The point is not to design a global policy and to implement it locally, the point is to integrate as soon as possible the local point of view in the global strategy, so that this latter is easily transposed at the local level. For pricing and regulatory purposes there will be a shift from using ad-hoc data (for instance collected into specific clinical trails) towards using existing databases. The ability to have access and to handle data bases is crucial. There will be a benefit to any organization offering expertise in global positioning, with a network of local teams, the ability to generate and manipulate hard data, because of its growing implication and impact of "local" health care systems.

Political change in USA is likely to adversely affect the industry. With the Democratic Party odds on to win the election this year, there will be a clear mandate for change. The public perception of the industry in the US is poor. The percent of GDP spent on healthcare is the highest in the world, yet a significant percentage of the population are not covered by insurance, and most of the public are highly critical of the fact that they can purchase drugs far more cheaply in Canada than they can in the US. This will weigh heavily on the new administration with potentially serious "claw backs" in one way or another on the profits generated by the US market. The FDA may be required to accelerate the development of protocols for the assessment and approval of biosimilars.

In this environment there will be a real need for market research to demonstrate the impact it has on the bottom line. There is a growing and vital need to explain the impact that decisions will have within the corporation and what this means for the business as a whole.

That's enough from the Dark Side, bring on Obi-Wan to save the Federation! So what are the opportunities?

Patient data will become the focus of our attention. Individual longitudinal data will be required in order to support healthcare outcomes claims. In addition these databases will be used as a source of product safety information and enhanced pharmacovigilance.

Three key customer groups will emerge: patients, payers and healthcare professionals, and our activities will need to understand and address the needs of all three groups.

Emerging markets will become more important. A significant proportion of the growth of the industry overall over the coming years will come from emerging markets. They represent a real opportunity and we can play a vital role in understanding this opportunity. China's demographic profile is changing to reflect the more mature European markets. There are improving diagnostic rates and increasing demand for chronic therapies. The IP situation in India is improving and fueling greater commitment from Big Pharma. The need for education and training of MR skills will be vital. There will be an increasing need to think globally act locally!

Better integration of market intelligence, forecasting and primary market research will become crucial. One might even take this further, raising the scenario of market research needing to embrace more completely; epidemiology, health economics, pricing and reimbursement and competitor intelligence. This integrated structure is a very serious way of addressing many of the changes likely to threaten our present existence.

Communications research will need to employ increasingly specialist skills. In addition, there will be a need for improved qualitative techniques such as, NLP, semiotics and ethnography in particular. Given the emphasis that has been placed on the patient, far more market research innovation needs to emerge to ensure companies communicate with people (especially patients) at their level.

Sales force effectiveness will become one of the key issues. Diminishing sales force sizes, together with new digital media requires a major re think in the way the industry organizes its promotional mix. Given the vast sums of money spent on promotion this area will come under increasing scrutiny and any ways we can measure ROI more effectively will be whole heartedly embraced.

Product lifecycle strategies need to have greater focus than has been the case to date. Fewer NCE launches, reimbursement constraints, and more effective generic competition reinforces the need to make a success of launches and sustain brand value throughout the lifecycle, followed by a stronger commitment to protecting brand revenues following patent expiry. More rigorous market assessment is needed, particularly at Phase II – a crucial point in the development phase. Clinical, for example, rarely gets a patient map to fit potential benefits and by Phase III it is too late!

Customer relationship programmes will build on the increasing importance of patient involvement in the management of their disease. New communication pathways will be developed for patients so that they are encouraged to participate and give feedback, and be more engaged in their healthcare decisions. The objective here is to improve persistence and compliance with treatments which would lead to wins for all healthcare players.

Critical mass in terms of having access to various data sets will become important as a source of competitive advantage, but this will require additional investments in order to acquire and integrate complex data sources. Niche players will need to acquire new data streams in order to compete with the big players.

In conclusion, there are numerous threats that face our industry and impact the way we organize and conduct market research. These factors will act as agents of radical change. We are moving from an evolutionary era to one characterized by revolution, where we will witness fundamental change. We can view this positively as the future is packed with possibilities and we have the ability to re define what pharmaceutical market research is all about. *May the Force be with you!*

Written by Bob Douglas, Synovate Healthcare

Bob.douglas@synovate.com





British Healthcare Business Intelligence Association

Online Training:
New BHBIA membership categories were introduced in April 2008 to increase access to the **ABPI-endorsed BHBIA Training Programme: Adverse Event Reporting in Market Research** for companies and individuals conducting market research in the UK. (The module can be studied by all website users but only BHBIA members can obtain a personal Certificate of Competency on passing the online test).

One-Day Training Workshops at the ABPI Offices, London:
The BHBIA offers a full programme of one-day training workshops, including:

- **Maximizing the Impact of Business Intelligence** – 16th October 2008
- **BHBIA Guidelines – 'The Legal and Ethical Framework for Healthcare Market Research' (including Adverse Event Reporting)** – 22nd October 2008

Major Meetings:

- **Winter Seminar** – 11th December 2008, 1 Whitehall Place, London
- **Annual Conference** – 11-12th May 2009, The Grove, Hertfordshire

www.bhbial.org.uk

Promoting and enhancing the professionalism and value of
Business Intelligence within the Healthcare Industry



Session One: Mission Impossible

Co-Chair – Bernd Heinrichs, Gruenenthal and Matthias Fargel, psyma international medical marketing research



Stop Screening out the poor people – Michael Kelly, Consumer Health Sciences and imap Research

Patient-oriented research has been tooted as being very important for many years – with limited impact on research budgets and a focus on reality. And within patient research, the focus has seldom rested on the lower social strata.

Is it “mission impossible?”

Not so for Michael Kelly. He presented a classic, heavy weight empirical paper, based on 63,000 patient interviews in the USA and 41,000 in the “big five” European countries. The split ran along the line “low socio-economic classes” = poor, if the yearly income was under 20,000 Euro in combination with less than college education, opposed to the “rich”, who were defined as people with education higher than college and with an yearly income of more than 50,000 Euro.

The interview was based on 8 validated questions on QoL. Kelly’s data are evidence of a few concepts we would expect:

- Poor people are significantly less health oriented, as far as their readiness to follow a healthy diet is concerned
- They have a higher proportion of obesity
- Accordingly, the poor are less satisfied with their overall mental as well as physical health status
- They miss more working hours due to health problems than the rich

Winning the Hearts and Minds of New Customers – Phil Mellor, Adelphi International Research

We all have been witnessing the increasing role of new stakeholders in today’s market research; specialists from clinical research, local, regional and global representatives from marketing, sales and legal, product management, procurement, pricing, epidemiology and packaging, just to name a few. All tend to have a say – a time consuming requirement, emerging precisely when expected turnaround times for market research have become even shorter. “Mission Impossible”.

Phil Mellor’s contribution was a tongue-in-cheek multimedia show depicting one viable way to organize and carry out a multinational study in such a multi-stakeholder setting. We all recognized the ingredients of a stressful project:

- international specialists in health care systems with different paradigms
- the requirement of gaining relevant insights, but based on meager resources
- the involvement of probably conflicting pressure groups on the client’s side
- the clustering and bias inherent to any focus group settings, but still the client’s wish to obtain validated and quantified findings

As a key to the challenge, Phil demonstrated an internationally orchestrated project, based on an interactive link of self-completion questionnaires on laptops, where the interviewee answers were automatically evaluated and fed back to the observers’ room; all in real time. Those observers could immediately work with those interim findings and create a new platform of understanding among each other and feed them back to the moderator and his group.



Bernd Heinrichs –
Gruenenthal



Matthias Fargel – psyma
international medical
marketing research



Mike Kelly – Consumer
Health Sciences and imap
Research

- The rich are more likely to ask their doctor directly for an RX drug than the poor. Nevertheless, the poor are not ready more often to trade a needed RX for an OTC product
- At the same time, the poor would often not fill the prescription of an RX drug more often, if the price were too high

Besides the uniform global trend in these matters, the paper shows interesting country-specific deviations, in particular for the UK.

Kelly’s findings read like an invitation for developing more products and services for the poor – they are, at the same time, in more need and underserved. It also should encourage analysts to segment their patient data by the socio-economic status, since patient compliance is not only driven by sickness, but also by the social facts, i.e. in need of reimbursement.

Written by Matthias Fargel, psyma international medical marketing research
matthias.fargel@psyma.com



Phil Mellor – Adelphi International Research

At the end, the client obtained a forecast model for a product launch in Europe, based on a few but consolidated figures elaborated by the respondents from a handful of focus groups with the corresponding specialists.

A methodologically rather daring, but a refreshingly pragmatic approach to deal with “Mission Impossible” type of research requests. A compromise – and an invitation not to surrender, but to work on solutions. Also, this contribution highlighted that certain currents are taking market research into an event-like environment, where multimedia effects and speed may outweigh certain purists’ concerns: this is an enrichment of our portfolio, for sure.

Written by Matthias Fargel, psyma international medical marketing research
matthias.fargel@psyma.com

HOT TOPIC SESSIONS

Parallel Hot Topic Sessions:

HOT TOPIC 1 Has online research in Healthcare gone too far! Or does it still have much further to go?

1 Has online research in Healthcare gone too far! Or does it still have much further to go?

Chair: Nigel Burrows, IMS Health. Speakers; Piergiorgio Rossi – SGR International, Andreas Moeller – Answers Pharmaceutical Marketing Research, Jerry Arbittier – All Global, Asif Javed – Medefield.

Billed as “Mission Impossible” the hot topic on the current and potential future role of online research provoked an action-packed debate between those agents on both sides brave enough to accept the mission to defend their beliefs!

There was no attempt to deny the status of the Internet as *the* innovation of the 21st century. Indeed Piergiorgio Rossi and Andreas Moeller were happy to recognise the benefits of online research, namely cost, speed and ease of administration. It would be hard not to acknowledge the instantaneous geographical reach of online research; the reduction in need for interviewers and even recruiters; the ease with which visual material can be shown to respondents as compared to research conducted over the telephone; the flexibility by which respondents can choose their time to complete the interview and the lack of need for editing.

Caution, however, was urged. Rossi and Moeller argued that too often these attributes tempt us to abuses, however unintentional, of online research. Interview lengths are over extended; unsuitable and over complicated, questionnaires are fielded, that in reality require assistance from an interviewer. The need for subtlety that a fifth variation on a question can provide is easily built up to and administered by an interviewer. Left on its own with no explanation or empathy from the interviewer, the same question risks inducing tedium and irritation in the respondent and there is no-one to ensure it is fully answered.

