

## Post Conference News

News sponsored by IMS Health



### Over 370 delegates were registered for the Conference along with 56 exhibitors

This year's conference took on a new format. It was shorter (Tuesday to Thursday including Committee meetings) and included a mix of plenary and parallel sessions. The agency fair was also organised around lunch and coffee breaks. Once again Masterclass training sessions were held for members.

*“ I can honestly say it was the most interesting and most professionally managed market research conference I've ever been to, and I've been to quite a few. Thank you. ”*

*“ Good job on the conference! I am definitely planning on attending next year. ”*

*“ My colleagues really enjoyed the conference very much and the way the agency fair was organized around the lunch buffet was a very good thing and for my company the conference was a great success. ”*

*“ I found the soapbox session very interesting and would like to see this included in future conferences. ”*

The new conference format will be assessed through feedback from evaluation forms from the Masterclasses, the conference overall and a specific questionnaire for exhibitors on their views of the new format. The EphMRA Board and 2010 Conference Programme Committee will fully digest the evaluation results.



# Post Conference News

## The EphMRA President's Update at the Conference focussed on:

- Strategic Options
  - New conference format
  - PR Consultant on board
  - Committee support underway
  - PRMT and Foundation have remunerated Chairs
  - State of the Industry project
- Keeping In-tune with our Membership
  - Members Surveys completed
  - Code of Conduct - overhaul of Code being undertaken over next few months
- Leverage expertise of the Associate Members
  - One year completed with Bob Douglas and Piergiorgio Rossi on the Board
- New web site and 'look' developed and launched in 2009
- We have almost completed first conference with MCI the new organisers
- EphMRA has developed a Vision Statement - *Creating excellence in professional standards and practices, to enable healthcare market researchers to be highly valued business partners*
- Committees still very active and maintain good levels of membership
- IMM - had to be cancelled due to economic climate - any future IMMs will be decided following outcome of the FMs survey



## State of the Industry initiative

- Objective is to raise EphMRA visibility at senior management level.
- This initiative would consist in interviewing 1 senior manager at ~5 different pharmaceutical companies on behalf of EphMRA.
- Topics covered would be the evolution of the industry and its environment, along with their view on market research activities their added-value.
- All interviews would be included in a deliverable that will be communicated to all participants and more broadly to EphMRA membership.
- Introduction to the interview would be an opportunity to briefly present what EphMRA is doing and to discuss your involvement in the association directly with your senior management.
- Success of this initiative will rely on the full members willingness to be involved. So far only 3 positive answers. Please contact EphMRA if your company is interested in participating in this survey.



## Members Surveys

### Associate Members - 2008 Survey

### Full members - 2009 Survey

#### Associate Members

- Would like greater influence in the Association/more 'say'
- Want EphMRA to encourage and retain more Full Member participation
- Annual Conference is a 'must attend' event
  - Interact with clients
  - Share experiences with other agencies

#### Full Members

- Tools needed to demonstrate the benefit of EphMRA within own company
- EphMRA Mission - should be more focussed. Concentrate on EphMRA being a Guide, Teacher, Aid, Supporter
- Professional development
  - Best practice/Guidelines
  - Training (key strength)
  - Fresh ideas (gained at Conference)

## Code of Conduct Review

- Joint code with ESOMAR now ceased
- Do we need our own Code?
- Consistent with our vision, 'Creating excellence in professional standards and practices'
- Need a comprehensive Code which is pharma specific
- Addresses both legal and ethical issues
- Appointed a steering group
- Should be complementary with other codes, eg BHBIA
- Address specific issues of international research
- Includes:
  - ad hoc query service
  - annual updates
  - training (TBC)
- Establish an Ethics Committee

**The Board hopes you all had a very pleasant summer and looks forward to being in contact with you again very soon.**

**The EphMRA Board**

## Masterclass 1

### Segmentation - How to Target and Promote to the Customer Effectively

#### Healthcare Professional Segments

An abridged PRM&T Masterclass was designed and convened by Steve Grundy (Marketing Sciences), Anna Garofalo (Double Helix) and Steve Burrows (Novartis) in the surroundings of Euro Disney. The first task for the delegates was to divide into two segments; those attending this Masterclass having to negotiate a walk around a lake, avoid Mickey Mouse and find a different hotel to the rest of the congress. This was more difficult than it sounds as there were also several blind people staying in the hotel so the corridors had to be kept clear of the usual signage!



**Convenors - Steve Grundy (left), Anna Garofalo and Steve Burrows**

Right from the beginning, delegates raised their key issues to be discussed during the Masterclass, for example when to refresh a segmentation or how to segment payers. It was pleasing to see these issues being addressed during the sessions. All delegates received a thorough grounding in segmentation, including segmenting consumers, patient and healthcare professionals and anticipated new customer groups. Many were surprised to learn that only half of all segmentation projects end up being implemented despite all our efforts, often because there is insufficient buy-in from key stakeholders or the time needed to complete the work is underestimated. Getting this right in the future should increase the return on investment in new segmentation studies as well as job satisfaction for the researchers involved.



**Dorothy Parker**

Getting the right input, as always, is critical to getting the right output so the course began with an introduction to qualitative approaches to segmentation by Dorothy Parker (Fast Forward)

and Anna Garofalo (Double Helix), both of whom have segmentation experience beyond pharmaceutical products to consumer and B2B markets. Understanding the real drivers to behaviour through qualitative research enables you to identify the appropriate variables to include in a quantitative study. Dorothy and Anna outlined a range of tools and techniques to enhance the quality of information elicited for developing a segmentation.

Steve Grundy (Marketing Sciences) highlighted in his presentation how this data can be used to test the extent to which those attributes drive a segment or enrich the understanding of each segment. Steve also went on to demonstrate how analysis can reveal insights that lead to competitive advantage for the brand. The session finished with genuine case study on Spanish physicians expertly presented by Ignacio Macias (Psyma Iberica, Spain).



**Ignacio Macias**

At this point the discussion became very practical on how Market Researchers can push for successful implementation of the segmentation by sales representatives with usable typing tools developed using discriminant analysis. Now we knew the theory, so how does it all come together in practice?



**Maike Bestehorn**



**Stefan Tuschl**



**Brian Lefebvre**

This Masterclass was definitely a star attraction as more delegates turned up for the second day to debate if, in practice, segmentation is more of an art or a science. The day opened with a fantastic presentation by Stefan Tuschl and Maike Bestehorn

# Masterclass Round Up

(TNS Munich) on the different statistical approaches. Stefan outlined how different techniques can be applied even to large consumer data sets. These different statistical approaches provide different solutions, even from the same input, so art continues to be an important part in every project in order to identify which solution makes the most sense for that brand's objectives. Brian Lefebvre (ZS Associates) spoke about some practical aspects to ensure all our hard work results in a segmentation that is accepted by key stakeholders and fully implemented in the organization. Only then can the expected competitive advantage be achieved.

The pharmaceutical market is changing fast with an increasingly fragmented customer base, a tougher regulatory environment and deteriorating returns on promotional investment. Nina Felton (Aequus Research) rounded off an excellent Masterclass leading a discussion on how segmentation can be used to generate competitive advantage in this changing environment.



Nina Felton

So what are the top tips for a good segmentation to be delivered and implemented?

1. TIME - developing a robust segmentation complete with a practical way to implement takes at least 6 months
2. INVOLVEMENT - ensure all key stakeholders are fully involved in the project at the right time, including sales managers, the medical team, etc
3. CLARITY and RELEVANCE - the segments must be clearly understood, identifiable and relevant for the brand
4. TEST MULTIPLE OPTIONS - there are multiple statistical methodologies available to generate mathematically strong segments, but these solutions are not necessarily the best for the brand objectives.



## Masterclass 2

### Mapping - where is our product's position and where are the others?



Convenors - Henrik Zoeller and Alexander Rummel

Almost 50 participants over 2 half days in the PRM&T Masterclass on Mapping Methods in Paris.

### Mapping is more than pushing the button

Graphical *presentation* of data is an art in itself - Mapping of objects and attributes as *representation* of data in a two or multidimensional space is additionally a great challenge which needs more skills from researchers than having an eye for graphics and dealing with a graph program. Mappings are derived from multivariate analyses and the graphical illustration of mapping results can be misleading like all statistical procedures for data reduction. But if carefully done "a picture tells a thousand words".

So it was the pros and cons of various Mapping techniques and their underlying models behind which were discussed intensively at this pre conference masterclass organised by EphMRA's Primary Research and Training Committee (PRM&T). All three masterclass topics chosen for the Paris 2009 Conference were the top rated classes from previous conferences and the Mapping class ran a second time after its great success in Malta two years ago. The PRM&T course convenors Dr. Henrik Zöller from Grünenthal and Alexander Rummel from Psyma saw excellent speakers and highly motivated delegates both from pharmaceutical industry and market research agencies. (Unfortunately Feliciana Itote from Abbott - the third convenor - could not travel from Chicago to Paris due to unexpected high workload).

As EphMRA's masterclasses have an in-depth focus on specific families of research methods mainly experienced researchers attended.



# Masterclass Round Up

That was also the reason to structure the masterclass into three main parts: Groundwork including definition and major statistical techniques, application and new approaches. A syndicate case study was designed as break out session to allow delegates to apply their knowledge themselves in interpreting Mapping data but also to make a personal experience how difficult it could be to judge the value of a mapping when crosstabs as raw data are not available.

## Definitions and basic methods

Paris, Tuesday 16th June, noon: Henrik Zöller prepared the scene on clarifying what a mapping is and what not. "Some detailed knowledge of the pros and cons of Mapping techniques and their underlying models should be a great advantage to every market researcher..." was in the announcement of the course - and John Tapper, Ziment (USA), Bernd Tischer, TNS (Germany) were great presenters to give an overview of the major mapping techniques.

Behind a map there is always some methodological approach, e.g. discriminant mapping, correspondence mapping, vector mapping, multidimensional scaling (MDS) or derived importance mapping. However all of these techniques do not answer, per se, the question where to go, e.g. to say "go closer to the largest indication regarding patient potential", or "position yourself in niche spaces where no one else had succeeded in positioning his product".

As with all statistical procedures it needs the experienced market researcher to put the results into context and to conclude. After hours of concentration on methods, statistics and interpretation we assumed that most delegates were looking forward to EphMRA's welcome cocktail the same evening.



John Tapper



Bernd Tischer

## A Map does tell you where you are

Wednesday 17th June - 08.30: Quite early after a long day before, the second part of the masterclass was opened by Dirk Huisman - SKIM Group - The Netherlands with **Visualisation and interpretation of mappings - A case study**. Dirk managed very well to connect market researcher know how and statistical tools to be applied on practical examples about how to derive a map and how it can be used as a "navigation" tool like the navigation systems we have in our cars (to find the way where we want to be).



Bastian Verdel and Dirk Huisman

After the break out session the paper from Bastian Verdel - Blauw Research - Germany was the last highlight of this masterclass in presenting **Two innovative approaches to mapping** - a direct mapping technique and a qualitative technique which allows the respondents to map within their own framework of attributes. A convenor summary on delegates' expectations and fulfilment concluded the masterclass which, according to most of the delegates, achieved the right balance between statistical theory and practical examples. One delegate summarised "Great quality guest speakers and good insights from convenors".



*A big thank you to all delegates and speakers from the convenors - Henrik Zöller of Grünenthal, Felicina Itote of Abbott and Alexander Rummel of Psyma International Medical Marketing Research. And, always consider "Mapping is more than pushing the button".*

# Masterclass Round Up

## Masterclass 3

### Forecasting - Role of Market Research in Pharmaceutical Forecasting



**Convenors - Rachel Sewell (left), Julie Buis, Kurt Ebert**

'The Role of Forecasting in Pharmaceutical Market Research Masterclass' took place at the EphMRA Conference in June 2009 in Marne la Vallee over two half days.

Throughout the four sessions, speakers emphasised that to ensure maximum benefit a forecasting model must be intuitive, transparent and user-friendly.

Richard Ferguson from Shire UK initiated the first day session with his interactive paper 'Implementing a commercial forecast process within a pharmaceutical company'. The focus of his paper was twofold: what are the best practices to ensure a forecast is implemented effectively and what are the typical organisational challenges and pitfalls.

Richard's paper provided an excellent forum for participants to get to know each other and share information by discussing the following:

- Why do we do forecasts?
- Who uses forecasts?
- Who should be involved?
- What makes a good forecast?



**Richard Ferguson**



**Maiko Midena**

Maiko Midena - J&D Consulting, followed with his paper entitled 'How to explore a new market with desk research - an overview of analytical tools'.

His paper gave a good overview of forecasting approaches and how to put the analytical tools into context giving examples of a model outline for 'go/no go' decisions and a 'first pass in-licensing compound review'. Of course, having a good grasp of internal

objectives and constraints, knowing what data is available in house, and understanding the market dynamics are key to selecting the appropriate methodological approach.

