

2010 EphMRA Conference Berlin 22-24 June

Estrel Hotel & Convention Centre, Berlin

What's New for 2010

business
as
usual

More Choice - More Papers

The feedback from the 2009 Conference showed that the new Conference format was well liked. Building on this the Conference Programme Committee has now added even more choice - a total of 12 papers in parallel session format and 2 plenary session papers.

Agency Fair Format

... it has been slightly changed for 2010 - the fair will now be open over 2 extended lunch periods on Wednesday 23 June and Thursday 24 June. There was extensive feedback received on the fair format last year and...

...The Agency Fair Quiz is back

To encourage pharma delegates to visit stands and get the answers to questions a quiz will once again be arranged for the fair. Prizes for the winners.

Agency to Agency Meeting Time

Wednesday 23 June 2010 at 11.30 - 12.15

This is a session intended for agencies to network with each other in a business setting. It is not intended to replace any aspect of the Agency Fair but to provide an opportunity for supplier meetings. The meeting room will be laid out informally with small tables and chairs and any supplier who is a fully registered Conference delegate can register (*via the Conference online registration*) to attend the session and use the provided tent card to identify their company. Please do not bring banners, posters or any kind of stand - just literature such as leaflets. The session will open and close promptly.

Free Conference Wi-Fi

Wi-Fi is provided free of charge by EphMRA for Conference delegates in the whole Conference area from Tuesday to Thursday.



Register at www.ephmra2010.org

See you in Berlin!

www.ephmra.org

EphMRA 2010 Programme

2010 EphMRA Conference - Berlin 22-24 June Estrel Hotel & Convention Centre, Berlin

Register at www.ephmra2010.org

Time Schedule (overview)

DAY 1 - TUESDAY 22 June 2010

| | |
|---------------|---|
| 09.00 - 14.15 | Committee Meetings |
| 14.30 - 17.30 | Masterclasses |
| 19.00 - 19.30 | Welcome Cocktail for first time attendees |
| 19.30 - 20.30 | Welcome Cocktail |

DAY 2 - WEDNESDAY 23 June 2010

| | |
|-------------------|--|
| 08.30 - 11.30 | Additional time for Committee Meetings |
| 08.30 - 11.30 | Masterclasses |
| 11.30 - 12.15 | Agency to Agency Supplier Meetings |
| 11.40 - 12.15 | EphMRA AGM - Full Members only |
| 12.15 - 12.35 | EphMRA President's Welcome and Update report |
| 12.35 - 13.35 | Plenary session |
| 13.40 - 15.50 | Lunch & Agency Fair |
| 16.00 - 16.45 | Parallel sessions |
| 16.50 - 17.15 | Soapbox session |
| 17.15 - 18.00 | Associate Members Meeting |
| 19.30 - till late | EphMRA Evening Event |

DAY 3 - THURSDAY 24 June 2010

| | |
|---------------|---|
| 09.15 - 10.15 | Plenary session |
| 10.15 - 10.45 | Coffee Break |
| 10.45 - 11.30 | Parallel sessions |
| 11.35 - 12.15 | Parallel sessions |
| 12.15 - 14.15 | Lunch & Agency Fair |
| 14.15 - 15.00 | Parallel session |
| 15.00 - 15.25 | Coffee Break |
| 15.25 - 15.50 | Soapbox session |
| 15.55 - 16.25 | Jack Hayhurst & EphMRA Contribution Award |
| 16.25 - 17.00 | Closing Cocktail |

EphMRA



EphMRA 2010 Programme

Programme Day by Day (detailed)

DAY 1 - TUESDAY 22 June 2010

| | |
|---------------|---|
| 09.00 - 14.15 | Committee Meetings |
| 14.30 - 17.30 | Masterclass Training - 3 in parallel - Session 1 Includes coffee break |

Masterclass 1

NLP (Neuro Linguistic Programming)

Masterclass 2

War Gaming

Masterclass 3

Research for Devices, Equipment
and Formulation options

| | |
|---------------|--|
| 19.00 | Welcome Cocktail |
| 19.00 - 19.30 | Welcome Orientation Cocktail for first time attendees, Board and Committee Members only, in ECC Foyer 1. |
| 19.30 - 20.30 | Welcome Cocktail open to all registered Conference delegates and Committee Members, in ECC Foyer 1. |

DAY 2 - WEDNESDAY 23 June 2010

| | |
|---------------|---|
| 08.30 - 11.30 | Additional time for Committee Meetings, includes coffee break |
| 08.30 - 11.30 | Masterclass Training - 3 in parallel - Session 2 Includes coffee break |

Masterclass 1

NLP (Neuro Linguistic Programming)

Masterclass 2

War Gaming

Masterclass 3

Research for Devices, Equipment
and Formulation options

| | |
|---------------|---|
| 11.40 - 12.15 | EphMRA AGM - for Full Members Only |
| 11.30 - 12.15 | Agency to Agency Supplier Meetings (<i>you must register for this session if you wish to attend</i>) |
| 12.15 - 12.35 | EphMRA President's Welcome and Update report - open to all registered Conference Delegates |
| 12.35 - 13.35 | Key Note Speaker (<i>Name to be Confirmed</i>) - Plenary Session Session Chair: Anne Loiselle, EQ Healthcare, Canada |
| 13.40 - 15.50 | Lunch and Agency Fair |
| 16.00 - 16.45 | Parallel Sessions |

Parallel Session 1

Session Chair:

Sarah Phillips, Ipsos Health Division, UK

Age old vs. New age techniques;
when to embrace the thrill of the new
and when to 'stick to the knitting'.

Carolyn Chamberlain and
Tracey Brader, Praxis Research &
Consulting, UK

Parallel Session 2

Session Chairs:

Anna Garofalo, Double Helix
Development, UK and Matthias
Weber, Solvay Pharmaceuticals,
Switzerland

Will Market Researchers be the
Neanderthals of Homo Marketingus?
Henry Gazay, Medimix International
and **Alex de Carvalho**, Adjunct
Professor Social Media, University of
Miami, USA

Parallel Session 3

Session Chairs:

Peter Eichhorn, GfK and Bernd
Heinrichs, Gruenenthal, Germany

Assessing the 'value of knowing'
for reimbursement bodies. **Koenraad
Dierick**, suAzio Consulting, Belgium
and **Teresa Zyczynski**, GE
Healthcare, USA

EphMRA 2010 Programme

DAY 2 - WEDNESDAY 23 June 2010 (*continued*)

(Parallel Session 1 continues)



Carolyn Chamberlain



Tracey Brader

Using a court room style approach, this paper will put techniques 'on trial'. It will (in a controversial and thought provoking way), capture, challenge and crystallize the role, use and contribution of 'new age techniques' (such as NLP and semiotics) Vs older, more traditional, tried and tested techniques in the world of international pharmaceutical market research.

