

Post Conference News

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**A Record Attendance
in Berlin
for the 2010 Conference**

OVER 450 PEOPLE REGISTERED FOR THE CONFERENCE

- Including about 130 delegates for the first time - welcome and hope you enjoyed the event



MORE PAPERS, MORE CHOICE

- Last year had a new shorter conference format, from the evaluations it was successful
- Built on this and improved it this year by adding in another set of parallel sessions, so more choice
- Agency Fair over 2 dedicated lunch time sessions (2 hours each)
- Agency Fair competition came back for Full (pharma) members
- Lunch was served in the Fair - there were 3 catering stations - one at each end and one in the middle

The conference evaluation was undertaken online this year (sponsored by Synovate Healthcare) and feedback from this will be used to help plan the 2011 Conference in Basel.

**business
as
usual**

Post Conference News

Update on the Association

Full Members - now 41 in number. Welcome to LEO and Takeda who have just joined the Association and other recent members were EISAI and IPSEN.

All Committees have an Active Chair

Thank you to all Chairs for their work

- Chairs actively running and staffing their committee
 - Classification - Theresa Ormiston, IMS - Managing Chair, supported by EphMRA Co-Chair - Robert Verspagen, Nycomed and PBIRG Co-Chair - Alice Burstein, Pfizer
 - NFC - Johannes Niessing, Boehringer Ingelheim
 - Databases & Systems - Catherine Beaucé, Sanofi Aventis
 - Syndicated Data - Karen Cooper
 - PRM&T - Sandra McAuliffe
 - Foundation - Sally Birchall

Professional Secretariat working for EphMRA

- Treasurer - Michel Bruguier Fontenille
- General Secretary - Bernadette Rogers
- Committee Support - Caroline Snowdon
- Engagement Officer - Fiona Lake
- PR - Jo Butcher
- Ethics/Code of Conduct - Catherine Ayland
- PRM&T Chair - Sandra McAuliffe
- Syndicated Data Chair - Karen Cooper
- Foundation Chair - Sally Birchall

Also managing:

- MCI - Conference Organisers
- Web Site - Merchant Marketing, Unified Solutions
- Online training provider - Nelson Croom
- Accountants - Streicher & Brotschin, UBS bank, VAT Adviser

Listening to Members

- Since 2008 have surveyed and consulted members
 - Strategic options process
 - Full Member surveys
 - Associate Member surveys
- Member research at the conference
 - 3 qualitative focus groups (FMs and AMs) and want to use this as an opportunity to get a road map going forward, with actionable takeaways which we are able to implement and are affordable
 - Discussions will focus on: Leadership, Building the EphMRA Brand and Professional Development.
 - As we have re-structured, better placed to implement....

...Acting on Feedback

- **Re-Structured - Operating Team**
 - Stronger Secretariat, professionals in place for Committee support, Ethics, PR, Engagement Officer
- **Professional Standards**
 - Code of Conduct - new Code launched
 - Liaised with other Associations eg EFPIA, CASRO, PMRG, AIMFA, MRS, BHBIA etc
 - Member Enquiry Service (free)
 - F2F Training - 12 October, London
 - Code - online training and competency test - Q1 2011
- **Leveraged expertise of the Associate Members**
 - Two years with Bob Douglas and Piergiorgio Rossi on the Board, now extended for one more year
- **Technology** - briefed web site designers to ensure web site kept up to date and refreshed
- **Academia** - need to establish stronger links - 'gravitas' - for training/speakers, sponsor research, methodology 'white papers'. Discussing with Committees where input from academia best targeted and will contact all members to ask about academia links you may have.

Masterclass 1 NLP - Neuro Linguistic Programming

The Neuro Linguistic Programming (NLP) Masterclass was organised by the EphMRA Primary Research Methods and Training (PRM&T) Committee over 2 half day sessions just prior to the annual Conference 2010 in Berlin.