The session closed with a case study of a scoring model, outlining the necessary steps for developing such, from defining the market through to calibration, validating output and forecasting market share.

### Day Two began with Gary Johnson - Inpharmation Ltd 'Strategies for Forecasting'

A dynamic start to the second morning session with Gary focusing very much on 'strategies' with many examples, and identifying and reviewing the different basis for forecasting, through patient/epidemiology, sales or prescriber based forecasting. He also spoke about the challenges with utilising flow models through examples.

Finally, some very excellent advice overall: 'data is the servant and not the master' so it is not imperative to go out and buy more data to input into the model.



**Gary Johnson**



**Fabrice Allum**

Fabrice Allum from Double Helix wrapped up the second day with his presentation 'The essential contribution of marketing research'. This paper covered the practical experiences from conducting primary research to provide forecasting inputs, with a focus on do's and don'ts in the area of quantitative scenario planning. Fabrice provided some excellent examples of how primary market research fits into the forecasting role utilising both qualitative and quantitative techniques. He also provided some very practical tips for making the task for the respondent as simple and realistic as possible. 'Realistic' is key to reliable data collection!

*We are sure by the end of the Forecasting Masterclass, everyone agreed with the quote Richard Ferguson used from the English economist, journalist and financier 1883-1946, John Maynard Keynes*

**'It is better to be roughly right than precisely wrong'**

***We are very grateful to our speakers and would like to thank them for contributing time and effort into the 2009 Forecasting Masterclass.***

**Thank you!**

**Julie Buis, Aequus Research  
Kurt Ebert, Roche  
Rachel Sewell, AstraZeneca**

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# Conference Reports

## Opening Plenary Session 1

### Weathering the Storm: An Explorer's Guide to Coping in Adverse Conditions

Dom Mee, Maritime Explorer, UK



Dom Mee



Session Chair -  
Anne Loiselle, EQ Healthcare

The analogy of gathering storm clouds has been used many times in history presaging difficult times, and the current economic situation has been no exception. But for maritime explorer Dom Mee, the storm clouds have been very real indeed. His adventures have been made all the more remarkable for being conducted in the face of appalling weather conditions in the most inhospitable parts of the world, to say nothing of encounters with hostile wild creatures.



Through all of this Dom has developed a highly pragmatic and focused approach to all that he does, an approach that is equally applicable to a more prosaic working life. And when it comes to the surviving the recession, Dom is well placed to guide us through the storms ahead.

At the heart of Dom Mee's philosophy is his emphasis on planning and preparation. Nothing can be achieved without effective planning either in a business environment or on an exploration. This background research may be the least recognised part of a job but Dom takes pride in turning this information into forecasting success. Only through effective forecasting can you prepare yourself for the many eventualities which may hit you. Attention to detail is just as crucial in Dom's environment as it is in the market research industry.

It seems obvious that before one embarked on a challenge to row across the Atlantic one would need to know exactly how the boat worked, down to the smallest detail. But do we always have such in-depth knowledge of our own business? In Dom's world, training and preparation take up 90% of the work on his trips. Before they even attempted the Atlantic itself, his team had rowed the Atlantic twice in terms of mileage.

And this preparation and training is vital when you encounter the eventuality that you either hadn't anticipated or that is outside of your control. When you lose your sea anchor in the worst hurricane season ever recorded leading to your craft capsizing eight times, your knowledge about your boat and how it operates is crucial. It allows you to grab a lifeline in the shape of a wave that manages to right the boat finally. It gives you the confidence to jettison unnecessary items and to attach a temporary sea anchor to ensure the boat cannot invert permanently. It ensures your survival.

In business we have to be as responsive and as assured as Dom; we need to be prepared so that we can grab the opportunities. Because making decisions in the midst of a crisis is difficult enough, even when you are well prepared. It is not just the number of options that need to be assessed at speed and hard choices that need to be made; it is fear itself that one has to guard against.

As Dom highlighted the media must bear some responsibility for generating a climate of fear around the recession, thereby stifling people and rendering them incapable of taking risks, at a time when bold decisions are exactly what are needed. In Dom's world, he has to keep a tight grip on himself in order to deal with the polar bear stalking him; in our world it may be that fear has swallowed up our motivation and we can't even get out of bed. But in both cases we need to keep it together in order to cope with the difficult situation. It is easy to be overwhelmed, it is harder to fight.

In the natural world, as in the business world, it comes down to survival of the fittest. We need to remain level headed in a crisis so that we can adapt. However much time and planning we may have invested in an objective or goal, we have to be prepared to alter it. Businesses need to change and sometimes you have to revise your strategies, just as Dom has to adapt in the face of adverse weather conditions. Finding his way blocked by ice on an expedition to kayak to the magnetic North Pole, Dom's only option was to walk the final 30 miles across the ice. A confrontation with a musk ox left him with four agonisingly painful broken ribs. A change of plan was needed as kayaking the 250 nautical miles back to base was not practical (even with the pain relief supplied by co-proxamol tablets!). He had to adapt his plans to kayak by attaching a basic sail to the vessel in order to survive.



# Conference Reports

Dom illustrated that in life, as in business, you also have to be prepared to retreat completely, not just to alter course. However humiliating at the time sometimes you just have to turn back, ignoring comments from the press or competitors. However hard it is to turn back you have to think of the other people for whom you are responsible.

This brings us to the other central tenet of Dom's philosophy, besides the importance of preparation, and this is working as a team. Team work is critical to success at any time, never more so than in the midst of a storm. The best way to manage things is to manage people. Leadership does not come naturally to everyone. But you have a responsibility to your people and therefore you need to be as comfortable in yourself as possible before you make decisions that affect others. To do that you have to listen to your inner voice, remain in control while at the same time being inclusive. You need to communicate to your staff what is happening so that they remain involved, motivated and able to communicate back to you, even at times, in Dom's case, reining in his more adventurous side! Commitment, respect and trust need to be mutual.

As the saying goes, fortune favours the well-prepared and indeed some of it does come down to luck so in addition to the preparation and teamwork, you also have to have a bit of faith. For Dom a massive wave came and righted the boat, giving him a brief window in which to make the adjustments to the boat which helped him survive. In business, particularly in a recession, you need to put yourself into a position where you are able to grab any opportunities that arise.

But when bad luck does strike you have to prepare to fail. It is a cliché to talk of learning from your mistakes but it is vitally important to do so. If you can start over with more experience, more awareness of how to prepare better next time and if you can try to ensure that the failure does not stop you from taking risks then you will be forearmed against any future storms. Failure to prepare is preparing to fail.

In conclusion, Dom's belief in, and reliance on, preparation and team work was best summed up when asked how he deals with clients who try to hurry him. His response was unequivocal and again appropriate for our industry; he is not willing to cut corners on preparation and thereby risk his team. He won't do it. Equally, when conducting market research, it must be done correctly and you cannot take shortcuts. To get the right end result, to get the best product, you need to invest in it from the start. With this clarity of vision the storm clouds may hold fewer fears.

Written by Mark Jeffery  
The Research Partnership  
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## Plenary Session 2

### Slaying the Sacred Cow

Linda Grosjean, F.Hoffmann-La Roche Ltd, Switzerland and  
Orlando Wood, Brainjuicer, UK



Orlando Wood



Linda Grosjean

### Session Chair: Allan Bowditch, The Ziment Group - A Kantar Health Company

It must have been a daunting prospect stepping up to present after an exhilarating performance from Dom Mee whom Anne Loissele described as a "real live" Indiana Jones! Indeed, after listening to his exploits and several brushes with danger, Indiana's adventures paled in comparison: Not to be outdone, Linda Grosjean and Orlando Wood had more than a few surprises of their own.

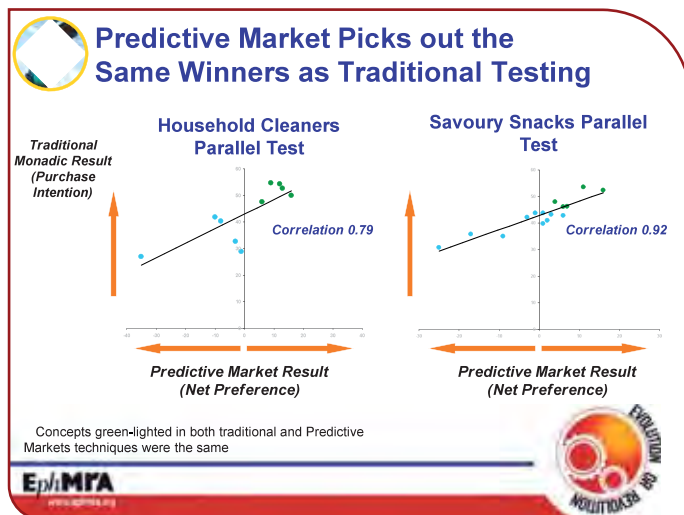
Starting with an extremely clever replication of the questioning style of "Who Wants to be a Millionaire", they very effectively illustrated the "power of the crowd" by pointing out that the collective answer of a group of ordinary individuals can often accurately provide the correct answer. During the simulation, the EphMRA delegates accurately determined the combined weight of Linda and Orlando if dressed up as a pantomime cow!



# Conference Reports

The presentation was extremely impactful, challenging, controversial as well as compelling. It was not surprising therefore to later hear that it was judged the second best paper of a highly praised conference full of excellent content.

Linda and Orlando skillfully drew on a number of examples underpinned by video comments from James Surowiecki who explained the reasons why the collective response from a group of people can often be more accurate than a sample of experts in the relevant field. The paper set out to **Slay the Sacred Cow** (of market research), meaning that you need **not** go directly to the target market to assess whether communication or positioning is going to work with that target: In other words, you can use consumers as a proxy for physicians!



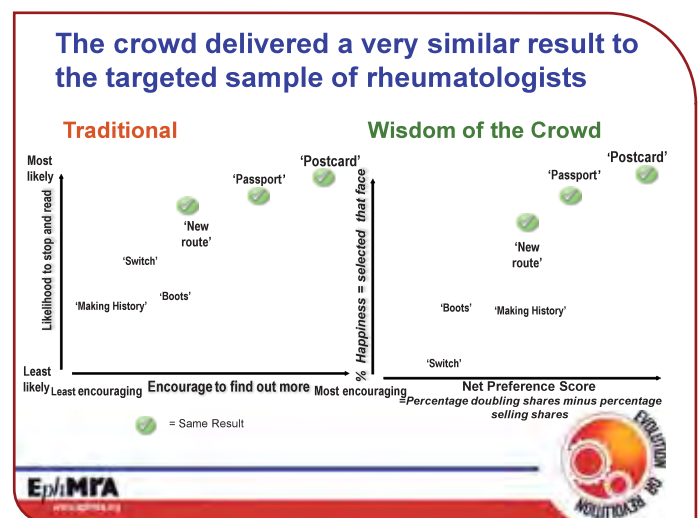
Attempting to persuade delegates who, over the years, have been taught that conventional wisdom suggests that one must use a sub-sample of the target audience to determine what marketing action needs to be taken, was not going to be easy! Naturally, the speakers were well prepared and aware of this task. They presented a very compelling case indeed.

First it was explained that the approach used the idea of buying and selling shares (termed a predictive market test) in the idea, concept or advertising approach rather than using monadic or sequential testing not only helps to provide greater separation of the results, but has also been shown to correlate extremely well with these accepted market research practices. Next, after taking a “leap of faith” (as well as a part of the marketing budget!), Linda set out at Roche, to compare and contrast the results of two physician based investigations (already completed) with studies conducted amongst the general public.

The studies involved:-

- Ad concept testing for MabThera RA in one European country
- Actemra Ad concept testing in the US.

In both studies, 500 ordinary people were involved in an on line study, and the results compared to the 480 rheumatologists (interviewed in several EU countries) and 202 USA physicians respectively. In addition, in the second example, 200 Roche employees were also used as a surrogate sample. Much to everyone’s surprise the results were virtually identical! The sacred cow was slain----- or was it?



No one can argue with the results which were indeed very compelling. However, given the delegates questions about where one would “draw the line” using such surrogate samples and how one would overcome possible skepticism amongst senior marketers and product managers, it seems that many may have felt further proof would be needed.

Nevertheless, the paper achieved all it set out to achieve. Linda and Orlando demonstrated that it is possible to use surrogate samples to provide quick and inexpensive information which should be accepted as having a place in healthcare research -

**A revelation certainly - maybe even a “Revolution” in our work!**

Written by Allan Bowditch

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## Parallel Session 1 The Great Leap Forward

Janet Winkler, in-sync, Canada



Janet Winkler



Session Chair - Allan Bowditch - The Ziment Group - A Kantar Health Company

This paper was another of the very highest caliber. Janet Winkler's talk (her first at EphMRA) was passionately delivered, compelling and captivating. It was a wonderful example of how to hold an audience's attention with a very carefully interwoven story from the consumer world that had a clear application to healthcare sector: It was very deserving of the Jack Hayhurst Award for best conference paper.