On the contrary, replied the defence, in the form of Jerry Arbittier and Asif Javed. Online research gives respondents the option to take a break from the interview and come back fresh to it later. Equally, longer interviews (of over 40 minutes) can be split and answered at different times. A questionnaire that has been constructed properly with really thorough piloting to eliminate any ambiguities and to ensure the inclusion of detailed instructions will more than hold its own online. On top of that, a good online questionnaire benefits from the added bonus of no interviewer bias or misinterpretation of complicated medical terms.

Undeterred, Rossi and Moeller persevered with their concerns by questioning the validity of online panels. They suggested that the ease with which these interviews can be administered has led to an increase in online research, which in turn has led to respondents being approached too often.



Online workshop

HOT TOPIC 2 How if at all will the developing healthcare environment alter the skills of those we employ in market research?



Online workshop

In addition, they worried that we are constantly returning to a biased sample of younger, more high-tech health professionals, if indeed we are even interviewing our target audience – or is a junior inputting information for an overstretched senior registrar?

The agents for opposition robustly responded to these claims. Arbittier and Javed, argued that time poor senior health professionals are more likely to participate in an interview that they know they can fit into their schedule at their convenience, rather than committing in advance to a pre-determined time slot for a face-to-face interview. Also, controlled use of well-maintained panels, followed up with call backs would ensure a dependable respondent base. This also applies to country differences when conducting internet research. Use of the internet is more advanced in some regions and this needs to be taken into account, but again controlled use of a panel should be able to take account of these differences.

So far the debate was pretty even, but there were some concerns, however, that could not be so easily allayed. The question was raised as to whether some agencies are promoting online research more in an attempt to get the proposal accepted by procurement, since this form of fieldwork apparently offers less expensive research which can be conducted quicker and more cleanly than other methodologies. There was also recognition that initially incentives paid for online research had been too high and had therefore “spoiled” health professionals for other types of research. These incentives had now been lowered, it was argued, but attention needs to be paid that they do not increase again.

Ultimately, there are always at least two sides to every argument – often equally plausible. Nigel Burrows, who would have made the perfect gentleman diplomat in another era (think Henry Fonda in “12 Angry Men”), was eloquent and fair in his summation. There were no outright winners in this debate – the whole hot topic of online research is simply too complex to decide whether or not it has gone too far. Instead there was general agreement that the most appropriate methodology should be chosen in order to answer the specific objectives for each individual project, a “horses for courses” approach. In Hollywood, this is known as “smart casting” and certainly this measured style would appear to be prudent. Maybe a little less “Mission Impossible” and a little more “Sense and Sensibility” but still with an eye keenly on the creative ways in which we can enhance online research in the future.

When talking movies were first launched as an alternative to the old silent movies, it was thought the craze for talkies would soon die out. But the first words ever spoken in a movie proved to be prophetic: “Wait a minute, wait a minute. You ain’t heard nothin’ yet!” Al Jolson said in the Jazz Singer. And so it may prove to be concerning online research...

*Written by Mark Jeffery, The Research Partnership
markj@researchpartnership.com*



Skills workshop chaired by Steve McDermott – McThinking and Lorna Walters – Reckitt Benckiser

Lorna Walters – Reckitt Benckiser

2 Finding Your Inner Superhero

“Or at least some balance in the universe...”

Chaired by Steve McDermott – McThinking and Lorna Walters – Reckitt Benckiser.

EphMRA 2008 featured two, well attended, “Hot Topic Sessions”. Both encouraged participants to interact with the facilitators, offering personal opinions on which road map will best prepare the healthcare industry as it encounters the rapidly changing market research environment. Session Two, “How, if at all, will the developing Healthcare environment alter the skills of those we employ in market research?”, chaired by Lorna Walters (Reckitt Benckiser) and Steve McDermott (McThinking), and featuring David Smith (DVL Smith Group), sought to identify which skills future market researchers will need in order to effectively inform the pharmaceutical industry. David Smith, via video, spoke about current and future industry changes, pointing out that the pharma and healthcare industry will face many of the same challenges already in front of other industries. Market researchers will need to “stretch” their skills, offering customer-driven insight that utilizes old and new techniques to inform and guide decision-making. David Smith highlighted three aspects that underpin the “balanced” market research professional:

- “Golden Compromise” – the balance between the mathematical and creative perspective
- “Researcher Admissibility” – the balance between experience and analysis, and...
- “Confident Contributor” – the balance between internal confidence and evidence based decision-making

On the client side, company market research teams are supplying high level creative thinking – forcing a power shift from the agency to the client. Additionally, internal clients are readily exposed to large scale business issues, management consultants and innovative company training programs. The agency, currently in a state of flux, will need to be nimble, able to expertly provide data while addressing clients’ large scale business challenges. The result is a balanced partnership between the client and the agency, ultimately offering a holistic and “credible” perspective about how best to tackle the business challenge. David coined the market research professional as the “new superhero” – a force that will need to rely on internal confidence while making decisions based on solid data.

Lorna also added her thoughts from the client-side perspective, touching specifically upon two important skills the market research professional will need to demonstrate, the ability to demonstrate both depth of functional skills and breadth of business acumen. Successful researchers must

fundamentally balance these two skill sets, easily manoeuvring between the detailed research knowledge while maintaining a strategic, holistic point-of-view. These tools allow the market research professional to take on many roles both internally and from an agency perspective, including:

- The “innovator”: a person comfortable with new ideas, able to make meaningful insights and constantly looking to tackle problems in new ways
- The “talent orchestrator”: a person who can encourage and stimulate meaningful action among the team while ensuring the hiring, retention and development of high quality team members
- The “passionate champion”: within a client company this person needs to be the passionate consumer advocate, and for a supplier this person needs to be the passionate advocate for their client whatever the project size

Clients also demand a solid grasp of the corporate strategy while making insightful, if sometimes brutal, truths of the research. Open debate is welcome and encouraged between the balanced partnership of client and agency.

After hearing good insights from both the agency and client, Steve then opened the floor to a debate and asked two questions:

- Do we (market researchers) need new skills?
- What areas do we need to work on?

Although there appeared to be some disagreement on what skills are required and whether we, as market researchers, need new tools – the clear message that emerged is we need good, solid business skills that will empower market researchers to be effective influencers of business decisions. Clients and agencies demand a healthy balance between real innovation and substance. “Buzz words” can only get the market researcher so far without demonstrating real substantive value.

The “Hot Topic” session ended with one final question, “What should EphMRA do?” It was universally accepted as market research professionals that we want to hear more about industry trends. We would like to learn about the value market research has on the business problem as well as on the overall plan of the company. What impact does the research have on the Marketing Plan? R&D and early stage research projects? In the end, how does market research fit in to the overall “storytelling” of the company strategy? As market research professionals we want to (in the words of David Smith), “enjoy change and take personal responsibility.”

*Written by Deborah Geraghty, Back Bay Strategies
dgeraghty@backbaystrategies.com*

EphMRA

The Yearbooks
have now all been
dispatched - please contact
generalsecretary@ephmra.org
if your Yearbooks have not yet arrived.



yearbook

European Pharmaceutical Market Research Association
www.ephmra.org



Session Two: Back to the Future

Co-Chair - Eric Robillard, GfK Healthcare and Alex West P\SL Research



'Taking a Scientific Approach to Pharma Advertising' – Jack Bush, Alcon Laboratories

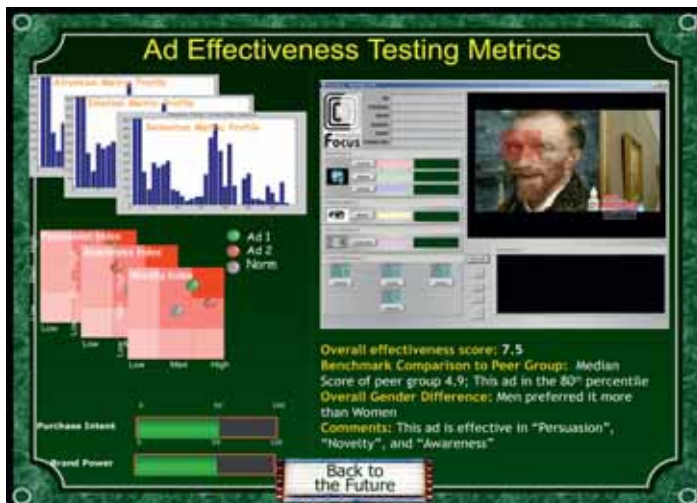
The first paper of this session was presented by Jack Bush of Alcon Labs. Jack is Director of Global Pharmaceutical Market Intelligence and he leads a team with the responsibility for primary market research, secondary market data analysis, competitive intelligence, forecasting and new business/product assessments. Jack is also an advisory board member for the University of Texas – Arlington Masters of Market Research graduate program.

As most who have worked in this industry for a while will know, advertising testing can be conducted in a variety of different ways – both qualitatively and quantitatively. In his paper, Jack outlines a technique that he has championed internally at Alcon and one that has been used extensively in the fast moving consumer goods arena and successfully adopted into the pharmaceutical research setting.

To address the needs for measuring advertising effectiveness with patients, physicians and all other media targets, Jack demonstrates how Alcon currently utilize the established science of cognitive neuroscience and the technology of high-resolution electroencephalography (EEG) to better grasp the true effectiveness of brand advertisements.

These technologies directly measure brain responses to advertising through video, audio and written content. Jack's presentation clearly shows this new method to be not only quantitative and objective but further, without the inherent self-reporting biases of traditional methodologies such as focus groups and survey questionnaires.

With respect to the methodology, a typical respondent is invited to a viewing facility and completes an interview lasting between 30 and 40 minutes. Once comfortably seated, the respondent is prepared through the attachment of three pieces of diagnostic equipment. A cap is worn to monitor the electrical activity of the brain, galvanic skin response is measured through an electrode attached to the finger and the movement of the eye is tracked by a discrete optical measurement tool positioned at the side of the respondents head.



The respondent is then shown the audio and visual stimulus and during this time all of their physiological responses are captured in real time whilst the advertisement is running. The example used for the presentation was a DTC piece for an allergy medication; however, Jack informs us this could easily be used for journal advertisements, alternative executions of ad concepts and indeed detail aid testing.

While the advert is running, all of the respondent's responses are constantly analysed and categorised in order to pinpoint the degree of attention, emotion, retention, persuasion, novelty and awareness elicited and the level of change across these parameters according to the visual stimuli presented.



Eric Robillard – GfK Healthcare



Alex West – P\SL Research



Jack Bush – Alcon Laboratories

All of the data collected can be observed in real time throughout the course of the advert via on-screen analysis software. A particularly impressive feature of this technique is that the on-screen analysis reveals where the respondents' eyes are tracking at any particular time, indicating which aspects of the advert are either consciously or subconsciously most engaging.