(Parallel Session 2 continues)

Henry Gazay



Alex de Carvalho

This paper will explore the role of social and professional networking sites across the globe amongst medical professionals and will show how global patterns and specific regional variances will help pharmaceutical companies better focus their e-marketing strategies. So, if you want to learn what skills market researchers need to avoid becoming the Neanderthals of Homo Marketingus, this paper will provide the answers.

(Parallel Session 3 continues)



Koenraad Dierick



Teresa Zyczynski

In the context of the changing global healthcare landscape, this paper explores (through robust primary research) whether the 'value of knowing' that a patient suffers from a specific pathology impacts on the level of reimbursement for new drugs in the US. Prepare to be surprised.

Parallel session Papers are 30 minutes long with 5 minutes Q&A

16.50 - 17.15

Soapbox session - in plenary room

Session Chairs: Alex West, P\SL Research Europe, UK and Matthias Weber, Solvay Pharmaceuticals, Switzerland

Healthcare marketing Research in the years to come: Not Business as usual.

Richard B. Vanderveer, GfK Healthcare, USA

Richard B. Vanderveer



This soapbox session will be provocative and challenging. It will demonstrate that all of healthcare, not just drug development, public insurance etc. will need to be totally rethought if healthcare delivery is to continue at its present rate - let alone improve. Changes will need to be disruptive rather than evolutionary and the results will certainly not be 'business as usual'.

17.15 - 18.00

Associate Members Meeting - for all Associate Members - in Plenary room

19.30 - till late

EphMRA Evening Event

EphMRA 2010 Programme

DAY 3 - Thursday 24 June 2010

09.15 - 10.15

Plenary Session

Session Chairs:

Sarah Phillips, Ipsos Health Division, UK and Matthias Weber, Solvay Pharmaceuticals, Switzerland

Directionally right or precisely wrong? Harvesting and linking the best, if disparate, public domain data with secondary data for real market insight. **Marion Wyncoll**, Themis, UK and **Kathryn Jones**, Kariad Partners, USA



Marion Wyncoll



Kathryn Jones

This paper builds on the premise that for many biotech/specialists market launches, traditional audits often do not provide enough information and budgetary restrictions mean that there is no longer the option to conduct large studies. We all know th at there is a huge amount of information available in the public domain but can we obtain useful information for free and can it help make decisions when integrated with other sources? This paper will reveal all.

10.15 - 10.45

Coffee

10.45 - 11.30

Parallel Sessions

Parallel Session 4

Session Chair:

Anne Loiselle, EQ Healthcare, Canada

Dumb it Down at your peril; Giving up face to face means 'Marketing by Numbers'. **Stephen Godwin**, Synovate Healthcare, UK



Stephen Godwin

This paper will challenge and provoke discussion about the role and value of high tech approaches in today's market research environment. Whilst the paper is not aimed at taking sides, its real goal is to make researchers aware of many different ways that research can be conducted and to show that while high tech approaches can be more cost effective and faster, there are - and continue to be - situations and challenges where face to face interviewing cannot be bettered.

Parallel Session 5

Session Chair:

Alex West, P\SVL Research Europe, UK

Getting answers without asking questions. Analysing online conversations about common health problems with aging. **Niels Schillewaert**, Insites Consulting, Belgium



Niels Schillewaert

This paper will explore how social media content can serve market research and the healthcare industry. Through a real-life case about ageing, the paper throws light on how elderly and caregivers experience living with several health problems associated with ageing, such as dementia, sleeping problems, decreased mobility, heart failure, anxiety and depression and how social media can enhance our understanding of these patients.

Parallel Session 6

Session Chairs:

Session Chairs: Peter Eichhorn, GfK and Bernd Heinrichs, Gruenenthal, Germany

The importance of health insurances as a target group for the pharmaceutical industry - consequences for market research. **Ludwig Prange**, Berlin Chemie and **Markus Schoene**, YouGovPsychonomics AG, Germany



Ludwig Prange



Markus Schoene

This paper will provide the audience with insights into the importance of health insurers as key customer groups for the pharmaceutical industry. Drawing on the German experience, the paper will show the value of understanding this sector; how to research them and how this understanding can really add value.

Parallel session Papers are 30 minutes long with 5 minutes Q&A

EphMRA 2010 Programme

DAY 3 - Thursday 24 June 2010 (continued)

11.35 - 12.15

Parallel Sessions

Parallel Session 7

Session Chair:

Alex West, P\SL Research Europe, UK

United Breaks Guitars - The Rise of the Prosumer - **Steve Thomson**, Ipsos CPG and **Sarah Phillips**, Ipsos Health, UK



Steve Thomson



Sarah Phillips

This paper investigates the fascinating concept of the 'prosumer' in the context of healthcare; how physicians deal with these patients and how the pharmaceutical industry should support the physician in the face of these patients. Using novel research techniques with both physicians and patients in 2 EU markets, this paper promises to be a real insight into the psychology of this important patient group.

Parallel Session 8

Session Chair:

Anna Garofalo, Double Helix Development, UK

Bringing innovation to Market by understanding customer needs - customer targeting for launch of an innovative new product. **Willy Hoos**, Philips Respironics and **Jordan Bayless**, Optimal Strategix, USA

Willy Hoos



Jordan Bayless

This paper shows the challenges faced and the solutions used to develop an effective launch strategy for a new device. Based on a real case study, the paper will show how unique approaches and advanced market research methodology allowed the launch team to understand all the different stakeholders in the value chain and how they took a customer focused view to developing a detailed strategic and tactical launch plan.