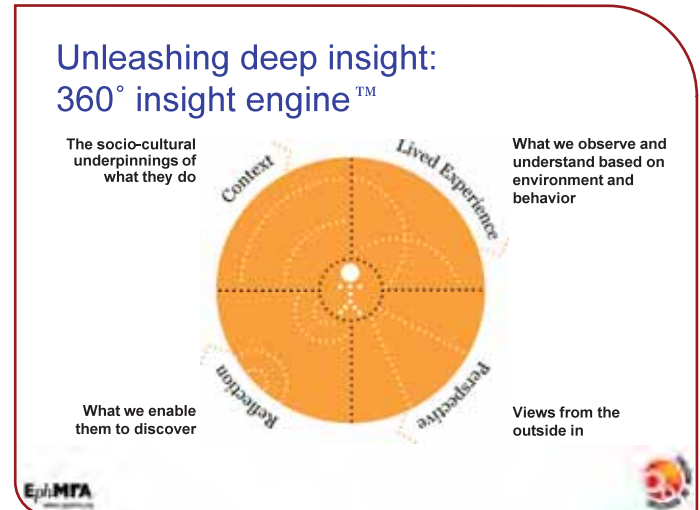
Using a "before and after" video illustration, Janet explained how a static sales picture for the consumer hair-care product "Suave" was dramatically changed to a growth trajectory by its repositioning. This was achieved through delving much deeper than ever before into the attitudes and motivation of consumers. It was necessary Janet said to "expand ones research methods to unleash fresh human insight." In the case of Suave, we saw clearly how aiming the brand at providing **a solution** to the busy lives of mothers; enabling them to enhance their self esteem by providing a simple solution to help them look and feel better while still coping with the pressures of life, significantly altered brand perceptions. This was in sharp contrast to the earlier focus aiming to provide a cost effective solution to hair-care!

The key behind this, is what is termed "human centrality". In an example "closer to home," the website "50Fabulous.com" launched by Pattie Heisser illustrates the optimistic and "love of life" attitudes many women in this category hold dear, but contrast this Janet explained to the dowdy backward looking profiles of women featured in the website of a leading manufacturer of post menopausal treatments: Point surely made!

The idea behind human centrality is not confined to the public at large but also to any group of individuals, such as physicians. It involves a 360 degree examination of individuals comprising such techniques as:-

- Socio-Cultural Investigations
- Trends
- Reflective Journeys
- Bi-Vocal Ethnography
- Virtual Round Table
- Discourse Analysis
- Innovative Qualitative

A combination of these methods enables a more complete and holistic picture of peoples' emotional needs and desires to be uncovered. Janet described a variety of healthcare situations where the work described had already been applied with insightful results.



It was explained that the end goal was not to achieve better advertising, but rather better target understanding to better meet their needs regardless of the circumstance under scrutiny. In the healthcare world, the emotional needs of all target groups is profound whether it's a patient struggling with a disease that alters their day to day activities or whether it's a physician struggling to manage the frustrations of non-adherent patients.



The key in human centrality is recognising that individuals do not define themselves by their role as a patient or physician. Their behaviour is motivated by their experience as **humans**. Looking at individuals in the way market researchers have done historically, can often produce a myopic and distorted view of what really motivates them. The ideas have illustrated that we can and should do more to help our customers.

*Written by Allan Bowditch  
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# Conference Reports

## Parallel Session 2

### The Top 10 Best Kept Secrets of Consumer Marketing

Trevor Acreman, Millward Brown, UK



Trevor Acreman

#### Session Chair - Alex West, P\SL Research

Both the consumer and pharmaceutical sectors are facing a similar challenge - 'How do we create successful companies when there is less product innovation and differentiation, pressure to lower prices, pressure for lower sales and marketing budgets, an overload of information and new information channels.

The main marketing response to these challenges in the consumer world is an ever increasing focus on creating strong brands to create differentiation and justify price.



So to illustrate how consumer marketing learning can help build stronger brands, Trevor asked us to look at a possible future case history where we have jumped ahead to the year 2020 and are looking back on a successful pharmaceutical brand since its launch in 2010 - how was it successfully launched, how did we keep it growing successfully and how did it cope with various problems through the lifecycle?

When you look at successful brands, they seem to share at least 4 common features:

- Strong business basics
- A great product
- Clarity of associations
- Leadership (both innovation and through marketing spend)



As researchers and marketers, we can influence the last two.

### 10 Best Kept Secrets.....

- 1** Starting with clarity - pre-launch the existing market has been evaluated, looking at important unmet needs initially and subsequently to create the brand positioning. So the first building block of success is to **stand for something important and differentiating** that will be motivating to prescribers.
- 2** Next up, a marketing budget is required to make sure the positioning is communicated to the market. But how much does one need to spend to have an impact, grow share and claim some 'leadership'? - the second element of brand success.  
  
Analyses of many brands shows that it's not so much how much you spend, but how much you spend compared to your competitors. So if you want to grow share, **your share of voice has to be higher than your current market share** or projected market share.
- 3** However, level of spend is only one factor. 2 other things are important, 'channel selection' and 'quality of communication materials'.

With 40+ channels now available how do you choose how to deploy your budget? Therefore there is a need to look at reach and best fit with the positioning to get most impact.



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Market research was used to highlight which channels achieved the best reach and which would have the most impact per contact i.e. the channels which combined engagement with the channel, synergy between the channel and the message and the target audiences permission to speak to them in that space. **Know which channels to use to hit your target audience when receptive to your message.**

- 4 2 years after launch, 2012, there was enough data to review those channel decisions via econometric modelling. The key learning's were such that **not all channels are equal and we need to invest in those giving the best ROI.**

- 5 Having considered marketing spend and which information channels to use, the third consideration is maximizing the quality of brand communications. **So high quality communications sell more**, or you can spend less for the same effect.

There are two broad ways of communications selling. First of all, information that is new, relevant and credible can be very powerful in the short term by creating immediate desire or persuasion. Secondly, communication that creates strong positive memories for the brand and that stay in the mind can have both a short term and long term influence on sales.

- 6 As persuasion and memorability are additive, the best likelihood of communications selling a brand is a combination of both. **The best communication campaigns are often 10 times more sales effective than the worst** for the same amount of money. The hardest part of high quality, sales effective communications is getting the brand name to be memorable - not just the creative idea and message.

- 7 **The communications materials must be strongly branded**, otherwise you are wasting your money. The concept of strong branding is hugely undervalued in pharmaceutical campaigns compared to consumer campaigns.

- 8 Only 15% of consumer advertising campaigns pay in the short term i.e. over 8 weeks. In 80% of cases, **longer term sales effects are much greater than the short term - by up to x7.**

- 9 So we are now in 2013 - 3 years post launch. The brand is successfully positioned, has developed a highly sales effective multi-channel marketing campaign, has double digit share growth and has become the brand leader in the therapy area. However, in light of any possible bad PR, a company

needs to react quickly and have a "recovery plan" prepared.

**The secret is that you need to be listening for unpaid communications to react and recover.**

- 10 A new Marketing Director arrives and wants to make his mark by changing the brand strategy and communications campaign. You must say NO! Of course you need to change the executions occasionally to keep the campaign fresh but **consistency is a feature of some of the strongest brand communications.**

In the spirit of today's economy if you buy 10, you get one free! So its 2016 and a new recession is looming! What should we do - the CFO is demanding cutting marketing budgets.

- 11 We use his own models to show net present values with 3 scenarios of marketing spend (reduced, maintain, increased). We end up with a higher marketing budget as a result!! So talk to your CEO/CFO in their language - **strong brands reduce the risk of impact on future profits.**

So by 2020 we emerged from the recession even stronger than before and ready to continue to capitalise on our strong brand as we face generic competition and move to OTC.

## Recession bites

A downturn is not the time to cut marketing. It is well documented that brands that increase advertising during a recession, can improve market share and ROI at lower cost than during good economic times

Prof John Quelch, Harvard Business School

EpiMRA  
www.epimra.org



In summary, brands and brand building activity is what consumer marketers have used and are increasingly using to differentiate in undifferentiated markets and command higher prices. Marketing must be seen as an investment not a cost. By building long term brand loyalty via strong brand equity you increase growth potential, reduce long term risk, maximise long term profits and maximise return to shareholders.

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# Conference Reports

## Plenary Session 3

### Using the HABIT to encourage greater communication and compliance

John Bell, Key Note Speaker



John Bell - Keynote Speaker

Session Chair - Matthias Weber,  
Solvay Pharmaceuticals



A stage hypnotist in a previous incarnation, John Bell still possesses the ability to hold an audience's attention and entertain, as well as educate them. Looking for new challenges, John used the skills he had learnt about how people respond under hypnosis to move into the role of a human behaviour consultant. He has used his skills to effect in the medical profession, with an emphasis on patient behaviour. John was therefore well placed to deliver a talk on why patients don't listen, why they don't take their medication as prescribed and how we can try to change their behaviour.

As we are all aware, non-compliance is a huge issue for the medical profession. Patients do not receive the intended benefits of the medication and may not see an improvement in their health, which could result in a poor perception of the pharmaceutical industry and a negative impact on the bottom line. If communication can be improved between doctors and patients, patient health and satisfaction should also improve.

John utilises his mnemonic acronym, HABIT to illustrate methods doctors can use to improve communication with their patients. By paying attention to these five simple statements we may find that we can help counter miscommunication in every part of our lives.

**H - John's first signpost to better communication was "how can we do this better?"** John believes that the characteristic uniting successful people (and their businesses) is their way of thinking. They are constantly asking themselves how they can do things better next time.

Thomas Edison did not invent the first electric light bulb. But he looked at one of the original prototypes and asked how it could be improved, resulting in the first commercially viable product. John argued that doctors have become de-skilled and this affects the success of their diagnoses and our products. In bygone days, doctors may have had the time to spend 20 minutes with each patient which gave the patient the time to build up to the real reason that they had come for a consultation, often delivered as the patient stood up to leave. Now doctors, through financial cuts and time pressures, are missing these vital cues. Doctors must keep reminding themselves to try and do better by improving their listening skills.

**A - Admit your weaknesses.** We do not always tell the truth. We communicate non-verbally the whole time by the clothes we choose to wear, the car we drive, even the pictures we display in our homes and offices. Doctors need to be able to pick up on this way of communicating. Because patients will often not tell the truth when questioned by the doctor. They will say what they think the doctor wants to hear. If a patient's health is not improving in spite of protestations that "Yes, I am taking my prescription" then you might want to pursue whether this "metalanguage" means something else, especially when preceded by a cough! For instance, the real truth might be more like the following: "I only take the medicine sporadically because I suffer from bad side effects" or because "the doctor has forbidden me to take alcohol while on the medication and I do like a drink".

A doctor needs to sharpen his skills and make use of probing questions such as What, Why, When, How, Where and Who to decipher what the patient really means. For instance when a patient asks which is the most important out of the three medicines they have been prescribed, the doctor needs to ask "why" they are asking that. The answer may be that they are considering not being fully compliant.

Doctors also need to be conscious of the words they use to speak to patients. Telling a patient "it will be hard to give up smoking but you must try" for instance has already gone half way to demotivating them by admitting that not only will it be hard but also that they have to give something up. Patients need to be motivated, especially when doctors want to make them alter their habits - because patients can be reluctant to change. Label people at your peril, since being told they are an "alcoholic" can lead a patient to lose their enthusiasm to change.

To encourage enthusiasm in patients, doctors need to act enthusiastically, which neatly encapsulates the next point:

**B - Behaviour breeds behaviour.**

You can't just tell people how to behave, you have to show them. Words by themselves, as John illustrated throughout the talk, can

be worse than useless. Medical professionals need to tell and show a patient how to self-administer their insulin injection. They need to check that the patient has understood the explanation and demonstration by asking them to repeat back the information to them. Finally, they need to give them written information to which the patient can refer to 24 hours later and thereby further reinforce the learning. In this way information can be transferred from short to long-term memory and patients may well start to be more compliant. Because one of the main reasons patients are not compliant is simply because they forget.

In addition, doctors need to maximise the placebo effect by conveying confidence. When we were limited to very few medicines in the past, we had to rely a lot on faith in the only available medicine to cure. Even now, if the doctor demonstrates faith in the medicine, the patient will also believe in its ability to heal.