Additionally, an 'Art Gallery' composed of various frames from the advert constitutes a valuable output for the final analysis of results. This breaks the ad down into its component frames and shows the respective scores for each frame shown. The benefits of having this output are that it clearly highlights which specific visual elements resonate most with respondents and so which aspects could work best for further advertising material at either point of sale or indeed in published media.



This technique has been piloted by Alcon Labs and allowed them to refine their advertising pieces and subsequent media strategy, and also use the results to craft more effective copy for their website.

Jack also mentions that subsequent to the interview process, specific respondent follow-up ensured that Alcon were also able to get a sense of how many respondents acted on the information shown in terms of booking appointments with their physicians, requesting the advertised treatment specifically during the appointment and how many ended up actually using the product.

In summary, Jack showed that the use of neuro-marketing is an approach that has far reaching implications for how advertising testing may be conducted. Not only does the technique employed here demonstrate how a variety of respondent groups can be analysed to help measure the performance of promotional/advertising materials but moreover represents an important means of predicting the likely success of a wider media campaign.

This paper was subsequently awarded the Jack Hayhurst Award for Best Paper, EphMRA 2008

Written by Alex West – P\SL Research

Alex.west@pslresearch.com



Session Two: Back to the Future

Graeme Chrystal – Zaicom Research & Neil McPhee – Nuance Research



Graeme Chrystal – Zaicom Research



Neil McPhee – Nuance Research

What Lies Beneath

This paper set out to highlight how the use of advanced qualitative techniques in data collection and analysis and in particular ethnography, might provide a better understanding of consumer motivation and behaviours.

The audience were asked to consider the fact that during our daily lives we are all, minute by minute, called upon to make a multitude of major and minor judgements and decisions. In doing so, we rely upon an established rapport with those around us and an intuitive recognition of which actions and opinions are conducive to that rapport and which will assert an effect. Why then, in the course of our market research, do we not more deeply engage with and investigate this constant flow of thought, communication and response? Surely by immersing ourselves in the lives of those that we wish to research we are placing ourselves in a much better position to make more accurate decisions around the judgements that we, as market researchers, need to make.

Through 3 individual cases studies, using differing qualitative methodologies, Graeme and Neil illustrated the increased acknowledgment within the market research industry of the importance of the role played by emotions in our decision-making. It is essential that we tackle the challenges that our clients face from every angle in order to provide a cohesive and complete picture of the behaviours of a target audience.

It was argued that the Healthcare Industry is beginning to understand the need for different approaches to information acquisition and analysis. With the rise of the 'savvy' consumer, the typical structured, rational and predominantly mechanistic approach to market research can fail to reveal the whole story or to provide the insights required by our clients.

Physicians and patients have traditionally been asked to respond to, for example, drug NPD/performance/imagery by way of efficacy and safety characteristics, molecule content, lab tests, evidence-based medical testing etc. The reality is that they are found to respond as much with their emotions and prejudices as do many consumers in other categories, and evidence-based prescribing, although much talked about, rarely takes place. How ironic then, that particularly within the medical arena so many clearly-established proofs exist. Advances in MRI/CAT brain-scanning technology and advances in neuroscience show that most decision-making is subconscious.

Self reporting is open to deletion, distortion and generalisation, and reporting retrospectively contains, inevitably, some post hoc rationalisation.

Experience shows that increasing value may be obtained from a non-standard approach to qualitative research in healthcare. Projective techniques to uncover unconscious ideas and feelings and elicitation techniques to express and contextualise, combined with directed questioning produces startling results. Adopting new or unfamiliar routes to examining responses e.g. Transactional analysis and NLP, amongst others and the use of advanced methodologies such as Ethnography, allow us to understand patients and HCP's in situ and in context.

Commercial or 'rapid' ethnography places the researcher in the context of the real-life setting under study. It is only by immersing ourselves in the lives of our respondents that we start to see the world through their eyes and to truly appreciate what it means to be them.

Of the 3 case studies shown, **Project Comparative** emphasised how the use of several advanced methodologies allowed specific insights to be gained into why a World-leading brand in a therapeutic category was losing brand share and how simple changes could provide a solution (despite three prior pieces of research which were unable to uncover any rational differences in product performance).

This case study used cognitive mapping and a "lost in the forest" exercise following a personification exercise to provide a clear indication of the 'personality traits' of the brand in question. These were shown to be contrary to those perceived by the client company and a marker as to why market share had been declining relative to the competition. This approach therefore provided a road map for client and advertising agency alike, identifying a clear need to reposition the brand and in what way.

Project Pain – involved 24 separate ethnographic "immersions". The objective here was not so much to interview but to observe how those suffering from a variety of different forms of pain manage this hindrance on a day to day basis. Through direct observation of daily activities, this approach significantly altered a client's perspective of pain and consequently the subsequent make-up of a forthcoming Phase III clinical trial.

Finally, **Project Sugar** – highlighted how one particular client wished to look at segmentation and positioning opportunities by emotional reaction to diabetes. The study involved a significant degree of projective work along with patient and physician profiling exercises. Beyond the planned outcomes a new opportunity for improvement in physician-patient communications became apparent.

There were a number of messages that the audience were encouraged to take away from this presentation. Firstly, new techniques and approaches to market research at a qualitative level can open doors that were previously thought to be closed, if not non-existent. Secondly, the role of our emotions and subconscious in every day decision-making is too important to be brushed aside or ignored. Finally, that ethnography can shed new light on medical conditions thought to be well understood and can provide meaningful evidence for decision-making across a wide range of media platforms.

Written by Alex West – P\SL Research

Alex.west@pslresearch.com

Agency Fair – Thursday 26th June

Over 60 exhibitors participated in the agency fair in Barcelona and the event was very successfully staged in one large room.



The winners of the pharma company agency fair quiz were:

Felicina Itote, Abbott and Jayne Shufflebotham, AstraZeneca

Along with:

Tobias Frenzel – Solvay

Arne Wilkens – Solvay

Kerstin Lilla – Solvay

Myriam Ksikes – Sanofi Aventis

Patrick Denis – GSK Biologicals

Nicole Drake – UCB

Linda Grosjean – Roche

Annika Franke – Bayer





emerging markets call for **emerging ideas**

Emerging markets have become the main drivers of global growth, offering unique business opportunities to multinational healthcare organizations.

Successful entry and sustainable growth are contingent upon a comprehensive understanding of the competitive dynamics of each individual country, maintaining an acute awareness and timely exploitation of the opportunities and threats that arise.

At facta, we believe that innovation and local knowledge are vital when developing new markets.

Our company understands the industry-specific, technical issues of healthcare-related research and is staffed by local people whose insights allow us to recognize opportunities invisible to outsiders.

For the past 30 years, facta has earned a reputation for providing actionable recommendations with an unmatched flexibility and commitment to quality that only a specialized agency can provide, contributing to the development of sound and successful marketing strategies.

facta | emerging
ideas

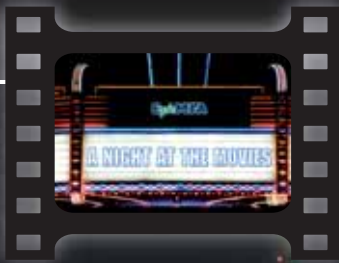
www.factaresearch.com

[Asia Pacific](#)

[Eastern Europe](#)

[Latin America](#)

[Middle East & Africa](#)



Conference photo round up







Session 3 – Men in Black

Co-Chair – Allan Bowditch, Ziment and Janet Henson, EphMRA



Men in Black (the movie) follows the exploits of agents Kay and Jay, members of a top-secret organization established to monitor and police alien activity on Earth. The two Men in Black find themselves in the middle of a deadly plot by an intergalactic terrorist who has arrived on Earth to assassinate two ambassadors from opposing galaxies. In order to prevent worlds from colliding, the MiB must track down the terrorist and prevent the destruction of Earth:

Enter stage left the intrepid and resourceful **Richard Vanderveer**! Although Richard did not suggest that our market research world was about to be attacked by aliens, he implored us to become more creative and lateral thinkers in order to adapt to a dramatically changing environment. If we are unwilling or unable to achieve this, then the consequences could be as catastrophic as two worlds colliding.

The type of marketing research we are accustomed to will need to change substantially because, it was felt, many projects conducted appear out of date when compared with current and anticipated trends in the pharmaceutical marketplace. The pharmaceutical industry has already modified its strategic marketing due to changes in the environment e.g. differing demands from Payors, products being more focused on specialists, increased sales opportunities from emerging countries and a drop in profitability in historically key markets etc. In addition, reduced spending on representatives and the switch to electronic and digital communication are just some of the changes currently becoming relevant. Healthcare market research has not yet sufficiently addressed these marketing and environmental shifts.

Richard referred to a report, published by PricewaterHouseCoopers, that sets out a number of scenarios for the pharmaceutical industry for the year 2020, to help the industry understand some of the mega and micro-trends that will be taking place. Marketing researchers need to be cognizant of these issues: There is every reason to expect sales of Pharmaceuticals to increase dramatically in the years ahead, but this will NOT be accompanied by the same proportional increase in profitability. This will force the need for increased efficiency in R&D, marketing, and **market research**. Such changes need not mean that market research expenditure is reduced, but if this is to be avoided there is a requirement for the “function” to quickly adjust and adapt.

Several ways of doing this were suggested:

- 1) There is a need to examine the “creative” elements of pharmaceutical product stories.
- 2) We need to be more aware of the shift in the focus from “High Prescribers” to Key Opinion Leaders.
- 3) It will be essential to pay more attention to **how** physicians actually make prescribing and other therapeutic decisions.
- 4) Market research will need to be done efficiently, accurately and economically in the developing countries which will be responsible for most of the future growth.
- 5) Market research also needs to play an increasing role in better understanding patient compliance; an area still poorly researched.

Given the growth in “on line”/electronic and digital media communication, there is little to indicate its contribution to the bottom line: Another opportunity that is not yet being addressed by market research! Richard talked about the need for “Revolutionary” change, although some may feel it requires “Evolutionary” change; whatever your opinion, it was a perfect segue for next year’s conference – “Evolution or Revolution”.

Moving market research to the forefront of the Pharma organization is probably what would be number 1 on most peoples’ “wish list”. An extremely important and relevant paper delivered by **Saeed Motahari from Abbott**, explained the process by which this was achieved. Given what many other speakers had been advocating, this talk provided valuable and



Richard Vanderveer
GfK US Healthcare Companies



Saeed Motahari
Abbott

practical insight into how significant change was brought about at Abbott and helped to empower those in marketing research. One result was that they now regularly receive invitations to have a “seat” **and provide input** at the company’s senior strategic marketing and development meetings. How did this come about and can others learn from the Abbott example? The short answer is “yes”.