Parallel Session 9

Session Chairs:

Peter Eichhorn, GfK and Matthias Weber, Solvay Pharmaceuticals, Switzerland

Enabling Bio/Pharmaceutical Pricing Strategies by integration across customers & constructs. **Gregory Bell** and **Sanjay Rao**, CRA Life Sciences, USA



Gregory Bell



Sanjay Rao

With a slowdown in growth for the global biopharmaceutical industry predicted over the next 3 years, there has never been such an important time to find the optimal pricing for a drug throughout its lifecycle. This paper shows how an integrated, marketing research driven approach to developing and managing a pricing strategy can help achieve the optimal pricing for drugs, using practical examples derived from real life scenarios.

Parallel session Papers are 30 minutes long with 5 minutes Q&A

12.15 - 14.15

Lunch and Agency Fair



EphMRA 2010 Programme

DAY 3 - Thursday 24 June 2010 (*continued*)

14.15 - 15.00

Parallel Sessions

Parallel Session 10

Session Chair:

Sarah Phillips, Ipsos Health Division, UK

Fair Trial. **Anna Williams** and **Neil Rees**, Hall & Partners Health, UK



Anna Williams



Neil Rees

With a wealth of different qualitative techniques at our disposal now, including both digital and face to face, how do we know which technique works 'best'? This paper will put digital and face to face techniques 'on trial' using oration and film documentary to fight their corner. This paper promises to provide a fascinating insight into the value of different techniques and will show where different techniques have a place in our market research armoury.

Parallel Session 11

Session Chair:

Anna Garofalo, Double Helix Development, UK

Seeing is not believing - a critical review of Eye-tracking in Communications Research. **Nigel Griffiths**, Insight Research Group, UK



Nigel Griffiths

Eye-tracking is back in the news but can it really deliver in communications research? This paper explores the pros and cons of this technique, using a case study with UK PCPs and shows where eye-tracking has a place in communications research and how to use it effectively alongside conventional qualitative techniques.

Parallel Session 12

Session Chair:

Anne Loiselle, EQ Healthcare, Canada

Its life Jim but not as we know it...

Julie Curphey and **Marianne Fletcher**, Pfizer Ltd, UK



Julie Curphey



Marianne Fletcher

Can the pharmaceutical industry and agencies wake up to the challenges ahead? This paper lays down the gauntlet to the industry, putting forward the premise that if agencies do not continue to develop innovative and customer centric approaches, then market research runs the risk of being kicked out of the Boardroom. It's do or die!

15.00 - 15.25

Coffee

15.25 - 15.50

'Soapbox' - Hot Topic Update - Session Chair: Alex West, P\SL Research Europe, UK

15.55 - 16.25

Presentation of Jack Hayhurst Award for Best Conference Paper and EphMRA Contribution Award to Pharmaceutical Market Research

Closing remarks

16.25 - 17.00

Closing Cocktail

Masterclass Training you can attend at the 2010 Conference *(Free as a Conference delegate)*

EphMRA offers courses and workshops from basic introductions to advanced skills to broaden knowledge and understanding of key areas within the healthcare field. Our courses are planned to provide a progressive learning module linked to the product lifecycle to meet the needs of market researchers. EphMRA Masterclasses offer method related courses which focus in-depth on one topic only.

Who can attend?

Attendance is free to fully registered Conference delegates from EphMRA Full and Associate member companies. Also, if you are an active EphMRA Committee Member only attending your Committee Meeting and EphMRA AGM (and not staying on for the Conference) then you can attend a Masterclass on a complimentary basis. Only 1 delegate per Member Company can attend each Masterclass.

The Masterclasses are split into two sessions - the first session on Tuesday 22 June (14.30 - 17.30) and the second session the next morning on Wednesday 23 June (08.30 - 11.30). It is essential that you attend both sessions to gain the full benefit and hence not disrupt other attendees by joining part way through. Please consider this when booking to ensure you can attend both sessions.

Masterclass Programme Outline

NLP *(Neuro Linguistic Programming)*

This Masterclass aims at giving delegates and overall understanding of the important aspects of NLP. It will dispel the myths and jargons used and demonstrate in a practical way the essential tools of NLP.

We will explore the origins of NLP and the thinking behind the techniques and approaches. You will get to experience some of the techniques yourselves. This workshop will also examine the use of NLP within the research arena and understand the additional value that can be gained from it.

War Gaming

This workshop looks in depth at the use of war gaming to help leverage successful marketing. The aim is to demonstrate how to think strategically about developing pharmaceutical brands and discover how war gaming can be used to help anticipate competitors' plans and responses to your own activities. It will also examine how war gaming can help align internal departments and groups behind a common plan.

You will have the opportunity for 'hands on' practical experience by participating in a 'war game' itself and ultimately gain an insight into its value from an insiders' perspective.

Research for Devices, Equipment and Formulation options

Innovation in devices, equipment and formulation options is fast moving, both in the therapeutic and prophylactic sectors of the market. Marketing Research has never been more important in determining brand success. This workshop will demonstrate the importance of various research approaches and bring this to life through real case studies.



Staying on Top of the Wave of Change



Prepared by

Tony Burke, All Global

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Allan Bowditch, A B Consulting

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The Global Pharma Market Tumbles!

IMS Health predicts the world's pharmaceutical market growth in 2009 to be in the region of only +2.5 to +3.5%, well down from the 7.9% experienced in 2004¹. Although it **was** expected that the US market would show **negative growth** (-1 to 2%) in 2009, in October IMS upgraded their forecast to circa +4%. On the bright side, markets such as India, China, South Korea, Brazil, Mexico, Russia and Turkey are expected to help bolster the expected fall in turnover in the "traditional" markets. The question is will this be enough to provide overall year on year growth in the next few years?

Scripts Denied!

Adding to the industry woes is the fact that in the USA the number of prescriptions denied by health plans is on the rise. Almost 11% of branded medications were denied in the last quarter of 2008 up from an average of 8.6% in 2006¹. 2009 is expected to be even higher! There is also an increase in the number of patients abandoning their prescription drug treatment. This is where the pharmacist submits a claim to the insurer who pays the amount that it's supposed to cover, but the patient never picks up the drug.

Staying on Top of the Wave of Change

Push for Lower Prices!