The last two statements in John's mnemonic were Imagination and Take Action:

**I - Imagination.** We in the pharmaceutical industry need to use our imagination and create mental and visual images that will help transfer relevant information to doctors in a format they can easily remember, engendering a belief in the product which doctors can in turn transfer to their patients. Doctors need to develop a rapport with patients, to ask them questions, to make them feel comfortable. In this way they help build up the patient's confidence, because confidence is a state of mind and once the patient believes in a product and believes that they can change their behaviour, then treatment is a more easily obtainable objective.

**T - Take action.** The huge value of conferences such as EphMRA is the variety of tools that we can pick up and learn from at them. Conferences stimulate us to ask "how we can do this better"?, prompt us to "admit where our weaknesses are" and remind us that "behaviour breeds behaviour". Conferences should also fire our "imagination" with ideas and motivate us to "take action" on them. John certainly achieved this with his inspiring and humorous talk and he called upon the audience to put what has been learnt into practice. Implementing just one or two ideas we have listened to in Paris this year could help improve communication between agencies, pharma companies, medical professionals and patients and that is something from which we can all profit.

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## Parallel Session 3

### Deploying Web-Conference Focus Groups

Walt Harris, Genzyme Corporation, USA



Walt Harris



Session Chair - Alex West,  
P\SL Research

To date, the world of pharmaceutical market research has featured the use of web-based interviews predominantly for quantitative market research. Whether this is for market landscaping, target product profile testing, branding and communication research, tracking as well as a host of research types, "the web" has been long established as a quantitative research tool. Web based qualitative research has had a much slower adoption as a means by which brand teams assess their business information needs.

In his paper, Walt Harris of Genzyme highlights an approach that successfully used a qualitative, web based approach to prepare for the enhancement of a patient support program for Gaucher & Fabry diseases.

### Background: Supporting patients with orphan diseases

- Genzyme develops and markets enzyme replacement therapies for rare genetic
- Offices in 40 countries: products available in 90
  - Majority of business unit revenue in Europe; EU headquarters in Netherlands
- Challenges addressing varied needs of patient populations around the world



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### The research need.....

Genzyme needed to obtain patient perspectives on ways to deploy interactive technology best suited to their lives given a number of different factors i.e. varying levels of access among

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countries' differences in social class, preference for using healthcare information drawn from the Internet and the perceived lower satisfaction with web-based health information than with traditional sources.

A comprehensive research approach was therefore required to help shape the patient support program in light of the above mentioned factors. The approach would need to allow respondents to not only see varying executions but to also be able to rank preferred options, articulate their reasons why and also provide verbatim comments on various discussion points.

## Internal buy in...

In order to successfully move the research program forward, prior to its implementation Genzyme sought to understand the current need set-up and obtain buy-in from a variety of stakeholders, internally. They undertook a preliminary assessment of patient communications in order to establish commitment by senior management once the shortcomings were highlighted.

'Global Brand', 'e-business' and 'Market Research' teams all agreed on the need to obtain patient input from online information needs and suggested possible offerings. Buy in was also sought from Genzyme country affiliates. An external market research supplier was then selected in order to drive the research process forward independently.

## The research challenge...

A key research challenge that faced Genzyme was that they wished to observe patient reaction to various web-based communication possibilities amongst a widely dispersed patient group across continents and countries. Adopting a web-based, qualitative focus group format allowed the target audience to be interviewed so that a interactive discussion could be forged - a total of 56 Gaucher and Fabry disease sufferers were interviewed in the US, UK, Australia and Russia.

**Deploying the Internet to connect with patients**

- To prepare for an enhanced patient support program, Genzyme needed to obtain patients' perspective on ways to deploy interactive technology best suited to their lives, keeping in mind:
  - Differences in Internet access among countries, social class
  - Differences in cultural and patient preferences for using the Internet to obtain health information
  - Lower satisfaction with Web-based health information than with traditional sources

## The research process...

Recruitment was conducted via invitations that were sent either from Genzyme, as in the case of the US, or via letters and emails from patient societies. Interested patients responded directly to the agency conducting the research, where they were subsequently screened, segmented and given instructions for accessing the tele & web conference at a dedicated time.

Once selected, participants dialed in and logged on to the conference for a session lasting 90 minutes. In the course of the session, different executions of websites were presented using the web-based approach. Respondents were canvassed on their opinion on the format, layout, and content of the executions shown in a virtual meeting room. Opinion was captured both via audio recording of the tele-conference as well as interactive exercises that were captured from each respondent through the online group itself. This approach therefore allowed a systematic collection and recording of responses from on-screen pop up boxes and ranking exercises.

## How has the research been used?

This approach allowed Genzyme to test specific executions resulting in a preferred concept moving forward. It also allowed Genzyme to define the content to be included within the patient support program and hence avoid costly initiatives not sufficiently valued by their target audience.

The output from this research therefore allowed Genzyme to prioritise their e-marketing investments on valued resources such as email and their 'Web-Patient Relationship' program in a number of ways.

From the patient perspective, however, the research provided a wide range of insights that have been fed into the program to provide patients with a number of benefits:

1. Understanding of the disease and treatment options at diagnosis,
2. How to get help initiating treatment,
3. Manage symptoms and quality of life issues as they arise,
4. Keep up to date on innovations in treatment.

## Benefits and drawbacks...

This research approach demonstrated that surveying patients in this way could be done so in a convenient and relatively easy fashion with few technical problems. The approach provided a good cross section of patient segments across a range of countries and allowed for a lively exchange of views towards online stimuli presented in a cost effective manner.

The limitations to this approach were restricted to bandwidth issues for a minority of respondents (Russia) that impacted on



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participation in some cases. The second challenge was getting the buy-in from some of the patient societies and corporate legal teams.

## Key Takeaways...

Virtual meeting rooms in this instance were shown to offer an alternative format to a traditional face to face approach. No doubt the purists amongst us will say that if you want to do a focus group...do a focus group. However, when faced with geographic limitations of hard to reach respondents, financial and time considerations, then web-conference focus group offer a suitable alternative for testing such materials.

Logistics within markets do need to be considered carefully to ensure that bandwidth issues do not inhibit the research but such considerations can be factored into the screening process at a respondent level.

As with a number of other types of research, sensitive collaborations with all stakeholders involved internally and in this case with local patient societies are integral to the success of such a study.

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## Parallel Session 4 Patient Centred Innovation in Medical Device Design

Shayal Chhibber, PDD Group Ltd, UK



Shayal Chhibber



**Session Chairs: Eric Robillard, GfK Healthcare and Sarah Phillips, Ipsos Health Division**

The paper in this session was presented by Shayal Chhibber of PDD Group Ltd, UK. Shayal has worked for PDD as a Human Factors Engineer for the past two years providing integrated design and innovation solutions to develop novel products, services and business processes. Shayal has a wealth of expertise using numerous research techniques ranging from qualitative analysis to video ethnography to collate, analyse and interpret the manner in which consumers derive 'pleasure' and other positive emotional experiences from designed products.

In his presentation Shayal said that design has traditionally been involved in the development of functional and usable medical devices and that it also sometimes employed human sciences research methods to get deeper insights into more subjective aspects of human behaviour to drive more relevant and optimised design.

Shayal stated that gaining deep understanding of people's intimate relationship with products has now become critical for food and drug administration, who even recommend using user-centred approaches in the process of product development.

Shayal pointed that the industry of consumer goods has long used human factor approaches to study the interactions between products, environment and end users both at a functional level and a behavioural and emotional level.

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From there, he described how the pharma industry can benefit from these techniques used in the consumer area to help improve the design of medical products and devices.

Shayal agreed that traditional quantitative and qualitative market research approaches assessing patient behaviours or devices through interviews or focus groups are efficient ways to understand the current 'status quo' in the market place or how to refine a design. However, Shayal highlighted the strong need to understand patients' behaviours and emotions in a real world setting.



- Sometimes hard to define the end user
- Devices often have to be developed with several user types in mind

Shayal said that those innovative methods are mostly qualitative, studying small samples of patients, in context and at depth. They allow understanding patient the issues faced by patients on a daily basis. Studying patients' behaviour in the real life context as opposed to formal interviews or focus groups allows respondents to be more relaxed, honest and open to discussion. Shayal reminded us that these techniques are intended to be exploratory with the objective to uncover identify and focus in on patterns and trends. However, he agreed that they are not intended to provide statistical outcomes neither replace existing market research techniques, but rather complement them.


Shayal described how ethnographic interviews studying and interviewing users in context are useful as they allow designers

and researchers to observe and interact with patients, doctors etc. in the context where they use the actual studied devices.

He also pointed that with using observational approaches it is easier to see what patients or practitioners actually do, rather than what they say they do, as it may prove hard for people to clearly describe the way they use a product or service out of the context.

He then said that diary studies are useful to help patients express their experiences, thoughts and emotions over a longer time period and often in a creative and engaging manner.

In turn, he pointed that semiotics that study the meaning of signs and symbols may allow researchers to understand the similarities and differences in meaning across territories and cultures, hence help the product to communicate its values more clearly to users.



**Semiotics**

- Finds similarities and divergence in meaning across territories
- Offers a framework of individual understanding and how meaning is produced
- Demonstrates how individual values are reflected, read and encoded in material culture

Shayal said that there are many innovative ways to collect data about the patient/consumer however he strongly pointed that they require strongly structured analysis. He focused on the importance to build a very precise analysis framework targeted to the research objective even more than traditional techniques. He underlined the strong need for a collaborative work involving clients and researchers strongly.

Shayal concluded that user-centered research clearly provides complementary ways to understand more about human behaviour and the patient experience to supplement traditional market research. He closed the discussion by saying that these approaches are not limited to device design, but they can also be used to understand patients' relationship with services for example to develop adapted the support networks for chronic conditions.

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## Parallel Session 5

### Ethnography 101: getting the most out of patient ethnographic research

Johanna Shapira, Ipsos Health Division, UK



Johanna Shapira

Session Chaired by Gerald Wackert, TNS Germany and Henrik Zoeller, Gruenenthal



Gerald Wackert



Henrik Zoeller

This presentation by Johanna provided a dynamic and insightful look at the role of Ethnographic research with patients and how this type of research can really add value to Pharmaceutical companies.

Johanna started her presentation with a brief description of what, in simple terms, Ethnographic research is. She quoted from Kay Cook at the University of Melbourne -

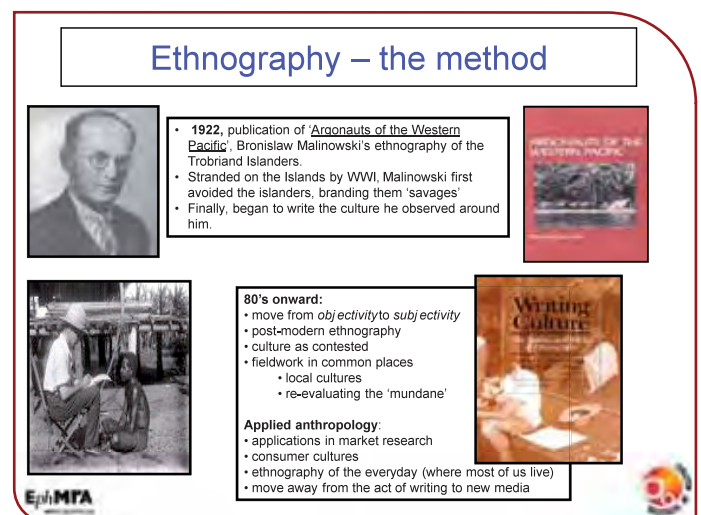
***“Ethnographic research is unique in that enables an empathic response to research - perhaps best understood as ‘walking a mile in someone’s shoes’. While other research methods can help describe the experience as it is reported, ethnography brings the actual experience of the subject back to inform findings. Often times, ethnography is used when there is no other practical way to understand what respondents are going through.”***

Johanna explained that there is often a difference between what people say they do Vs what they *actually* do or what we *want them to do* and Ethnographic research can provide some powerful insights into this discrepancy, as well as providing some solutions to it.

The word ‘Ethnography’ is derived from ‘ethno’ (people) and ‘graphy’ (to write). It is the description of specific human cultures and is the foundation of anthropological knowledge.

There are clear distinctions between Ethnography and other qualitative approaches, with the key difference being that this approach is based on **observation**, with the analysis showing patterns of actual behaviour, rather than stated behaviour. These studies are characterised by immersion into the lives of subjects, ranging from hours to weeks to years at a time.

Johanna then took the audience through a ‘potted history’ of Ethnography, which started in 1922 with the publication of ‘Argonauts of the Western Pacific’ by Bronislaw Malinowski - an Ethnographic study of islanders in the Trobriand. Malinowski was stranded on this island during World War I and initially labeled the islanders as ‘savages’ but then began to write about the culture he observed around him.



From the 1980s onwards, there was a move from **objectivity to subjectivity**, with fieldwork in more common places - representing local cultures and re-evaluating the ‘mundane’. Applied anthropology has its roots in Ethnography and is widely used in market research, observing consumer cultures. It is Ethnography of everyday life and has moved away from the act of writing to new media.