Saeed initially set out a five step process for starting to change the way market research functioned within the corporation. While some readers may feel that they adopt some of these already (see below), a critical aspect was the development of **an agreed vision**, accepted by all those in the market research department:

*“Create and aggressively advance a top tier Marketing Research organization that develops **strong business leaders** to consistently drive results against the Pharmaceutical Products Division’s objectives.”*

While we know it is easy to “talk the talk” what we want is to know how in a practical way we can “walk the walk”. Here is some practical guidance on what to address within each of the 5 steps implemented at Abbott.

- 1) Create well-defined and systematic processes
 - A well-defined process to support pipeline products
 - A disciplined process and dedicated staff to support BD activities
 - Focused Partner Management process
 - Create a primary research knowledge depository
- 2) Develop and deploy innovative capabilities
 - Patient Flow
 - Market Structure
 - Build and deploy a framework for positioning activities
 - Build a Marketing Mix capability for division (beyond brand specific)
 - Attract, develop, and retain business leaders
- 3) Attract, develop, and retain business leaders
 - Over 40 new people with diverse industry background
 - Competency and leadership development model
 - An external recruitment plan
 - L&D program. Offered 19 training seminars – 595 participants
 - Formal talent assessment process
- 4) Develop and integrate exceptional understanding of customers
 - Integrated plan across all analytical areas
 - Organizational modifications to accelerate integration
- 5) Align MR structure and resources to support corporate strategy
 - Stay ahead of the game. Shift resources before other functional areas



Session 3 – Men in Black

Co-Chair – Allan Bowditch, Ziment and Janet Henson, EphMRA



It is vital to ensure that while the vision, the strategic planning and culture changes are critical management support is a must – particularly at early stages of transformation. Saeed pointed out that:

- You need more than one champion
- Be assertive and pick where you can win quickly
- Communicate progress and accomplishments

However, when all is said and done, the “proof is in the pudding.” While Saeed pointed out that the performance of Abbott’s Pharma Division and the performance of key drugs such as HUMIRA, TriCor and Niaspan over the last 2 years were used as key metrics to measure the impact of market research; the following example is one of many comments that also illustrates the progress that has been made: Very impressive. Those who attended the conference, as well as those reading this article, will do well to take note of the points made.

“I am sending you a brief email to let you know how much the Flutiform team appreciates the outstanding work coming out of your market research team for Respiratory. There is a large number of studies currently in process or recently completed and your team has made a significant effort and time commitment to ensuring the best outcome from these studies. We have also been very satisfied with the thoughtful approach and strategic insights your team has provided along the way”. Marketing GM

Written by Allan Bowditch, Ziment Group

allan.bowditch@ziment.com

A Man in Black

*You know the difference between you and me?
I make this look good!*

Steve McDermott – McThinking

Enter stage right “Will Smith,” oh no it was Steve McDermott, but he certainly had just as much stage presence and charisma as *The Men in Black*. Perhaps it was therefore no surprise, despite the hilariously funny story of miss-sequenced slides by the fictitious Mr Pink (or was he “real?”) that the talk focused on how to be a better communicator.

For those who didn’t appreciate it already, it’s one’s ability to **speak powerfully, persuasively with passion and conviction** rather than provide the minutia in the content that “wins the day”.

Steve mentioned that the Harvard Business School identified these characteristics as the number one skill needed to rise to the top of a company. It is no good having a vision of the future if you cannot articulate it to others and get them excited and inspired about “coming along for the ride”.



Rapport is also vitally important and represents 55% of the communication process. Empathizing, even subtly mimicking the other persons’ physiology is among the most powerful forms of persuasion in the consultant’s toolbox. Another important take away for everyone

was to remember that in good communication it is impossible to learn anything if you are doing all the talking!!!

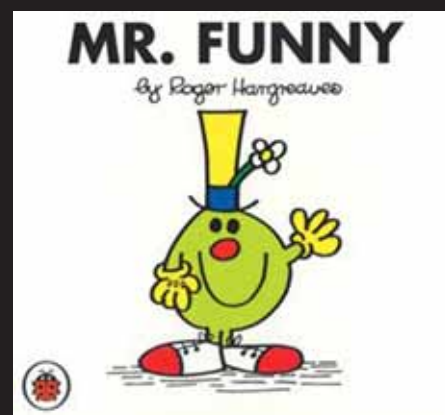
In addition, Steve mentioned several times “manner always wins over matter” and that “feelings last longer than facts” – we would all do well to remember and implement these aspects in meetings and presentations.

Written by Allan Bowditch, Ziment Group

allan.bowditch@ziment.com



Steve McDermott – McThinking



Next **EphMRA** Newsletter

Copy deadline is 13th October 2008
and the newsletter is published in December

Contact generalsecretary@ephmra.org for more details

Winner of the 2008 Jack Hayhurst **AWARD FOR BEST PAPER**

Jack Bush – Alcon

'Taking a Scientific Approach
to Pharma Advertising'.



Winner, as voted by the Conference delegates – Jack Bush, Alcon.



Janet Henson



Joan Davies and Ian Ewan

Thanks to the:

1. Conference Organiser – Janet Henson
2. Technical Team – Joan Davies and Ian Ewan
3. Conference Secretariat
4. Writers of the post conference news articles

Secretariat



Unravelling some important AE Reporting Issues!

Feedback from many agency and pharma personnel regarding the “EphMRA Guidelines on AE reporting” has, we are happy to report, been very positive. Many seem to feel that they provide a useful basic understanding of what needs to be reported, when it needs to be done, how to minimize the impact on the research process and how to limit any unwarranted work by agencies and respondents.

However, a number of interesting issues have arisen in the last few months which those of us who worked on the development of the “AE Guidelines” felt it would be helpful to share with all members.

The first case: A field work agency requested the identity of the commissioning Pharma company during a briefing by a full service agency.

The fieldwork agency felt this information would improve the efficiency regarding the reporting of any relevant AE's.



The request was **NOT** because they wished to communicate to the Pharma client directly, (this can always be handled in the contract with the full service agency), but to identify which AE's needed to be reported, **as only those referring to the commissioning Pharma company's products need to be reported.** The full service agency was unwilling to reveal its client: The question was what should be done in a case like this?

Firstly, it is very sensible and appropriate that the fieldwork agency should try to establish the identity of the “ultimate client” wherever possible, even though this would not be revealed to respondents unless a relevant AE was identified; nor should it result in direct communication between the fieldwork company and the Pharma client, unless agreed with the commissioning agency. Clearly, where the fieldwork agency has this information, the correct procedure for

reporting any AE's can be followed more smoothly. The onus however is still on the full service commissioning company to report this to the Pharma client within the 24 hour time frame. If the ultimate client's name is not known by the fieldwork company, this puts this important timeline in jeopardy.

The fieldwork agency should inform each respondent, in a generally worded introduction or at the end if preferred, that it (the fieldwork agency) is required to pass on any AE that might arise (that meets the key criteria in the EphMRA Guidelines) to the manufacturer, **provided they give permission for their identity to be passed on.**

In the event of an AE being identified, the fieldwork agency's responsibility is to keep records illustrating the action taken. Even if the respondent did not give permission to allow their name to be revealed, the nature of the AE should still be reported and passed to the full service agency immediately (where records also need to be kept) and then to the manufacturer.

(continued overleaf)



However, no-one can “force” the commissioning full service agency to reveal their client’s identity. But, in such circumstances they will need to review very carefully the information that is emerging from the fieldwork and report any AE that might have occurred. In this situation it is unlikely that the full service agency would be in a position to report the AE within the required timeline (24hours) of when it was mentioned. They would be need to point out to the Medical Department or those responsible for AE reporting in the Pharma company, that as they were asked **not to reveal the identify of the company to the fieldwork agency**, they were acting correctly in reporting any AE as soon as it came to light.

However this may not be in line with the **pharma company’s AE reporting policy** given possible delays in the communication channels. Thus, a decision not to reveal the company’s identity could have potentially serious consequences for the Pharma’s MR staff if an AE was identified and reporting was seriously delayed, because the identity was withheld. The Pharma company’s market research staff needs to be very careful to check the AE reporting requirements internally; otherwise they could land themselves in potentially serious legal difficulties. Equally, if the full service company “unilaterally” decided to withhold their client’s identity, there could be serious consequences for them too, if this decision was not “signed off” by their own Pharma client.



In the second case we have a situation where a fieldwork agency was running the UK arm of a multi country study. The commissioning full service agency had received “sign off” on the guide, but did not add the specific UK introduction to their guide regarding AE reporting.

Because the guide had been signed off, the commissioning agency did not wish to change the guide. What is the best way out of this difficulty?

Despite the fact that the commissioning agency had signed off on the guide, the fieldwork agency **DOES** need to advise the full service agency that Physicians need to be informed about the policy of AE reporting. If the full service agency still did not wish to alter the guide, it would be in order for the fieldwork agency to provide a separate additional sheet with an introductory explanation about AE reporting or to give it at the end of the interview. The full service company should be advised of this requirement as part of the standard and normal interviewing procedure. All companies conducting interviews should advise respondents of the need to report AE’s as a matter of normal protocol. This can be done at the outset of the interview, or at the end, as preferred.

In summary, no agency should be concerned about addressing this issue with its Pharma client. Pharma personnel need to know that such advice to respondents is now part of the regular protocol that has to be followed and this is something that Pharma companies, especially in the UK, have signed up to (The ABPI/ BHBA Agreement). It is also an agreed protocol elsewhere.

In Germany however, the ADM, endorsed by senior industry Drug Safety personnel, have made it **very clear** that the agreed procedure is to remind the HCP of their reporting obligations (in the event of an AE being mentioned) and/or to ask non HCP’s to inform the prescribing HCP and /or pharmacist of the AE. The **market research company is absolved of any other involvement with regard to AE reporting**.

This review was prepared by Allan Bowditch, The Ziment Group (*with thanks to Dan Fitzgerald, GfK Healthcare*)

The EphMRA Award for Contribution to Pharmaceutical Market Research

Friday 27th June in Barcelona



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 market research.

Both Full and Associate members have made nominations and then voted.

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 market research

Examples of such a contribution are:

- New technique developed
- Strengthened the role of market 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 a token memento.

Previous Winners and Runners Up:

Year	Winner	Runner-Up
2007	Barbara Ifflaender, Altana Pharma, Nycomed Group	François Feig, Merck Serono
2006	Hans-Christer Kahre, AstraZeneca	Barbara Ifflaender, Altana Pharma.
2005	Colin Maitland	Hans-Christer Kahre, AstraZeneca
2004	Isidoro Rossi, Novartis Pharma	Dick Beasley
2003	Janet Henson and Bernadette Rogers	Dick Beasley
2002	Allan Bowditch, Martin Hamblin GfK	Rainer Breitfeld.
2001	Panos Kontzalis, Novartis	Allan Bowditch, Martin Hamblin GfK.