Governments in Europe have been given the “all clear” to introduce cuts to prices² paid for medicines several times a year according to a ruling by the European Court of Justice. The case was brought by several drug companies against the Italian medicines agency, Agenzia Italiana del Farmaco which complained that prices had been cut in violation of European law. The court disagreed!

The UK government has also recently signaled further drug price cuts. It plans to save £2.3 billion of NHS spending in 2010-11. This will involve cuts of £550M in the price of branded drugs. Drug prices were cut by 3.9% in February 09 and will be cut by another 1.9% next year.

Free Drugs!

Perhaps in part to bolster the industry’s poor image, several companies in the US have embarked on programs to help uninsured patients have access to products they would otherwise be unable to afford. Pfizer has recently launched a medical assistance program³ to give over 70 primary care drugs to people who have lost their jobs for up to 12 months or until they become re-insured (whichever comes first). Merck, Wyeth (now part of Pfizer) Abbott, Astra Zeneca and Amgen all have other types of support programs. While such “good deeds” are likely to enhance the image of the industry, it might be tricky to discontinue treatments for someone who remains uninsured or otherwise unable to afford to continue treatment!



Clearly this development is not helping companies’ bottom line, although the industry might be attempting to show itself in a better light to the public and government. But is it too little, too late?

Comparative Effectiveness and Patient Outcomes

With the cost of healthcare set to rise to unprecedented levels as a result of newer technologies, improved medicines, but above all a growing elderly population, there is still disagreement on how to “keep a lid” on costs while maintaining quality of care. The solution is likely to involve financial incentives to help guarantee rewards for higher quality care resulting from disease management efforts. There is a growing movement for “pay for performance” (P4P)⁴ which are designed to reward hospitals, caregivers and physicians for meeting quality metrics. This is also tied in with outcomes based risk sharing agreements (OBRA’s). This is already starting to have an impact on all aspects of pharmaceutical marketing and will **produce a dramatic change in the very near future on the “selling efforts” adopted by manufacturers**. If market research companies are not yet embracing this shift in the business dynamic, there will be serious consequences. We need to be aware of “the winds of change” blowing through the industry and stay one step ahead.



OBRA’s are likely to have a further impact on the prices that pharma companies can command. It is likely that agreements between payers and manufacturers will

- Require the payer to reimburse only when the drug makes the patient better
- Involve setting the price according to how well patients hit certain target metrics
- Involve the pharma company paying for treatment if the drug fails to prevent a negative outcome.

In Europe where there is often a central payer and policymaker, such agreements have already begun to be put in place. So far these have typically involved high cost treatment options, but given their success, (from a governmental and payer standpoint) it seems inevitable that the approach will be extended to most

Staying on Top of the Wave of Change

therapy areas and most types of products. Everyone will no doubt be aware of the UK's National Institute for Health and Clinical Excellence (NICE) and the effect it has had on the introduction of high cost specialty drugs e.g. Erbitux, Avastin, Torisel and Nexavar, all of which were denied reimbursement. However, what has been developing is the setting up of agreements between manufacturers and the NHS, such that patients would be assessed against target outcomes and based on those outcomes, payment would be adjusted accordingly!



- Janssen-Cilag's Velcade (bortezomib) according to NICE didn't meet certain cost effectiveness criteria. A risk sharing deal was agreed for certain patients with progressive myeloma, where, if after 4 cycles of therapy they respond (using serum-M protein) with a reduction of 50%, treatment will continue to be funded, otherwise it is stopped.
- Bayer/ Schering and Pfizer in Italy offered a 50% discount on their oncology drugs Nexavar and Sutent for the first 2 and 3 months of use. Treatment is continued if the patient responds at the full price, but is discontinued if there is little or no response.
- With Tykerb GSK proposed a cost cap approach. The company offered to charge the NHS (in the UK) a fixed annual price no matter how many patients use it. Subsequent discussions involved no charge being made for the first 12 weeks of use with the NHS paying for patients obtaining clinical benefit. Despite this, NICE have not recommended it for routine use by women with advanced breast cancer.

While slower to develop in the US (mainly due to the decentralized purchasing systems and a less efficient technology infrastructure) it seems only a matter of time until similar arrangements become the norm.

Pharma companies need to consider how to best meet the operational, clinical, financial and marketing challenges these developments will surely bring to the fore. What can Marketing Support Services do to assist in this developing market dynamic?

Marketing Support Services (MSS): Where to next?

Given the comments already made, it is obvious that manufacturers will require guidance on the medical environment, market understanding including unmet needs, aspects that will help leverage the uptake of new products, etc. **especially in the emerging markets cited previously.** While such investigations can be regarded as "conventional", MSS will need to adapt to the new marketing environment that has already begun in the USA and Europe.

Given the need for enhanced marketing insight, company executives will need to have a more integrated understanding of the dynamics of the marketplace than ever before, there will be less emphasis on commoditizing the cost of market research and other support services.

Procurement departments who attempt to "force" external agencies to adhere to a "cost per interview" will find that this will have less traction in the future. Pharma company executives requiring external assistance will need to look for those with a higher level of innovative and integrated understanding than was previously the case. **True partnerships will once again be a key requirement.** Several market support companies have already started to shift toward a more strategic positioning involving innovation and "partnership." This in turn will require greater emphasis on marketing guidance and quantifying business impact.

Staying on Top of the Wave of Change

Outlined below are the elements of what MSS will need to embrace going forward. While some of these have been in place for some time, several new disciplines will need to be integrated. If they cannot easily be adopted, then MSS will need to seek to harness them from other experts in the relevant areas opting for a consortia approach.



The reader will no doubt realize how these differing areas of expertise address the very marketing shifts that are already in evidence in Europe and the USA.

In her talk at the recent EphMRA conference in Paris, Janet Winkler (5) indicated the 360° methodology now in place to help focus on “patient-centricity”.



This involves:-

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

Combining these methods enables a more complete and holistic picture of peoples’ emotional needs and desires to be uncovered leading to greater insight and guidance.

However there is also more to be done to

- Understand patients’ appreciation of their disease and the need for treatment - essential in understanding compliance or the lack of it.
- Understand patients’ cost concerns linked to reimbursement procedures and/or cost saving programs.
- Assess patient attitudes towards the various alternative “pay for performance” schemes being adopted.