Johanna went on to quote from Dorothy Leonard, PhD at Harvard School of Business to support the use of Ethnography in **really** finding out how people behave:

*“Habit tends to inure us to inconvenience; as consumers we create ‘workarounds’ that become so familiar we may forget that we are being forced to behave in a less than optimal fashion - and thus we may be incapable of telling market researchers what we really want.”*

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The paper went on to identify some of the 'big' questions that Ethnography can answer and more specifically the types of objectives which clients identify that clearly point in the direction of Ethnographic research methodology. Such examples are:

- "The objective of the research is to better **understand the relationship** between Physician and patient and its impact on long-term compliance."
- "We need to assess areas of **unmet needs** in the market and identify gaps in our offering."
- "We need to thoroughly understand the specific difficulties faced by customers with disabilities. Research should encompass the **entire customer 'journey'**."
- "Research Objectives: To understand the target audience in terms of demographic, **behavioural and attitudinal segments**."

Johanna then described the process of Ethnographic research and what Ethnographers are looking for when undertaking such projects. There are 5 areas that Ethnography explores:

- 1 Physical and spatial contexts** - gestures and body language and how does environment affect behaviour?
- 2 Temporal contexts** - How does behaviour change over time?
- 3 Social contexts** - How do people relate to each other? What hierarchies or relationships exist?
- 4 Cultural values** - What are the rules and values? What meaning is attached to behaviour?
- 5 Patterns, repetition and inference** - The difference between what people are saying Vs doing

Johanna showed some fascinating video clips from 3 different Ethnographic projects involving patients. The first video (Say Vs Do) showed patients with heart disease; what they promise to their doctor in terms of lifestyle changes they will make and then what they **actually** do when they return home. This was a very insightful look at the whole issue of compliance - or lack of!

## Ethnography in action

### 1. Say vs. Do

- an exploration of heart disease patients and compliance

### 2. The Learning Disabled and Technology

- a study combining hard-to-reach groups and observed usage of technology

### 3. Patient Portraits- Diabetes

- a profile of diabetes in the community and compliance and product usage in the home.

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The second video (The Learning Disabled and Technology) showed an Ethnographic study involving hard-to-reach groups and their usage of technology, whilst the third video (Patient Portraits - Diabetes) showed diabetes patients in their homes - showing discrepancies between lifestyle/behaviour change intentions and reality.

Finally, Johanna shared with the audience how Ethnography can be applied to the Pharmaceutical industry and more specifically within Pharmaceutical market research. The following are examples of situations where Ethnography could be used:

- Understanding how patients live with illness
- The Doctor-Patient relationship: before and **after** the visit (whereas it is still more difficult to get participants for videos during the visit)
- How carers care/cope/influence
- Patient segment profiling
- Understanding behaviour/compliance - 'say' vs 'do'
- Physician and stakeholder training
- Identifying unmet needs - products, information, support

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## Parallel Session 6

### Situational simulation - will Formulary Committee Members play the game?

Eva Kulla - SKIM Healthcare, The Netherlands



Eva Kulla

*Session Chaired by Gerald Wackert, TNS Germany and Henrik Zoeller, Gruenenthal*

Eva Kulla's paper provided a real insight into both the increasing importance of Formulary Committee Members to the Pharmaceutical industry in developing cohesive strategies for their products but also practical insights into how to conduct market research with these important stakeholders.

The paper highlighted the likely change in the global healthcare market over the coming years, whereby healthcare policy makers and payors are likely to become increasingly involved in prescribing decisions. However, their criteria for adopting new drugs are different from physicians - focusing much more on risk and cost effectiveness than on safety and efficacy and therefore there is a need for Pharmaceutical companies to bridge this gap in order to secure their ROI.

Eva's premise was that because of the increasing involvement of these stakeholders in new drug adoption, the views of these stakeholders are increasingly being sought by Pharmaceutical companies and as a result, there has been an increase in requests to conduct market research studies amongst this target group. It was stressed that market research needs to deliver input to marketing strategies in order to help Pharmaceutical companies find the optimum balance between payor and end-user satisfaction.

Three questions were posed by Eva, which she then went on to answer fully in her paper:

- When to conduct Formulary Committee Research (FCR)?
- What deliverables to expect?
- How to perform successful FCR?

### When to conduct FCR?

Eva described 3 scenarios whereby FCR could be an appropriate target group to research and what would be gained by including them in a research programme.

#### 1 New product launched but uptake below expectation

In this scenario, FCR would enable greater understanding of formulary perception of therapies; uncover which factors influence their perception and identify drivers and barriers to change formulary behaviour

#### 2 Lack of product differentiation, with few products listed on the formulary

In this scenario, FCR could identify what could differentiate products, looking beyond the conventional 'must-haves' and generating new possibilities for the product

#### 3 Absence of unmet needs - lack of interest for new-comers and high sensitivity to cost

In this scenario it would be important to understand the cost/benefit trade-off for the Formulary Committee, as well as identifying the most influential committee member. FCR could also identify product characteristics that would drive product inclusion.

### What deliverables to expect?

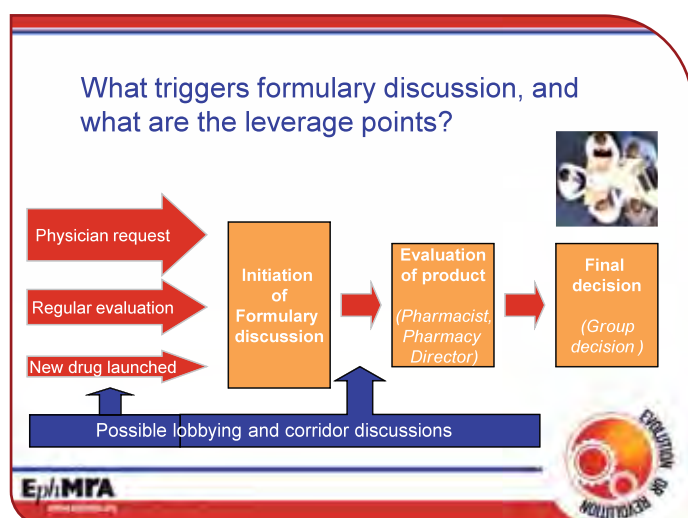
In answering this question, Eva referred to an actual Formulary Committee case study which SKIM conducted in the cardiovascular therapy area in the 5EU markets and the US.

Eva cited 4 fundamental deliverables of FCR:

- To discover which factors would drive change
- To identify which are the most influential points and members of the Formulary Committee
- To identify the product characteristics that would drive or be a barrier to inclusion
- To assess if and how barriers can be overcome

In terms of what triggers Formulary discussion initially and what are the subsequent leverage points, Eva cited 3 common triggers - physician request, regular evaluation and the launch of a new drug. It was noted that there might be lobbying and 'corridor discussions' either before or after the initiation of Formulary discussion and that these may present opportunities for leverage by the Pharmaceutical company concerned.

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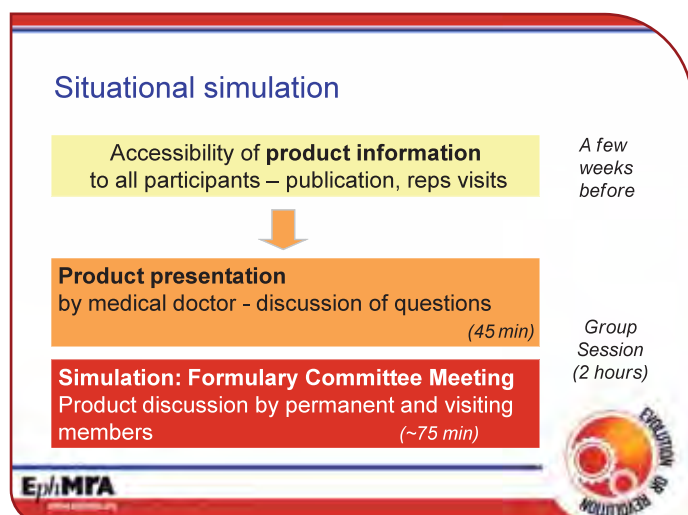


After the initiation of the Formulary discussion, there would generally be an evaluation of the product, usually conducted by the Pharmacist/Pharmacy Director, which would then be followed by a final decision - made by the whole Formulary Committee.

## How to perform successful FCR?

Eva presented a very clear idea of the mechanics of FCR, explaining that it utilises situational simulation in order to reproduce a Formulary Committee meeting. This is organised in much the same way as a focus group, comprising of 6-8 participants and drawn from different specialties, dependent on the indication area. As with conventional focus groups, there is minimal bias in behaviour shown and opinions expressed. These sessions involve 'role play', with participants taking on the role that they naturally would in a real life Formulary Committee meeting scenario. This results in minimal bias in behaviour shown and opinions expressed.

It was explained that situational simulation involves product information being provided to all participants a few weeks before the research session for review.



At the research session, a presentation is made by a medical physician about the product, with opportunity for discussion and questions by participants. This usually lasts approximately 45 minutes. This is then followed by the simulated Formulary Committee Meeting, which would involve discussion about the product by both permanent and visiting members. This would last approximately 75 minutes. In total, the research session lasts about 2 hours.

Eva emphasised the challenges in recruiting these market research sessions and ensuring that the proportion of participants reflect the real life situation. There are a limited number of potential participants, who are often difficult to access and this can result in a relatively high cost for conducting these pieces of research. It was suggested that a country specific 'pre-phase' could be conducted in order to identify the key specialties to include in a simulated Formulary Committee and also the proportion of visiting Vs permanent members, as their level of influence will vary.

Moderation was identified as a key factor in the successful outcome of these simulated Formulary Committee sessions. It was noted that unlike conventional focus groups where it is necessary to allow every participant to contribute, here it is necessary to respect the group dynamic and therefore allow the leader to speak and run the group. However, the moderator must ensure that all the information required for the study are obtained, and must therefore remain in control of the discussion, without interfering. This is not usually achieved by using a conventional discussion guide but instead the moderator has to make decisions based on a "checklist of topics" as to whether all the key research questions have been answered. This can only be achieved if the moderator has a full understanding of the indication area being discussed, so a full and detailed brief is critical to the successful outcome of these sessions.

Eva presented a case study of a real project undertaken by SKIM. The background to this project was that product X (a CV product for the treatment/prevention of VTE) had lack of Formulary Committee approval. A total of 14 mock Formulary Committees were conducted - 4 in the US and 10 in the 5EU markets, resulting in 100 participants overall. As a result of this research, the following recommendations were made in order of preference:

- 1** Gaining one extra indication was key to gaining acceptance on the Formulary. One specialty (Cardiologists) in particular was really interested in having this extra indication, which was also the specialty that was driving the Formulary decision
- 2** To identify a "champion" who will speak for the product and target the physicians who have the power to influence the committee. This needed to be done at the hospital level.

As Pharmacists can block the product on cost grounds, it was important to provide the product champion with convincing evidence of acceptable cost. It was also important to guide the champion to lobby Committee members before the decisive meeting

- 3** To develop a niche position (specific patient target group) as this would be less threatening to committees and is a benefit-driven approach.

In the end, the client decided to, in the first instance, position the product in a niche (in different countries for 1-2 years) for a specific patient target group. In the meantime, however, they prepared for obtaining the extra indication. Ultimately, the product obtained this extra indication, so this recommendation was completely followed by the client.

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## EphMRA - Foundation Committee Chair sought (remunerated)

The EphMRA Foundation Committee seeks a new Committee Chair. This is a remunerated position and the full job description is available on the EphMRA web site.

The Committee currently has several active members and a wide ranging remit.

The EphMRA Foundation Committee has been established to support and fund original projects in the international healthcare market research and business intelligence fields. EphMRA Member companies will be able to benefit from these added value projects since they will provide incisive information and knowledge and address important issues - relevant to the Industry today and tomorrow.

**Skills** - The Chair should be independent and able to maintain objectivity. Fluent English is required and good pc skills. The Chair also needs organization, administration, liaison and diplomacy skills

**Interested in being Chair?**

**Application deadline is 15th September.**

**Please contact EphMRA -**  
[generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)

## Parallel Session 7

### Research as an agent of change in pharmerging Asia

**Marc Yates, The Research Partnership, Singapore**



Marc Yates

#### Session Chair - Matthias Weber, Solvay Pharmaceuticals

In this paper Marc Yates, Managing Director of The Research Partnership Asia set out how market research data can gain maximum credibility amongst the medical community and therefore be used to bridge information gaps. Marc has been working for 12 years as a market researcher in Asia and therefore has seen this region evolving - enough time to think about revolutionary ideas.