Winner – Steve Grundy
Marketing Sciences



Runner Up – Anne Loiselle
Abbott Laboratories



3rd Place – Allan Bowditch
Ziment



The 2008 Nominations are:

Allan Bowditch – Ziment – for his work on the Adverse Events Working Party and his very active participation to the content (and delivery) of the 2007 and 2008 conferences and his commitment to the 2009 conference.

Cathy Clerinx – Adelphi International Research – has been a committed member of the PRM&T and has also supported the Programme Committee for the Athens 2006 conference.

François Feig – Merck Serono International – Former President of EphMRA, very active participation on the Adverse Events Working Party and is a committed EphMRA supporter.

Jacky Gossage – GSK – Long time achievement as Chair of Database & Systems Committee and has strengthened the role of market research (especially secondary) in pharmaceutical companies.

Steve Grundy – Marketing Sciences – for outstanding contribution to training and PRM&T Committee. Always willing to participate in EphMRA courses as speaker or convenor.

Anne Loiselle – Abbott – very active supporter of EphMRA, current Past President, 2009 Conference co-Chair. Willing to participate in a wide range of EphMRA discussions.

Alexander Rummel – psyma international – Always supportive and enthusiastic to EphMRA, active member of PRM&T Committee, and speaker and convenor on training courses.

Andrew Scott – Ziment – over a 25+ year career in pharmaceutical marketing research has been a strong supporter of EphMRA.

Jayne Shufflebotham – AstraZeneca – enthusiastic hard working supporter of EphMRA, long standing committee involvement and Chair of Syndicated Data Committee.

Henrik Zoeller – Gruenenthal – very positive member of PRM&T Committee, enthusiastic supporter of EphMRA and its work.

EphMRA Board Members 2008-09

The EphMRA Board was voted in at the June 2008 AGM and will take office on 1 October 2008 for a one year period. The Board members are:



Rob Haynes – Schering Plough



Beatrice Redi – Schering Plough
Italy, Vice President



The Board

Rob Haynes – Schering Plough – USA, President for a second term

Beatrice Redi – Schering Plough – Italy, Vice President

BOARD MEMBERS:

Anne Loiselle – Abbott Laboratories – Canada

François Noailles – Pierre Fabre – France

Matthieu Edelman – Sanofi Aventis – France

Patrick Denis – GSK Biologicals – Belgium

Michel Bruguere Fontenille – Treasurer – remains as Treasurer (voted into office in June 2007 for a 2 year term)

In June 2008 the EphMRA Board was joined by two Associate Members:

Bob Douglas – Synovate Healthcare

Piergiorgio Rossi – SGR International

Both Bob and Piergiorgio will be joining future EphMRA Board meetings.

...and thanks to Kerstin Lilla, Solvay and Kurt Ebert, F Hoffmann La-Roche who are leaving the Board this year after many years of participation and involvement. THANK YOU!!

EphMRA Classification Committee...

thanks to Hans-Christer Kåhre

This year Hans-Christer Kåhre will retire from AstraZeneca and after many years on the Classification Committee, latterly as Chair he will hand over to a new Chair. He has made a great contribution to EphMRA.

Hans-Christer joined the Committee in 1992 and has probably not missed one single Classification meeting since then.

From EphMRA and all the members we say a big THANK YOU!

Here's what some of his Committee colleagues say about him:

// Hans-Christer's one of the most reasonable, decent people around. He listens to all sides – and can listen again when people start the discussions anew – but still keeps the Committee moving forward. He's a great sounding board. //

// Did we mention that he's a wonderful teacher and role model? Also egalitarian – everyone has a say – but he can also draw a discussion to a close. Every year we'd all get edgy when we had to vote for a Chair – we were so concerned that he'd leave! And this year it actually happened. But he was true to form: He stepped down with grace, not letting us try to side-step the issue of succession and doing it in time to train and transition the role of Chair. //



Hans-Christer Kåhre

// Hans-Christer knows more languages than anyone I know! (How will our EphMRA team travel to Oslo and work with WHO now? Any Norwegian speakers left on our committee?). He has a tremendous amount of patience and if anyone should ever doubt the re-classification process, they would be wrong – at least under Hans-Christer's chairmanship. He enabled and facilitated the discussions to cover all aspects and all points of view. Ultimately, there were no biases. End result – optimal classification decisions! And lastly, to concur on another strength, his knowledge of pharma! I think he could have covered any class! //

// In addition, his great knowledge of the industry and products/therapeutics. His patience in listening to all sides of an argument. His commitment – he has been I think to nearly every meeting. //

And one more from me personally...

// his calm and easy going demeanor – I found this to be quite reassuring that no matter what our workload was and what our time frame was, it was all doable! //

Welcome to the new Committee Chair,
Christine Wong, Novartis



Christine Wong

QUALITATIVE RESEARCH – NEW HORIZONS

Broaden your horizons with EphMRA

ONE DAY MASTERCLASS TRAINING & NETWORKING EVENT - THURSDAY 23RD APRIL 2009

Venue - ABPI – The Association of the British Pharmaceutical Industry – London

NEW HORIZONS – why this name?

Definition - promising future prospects: new and promising prospects that seem to be opening up for somebody or something

BROADENING HORIZONS WITH EphMRA

Definition - broaden one's horizons expand one's range of activities, and knowledge.



If you are interested in presenting on this course, please contact Janet Henson: [email prmt@ephmra.org](mailto:prmt@ephmra.org)

Introduction

The aim of this MasterClass is to explore new, cutting edge thinking and latest trends in qualitative research, encompassing the totally new through to the evolution of the tried and tested. More and more the role of market research within the pharmaceutical industry product lifecycle is paramount to the marketing success of pharmaceutical products. All pharmaceutical companies need to maximise their products performance within the marketplace, and this requires a high level of market research.

Qualitative Market Research often focuses on explicating processes, how things happen, in ways that acknowledge the contingency and open-endedness of human experience, but we must focus on increasing the use of research that link these specific processes to specific consequences, outcomes and results. More often than not qualitative research is the start point for market research programs, and within the competitive nature of the pharmaceutical industry **never** has the importance of these first steps been more crucial. It is therefore of paramount importance that market researchers keep abreast of latest techniques and trends, both within the pharma research world and beyond. This awareness enables them to ensure their companies gain the most insightful and leading edge research design, and ensure that not only do they use the latest cutting edge methods, but they themselves become dynamic, leading edge market researchers.

Course Background

EphMRA members generated valuable suggestions for improvement of training course structures as a result of two surveys. A working group of the EphMRA PRM&T committee revised the EphMRA course structure to better meet the needs of the course delegates. The new course structure consists of 3 main types of courses:

- A** Introductory (basic skills training)
- B** Business issues related (regular training courses), product life cycle orientated, each B course is independent with no in-depth focus on methods
- C** Method related (ad hoc Masterclasses with in-depth focus on one single method)

This course is one of our advanced MasterClass method related courses, to learn why you should attend one of our courses see our brochure 'Why attend one of our courses', this document takes you through all the key advantages of the EphMRA learning programme.



The course objectives will be achieved via high quality experienced speaker presentations and through a high degree of practical interactive sessions, addressing how to understand more fully the new, emerging and more established qualitative market research techniques and how to apply them in practice. Delegates will be able to use the latest thinking and be able to more creatively approach their market research projects. The ultimate aim is that delegates can return to their office with a clear mandate to make a difference, thereby enhancing their companies' decision making process in order to gain a leading competitive edge within the marketplace.

The course will provide:

- ☐ An understanding of cutting edge, latest thinking in qualitative techniques from within and outside the pharma area
- ☐ An overview of latest trends in qualitative market research
- ☐ What the new and emerging qualitative market research trends are
- ☐ What the latest developments are for tried and tested qualitative methods
- ☐ What can be learnt from outside the pharma world
- ☐ Advanced use of cutting edge qualitative methods
- ☐ What the techniques mean, how to differentiate them against each other and against other more established qualitative techniques
- ☐ When and which techniques are applicable
- ☐ What is the significance to be at the leading edge of qualitative design, what is the added value to you and your company.
- ☐ How to broaden your HORIZONS in qualitative market research and impress your company and colleagues
- ☐ An invaluable opportunity to network with best thinkers and practitioners in the qualitative field and to exchange ideas with market research colleagues, thus enhancing further the learning experience

Who Should Attend?

The target audience for this advanced MasterClass is experienced market researchers who want to gain a deeper insight into how to effectively utilize cutting edge qualitative research techniques and stay ahead of the game. The course is suitable for both pharmaceutical companies and agencies within the market research or competitive intelligence areas through to brand managers.

Convenors & Organiser

We recognize that an advanced qualitative MasterClass requires highly experienced and innovative market research practitioners so the following representatives from the EphMRA Primary Research Methods and Training (PRM&T) Committee have been recruited to guide you through the qualitative maze:

Julie Burs - *Aequus Research*
Peter Caley - *Branding Science*
Rachel Sewell - *AstraZeneca*

Ably assisted by:

Janet Henson - *MasterClass Organiser*
Nicole Collingwood - *EphMRA Training Course Logistical Organiser*



Watch our website for news on speakers

On-Line Training



HOT OFF THE PRESS

The PRM&T Committee is pleased to announce the launch of the on-line Introduction to International Pharmaceutical Market Research Course.

This course is unique and had been developed by EphMRA for the pharmaceutical industry. No new member of your department should miss the opportunity to experience this fundamental foundation course – a must for all new market researchers.

EphMRA would like to thank the Working Party who helped bring this course to life:

Janet Henson – PRM&T Chair
 Anna Garofalo – Double Helix Development
 Julie Buis – Aequus Research
 Anne Loiselle – Abbott

MEMBER DISCOUNTS

EphMRA members only have to pay 840 Swiss France per person for this outstanding course. None Members of EphMRA can also benefit for 1200 Swiss Francs per person.

REGISTER NOW

To register please see our website www.ephmra.org

FULL SCOPE OF COURSE



Introduction to Pharmaceutical Market Research enables delegates to understand the basic principles and best international practices of pharmaceutical market research. It aims to help learners to develop an understanding of:

- Pharmaceutical Market Research (MR) and its uses
- Defining Secondary and Primary Research
- Different primary methodologies
- The scope of MR and its role in the product lifecycle
- The role of MR and its clients
- The role of MR in business decisions
- The fundamental elements within research practice
- Using research findings to make a difference
- The role and mission of EphMRA in International Pharmaceutical Market Research
- Further training opportunities from EphMRA

Target Audience

The target audience for this basic course is those who have joined an international pharmaceutical market research department or agency within the last 12 to 18 months.