All these aspects of patient understanding/awareness, together with greater emphasis on patient segmentation and brand emphasis will need to be embraced.

Despite having its routes in psychology, the number of companies that have excelled in conducting “competency research” to identify and define the knowledge, skills, abilities, attitudes and traits required for peak job performance remains low. Such skills are vital in being able to assist companies in training a “new breed” of “sales ambassadors” to negotiate with budget holders at local, regional or national level. A skill that will be vital to management is that of **strategic training needs assessment**. This identifies the critical skills required for sales and/or marketing training going forward, and defines gaps and strengths in skill levels to determine where to invest training dollars. It involves:-

- Creating a competency model that identifies the knowledge, skills and attitudes required for high performance based on current market requirements.
- Conducting an assessment of current organizational skills against requirements.
- Defining a comprehensive analysis of training requirements going forward.



Staying on Top of the Wave of Change

Given all that has been said about “P4P” **any MSS organization with a strong link to outcomes information** is well placed to address the needs of marketing in the new environment being faced. In addition, the need to be able to **model and forecast the impact of various types of “risk sharing” propositions will be vital for product managers and marketing managers alike**. It is obvious that the impact of:-

- Straight net price reduction
- Performance based rebates
- Volume discounts
- Access rebates
- Buy X get Y free
- Year end bonus
- Product bundling
- Patient Assistance programs
- Capitation programs

All have a different impact on sales and profits and need to be worked out accurately and efficiently. An understanding of reimbursement and cost effectiveness are other essential elements linked to this issue and must form an essential offering to pharma companies as part of an integrated mix of skills.

Competitive Advantage Assessment in conjunction with the broad discipline of Market Intelligence cannot be ignored. In the past those in market research/support and market intelligence have largely operated in isolation of each other. This cannot and must not continue. True marketing insight and guidance to management can only emerge from the integration of these areas of specialization. Appreciating the attitudes and wants/desires of a set of individuals (be they patients, physicians, payers etc) is one thing, but being able to appreciate the broader environmental issues linked to

- The competitive landscape
- Emerging treatment protocols
- Understanding how certain competitors will respond
- Changes in medical policy
- Patient loyalty etc. etc.

is a necessary part of “good practice;” otherwise the marketing interpretation cannot be totally sound.

George Glatz (President and CBO Vox Medica) recently stated:-

“To realize cost savings without sacrificing brand potential, look to integrate your marketing communication activities across audiences, across channels, and across your own internal teams. Instead of emphasizing spending on large brand awareness campaigns, which are aimed at obtaining recognition of our brand names and driving patients to already busy doctors’ offices, we should balance our advertising by promoting appropriate use of medicines and access programs to healthcare providers, payers and patients”

This to a large extent encapsulates, albeit from an advertising agency perspective, the essence of the changes currently underway and how companies need to shift their focus.

In Conclusion

There can be little doubt that in Europe and North America, payers will continue to increasingly exert their influence in the prescription market, and strengthen their cost cutting measures as healthcare costs continue to mount. MSS will still be vital in helping companies optimize their product sales, **BUT** we must appreciate the changing environment and changing needs of management if we are to prosper. **There must be a readiness to integrate several disciplines with our traditional work in order to provide a more holistic and deeper appreciation of the marketing problem we are being asked to address.**

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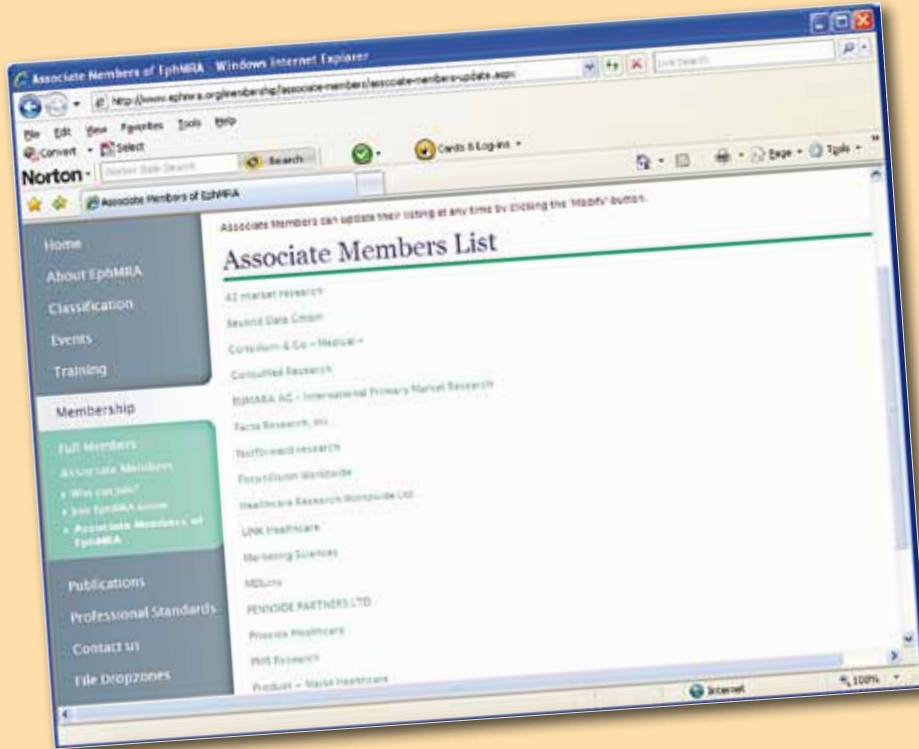
- 1) *Pharmaceutical Executive* May 2009 p22
- 2) *Pharmaceutical executive* June 2009 p12
- 3) *Pharmaceutical Executive* June 2009 p11
- 4) *Pharmaceutical Executive* June 2009 p72
- 5) Janet Winkler “The great leap forward” EphMRA Conference Paris 2009

Acknowledgements:

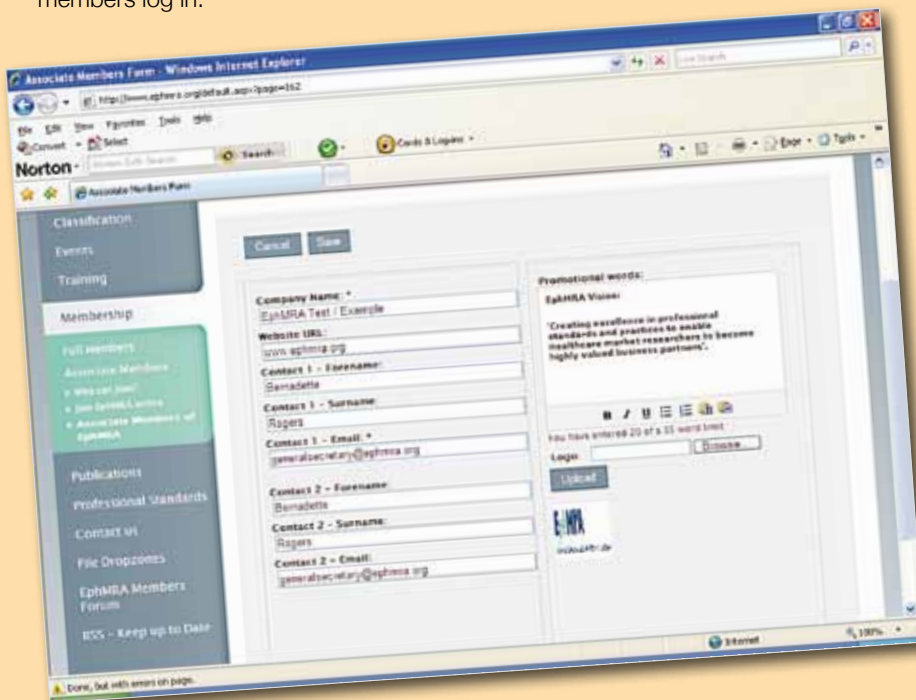
Paul Habegger founder and CEO of Advantis Research and Consulting

Associate Members

Check out the current list of Associate Members on the web site. Each Associate Member links through to their contact details - these can be updated at any time.



If your company has not yet created a profile (and thus do not feature in the Associate Members List) then you can do so from this form as below - accessed via your members log in.



The printed paper copy of the Associate Members List will no longer be produced as the online contact list is more easily updated.



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
- Post and participate in topical industry discussions or simply ask your industry colleagues a burning question

Find EphMRA on LinkedIn -

<http://www.linkedin.com/>
- search in Groups and request to Join. You are just a few clicks away from joining a great new group.



What are they saying?

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conditions or any concept

For demo :

bizdev@medimix.net

Or call +44 207 847 4019

Update on EphMRA Activities



EphMRA is launching an annual award for all pharmaceutical market researchers and this involves submitting the description of a case study.

This case study should showcase a piece of pharmaceutical market research undertaken, and is open to agency and client side researchers of all levels of experience and in any location.

Each year the topic of the case study submissions will be different.

In 2010, the first year, we are asking for case study submissions on:

Positioning

or

Branding

or

Brand Development

So, how do you enter the Case Study Award?

There is no entry fee for this award - it is free to enter.

Step 1 - In the first instance you should submit a synopsis to EphMRA which should be a 2 page maximum written outline of the case study. This should be in Word format. Case studies may include any country or geographical region.

Step 2 - By March the Judging Panel will have assessed the synopses and feedback given.

Step 3 - The most promising synopses are then invited to make a final case study submission, so not everyone will proceed to this step. This final submission should be a maximum of 8 Powerpoint slides long along with other multi media files to ensure it is state of the art and up to date. In addition to this a Talking head video in a Windows media file should be submitted (*max 5 minutes long*) whereby the author presents the research in English.

Step 4 - The Judging Panel will assess all entries in May and early June 2010.

Step 5 - Winners are announced at the annual EphMRA Conference - in June 2010.

Case Study Confidentiality of Topic

As much information as possible about the product/brand involved as well as the methodology and findings should be disclosed in the case study submission but EphMRA appreciates that anonymity may be necessary with regards to certain information in the case study.

Language

All synopses, documentation, media etc must be in written and spoken English.

Judging Panel

The Judging Panel for the 2010 Award is:

Karen Swords - Director - The Research Partnership, UK
Marianne Fletcher - Senior Brand Intelligence Manager - Pfizer Ltd
Beatrice Redi - Merck Sharp & Dohme/Schering-Plough Italia (Italy)
David Mackenzie - Managing Director - Adelphi International Research

Supported by - Bernadette Rogers, EphMRA General Secretary

Judging Confidentiality

All case study submissions will be assessed in confidence by the Judging Panel.

Winners

There will be one overall winner of this award. However, the Judging Panel, at their discretion, may make Commendation Awards to other highly valued case study submissions.

What the Overall winner receives

- An engraved trophy to display in your office
- A free EphMRA online training course

The winning case study will be published in the EphMRA News and available on the EphMRA web site.

Commendation Awards

A certificate to display in your office.

The case study will be published on the EphMRA web site.

More details and Award FAQs are on the EphMRA web site www.ephmra.org

Contact and Questions?

Please send your Synopsis to:
Bernadette Rogers, General Secretary
generalsecretary@ephmra.org

Update on EphMRA Activities

EphMRA Code of Conduct Enquiry Form



EphMRA Members can submit an enquiry about the Code of Conduct to EphMRA and this will be assessed and answered by EphMRA.

EphMRA welcomes enquiries as this helps to improve our Code.

There is no charge for this service as it is a Member benefit.

Please kindly note:

- 1.** A written answer to your question will be provided by email. Telephone queries cannot be answered.
- 2.** Most questions can be answered within a few working days. However some may take a little longer as we may need to consult other sources to help with the answer.
- 3.** EphMRA may contact you by email or phone to request further information or clarification in order to answer your question.
- 4.** The reply given by EphMRA is not legal advice and if a legal opinion is required then you should seek this separately.

Please do not contact the EphMRA Steering Group or Ethics Group direct with any questions - please use this Enquiry service via the form.

Find the Enquiry Form here -

<http://www.ephmra.org/professional-standards/code-of-conduct-enquiry-form.aspx>

Update on EphMRA Activities

Brand New - EphMRA Code of Conduct

Introducing the EphMRA Code of Conduct for International Healthcare Market Research. The Comprehensive Guide for today's International Healthcare Market Researcher.