The situation in Asia is compounded by the lack of credible data on treatment. There are 3 main challenges pharmaceutical marketers face in Asia:

- There are misperceptions that some conditions lack relevance to Asian populations with different diets and lifestyle.
- There is a lack of independent data. Data from pharma companies is considered to lack credibility.
- Where data does exist it may not include Asian populations.

Therefore the number of people with a condition or disease who need treatment for it but who do not get it is quite high in Asia for some conditions, which results in - The Treatment Gap. For treatments within this gap governments are reluctant to pay the market price for innovative branded pharmaceutical products and need to see credible, compelling evidence of patient benefit before they will reconsider. However the challenge is not confined to Government. Healthcare professionals and patients can also contribute to sub-optimal treatment and very real therapy gaps.

## The Solution

"In Asia, many countries have scarce resources and narrowing of treatment gap should have priority over the research gap."



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# Conference Reports

To understand therapy gaps not only clinical trials can be used, but also primary market research. The challenge here is the fact that the negative image of pharmaceutical manufacturers as profiteers is not just confined to the west and is very much alive in Asia. This negative image translates to skepticism of industry communications, resulting in a reluctance to completely believe data coming directly from manufacturers. So the main question covered by Marc was:

- How can market research data gain maximum credibility amongst the medical community and help to understand treatment gaps?

The challenge is, that market researchers face significant objections from the medical community and its quite difficult for a commercial research company to meet the rigorous standards set out by medical. Also research companies are not familiar with protocols and the terminology used by the medical community. To overcome these hurdles Marc presented his idea, to involve multiple stakeholders with tightly defined roles from the beginning of study:

- Industry: should be responsible for funding, legal and regulatory framework, analysis of data
- PIs: are the guardians of scientific rigour; enquiring minds.
- Hospitals: deliver institutional review board approval, medical records
- Research agency: liaison, co-ordination, design, interviewing

A real life example was presented by Marc in a case study, which was conducted in Asia 2008 to demonstrate how market research can be used as an agent of change. The study focused on the fracture gap that hospitalised hip fracture patients in Asia faced and it was meant to provide accurate measure of the treatment gap amongst a high risk osteoporosis population. The aim of the study was to provide a compelling communication platform to lobby payers and to educate the medical community and patients to improve the treatment of osteoporosis in Asia.

The case study consisted of 1,300 patient interviews across seven Asian markets (China, Malaysia, Korea, Thailand, Taiwan, Singapore and Hong Kong) recruited from 37 key public sector treatment centers.

As PIs are the public face of the study to the medical community one PI has been appointed in each of the seven markets to ensure maximum credibility to other investigators. The Principle Investigators were all the head of their local medical societies and considered the primary key opinion leader in their country.

Marc's recommendation: For conducting studies, as the presented one the role of the Principle Investigators is crucial not only in the interpretation of results but also the design of the study and materials. As PIs demand highest standards and as they must believe before they stand up, this group is the most challenging one. To discourage them from their suspicion PIs have to be engaged on Day 1 of the research. They have to be involved in the design of the protocol and all details of sampling, questionnaire development and analysis.

Although the ultimate aim of a primary market research is overtly commercial, this kind of research must be seen to follow the rigour of a clinical trial. Painsstaking effort must be taken over the research design, the questionnaire development, validation and the analytical reporting stages.

## Conclusion:

Market research in Asia is usually considered to be a commercial tool but with the correct approach and the necessary rigour it can be a compelling agent of change, benefiting not just the study sponsor but the healthcare and patient community at large.

The results can be used to lobby policymakers, reimbursement officials and healthcare professionals, as well as patients, care givers and the general public. The outcome can be published in peer-reviewed journals, presented at international conferences and company sponsored symposia, used in the development of detail aids and released at press conferences.

Therefore the findings have multiple beneficiaries. The industry gains a stronger relationship with KOLs and benefits commercially. The involved KOLs get an accurate understanding of treatment gaps and can publish the results. International Foundations get more arguments to lobby on behalf of patients and finally patients benefit by getting access to the best treatment.

*Written by Matthias Weber  
Solvay Pharmaceuticals  
Matthias.weber@solvay.com*



In response to the increasing number of our members using LinkedIn as a business networking tool, EphMRA has created a group to facilitate networking and communication within the EphMRA community. Initially the group was only open to EphMRA members but due to the success of the group it has been decided to open it up to all so as to promote wider networking and interaction.

Enhance your EphMRA networking by joining the Group:

- Show the EphMRA logo on your LinkedIn profile
- Keep in touch with business colleagues
- Network
- Enhance your personal and business opportunities
- Keep up to date with EphMRA news and announcements
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**Find EphMRA on LinkedIn -**

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**- search in Groups and request to Join. You are just a few clicks away from joining a great new group.**



## Parallel Session 8 Pharma is a foreign country

David Pearmain, Holden Pearmain, UK



David Pearmain

**Session Chairs: Eric Robillard, GfK Healthcare and Sarah Phillips, Ipsos Health Division**

David gave a very thought provoking paper on the subject of approaching pharmaceutical research from a consumer perspective. His approach was to join together the two sides of research; for those based on the consumer side, pharmaceuticals can be daunting with their complex and specialist products, while for pharmaceutical researchers, the consumer world can seem to be doing the more exciting and liberating type of research. David's hypothesis was that there are tried and tested methods which have their origins in consumer research which have migrated successfully into pharmaceuticals. David was very well placed to make these links as his career spans many different sectors

The first key difference between the consumer and pharmaceutical world is the target audience for research and how you talk to them. The decisions physicians make are often technical and are different types of decision to those made by consumers, but there are similarities. Consumers make intuitive choices and struggle to articulate the true reasons for their behaviours - research methods have been designed to draw out these hidden, non-rational drivers. Healthcare professionals make considered, rational decisions on treatment decisions, but they also follow non-rational processes, such as prejudice, habit, misperceptions and personal priorities. Physicians are human beings who make judgments using non-rational processes, particularly when the range of treatment options are broad and undifferentiated, the disease is not life-threatening and patients play a strong part in the success of treatment. In these instances, physicians exhibit behaviour which is similar to consumers. This is where techniques common in consumer research are also relevant in pharmaceuticals.

Non-rational approaches can be applied in both qualitative and quantitative fields. In qualitative research the types of techniques are often projective, such as bubble drawings, personification, laddering and semiotics. David used a case study from hypertension to illustrate his point.

In this case study, the initial in depth interviews had led to physicians giving stock answers, consistent with treatment guidelines. However, this wasn't really getting to some of the key drivers of the decision making process. Therefore David decided to look at the role of doctor's personal judgments. Were they influenced in their thinking if the disease was a result of lifestyle, or based on how willing the patient was to help themselves? To ascertain the answers to this, 20 respondents were shown pictures of 12 potential patient types and asked to give a word picture of each for instance, their name, lifestyle, disease pattern, co-morbidities etc. All the patient stereotypes were immediately recognisable to the physicians. They also made assumptions about the patients based on their appearance first sight, and made judgments based on their likelihood to comply with treatment. The outcome of this allowed the qualitative researchers to discuss the non-rational elements that might impact their decision making. This provided great insight to the end client about how to communicate product benefits in relation to different patient types.

Example 1

### An application of projective techniques in Hypertension

- Some spontaneous descriptions:

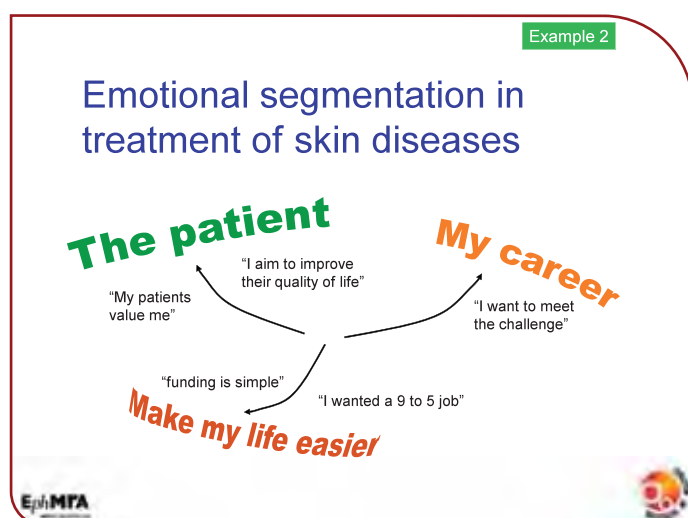
Name	Description
Norma	'Elderly female, over 75, not active, on her own, poor personal hygiene'
Hilda	'58 year old female, middle class, will speak her mind, Wi member, quite active, dog walker'
Charlie	'Middle-aged male, smokes and drinks, doesn't help himself, unemployed, not compliant, cantankerous, lower social class'
Carol and Joe	'Afro Caribbean, noticeable paunch, carefree, loves cooking, big family'
Piers	'45 year old business man, slight paunch, busy, drinks occasionally, leader of industry, Caucasian'

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For quantitative research, there are a number of approaches which can be used to measure the underlying drivers of consumer attitudes and behaviours. These include emotional segmentation, max diff for choice exercises and perceived value pricing for price impact measures.

In his second case study, David presented an emotional segmentation in the treatment of skin diseases. The objective of the research was to provide the client with information as to how different groups of specialists should be marketed to. One part of the questioning focused on their personal needs in terms of how they sought to achieve their role, how products could help them do this and how this related to patients' priorities.

# Conference Reports



In the interview, 100 specialists rated their level of agreement or disagreement with a large battery of 50+ statements. For each one, they simply entered a score from 1 to 10. This created a very large database of responses for factor and cluster analysis to be performed. This analysis revealed three key drivers of the market; those focused on the patient, such as wanting to improve their quality of life, their career, wanting to meet the challenge and making their life easier, such as simplicity of funding. This allowed David to develop an algorithm for classifying customers that could easily be used by the sales reps. By knowing the answer to only 2 statements, 70% of the sample could be correctly classified.

In his third case study, David presented the use of max diff in logo testing. This approach is borrowed from typical consumer concept and logo testing. The approach was used to draw out the main differences between designs and be an intuitive and easy exercise for respondents. If the approach is compared to rating scales, it is more engaging for respondents and it is more sensitive compared to ranking exercises. Max diff essentially presents items to respondents in a series of simple trade-offs. Respondents are shown a series of items in groups of 4 or 6 at a time. For each group, they indicate which is *most* and which is *least* in relation to a stated measure. By then using hierarchical Bayesian analysis, the relative strength of preference for each design can be estimated as well as for each brand association. This allows the researcher to then establish the rank order of designs tested and the distance between different designs. The winning concept can be picked in relation to the brand measures, such as strength, endurance and simplicity.

Finally, David moved on to his last case study, used to discuss perceived value pricing (PVP) to establish an early indication of price perceptions towards a new product. This approach can be used to help establish the expected price and therefore the implied value or a proposition in direct relation to existing therapies. This approach was originally developed for the

pharmaceutical industry by Allan Bowditch, it was then adapted into the consumer world, and has finally moved back into pharma.

Respondents are asked to place current products on an unmarked scale, which runs from high to low price, and then a second scale, which runs from high to low value for money. They are then asked to place the new product in relation to the existing products. From this, it is possible to infer a potential price position. In addition, by mapping value against price, it is possible to estimate the average position of the new product on the value scale, thereby inferring the range of price expectations.

To conclude the discussion, David argued that in their professional capacity, physicians are not like consumers. They make complex and weighty decisions based on their experience and training. However, they are still human and in many decisions they reflect motivations which are similar to those of the consumer. This means that most methods developed in a consumer context are worthy of consideration for the pharmaceutical market, even if they need some adaptation. David finished by inviting the audience to keep abreast of current consumer thinking through journals and MRS winning papers to see how their thinking might be appropriate for us.

*Written by Sarah Phillips  
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Sarah.phillips@Ipsos-MORI.com*

## Final Plenary Session

### 'Soapbox' - Hot Topic Update

**Session Chair: Allan Bowditch, The Ziment Group - A Kantar Health Company**



Josh Rossol

The soapbox session is an opportunity for those delegates with pent up frustration, to have a rant about issues close to their hearts....and hopefully, to offer solutions.

## Think about what scale you use

With a job title of 'Chief Methodologist', you would expect Josh Rossol of Ziment, A Kantar Health Company to be passionate about maths and statistics, so it was somewhat surprising that he started his session off by talking about an elephant. He used the analogy of blind men feeling and mis-interpreting different parts of an elephant's body, to illustrate that people are subjective, and will understand and describe the same situation differently.

Extrapolated to market research, Josh suggested that cross-culturally and individually, traditional rating scales are open to 'data discrepancies' such as anchoring, clumping and swarming. He challenged current practice by recommending the use of Modeled Choice Exercises instead of Likert scales, for example, Paired Comparisons, Triplet Analysis or MaxDiff. These techniques force respondent choice between alternatives, rather than giving them each a score. They are apparently culturally and scale-independent; they require concentration to complete - with implied improved levels of accuracy and reliability; and importantly, they elicit a winning percentage output.