Learning Outcomes

The Role of Market Research

- The Pharmaceutical Industry - Understanding in detail the process of drug development and testing, and the role that market research plays within the world of pharmaceuticals
 - How is a drug developed?
 - How are drugs tested and regulated?
 - How are clinical trials carried out?
 - What is the role of market research in the industry?
- The Product Lifecycle - looks at the lifecycle of a drug, as a product, and the market research that might take place at each stage of the product lifecycle.
 - What is the product development lifecycle?
 - Where does market research fit into the lifecycle?
- Commissioning Market Research - the process of commissioning market research, from the initial question or request, through to how pharmaceutical companies select and work with agencies
 - Why do market research?
 - When should we undertake market research?
 - How do we clarify the objectives
 - What planning needs to be done?
 - How is an agency selected?
 - What process does a market research project follow?
 - How do other people perceive market research

Secondary Research

- Overview of Secondary Research - what role should Secondary Research play in a market research project, from helping to define the problem, to clarifying the research objectives and establishing information gaps.
 - What is Secondary Research?
 - How do we use Secondary Research?
 - When can we use Secondary Research?
 - How helpful is Secondary Research?
 - What are the common pitfalls?
- The Sources - a review of secondary data sources that are available to market researchers and how that data can be classified and categorised.
 - How is secondary data categorised?
 - What are the main sources of secondary data?
 - What does audit data look like?
 - What is audit data useful for?
 - What is non-audit data useful for?

Primary Research

This section looks at different primary research opportunities and aims to help you to distinguish and differentiate between the role and character of qualitative and quantitative methodology in order to maximise the application and value of any research you undertake.

- Qualitative
 - What is qualitative research?
 - Where can we use qualitative research?
 - What are the main methods?
 - How are samples chosen and interviewed?
 - How do we analyse qualitative learnings?
 - What can go wrong?
- Quantitative
 - What is quantitative research?
 - Where is quantitative research used?
 - How do we collect quantitative data?
 - How is sample size derived?
 - How is a quantitative study undertaken?
 - How do we analyse quantitative research data?
 - What can go wrong?
 - What other techniques are commonly used?

EphMRA and your career

This module looks at EphMRA and their work to develop and improve standards and techniques for market research in the field of health and healthcare. It also contains details of the courses and publications EphMRA offer to help you progress your market research career within the industry.

- The EphMRA Board
- Associate Members
- Role of EphMRA Committee
- EphMRA's role in training, members meetings, annual conference and publications

FOR MORE INFORMATION CONTACT
JANET HENSON
prmt@ephmra.org

Engaging, Accessible, Anytime, Anywhere



all words that apply to our new on-line training

ALSO AVAILABLE FROM EphMRA ON LINE – brought to you by the PRM&T Committee

EphMRA Healthcare Market Research Skills Courses

420 Swiss Francs to Members (600 Swiss Francs to Non Members)

Managing a Research Project



Pharmaceutical companies are always facing new situations. The competitive business environment in which they operate is constantly changing. Companies develop new products and new promotional strategies. Prescribers and users respond to changes in economic, social and legislative systems by changing their product use patterns. New organisations, affiliations and initiatives are continually being born. All these provoke management to ask questions.

These questions need answers. Answers that you as a market researcher are expected to find. This course is designed to help you to improve the quality of research you do, avoiding the common pitfalls that lie between a brief from your in-house client and reporting the results of your research.

The Role of Research through the Product Lifecycle



The role of market research within the product lifecycle is paramount to the marketing success of pharmaceutical products. All pharmaceutical companies need to maximise their products performance within the marketplace, and this requires a high level of market research information and analysis. Market Research has always been key to the success of pharmaceutical companies and products, but today and in the future it is even more important and the importance will certainly increase. This course aims to demonstrate why market research is important and provides an overview of different methodologies that any project might incorporate through out the lifecycle of a product. The course also looks at the key influencers to research and most importantly effective presentation delivery of the research.

EphMRA Healthcare Business Skills Courses

190 Swiss Francs to Members (250 Swiss Francs to Non Members)

Managing Workload



The healthcare industry is a rapidly changing and evolving area resulting in more and more demands on the market researcher. This demand indicates that senior managers value the internal and external services you provide. However this has resulted in higher levels of skills being required to manage your workload. During the course of your work, you may find that you have to work to tight deadlines. More often than not, these will concentrate themselves at certain times of year. This course will help you learn techniques for managing your workload through identifying your priorities correctly, setting effective goals, and making the best use of your time. It also looks at how you can cope when your workload becomes excessive.

Negotiation Skills



Being able to negotiate effectively will benefit you both in and outside of the workplace. This course will help you to learn some practical negotiation techniques and strategies, and to plan your negotiations to give you the greatest chance of success.

EphMRA Healthcare Leadership Skills Courses

190 Swiss Francs to Members (250 Swiss Francs to Non Members)

Coaching Skills



Coaching is a fundamental part of your role as a manager. It is at the heart of your relationship with anyone who works for you. This course will help you develop an understanding of coaching and how you can use it to get the best out of the members of your team.

Leadership Skills



Many people make the mistake of thinking that leadership is something that only very senior people have to consider. In fact, leadership is a key skill that every manager needs to master. This course will help you to develop your leadership skills and use them to provide direction for your market research team.

Managing from within the Team



As a manager, you are also a member of the team that you work for. This course will help you to balance these two roles and manage your team more effectively from within.

Register Now www.ephmra.org

For more information contact Janet Henson prmt@ephmra.org

STOP PRESS: EphMRA – New One Day Training Courses



November 6th 2008 – Rationally how does my product fit into the market?
November 7th 2008 – How do I implement my positioning strategy and monitor its effectiveness?
REGISTER NOW FOR BOTH THESE COURSES – WHY NOT BOOK BOTH AND SAVE 10%* Both are complementary courses in our product lifecycle in our progressive learning module. (*for same delegate)

For our November courses we have visualised them playing chess and puzzles – a good analogue?



Positioning: the act of creating an image of what a product can offer and to whom, so that it will occupy a distinct and sustainable competitive position in the mind of the target consumer – EphMRA Lexicon.

Positioning Statement: written declaration by a company regarding its view of where its product or service sits in the marketplace – EphMRA Lexicon.

Chess strategy – is concerned with the evaluation of chess positions and setting up goals and long-term tactics for future play. During the evaluation, a player must take into account the value of the pieces on the board, pawn structure, king safety, position of pieces, and control of key squares and groups of squares), and the possible moves the opponent will make after any move made.

Jigsaw puzzle – is a tiling puzzle that requires the assembly of numerous small, often oddly shaped, interlocking and tessellating pieces. Each piece has a small part of a picture on it; when complete, a jigsaw puzzle produces a complete picture.

So the analogues utilised for our two November courses is clear, our B2 course – Rationally how does my product fit into the market is very similar to completing a jigsaw puzzle and just as challenging.

Our B4 course – How do I implement my positioning strategy and monitor its effectiveness – is very like the strategic game of chess and just as skilful and the role of competitor reactions insightful.

So come and learn how to master the role of market research in these two key areas of the product lifecycle.

ONE DAY MARKET RESEARCH TRAINING COURSE: THURSDAY 6th NOVEMBER 2008

B2 Rationally how does my product fit into the market?

(Phase III to launch, line extensions)

Introduction

This one-day workshop will provide delegates with practical guidance on how market research can be used to develop product positioning, specifically understanding customer needs, developing a Target Product Profile (TPP), prioritising R&D spend, identifying who to target and determining which positioning will optimise the potential for a new product.

Course Objectives

The aim of the workshop will be to provide delegates with practical guidance on how market research can be used to develop product positioning from a rational perspective (i.e. winning the mind!). More specifically the course will address the following questions:

- What is product positioning?
- What is the role of positioning in the strategic marketing process?
- Which product features and attributes have the greatest influence on product prescribing?
- How can market research help us to develop a Target Product Profile (TPP)?
- How do I prioritise my R&D spend?
- What are the relevant clinical end-points?
- Who should I target?
- Which positioning will optimise the potential for my product?

The course will provide a practical nuts and bolts approach to positioning and will cover:

- The qualitative and quantitative tools required to successfully launch a product
- The types of methodological approaches / research studies commonly employed
- The brand manager perspective

Who Should Attend?

The course is aimed at those working in an international pharmaceutical market research department or agency who have completed introductory courses in market research. The course would also prove useful for those working in a national pharmaceutical research department.

Convenors & Organiser

Representations from the EphMRA Primary Research Methods and Training (PRM&T) Committee are convening and organising the training course as follows:

Julie Buis, Aequis Research;

Anna Garofalo, Double Helix;

Felicina Itote, Abbott International;

Nicole Collingwood, EphMRA Training Course Logistical Organiser

**ONE DAY MARKET RESEARCH TRAINING COURSE:
FRIDAY 7th NOVEMBER 2008**

B4

How do I implement my positioning strategy and monitor its effectiveness?

(Phase III to launch, repositioning and line extensions)

Introduction

This interactive workshop will explore the pit-falls and strengths of research in campaign development and show how to implement positioning strategy through creative communication. Effective tracking and monitoring of brand perceptions; to assess the effectiveness of positioning strategy will also be reviewed.

Course Objectives

Using the examples of several "real live" business cases, the courses aims to discuss methods and tools which:

- Help identify a practical framework of activities to implement your positioning strategy through genuinely creative communication.
- Explore the pit-falls and strengths of market research in campaign development.
- Allow you to monitor brand perceptions and assess the effectiveness of your positioning strategy over time.

How do I communicate with my customers in such a way that they position my brand the way I want them to? (Phase III-Launch, repositioning and line extensions).

- Building the campaign (development, evaluation and testing of key messages, sales story flow/ detail aids, ad concepts – including both quantitative approaches).
- Once launched, tracking of attitudes, usage and current key messages, assessing impact of current campaign, development and testing of new campaigns.

Who Should Attend?

The course is aimed at those working in an international pharmaceutical market research department or agency with a minimum of 18 months – 2 years experience. The course would also prove useful for those working in a national pharmaceutical research department.

Convenors & Organiser

Representations from the EphMRA Primary Research Methods and Training (PRM&T) Committee are convening and organising the training course as follows:

Peter Caley, Branding Science; Nicola Frost, Baxter; Steve Grundy, Marketing Sciences; Nicole Collingwood, EphMRA Training Course Logistical Organiser

Both Course Venues – ABPI – The Association of the British Pharmaceutical Industry – London



EVEN MORE COURSES

- Autumn 2009 – Progressive learning module course B1 – Evaluating a Business Opportunity – The Role of Market Research

And possible course under consideration – Autumn 2009 – Progressive learning module course B3 – How do I brand to Win – The Role of Market Research in Brand Development



Watch our website for news on all our courses.