As international healthcare market researchers, we need up-to-date, sector-specific guidance on the critical issues affecting our industry. That's why, in our biggest and most important initiative for 2009, EphMRA has created a brand new Code of Conduct for healthcare market research.

Now more than ever before, researchers from both client and agency side are equipped to define and safeguard the rights of respondents and protect data integrity.

About the Code of Conduct

A milestone in EphMRA's pursuit of excellence in professional standards and practices, the new Code provides:

- An international healthcare industry focus
- New & important guidance on legal, ethical and data protection issues
- Vital updates to relevant points from the existing Code
- Synchronicity with local country codes
- A Code Enquiry Service for Members
- Planned annual updates to address both current and future needs.

(Please do not contact the EphMRA Steering Group or Ethics Group direct with any questions - please use the Enquiry service via the online form).

The Team Behind the Code

The new Code was developed by a dedicated EphMRA Steering Group, led by Bob Douglas, and supported by the EphMRA Ethics Group and an independent consultant.

EphMRA would like to thank:

The EphMRA Code of Conduct Steering Group:

- Bob Douglas, Synovate Healthcare, Associate Member on EphMRA Board
- Georgina Butcher, Chugai Pharma Europe, EphMRA Board Member
- Piergiorgio Rossi, SGR International, Associate Member on EphMRA Board
- Bernadette Rogers, EphMRA General Secretary

The EphMRA Ethics Group

(from the countries covered by the Code).

- Eric Robillard - GfK (France)
- Werner Palancares - GO Medical Fieldservice (Germany)
- Piergiorgio Rossi - SGR International (Italy)
- Beatrice Redi - Merck Sharp & Dohme/Schering-Plough Italia (Italy)
- Ignacio Macias - Psyma-Iberica (Spain)
- Heike Baumlisberger - BMS - BHBlA representative (UK)
- Richard Vanderveer - GfK (USA)
- Kim Gray - IMS Health (USA)

Independent Ethics Consultant

- Catherine Ayland

Optimising the Code's Impact

You, our members, can help EphMRA to optimise the implementation and impact of the new Code of Conduct. Please help us drive awareness of the Code and its value by sharing it with your affiliates, local branches and senior managers.

Update on EphMRA Activities

NEW!! EphMRA Yearbook - online and paper format

Search the EphMRA Yearbook
online - here on the web site

[http://www.ephmra.org/
yearbooksearch.aspx](http://www.ephmra.org/yearbooksearch.aspx)

You can search for suppliers by various
criteria including:

- Where based
- Where conduct research
- Services offered
- Free text search - type any text
including people's names and search
the entire Yearbook.

Yearbook subscribers:

The 2010 Yearbook is being prepared and
you can update your online entry, making
any changes from 1 March - 31 March
2010. After this you will no longer be able
to update your entry and the paper copy
of the Yearbook will be prepared. Please
make a note of this - you will receive
an email alert about this at the end of
February.



EphMRA Engagement Officer - Fiona Lake Appointed

EphMRA has appointed Fiona Lake to
facilitate and develop member dialogue
and communication. Fiona has extensive
pharma market research experience and will
be contacting Full Members in the coming
months. The letter of introduction (right)
has been sent out. The EphMRA Board
looks forward to feedback from members.
The strategic options review recommended
the appointment of an EO.



PRM&T Committee

Are you passionate about training and knowledge development within our Industry?

Would you like to get actively involved in shaping the annual programme of events?

If so, the PRMT (Primary Research Method and Training) Committee needs YOU.

2 vacancies exist for Full Members and 2 vacancies for Associate Members.

**To register your interest and for further details of what it entails, please contact:
Sandra McAuliffe, Chair PRMT at: prmtchair@ephmra.org**

Database & Systems Committee

Patient Databases & Systems Group project launch

Background

At the moment there is no offering in the market that makes patient data easily available for cross-country, cross-therapeutic area analyses to the international pharmaceutical market research professionals. Current reference offerings for other data type areas are e.g. IMS MIDAS Partner, DATAVIEW & PADDS for sales & medical data or CSD CAM REPORTIVE & IMS PADDS PROMOTRACK for promotional data.

Aim

Share international pharmaceutical market research experiences & needs to cooperate with providers on such tools developments. Discuss characteristics of needed tools, be a pharma reference point & a challenger as well as beta tester during developments.

The Group will look at systems holding data sourced from electronic systems (EMR - electronic medical records; claims data) and syndicated primary market research with doctors or patients.

Pharma international market researchers & providers are welcome to join this Group project. A short summary of the defined requirements as determined by the Group can be requested from Axel.Rocholl@roche.com.

D&SC Group members : Axel ROCHOLL (ROCHE, Group Leader), Petra MANNECHEZ (BAYER), Silke BEHRENDT (BOEHRINGER-INGELHEIM).

New Member - *Martina Pinterova, UCB*



Martina is currently working as a Sr Global Performance Insights Manager for UCB's Immunology business unit and provides brand and competitor performance analysis, forecasting expertise and support to the Cimzia brand team. Part of her responsibilities are related to the data warehouse and the Business Objects reporting tool that was implemented at UCB in 2009. Here she took the lead on delivering the tool as proof of concept in one of the UCB affiliates.

The main motivation to join the committee was to ensure that UCB is up to date with developments in latest technologies in the area of databases and reporting systems as well as overall data management. Martina would also like to ensure that UCB contributes to industry discussion on this subject and participate in knowledge exchange and best practices sharing with other committee members.

EphMRA Committee News

Syndicated Data Committee

Organisation

There has been a slight change in the organisation of the SDC: Ulrich Wuesten took over the chair from Jayne Shufflebotham, who served in this function for a number of years. All the members expressed their thanks to Jayne. She will remain with the committee, accompanied by Sarah Bangs, Linda Grosjean and Maggie Snow.

Projects in progress

1. As an offspring from the finished “epi-project” the committee discussed the possibility of creating and maintaining a link-list for free sources for secondary data. The committee will bring it to the attention of the EphMRA Board in order to get funding for the start of the project.

2. The committee has also discussed about adapting a booklet, which was initially created by the PRM&T Committee on “How to work with an Agency”, to be relevant the secondary data arena. The working title of this new secondary data booklet is “Questions you should ask a Secondary Data Supplier”.