He went on to explain that on the occasions that these techniques cannot be used, there are ways to standardise traditional rating scales at an individual level, by putting each questionnaire item on an identical scale for all respondents. This generated much interest in the audience, and Josh demonstrated the technique by using data from a global segmentation study, where such standardization prevented country-specific scale bias from becoming a differentiating variable and producing inaccurate segments.

So, in conclusion, the whole elephant is greater than the sum of its body parts, Josh is clearly passionate about this subject, and put forward a compelling argument.

However, based on audience reaction, it seemed as though there was more interest in understanding how to standardize the tried and trusted Likert scale than learning more about Modeled Choice Exercises. We tend to be apprehensive of change and working outside of our comfort zones, and perhaps that explains why we continue using the same old techniques, even if they aren't perfect.

This leads us to the second soapbox topic, where Stephen Godwin, Group Director of Synovate Healthcare, posited that:

**'Loss of confidence and adverse views by the public and physicians is a long-term threat to the pharmaceutical industry'.**



Stephen Godwin

Stephen bounced onto the stage and delivered his tirade without the need for PowerPoint back-up. Here was a man clearly incensed by the industry where he has worked for thirty-several years.

He commented that only five pharmaceutical companies are in pretty much the same state as they were fifteen years ago, due to mergers and acquisitions. The rest have been engulfed in giant-organisations that seem to have reduced, rather than increased, their investment in R&D, in favour of gratifying their share-holders. He berated these companies for their poor R&D pipelines and reminded us of fluoxetine, timoptol, cimetidine and propanalol, as revolutionary blockbuster products that not only changed the pharmaceutical (and medical) world, but also provided substantial return on investment. Today, there are few, if any, revolutionary brands, with the pharmaceutical industry preferring to invest in me-too's, arguably because of the lower risk. Apparently, some of the larger companies have products in a padded pipeline which are considered too small to be worth developing and are never launched. He criticised the industry for being self-serving by creating illnesses such as RLS and ADHD.

Stephen went on to say that the pharmaceutical industry is unique in its pricing strategy of excluding price from the marketing mix. Apparently, seven out of ten products fail, and he argued that 'rotten products' should be priced according to market value, rather than according to inaccurate forecasting made earlier in the product lifecycle.

He was sceptical about the success of promotional activity, commenting that in the USA, the NIH has all but 'banned' representative visits from their major facilities, and suggested that detail-aids are not used by representatives anyway.

There is, however, some hope: he recalled recent innovative brands like Glivec and Herceptin, and that great work has been done in HIV, T2D, RA and diphtheria. This led to comments that vaccine companies are differentiated from pharmaceutical companies, and are generally regarded in a more positive light. He talked about the far-reaching influence of NICE guidance (both in the UK and farther afield), and posited that it gave permission for people to blame the government rather than the pharmaceutical industry, when, for example, oncology drugs are not made widely available.

# Conference Reports

In conclusion, he recommended (a) that we need more, smaller pharmaceutical companies who would be able to invest in smaller, innovative brands; (b) that existing companies should scrutinize and optimize their pipelines; and (c) that price should be included in long-term marketing strategy.

I'm not sure how many people in the audience had seen the film Scandal, or were aware of The Profumo Affair, nevertheless, Stephen ended his monologue by likening the pharmaceutical industry to Lord Astor, denying complicity under oath, and

paraphrasing Mandy Rice Davies' infamous comment 'well they would say that wouldn't they?'

Had this been a debate, rather than a monologue, I am not sure how successfully anyone could have refuted his arguments.

*Written by Pip Keys*

*Marketing Sciences*

*pkeys@marketing-sciences.com*

## Database & Systems Committee Update

EphMRA would like to thank Jacky Gossage of GSK who stepped down this year after 18 years as D&S Committee Chair. Jacky remains on the Committee as an active member and will continue to attend meetings.

*This is a tremendous achievement and EphMRA would like to thank Jacky for all her hard work, dedication, and support to the Committee.*

**Jacky was voted third place in the 2009 EphMRA Contribution Award.**



**Congratulations!**

## Thank you!

**EphMRA wishes to thank the 2009 Conference Programme Committee who have steered the papers:**

Allan Bowditch	Ziment	USA	allan.bowditch@ziment.com
Rob Haynes	Schering-Plough Corporation	USA	rob.haynes@spcorp.com
Bernd Heinrichs	Gruenthal	Germany	Bernd.Heinrichs@grunenthal.com
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Matthias Weber	Solvay	Switzerland	Matthias.Weber@solvay.com
Alex West	P\SL Research Europe	UK	alex.west@pslresearch.com

**Thanks also to those who have written the articles for this News.**

**Thanks to:**

**MCI - the Conference Organisers and Technical Team >**

This was the first year of working with MCI Suisse and their onsite assistance at the conference (as well as in the months before) was much appreciated.





# 2009 Agency Fair - 56 exhibitors

The agency fair was held over the 2 days of the conference with extended lunch and coffee breaks for greater networking.



# Conference Reports

## NOW THE WINNERS!

### Jack Hayhurst Award 2009

- for Best Conference Paper as voted by the Conference delegates



Jack Hayhurst

Jack was EphMRA President in 1976 when he worked at ICI Pharmaceuticals. He was also Treasurer and the first General Secretary until he retired in 1988 and passed away in 2005.

### 2009 Winner

**Janet Winkler**

in-sync, Canada

*With her paper 'The Great Leap Forward: how being consumer-centric can revolutionise pharmaceutical marketing'.*



Janet Winkler

*"I am thrilled and honored to have been selected for the Jack Hayhurst award. in-sync believes passionately in the value of taking a human-centric approach in pharmaceutical marketing. My hope is that our presentation will inspire others to be innovative in how they tackle pharmaceutical market research and branding challenges."* Janet Winkler

### Runner Up

**Slaying the Sacred Cow - Linda Grosjean, F.Hoffmann-La Roche Ltd, Switzerland and Orlando Wood**

Brainjuicer, UK



### EphMRA 2009 Contribution Award Winner

**Bob Douglas**

Synovate Healthcare



Bob Douglas

### Runner Up - Janet Henson

**3rd place - Jacky Gossage, GSK**

#### Those nominated were:

Bob Douglas - Synovate healthcare  
Kurt Ebert - F.Hoffmann-La Roche Ltd  
Jacky Gossage - GSK  
Rob Haynes - Schering Plough  
Janet Henson  
Alexander Rummel - psyma international  
Katy Sophoclis - Synovate Healthcare  
Henrik Zoeller - Gruenenthal

### Business Card Prize Draw Winner

**The winner of the free EphMRA online training course was Martine Leroy-Sharman**  
Millward Brown Healthcare

**Drop your Business Card and enter the Draw for a free EphMRA On-line Training course**



**Drop your card at the Registration Desk Draw made at the end of the conference**

You can win one of the following on-line courses:  
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2. Managing a Research Project  
3. The Role of Research Through the Product Lifecycle

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# Conference Reports

**EphMRA wishes to thank the 2009 Conference Sponsors for their generous support.**

## **A+A**

### **Sole Sponsor: Delegate badge pen**

Being a global stakeholder, A+A supports EphMRA which facilitates sharing views, questions and solutions to face new challenges.



Pierre Pigeon, CEO, A+A

## **IMS Health**

### **Sole Sponsor: Post Conference News**



IMS and EphMRA go back more than 50 years. In the current dynamic times it is critical we stay the course, whilst adapting to new market realities. IMS is proud to continue to sponsor EphMRA with support and market intelligence to aid its members to the best of our ability dealing with these new dynamics.

Robert Dossin, Vice President, IMS Health

## **Aequus Research**

### **Sponsor: Agency Fair Lunch**

Lunchtime at EphMRA - A great time to fish for new contacts!



Julie Buis, Managing Director, Aequus Research

## **IMS Health**

### **Sole Sponsor: Guide to the Agency Fair**



## **Ipsos Health Division**

### **Sole Sponsor: Conference Delegate List**



### **Ipsos Health Division**

Ipsos is delighted to support EphMRA as the voice of the pharma and healthcare industry.

Sarah Phillips, Head of Health, Ipsos Health Division

## **Cegedim Strategic Data**

### **Sole Sponsor: Conference Programme**

CSD has been a partner of EphMRA for many years. We are delighted to participate in the AGM a major event for the pharmaceutical industry and especially this year as it is in Paris where CSD has its headquarters.



Bruno Lempennesse, General Manager  
Cegedim Strategic Data

## **SGR International**

### **Sole Sponsor: Conference Pad**



SGR look at EphMRA as a Big Community, and we believe in it! We traditionally take the opportunity to sponsor at the AGM not only because this gives us a very good visibility, but also because we truly believe in EphMRA and want to support its initiatives as much as possible.

Piergiorgio Rossi, Managing Director, SGR International

## **GfK HealthCare**

### **Sole Sponsor: Conference Delegate Bags**

GfK HealthCare: Your team of experts.



Peter Eichhorn, Managing Director  
GfK HealthCare

## **The Planning Shop international**

### **Sole Sponsor: Conference Signage**



We are market researchers with strategic brand planning, as well as client-side marketing and market research experience.

Kim Hughes, Managing Director  
The Planning Shop international



## Expert teams at Double Helix continue to expand

*"In these difficult times, high quality insight is valued by clients to give them the edge. By continuing to exceed client expectations in our projects, we are able to build a high quality team at Double Helix"*

Global market research consultancy Double Helix announces the appointments of **Tim Clough** and **Andrew Cavill** to the position of Senior Research Executive within the strategic market research team, headquartered in London.

Tim joins from Adelphi Pharma and has a degree in Molecular and Cellular Biology from University of Bath and has a strong interest in key opinion leader, oncology and cardiovascular research. Andrew joins from Synovate Healthcare and has a degree in Psychology from Warwick University with a special interest in patient research, including ethnography.

Double Helix Consulting's Global Market Access team has recently appointed **Dr Shri Mukku** - Shri is a Consultant in Global pricing and reimbursement, price modelling and forecasting across the G20 markets, with a particularly strong network covering the emerging economies of India and Asia Pacific.



Tim Clough



Andrew Cavill



Dr Shri Mukku

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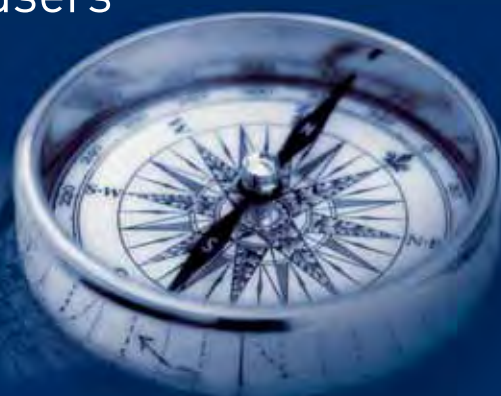
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# EphMRA 2010 Conference



business  
as  
usual

EphMRA 2010  
Pharmaceutical Market Research Conference

**EphMRA**

22<sup>nd</sup> - 24<sup>th</sup> June 2010 Conference  
Berlin, Germany

**Contributions and synopses invited**  
Deadline 17<sup>th</sup> September 2009



Brandenburg Gate

## EphMRA 2010 CONFERENCE 'BUSINESS AS USUAL'

In these times when there have been frequent announcements in the media about economic problems across the world, it would be easy to feel gloomy and wonder where our industry is heading.

Yes, times might be tough - but there are always opportunities: If we focus on sharpening our tools, honing our skills and adapting to our changing business climate, we can significantly improve the insights and guidance we offer our customers.

Against this backdrop, EphMRA announces the 2010 conference will be held in Berlin.

At the geographical centre of a growing Europe, Berlin is the gateway between East and West. As the capital of Germany, it is highly dynamic, cosmopolitan and creative, allowing for every kind of lifestyle, offering many opportunities just waiting to be seized. Business, science and research are tightly interwoven into its' day-to-day fabric. Numerous small companies with a wealth of creative energy offer a creative and innovative environment from which the "bigger players" can benefit. Given the innovations and dynamic changes which have shaped the Pharmaceutical Industry and its supporting companies, Berlin provides an appropriate setting to look to the future in a positive way.

While the city has undergone possibly more change to its economy and political infrastructure than most European cities in recent times, it has emerged as a vibrant, exciting, energising and "cutting edge" place to be. "Berliners" have adjusted to the dramatic events of the past, in particular, the fall of the Berlin wall in 1989 just 20 years ago by re-examining the needs and aspirations of its citizens, developing and executing a well designed, forward looking strategic plan, and encouraging entrepreneurial flair.