EphMRA would like to thank the
2008 Conference Programme
Committee for its hard work and effort...

It is much appreciated!

Allan Bowditch

Ziment Group

Matthias Fargel

Psyma International

Medical Marketing Research GmbH

Rob Haynes

Schering-Plough Corporation

Bernd Heinrichs

Grünenthal

Eric Robillard

GfK HealthCare

Chris Thomson

Astellas Pharma Europe Ltd

Alex West

P\S\L Research

Janet Henson

EphMRA Conference Organiser

B3 Course: How do I Brand to Win? The Role of Market Research in Brand Development

I don't know about you but from experience the whole subject of branding within the context of pharmaceuticals has always peaked my interest. Is it really possible to create a pharmaceutical equivalent of Coca Cola or Nike? Is it even conceivable that branding can be this powerful for the pharmaceutical industry?

One thing is sure and that is that the convenors and speakers at the recent EphMRA training course "How do I brand to win?" are totally convinced of the power of branding within the pharmaceutical industry and were able to provide numerous examples of successful brand strategies from their experience of working a collective 100+ years in the industry.

The "How do I brand to win?" course focused on providing delegates with practical guidance on how market research can contribute to:

- Creating a brand blueprint
- Bringing a brand blueprint to life
- Tracking the success of a brand
- Revitalizing a brand

Before embarking on these key areas one thing was certain and that was that we needed to agree on what branding actually means. **Mike Owen** of Brand Health provided a whistle stop tour of the many definitions of branding and brand development taken from both the consumer and

pharmaceutical arenas – some very straightforward and others more complex – but ultimately all pointing to a process whereby the use/prescription of a drug has meaning for both healthcare professionals and users/patients alike above and beyond the rational/logical towards a sense of added value resulting in loyalty, a more favorable disposition towards the brand and ultimately a change in behavior.

Having reached a view of what branding actually is **Giles Moss** from Pharma Brand Logic then went on to put the concept of branding squarely into the pharmaceutical arena by comparing and contrasting the pharmaceutical and consumers markets and looking towards the future of branding. There were a number of key take-outs:

- There is a need to formalize and obtain senior management buy-in to strategic brand management
- The industry should be thinking about brand architecture (and specifically portfolio management) and how it could be implemented within the context of the pharmaceutical industry – Giles's presentation certainly showed that key consumer models are relevant to the pharmaceutical industry
- The focus must be on building brands: – industry, corporate, franchise or product to improve long term profitability e.g. manage patent expiration more proactively in order to preserve long term profitability

Having set the scene in Session 1 the role of market research in building successful brands was then explored.

Session 2 – Creating a brand blueprint

The first presentation in this section was provided by **Mike Owen** from Brand Health International. For Mike, insights lie at the heart of any brand blueprint and often comprise a deep perception/understanding of a situation that no one else has grasped since unless our product is able to offer something different at a rational, psychological or experiential way then it will not be unique.

Mike demonstrated that research can help uncover insights so long as:

Researchers are working as part of a broader team – insights are a result of group activity (agency, brand managers, R & D etc.)

Both the emotional and psychological as well as the rational are explored

Researchers act as analysts and not simply reporters

We look for understanding and illumination, not data.

For each of the above Mike went on to provide some examples e.g. tapping into the emotional/psychological can be achieved through a range of questioning tools and techniques that access visual, verbal & tonal cues. This was illustrated using a few examples e.g. brand room exercises, mood boards, self-completion exercises and brand twinning.

Mike also emphasized the importance of the analytical process and the frameworks used to reveal insights. The examples used were neural mapping, which draws from a range of data inputs and represents inter-relationships and drivers in a 2 dimensional space. Mike also reviewed factors of change analysis which adopts a more externally focused/environmental assessment of competitiveness, market boundaries and definitions, market dynamics & market issues/contradictions

Finally the desire to achieve understanding and illumination has to be driven by the passion of the analyst by using experience, intellect, inspiration and also good luck. At the end of the session delegates were given a practical exercise to reinforce the learnings from the session.

The second presentation in the session by **Jane Shirley** and **Ellie Brutto** of Insight Research emphasized the importance of capturing the patient perspective when shaping brands and also elucidated a number of interesting approaches.

Jane described how over recent years the importance of the patient has increased dramatically to a point where patients are now central to brand strategy development. Acceptance of treatment by some patients relies heavily on the patient understanding (and the doctor being able to communicate) what a brand is able to deliver. The brand therefore must not only resonate with the physician but also with the patient – i.e. what will it do for me?

The exclusion of patients could result in missed opportunities in identifying true product differentiators in the market – so how can we gather patient insights? Jane and Ellie went on to illustrate a number of approaches including ethnography, rich media (photo journals & diaries, online forums) drawn from a range of therapy areas. On-line forums and more traditional face-to-face interviews were compared and contrasted and demonstrated how discussions between fellow sufferers on-line can reveal a deeper level of understanding of some of the more emotionally complex aspects of the condition.

From a branding perspective therefore the proximity to the experience of the condition (in the example cited the rollercoaster ride that is obesity) can reveal deep insights that can be tapped into from a branding perspective.

Session 3 – Bringing a brand blueprint to life

It's all very well talking theoretically about creating a brand blueprint, the ultimate test is transforming it into a living, breathing brand. How do brand managers and advertising agencies actually do this?

What better way to demonstrate this than by having industry and ad agency speakers in the shape of **Sandra Lopes**, AstraZeneca and **Barry Gowers** of Gowers Consultancy. Sandra kicked off the session by describing how decision-making is for the most part emotional and often over-rides rational reasons for choice. The BMW example was used to show how a brand can be infused with a personality that makes it so much more than the name alone. The idea of a serious German car with a sense of humor was illustrated using the BMW example.

Sandra then went on to describe the psychology of brands and the value she attaches as a brand manager to clever market research and how it can contribute to understanding the values that resonate most strongly with physicians and patients within a given therapy area. The importance of linking the rational attributes to sub-conscious values was emphasized in order to win both the hearts and minds of customers – the rational to gain the first prescription, the emotional to gain brand loyalty.

This fundamental philosophy was then brought to life using the launch of Crestor in Portugal to illustrate how the brand blueprint created by the global team was then able to be interpreted into the local Portuguese market in order that Crestor had a specific and personal meaning for Portuguese physicians and patients.

The ad agency perspective was then shared by **Barry Gowers**, who emphasized the importance of establishing and building a strong relationship with brands. Barry explained how brandographics can be used

to create a rich picture of associations, meanings, emotions that would otherwise not surface through the written word and which reflect the essence of the brand. For Barry non verbal communication in the form of images form the stimulus for creative's work since we are able to recall more of what we see than what we hear AND it transcends language!

By using the analogy of launching a rocket into space to put astronauts on the moon Barry then took us on a 4-step voyage of discovery from blast off through to safe landing on the moon using the example of the re-launch of the Mini to illustrate the different phases.

The four stages were described as:

- Unlocking the key insight – Blast off
 - Identifying an insight to drive commercial success
- Challenging beliefs – booster rockets ignited to send us into orbit
 - Work with current beliefs to effect a change in behavior by challenging existing beliefs
- Development of the positioning strategy – rocket guidance to direct us to the moon
 - Define positioning, target audience, distil essence, pledge one big promise
- Implementation and control – safe landing on the moon
 - What we need to say and how we say it. Must reflect vision and values, expresses our personality and provides reasons to believe

Session 4 – Tracking a Brand

Having finally got to the point where you have brought the brand to life, the next stage is to ensure that the brand is on track in terms of key performance measures. For this session **Josh Feldmeth** of Interbrand was able to bring his own interpretation of how we can track the success of brands by identifying brand drivers, and understanding how these contribute to creating economic value.

According to Josh, tracking a brand has now moved beyond the tracking of awareness and usage towards the incorporation of a range of metrics that also measure brand performance in terms of competitiveness, distinctiveness and ultimately revenue growth. A case study based on Humalog was used to illustrate how a failing brand could be turned around. Josh concluded that brand equity is based on the choices physicians make

and therefore by maximizing the probability of choice then brand equity is also being maximized.

Alternative approaches to tracking brands were then discussed by the convenors including capturing not only recall of key messages but also recall of some of the softer branding elements such as image and personality using questioning approaches that incorporate a projective element.

Diagnostic qualitative tracking was also discussed as a way of implementing an early warning system to track any disconnects between the intended messages, desired positioning/brand image and physician perceptions since it was acknowledged that great damage can be done to a brand if issues are not identified and rectified early in the launch process.

Session 5 – Re-energizing a brand

The session concluded with a case study based on the oral contraceptive market where brand related issues had been identified. The delegates were divided into two teams and asked to prepare a market research programme designed to diagnose and then re-vitalize the brand in question using all they had learned over the 2 day course.

In conclusion, the 2 day workshop provided a sound overview of approaches, tools and techniques that can be used to bring a brand to life, whilst at the same time anchoring the workshop in the real world in terms of what brand managers and ad agencies value the most from research conducted in order to create and nurture their brands.

If you have any questions then please contact the course convenors for more information.

CONVENORS:

Anna Garofalo – Double Helix – agarofalo@doublehelixdevelopment.co.uk

Xander Raymakers – NV Organon – xander.raymakers@organon.com

Mike Owen – Brand Health International – MikeOwen@brand-health.com

B1 Course: Evaluating A Business Opportunity – The Role of Market Research

Follow-Up Summary and Conclusion

The objectives of this workshop were to:

- Identify and quantify potential product characteristics that represent drivers of success.
- Forecast future market developments in terms of unmet needs, market size, and share of existing core market products.
- Estimate sales potential of a new product (the business opportunity).
- Understand the nature of internal customer needs and expectations to achieve buy-in to analyses and findings.

The course was convened by **Alexander Rummel** (Pysma International Medical Marketing Research) who moderated the event and by **Werner Gorath** from Nycomed and **Henrik Zöller** from Grünenthal.

In total 26 delegates attended the training course and on the first day **Chris Godfrey** from Merck Serono opened the course with an interactive session. Typical market research questions were gathered regarding early life-cycle products, including licensing opportunities. It came out that the strategic question “Where does the company want to go?” plays a key role in the evaluation of a business opportunity, and all other questions posed to market research must be seen in the light of certain strategic company interests. Keeping this in mind, typical questions addressed to market research are: What is the patient potential within a certain core indication? What is the number of actually treated patients? What will be the current sales volume? What will be the future market development? What are or what will be the growth drivers? Further analyses cover the market environment: Which therapies are currently used? What unmet needs are left open by current therapies? What is the R&D pipeline? Which doctors treat this indication? And finally: What will it cost to bring a certain product to market (preclinical and clinical development, royalties, down-payments, marketing and sales force)? The latter points emphasize that a business opportunity should be evaluated in terms of its expected net present value.