3. Highest attention was given by the committee to longitudinal patient data. This sort of information comes more and more into the focus, because it can answer a broad range of questions to pharma organisations.

And immediately a lot of questions rise:

- What is a new patient?
- How is switching defined?
- Leads the data collection to biased data?

To get the real needs of the EphMRA members concerning longitudinal data, the committee will initiate a short questionnaire on the EphMRA web site.

Join the Committee

If you are interested in the projects above and/or you have some ideas for new projects in the arena of secondary data, then join us!

OmniPanel, the premier online panel of ^{verified} healthcare professionals in emerging markets now offers access to over 25,000 physicians in Latin America.

- Unparalleled global reach
- Largest Latin American physicians panel
- 100% verified panelists guarantee authentic responses
- Fully profiled physicians allow for targeted sampling capabilities



Associate Members News

People



Synovate Healthcare has expanded its Global Oncology Monitor from 13 to 21 markets. Jackie Ilacqua has been appointed head of oncology and will develop the agency's portfolio of Oncology services.



Produkt + Markt Healthcare Research (Germany) welcomes Juliane Nafroth as Senior Research Executive who returned to our team in July 2009 after a 2 year stay at Wyeth Pharmaceuticals.



The Research Partnership welcomes two new starters to its rapidly expanding US office. Harriet Kozak, a former PBIRG President joins as US President, and Dr Chris Gaj joins as Director.



Medimix Europe has appointed Joao Saraiva, Managing Director for Europe, Middle East and Africa (EMEA). He brings 25 years global experience in market research, with specialization in oncology.



Amanda Siebols Double Helix HQ MR team continues to evolve. Amanda Siebols returns from maternity leave as Consultant. Ioanna Maraki joins as an RE, while Victoria Ward is promoted to SRE.



Ben Leet joined Ugam in August 2009 to help build and develop strategic relationships with our key clients. Ben's experience will add significant value to both existing and new clients.



Leticia DelGaudio has joined healthcare fieldwork specialists KeyQuest Health as a Project Director. Leticia has extensive MR experience, previously working for Harris Interactive, TNS and as a freelance research consultant.



Healogix, a full service research based consultancy appoints Art McKee Managing Director to support the market research practice bringing impactful solutions to its pharmaceutical clients that help differentiate their brands.



Welcome to Kirsty Page, Kevin Miller (TRE), Luke Milsom (RA) and Holly Watts (Field Controller) who have joined HRW. Congratulations to Lucy Howell has been promoted to SRE.

Associate Members News

People



Ipsos Health Division



Ipsos Health are delighted to announce that Fabrice Dussol has recently joined them as a Research Manager. His background is in International Pharma with a strong history of consumer understanding.



New head of online research: Nicole Reinhold brings 13 years of international expertise and a reputation as a fresh innovative thinker documented in various publications, conference talks and workshops.



Ifop Healthcare, France announces the appointment of Benjamin Berl as senior market analyst, bringing 6 years experience in international market research. Benjamin holds a Masters degree in Sociology.



EUMARA welcomes Deniz Isiklilar as project manager. Deniz speaks four languages fluently: German, Turkish, English and French. She will be in charge of our studies in eastern Europe and worldwide.



Karie Eastburn has joined MDLinx as Inside Sales manager. She is responsible for managing all quotes as well as partner relationships.

Associate Members News

Services



A Window, the studios managed by MG Business Research Solutions, has now joined the Focus Vision Facility Network to meet the requirements of many of its international clients.



Interested in Business Intelligence & Data Warehousing solutions? Services independent from data providers and proprietary technologies! Please contact: Manfred Partzsch, phone +49 151 148 258 11, email: mpartzsch@beyond-data.de, web: www.beyond-data.de.



PMR Research, new EphMRA Associate Member, has released a report from the study "The Polish Pharmaceutical Market. Conditions and Prospects for Growth until 2011".

Download a free copy on www.research-pmr.com



A study indicated that Doctors show more interest towards information received at conferences than alternative healthcare marketing. Please contact us for information about our research services connected to healthcare events.



FocusVision offers SuperMobi in Western Europe. Relying on wireless networks, SuperMobi delivers live video streaming from remote locations. It includes VideoMarker software, 24/7 technical support and one-year online archive.



Elma Research offers IDENTItest, a profiling study based on emotional rather than mere behavioral targeting and provides companies with a tool to support the sales rep visit.



Kantar Health and ImpactRx launch Monthly Drugs and Regimens, a monthly audit of cancer patients on drugs and drug regimens by tumor type, stage of disease and line of therapy.



Facta announces the launch of the first online panel of Latin American healthcare professionals comprised of 25,000 verified physicians. Adrienne Chin-Perez, formerly from GlobalPark, joined Facta as Panel Manager.



Irène Carlensberg, linguistic manager at QQFS, is pleased to announce and offer translation services for QQFS' new markets - Estonia, Lithuania, Latvia, Hungary and Poland. For more information, contact irene@qqfs.com. www.qqfs.com

Associate Members News

Company News



expect great answers

SKIM expands to London
In addition to Rotterdam, Geneva and New York, SKIM opened its London office. Headed by Deborah Corfield, SKIM is ready to serve our clients in UK.

InterbrandHealth

From January 2010, InterbrandHealth has consolidated its European operations at 85 Strand, London WC2R 0DW, bringing Identity, Strategy and Analytics together under one roof with their partners in Interbrand.



On December 29, 2009, FTA was awarded ISO 20252:2006 certification. British General Consul in Vietnam, Tim Brownbill, presented the certification to Mr. Tuong Tuan Thong, Managing Director of FTA.

pharma-insight

pharma-insight GmbH has a new website. Visit www.pharma-insight.com - there you'll find useful news as well as information about our range of services and methods.



integrated strategic
information services

I.S.I.S., Inc. announce a new office:

I.S.I.S., Inc.
D4 Platz 4
CH-6039 Root Laengenbold
Luzern, Switzerland
Tel: +41.41.455.2520
Fax: +41.41.455.2521

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 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 June 2010
News copy deadline is
15th April 2010**

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European *Pharmaceutical* Market Research Association