This Masterclass was designed to provide participants with an introduction to the fundamental principles of NLP and above all, enable participants to see firsthand how NLP could be applied to their own business, personal lives and market research to achieve greater insight into customer behaviours and beliefs.

The target audience was full of experienced market researchers however, when asked, only a few had any experience of NLP, so the aim was to provide participants with a mixture of theory and practical exercises to better understand how the core skills of NLP could affect their daily life with beneficial results.



Sammy Lloyd

On Day One, Sammy Lloyd of Sammy Lloyd Partnerships and Mike Pepp from Branding Science began with the theory of NLP and introduced the 'Chain of Excellence'. This interactive session allowed participants to immediately enjoy the benefits of **breathing** as a leverage point for change, **moving**, **defining a desired state**, ultimately impacting **performance**.



Mike Pepp

The remainder of the morning session focussed on understanding and building rapport with a role play exercise and, understanding the five senses that make up the representational systems. Participants were given a very practical and realistic homework assignment which entailed engaging with at least 2 strangers at the Conference opening cocktail party. The mission was to build rapport covertly and subtly using the 5 basic questions who, why, what, when and how. As we are all very much aware, one of the best ways to learn something new is to put it into practice!

Day Two focussed on learning about perceptual positions or,

seeing, hearing and feeling the world from the position of an 'other'. 1st position - 'through my filters'; 2nd position - 'through the filters of the other' and 3rd position - 'through the filters of an observer'. A very practical and interactive exercise enabled participants to firmly place themselves in the shoes of the other person and see how they see, feel how they feel, and truly understand what is going on in the mind of that other person. This is an extremely helpful exercise both from a research perspective when mining for those gems with respondents, or in negotiations with colleagues and senior management.

Mike then briefly walked through the key NLP models used to allow deeper insight in market research; the meta model - and how it can be used to dive deeper when questioning respondents; the Milton models and meta-programming. There was a lot of discussion on the third mode - the meta model and its applications in advertising markets, and the likely choice filters that doctors have in different situations. An example given during our discussion highlighted the differences between nurses and interventional cardiologists' in an emergency situation: nurses tended to be more procedural whereas interventional cardiologists tended towards being more options focussed. Yet these same interventional cardiologists' could naturally fall back into a more procedural mindset during routine planned procedures.

In the final session Mike and Sammy brought the learnings back to research and marketing and applications therein.

Interestingly, participants agreed that the key take away was the power of breathing, the unconscious physiology, and impact it has on our daily performance.

Many thanks to our speakers for their time and effort. Much appreciated! And many thanks to the participants who were very willing to roll their sleeves up and role play! Thank you!



PRM&T Convenors:

Julie Buis, Aequus Research (right)

Peter Caley, Branding Science

Masterclass Round Up

Masterclass 2

War Gaming

Wargaming Master Class “Reloaded”: What is the perspective of your competitor?



Bryan Deane



Stephen Godwin

Wargaming seems to be still an untapped area for many pharmaceutical market research professionals “what is it for, do we use weapons?”. Due to the large resonance and positive feedback from a previous masterclass EphMRA’s Primary Research, Methods and Training Committee (PRM&T) decided to offer this masterclass again at the 2010 EphMRA conference in June at the Estrel Hotel, Berlin, led by Bryan Deane and Stephen Godwin (Synovate).

First of all, there were no real injuries among the more than 30 delegates attending the 2 half day sessions; but what is wargaming and what is the role of market research for this method? Bryan Deane started his paper “When and how to do”. War gaming is usually an internal event at a pharmaceutical company lasting several days (not necessarily on consecutive days), mostly done when launching a product into the market or a launch of a competitor is expected. The aim of the exercise is to build single teams, each solely representing a company on the market (including of course one group playing your own team) to evaluate own strategic plans and potential reactions both from own and competitor perspective. Ideally, all stakeholders (i.e. marketing, clinical research and market research) should be involved in the exercise. And a “license to be destructive” is needed, so all groups can freely criticise each other.