Gary Johnson from Inpharmation took the next step to provide methods that answer many of the above questions. A case study dealing with an obesity product showed how important it is to have good estimations not only for patient numbers, but also for diagnose rate and treatment rate (both rather low in obesity). Knowing the market size and its future growth potential, the next step is to estimate expected market share for the product of interest. Here Gary warned us to adopt the simple strategy of taking a single existing product as an analogue model for our own forecast. Too often we ignore that a current “gold standard” has evolved under different circumstances, or had the advantage of being the first product to enter this market. Finally, price considerations play a central role in evaluating a business opportunity. Unfortunately it is not easy to estimate a realistic future price with fair accuracy, but utility functions may help to find a range of price acceptance. These are the building blocks of the formula “product sales = market volume × market share × price”, and to achieve a meaningful result, every factor has to be estimated as precise as possible. In the second part of his presentation, Gary provided further tools and models for product evaluation. To his opinion models should be as simple as possible. In contrast to that, in a highly complicated “multi-parameter” forecast model error variances will summate. Thus, increasing complexity does not necessarily increase precision. Nevertheless, parametric forecast models are to be preferred over simple historical analogues. Finally, the time-order of market entry is a major critical variable of success, therefore sales loss due to position in the order of market entry should be taken into account.

Alice von Loesecke (Decision Resources) presented data sources and primary research to identify unmet needs of physicians, patients, and stakeholders. She listed Rx and sales audits, omnibus surveys and other periodical multi-client studies as well as different libraries and commercial databases that give insight into preclinical and clinical development of emerging drugs. Conference tracking, web research (covering also patient communities and blogs) and sales force feedback can provide further information. The large number of data sources mentioned by Alice demonstrated how much information we can achieve with secondary data alone. With three different case studies (covering the role of atypical antipsychotics in major depression, the restless legs syndrome, and type 2 diabetes in China) Alice showed how secondary sources and ad hoc research can be fused to get deep insight into existing and future markets. Alice closed her presentation with the same three demands she had opened it: “Use a variety of sources”, “Include all stakeholders”, “Focus on actionable data”.

In the next session **Maiko Midena** and **David James** from J&D Associates demonstrated how we can explore future markets with analytical (desk top) tools. In their own approach all relevant information feeds into an intuitive, transparent, and applicable forecast model that can be customized to certain market profiles, to special situation constraints (like availability of market data), and to internal customer objectives. In fact, evaluating a business opportunity always starts with some sort of market profiling. Modelling concrete future scenarios can be done more roughly (if there is high time pressure) or more carefully, for example when it comes to due diligence of a certain product. Consequently, Maiko and David classify different model approaches according to their degree of precision and - highly correlated to that - to the degree of time pressure: Depending on the special customer demands the analysis can be done by a simple scoring model that rank-orders different opportunities, or by a tool that provides complete forecast and NPV calculations for different scenarios. At the end of the presentation Maiko illustrated in detail an EXCEL-based forecast spreadsheet by the example of the assessment of a new drug compound.

Christine English (English International Limited) closed the first day of the workshop showing how to evaluate an in-licensing opportunity under high time pressure without doing it “quick and dirty”. Her approach uses KOL interviews which can be done in very short project time but nevertheless give deep insight into a certain topic. Typical situations for such a client request are the threat of a contract that needs to be signed, answers to questions from an advisory board, the need to react promptly to a recent publication, or a fast statement to an early phase development or some newly emerging therapy area. Instead of quantitative data, the KOL interview provides you with a range of sophisticated arguments favouring (or questioning) your decision strategy. KOLs are known to be highly educated and specialised; often they represent trend-setters within their domain, and they are closely related to pharmaceutical companies and their R&D. Therefore KOLs are ideal “trend-scouts” and competitor observers. Unfortunately, KOLs have their diaries booked month ahead. Furthermore, their incentives are high and their representativeness for the mass of prescribers is sometimes questionable. Nevertheless, many examples from Christine’s long market research experience transported the insight that some verbatims of a KOL are often ten times more persuasive to top level management than a series of 100 tables and charts.

The first day ended with a wonderful welcome dinner in Brussels’ perhaps most exciting restaurant.

B1 Course: Evaluating A Business Opportunity – The Role of Market Research

Day Two

Dorothy Parker (Fast Forward Research) started the second day of the workshop, focussing on qualitative primary research to investigate customer needs. She opened her huge toolbox of qualitative research methods and convinced the group that there is almost no business-related question that could not be treated by them. The next stage in the process of opportunity assessment (following desktop research) is often qualitative research. It serves to understand market needs, key drivers and barriers, and it lists relevant factors that can be quantified in the later research process. There exists a huge amount of qualitative techniques that go far beyond the classic interview, for example word association (its tradition going back to Sigmund Freud) and sentence completion, role play (adapted from Moreno's psychodrama), laddering, the shopping bag, or projective techniques like creative drawing exercises and collages. Most of these methods can be done in face-to-face setting as well as with groups.

Alexander Rummel (Psyma International Medical Marketing Research) then changed roles from moderator to speaker. He turned the stone to quantitative research methods and demonstrated how to apply conjoint measurement and discrete choice models in the evaluation of early lifecycle projects. Conjoint measurement has a long tradition in market research and is especially suitable for determining the utility of different features (attributes) of a product concept as well as the utility of the concept as a whole when compared to other products. Market simulations can transform these utilities into potential market shares of different product variants. In the evaluation of an early lifecycle project we often ask which product feature would be the strongest driver for a doctor's decision to prescribe the drug. Would it be the class of substance, mode of action, degree of efficacy, tolerability, safety, convenience of administration? Conjoint measurement give us their relative utilities, as was demonstrated by a case study showing the decisional weights of various attributes of a new GI product. Alexander did not forget to mention that often some qualitative studies should precede a conjoint measurement in order to find out a practicable and relevant set of product attributes. Secondly, we should keep in mind that conjoint does not give us reasons for a certain preference choice, which again have to be explored by other methods.

Bernd Tischer (TNS Healthcare) followed with a quantitative approach to patient and physician segmentation. He forced the audience to recall a basic rule of customer research: Before we can effectively target the customer, we have to know him – Identify customer segments, quantify them, and find out how customers communicate and react towards specific stimuli. Following this rationale, segmentation is the foundation of product positioning, communication strategy, and advertising. Segmentation of doctors reveals their medical attitudes, prescribing criteria, information seeking behavior, but also their needs and emotions regarding certain trigger features to prescribe a product. From a methodological point of view, segmenting patient target groups is nearly an analogue to doctor segmentation, and it seems to be much more important in OTC markets than in the Rx domain. Interestingly, Bernd stated that the traditional "hard attributes" of segmentation, like gender, region, age, work experience do not correlate much with the willingness to prescribe a certain product. This can be predicted much better by knowing some "soft attributes", e.g. certain attitudes, therapy needs, and brand commitment, the latter being strongly suggested from experience in FMCG, Automotive and other consumer markets. Multivariate statistical methods like cluster analysis can extract the segments out of a huge amount of structured questionnaire items. In a case study Bernd showed that patients can be segmented successfully according to their attitude towards steroids (steroid phobia) with a questionnaire called "Emotion Profiler", and another case study demonstrated that a set of relevant attributes within physician segmentation can predict the acceptance of a new product.

Sandra McAuliffe from GfK, as the final presenter of the workshop, focused on the fundamental importance of communicating our market research to all stakeholders of the market research project from the very start (planning phase) to the end (presentation of results). Her "research to action" process consists of 7 steps that should help a project team to ensure actionable market research instead of pure "data feeding". Sandra convinced the audience that doing good empirical research is one thing, but it is communication that makes market research a powerful foundation for action.

We all know that it is impossible to become a specialist in forecasting, desktop research, conjoint, segmentation, KOL research and qualitative techniques within one and a half days. However, it was possible and well accepted by the audience to present a wide range of methods that exist to evaluate a business opportunity. And once more it became obvious how important it is to get in face-to-face contact and share personal experiences.

So if you are struggling with some questions, do not hesitate to contact the speakers and convenors.

A big thank you to all our generous 2008 Conference sponsors

SOLE SPONSOR – 2008 Post Oscar Party Night
– Thursday 26th June



SOLE SPONSOR – CONFERENCE PAD



SOLE SPONSOR – CONFERENCE SIGNAGE



SOLE SPONSOR
CONFERENCE PROGRAMME PRINTING



SOLE SPONSOR – AGENCY FAIR LUNCH



SOLE SPONSOR – CONFERENCE DELEGATE BAG



SOLE SPONSOR – AGENCY FAIR GUIDE



SOLE SPONSOR – CONFERENCE PAD FOLDER PEN



SOLE SPONSOR – CONFERENCE BADGE PEN



Contact EphMRA

Please contact EphMRA as follows:

**Bernadette Rogers,**

Minden House
351 Mottram Road
Stalybridge, SK15 2SS
Cheshire,
UK

Tel: +44 161 304 8262

Fax: +44 161 304 8104

E-mail: generalsecretary@ephmra.org

EphMRA Mobile +44 (0)7904 836 008

General Secretary

- General point of contact for enquiries including
- Membership
- Web site
- Yearbook
- EphMRA Board
- Invoices and bookkeeping
- Mailing lists/database

Also Foundation Committee support

Janet Henson,

CP16,
Mont sur Rolle,
1185,
Switzerland

Tel: +41 21 825 4954

Fax: +41 21 825 4955

**Chair – Primary Research Methods
& Training Committee**

prmt@ephmra.org

- Contact for overall Training enquiries, future Training plans and developments, Committee activities

On line Training

online@ephmra.org

- Contact about on-line Training

NEW EMAIL ADDRESS

Nicole Collingwood,

Yew Trees, Rogers Town,
Holtye Common,
Kent, TN8 7EH,
UK

Tel: +44 1342 851 206

Fax: +44 1342 851 210

Training Course Logistical Organiser (face to face courses)

training@ephmra.org

- Contact about current advertised face to face training courses
- All organisational aspects of face to face training courses

Michel Bruguière-Fontenille

7, rond point Minangoy,
Résidence l'olivieraie,
06250 MOUGINS le haut,
France

Tel: +33 6 11 33 57 25

EphMRA Treasurer

michelbruguiere@hotmail.com



EVOLUTION OR REVOLUTION?

EphMRA 2009
PHARMACEUTICAL MARKET RESEARCH CONFERENCE
CONTRIBUTIONS AND SYNOPSSES INVITED
DEADLINE 26TH SEPTEMBER 2008

15TH - 19TH JUNE 2009 (AGM & CONFERENCE)
MARNE LA VALLÉE, PARIS, FRANCE

EphMRA
www.ephmra.org