The Pharmaceutical Industry itself needs to adjust to the significant political change that lies ahead in the world's largest market, the USA. With the Democrats committed to reshaping the way healthcare is provided to millions of Americans, while at the same time aiming to reduce the overall cost of healthcare, many believe the "knock-on" effect will be to squeeze company profits and increase the amount of generic prescribing. This change comes at a time when more and more people, both physicians and the public at large, are becoming disillusioned, even hostile towards our industry. This is not a good scenario within which to "win friends and influence our customers": Market research must become more proactive and help to set out a framework for minimising the impact of these issues as we go forward.

As market researchers we need to think ahead and help management focus on opportunities to offset the impact of future developments. We have to closely monitor our market environment AND HELP PLAN THE INDUSTRY'S NEED TO CHANGE, not just in the USA but worldwide, in order to remain "one step ahead".

With all these issues needing to be considered the 2010 Conference will focus on four main areas:

- How can we adapt to survive and meet the challenges which lie ahead - who will make them?
- How can market research help identify the right target customers in this changing landscape?
- Pushing the boundaries and experimenting with new methods and approaches, challenging 'why we do it this way'

Will there still be a place for traditional methods of data gathering such as face to face interviewing? What will its role be given the online forums, social networking and online interaction arenas.

**See Call for Synopses for  
more details - on EphMRA  
web site**

## NEWS FLASH!

A project undertaken and completed by the Syndicated Data Committee in conjunction with Cegedim Strategic Data, and funded through the EphMRA Foundation Committee.

## A Beginners Guide to Help You Understand Epidemiology Data

(split into 5 separate sections):

A comprehensive introduction to epidemiology backed up with case studies which demonstrate the utility of epidemiology in 4 different scenarios. Perfect for new members of staff or those wanting to improve their knowledge. The project is on the EphMRA web site (accessed via your members password) and also on a USB stick.



**First Part A – gives background information about what epidemiology is**

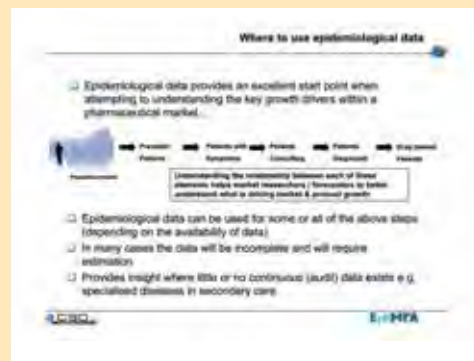
**Then there are 4 case studies which aim to answer 4 frequently encountered situations:**

Case Study 1 - Looks at the practice of forecasting using epidemiology data and pulling data from freely available sources  
Case Study 2 - Explains population (demographic) data and its value to MR in market sizing, segmentation and the effects that demographic changes can have on future market and product potential  
Case Study 3 - Market Sizing - Looks at market sizing and the role of epidemiological data in that process  
Case Study 4 - Product Potential - Builds on forecasting and market sizing to examine in more detail how potential for your product can be measured and refined

### 1. Part A Provides background information to help you understand what epidemiology is, terminology used and how the data can be used within the pharma industry

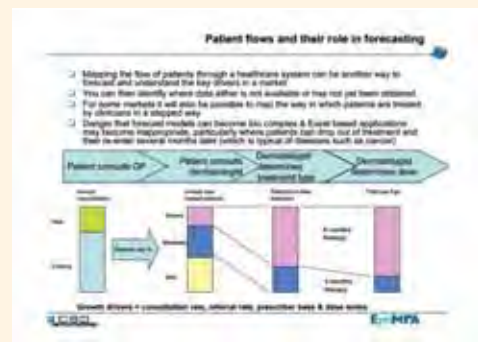
Part A will enable you to...

- ☐ Understand how epidemiological data relates to the practice of market research
- ☐ Review the various types of epidemiological data available & its application in a marketing context
- ☐ Gain an understanding of the various definitions that are used in order to better utilise epidemiological studies and avoid common pitfalls
- ☐ Source the right type of data to answer a particular marketing question
- ☐ Apply common rules for judging studies & avoid common pitfalls



### 2. Case Study 1 Looks at the practice of forecasting using epidemiology data and pulling data from freely available sources

- ☐ This case study looks at the practice of forecasting using epidemiology data with data largely from sources that are freely available
- ☐ There are occasions where market researchers find that it is not possible to conduct primary market research or purchase longitudinal patient data to generate forecasts to aid decision making because of time or budgetary constraints
- ☐ Using epidemiological data is fraught with problems and limitations largely due to the variability in quality and volume of data that is available in the public domain
- ☐ The case study focuses primarily on how to best use epidemiology and demographic data using various techniques with some examples of how to use longitudinal patient data
- ☐ Working with imperfect data and using statistical methods to overcome this can be very complex, so these have not been addressed here
- ☐ The worked examples provided are meant to provide the reader with the key steps necessary to generate a forecast which can be applied to your own situations. Clearly for copyright reasons, we cannot use actual sales and prescription data, so fictitious data has been used where appropriate



(continued on page 36)



(continued from page 35)



# Associate Members News

## People



GO Research (Frankfurt, Germany) welcomes Margarita Zirkina as Project Director. She is responsible for the management of qualitative and quantitative medical marketing research studies, particularly of pan EU online studies.



*Laura Hunt*  
fastforward are pleased to announce the addition of two new Senior Research Executives to the team. Laura Hunt from MVA Consultancy and Amanda Heselwood from Adelphi International Research.



Ugam Research Solutions  
Emmanuelle Orr appointed Associate Research Director, with 10 years experience in Healthcare Research. New Project Manager Heliana Bedoya, with 8 years project management experience.



*Beihuan Hua*  
Beihuan Hua, native of Shanghai, China, joins Medimix Asia, Hong Kong as project manager. Fluent in English, French, and Mandarin, she worked three years as project manager for Shanghai Electric.



Emily Hancock, Lily McCullen and Samantha Martin have joined as RA, Field Controller and TRE respectively. Lucy Howell has been promoted to RE, Gillian Newbold and Nicola Vyas to RD.



Elma Research welcomes Mariù Adduci as Fieldwork Manager. Mariù is armed with more than 14 years' experience in the challenging organisation of high-quality qualitative and quantitative fieldwork activities.



Branding Science - New Joiners  
Branding Science welcomed Hannah Murphy, John Coulthard and Jenny Horsburgh to the team in January 2009. In July 2009 Joe Gadilhe joined as a Brand Scientist.

# Associate Members News

## Services

### **LINK Healthcare**

LINK Healthcare provides you with professional healthcare market research expertise in Switzerland, Germany and Spain (quantitative, qualitative, advanced analytics). You like to get more information? See you on [www.link-healthcare.com](http://www.link-healthcare.com)!



KeyQuest Health Ltd, the independent medical fieldwork specialists, have launched askQUICK - a fast turnaround service using native language moderators to deliver feedback as and when you need it. [www.kqhealth.com](http://www.kqhealth.com)



**iOmnibus:** Survey using Facebook community of 200 million.  
**iAdBoard:** A virtual advisory board or patient panel.  
**Semiotics:** A cost effective communication testing tool.  
**Ethnography:** A study of patients by observation



Synovate Healthcare launches its innovative approach to brand positioning, a comprehensive suite of solutions that guides clients right from early stage market understanding through to communication development and launch monitoring.



FocusVision, the leading global provider of live video transmission, offers InterVu, a live two-way audio and video for online focus groups that includes a dedicated technician throughout the project.



Research Games in Pharmaceuticals  
Blauw launches new approach to expand exploration and co-creation possibilities in medical target groups. Contact us +49 (0)911 2177 3820 to learn more.

## Office Moves



In order to accommodate its ever growing team Medicys has moved to larger premises:  
Medicys Ltd  
152, Staplehurst Road  
Sittingbourne  
Kent, ME10 1SY UK  
All other details are unchanged.



MattsonJack launches CancerMPact® Treatment Architecture China, a clinically rich report that focuses on the largest tumor types in China and assesses current clinical management of each cancer by stage.



## Ipsos Health Division

### IPSOS HEALTH

Are pleased to announce the launch of their new Healthcare Dynamic Model. This provides a framework of thinking for a holistic view of product performance across the marketplace.



Time Research announces an extension to their conference research services. This highlights the demand to assess reaction by healthcare professionals to trial results released at healthcare meetings.



EUMARA provides the latest Eye Tracking Technology.

By studying the viewer's eye movements, EUMARA's cutting-edge remote eye-tracking technology determines whether the viewer focuses on your key message.  
[www.eumara.com](http://www.eumara.com).



Celebrating 450.000 panelists on its Global Healthcare Panel, WorldOne Research has launched a new website, [www.worldone.com](http://www.worldone.com). WorldOne's reach is now even greater than ever across the Americas, Europe and Asia.

Contact Us by phone, fax or email...

### EphMRA

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### Interested in submitting copy for the News?

If you would like to submit copy for possible publication in this Newsletter then contact EphMRA at [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org) Guidelines for articles and copy are available. EphMRA reserves the right to edit/adjust any material submitted. Articles published in the EphMRA News do not necessarily reflect the opinions of EphMRA.

**EphMRA December 2009 News copy deadline is 9th October 2009.**



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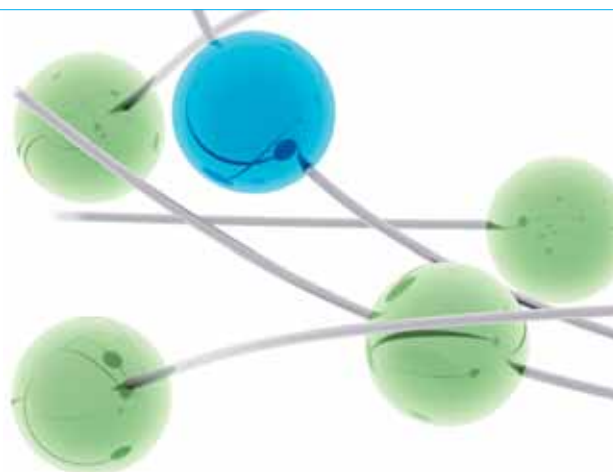
[communications@medimix.net](mailto:communications@medimix.net)  
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# IMS MIDAS Global Biologics

FULLY INTEGRATED BIOLOGICS DATA IN 70 COUNTRIES WORLDWIDE

As treatment regimens continue to evolve and Biologics become increasingly prevalent, IMS is investing in the next generation of market measurement services.



A flow of innovation, expanding indications and increasing uptake beyond the US are fuelling exceptional growth in the worldwide market for biologics.

Now worth in excess of US\$115 billion and generating more than 16% of global pharmaceutical sales (Figure 1), biologics are not only improving outcomes in a growing number of disease areas but also radically changing the competitive landscape.

With over 28% of the R&D pipeline now dedicated to biologic medicines, they are on course to remain one of the strongest segments of the market.

For companies looking to expand in the market, the ability to identify biologic molecules, determine their importance in treatment, and understand the forces behind their performance will be key to ensuring effective strategies and maximum return on investment.

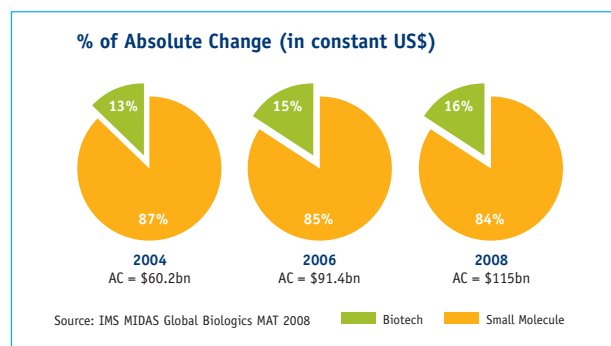
IMS MIDAS Global Biologics enables tracking of Biologic Treatments in relevant therapy & disease areas defining country evolution in treatment, critical to setting the strategic direction of the portfolio & defining emerging opportunities.

## NEXT GENERATION MARKET MEASUREMENT SERVICES

In response to the evolving market dynamics, IMS is investing in the next generation of market measurement services to help you adjust to today's challenging environment and make confident, evidence-based decisions.

As part of the IMS *New Models, New Metrics™* programme, our MIDAS pharmaceutical intelligence platform now contains new metrics developed by IMS to help you anticipate – and respond to – the increasing importance of biologics in the global market.

FIGURE 1: BIOLOGICS DRIVE OVER 16% OF CURRENT WORLDWIDE PHARMACEUTICAL SALES



## IMS MIDAS BIOLOGICS

If you would like to understand how IMS New Models, New Metrics™ and MIDAS Global Biologics can bring you clarity and confidence in a complex world please contact Neil Coleman on +44 (0)20 3075 5504 or email [ncoleman@uk.imshealth.com](mailto:ncoleman@uk.imshealth.com)