The idea of wargaming Bryan said, “is to play in a safe environment where all ideas are possible” and, as Stephen added, “testing a strategy in a safe and cost effective environment”. Stephen also highlighted that wargaming is more effective when done internally instead of involving prescribing physicians. These are usually only involved when input for the scenarios is needed or for interpretation. That’s where primary market research comes into play for wargaming, which needs a model to work with and

assumptions supported by market research when it comes to anticipated reactions of the market.

The war gaming exercise, itself, consists of consecutive rounds, where the teams discuss and prepare their scenarios and outcomes and then present their results in a debate with all teams, taking the stance of their “played” company. The last round will be a common session where all participants summarise what they have learned for their own company from the competitor perspective, especially “what are the crucial points in our strategy, how can we do anything differently than before”.

“The set up of a wargaming is very time consuming” Stephen said and “crystal clear instructions for participants are needed”. All participants have to behave as part of their team, and, ideally, also include employees who were former members of a competitor company in the respective team.

Everyone needs to prepare intensively before a war gaming starts.

Therefore the first task for the delegates started before the conference with a spot of pre-reading to prepare for the main event, working in three teams in a simulated war game!

At the beginning, delegates raised their key learning needs to be address in the Master Class, for example, when and how to use war gaming and what it feels like to live through the process. It was pleasing to see these needs were all expertly addressed during the sessions.

The session opened with an overview from Bryan on what war gaming is and when/why to use it.

“A war game must stimulate the market place in which you compete and it must consider as many elements as are relevant insofar as they affect your marketing strategy and bottom line results” Mark Chussil - Advance Competitive Strategies

This was completed by a comprehensive case study in the Hepatitis arena - everything from planning the event, through preparation, execution, follow up and review.

Stephen then took over the floor to discuss the “how” element which was delivered as a simulated war game involving all the delegates.

Delegates had been provided with a briefing pack before the conference which included market information (in this case the erectile dysfunction market - know your battlefield); business stats (know yourself) and competitor information (know your enemies). The delegates were split into 3 teams, each representing different pharma companies with products in the ED market -

Team VIGOR - representing Pfizer and Viagra
Team COYOTE - representing Lilly and Cilalis
Team LEOPARD - representing Bayer Schering Healthcare and Levitra.

Masterclass Round Up

Teams battled it out over a number of hours; completing several exercises frequently used in a real-life war game - using Michael Porter's Competitor Analysis Model; analysing both company and product strengths and weaknesses; defining strategies and responding/adapting them to shift market events and in light of what each other presented back at various times throughout the session.

Delegates were very engaged and full of energy for the task with Team VIGOR's "Simply the Best, aggressive and strong" strategy pitted against Team LEOPARD's "welcome to EDs best kept secret".



This Masterclass was definitely a success with teams returning on the second day to address another new market event and summarise the experiences and learning over the 2 sessions.

The PRM&T Masterclass was convened by Felicina Itote (Abbott), Alexander Rummel (Psyma) and Rachel Sewell (AstraZeneca). The convenors would like to thank Bryan and Stephen, but also the very engaged participants for this very lively and insightful event.



Felicina Itote



Alexander Rummel



Rachel Sewell

Masterclass 3

Research for Devices, Equipment and Formulation options



Kurt Ebert (left) and Steve Grundy

Industry and agency experts shared their experiences and insights at the conference Masterclass organised by the PRM&T committee on "Research for Devices, Equipment and Formulation Options". Detailed case studies were used by the presenters to bring the topics alive.

The Masterclass was convened by Kurt Ebert (Roche), Henrik Zöller (Gruenthal) and Steve Grundy (Marketing Sciences).

The morning session began with a review of the ethical considerations around device and formulation testing from **Kurt Ebert (Roche)**.

Medical device research is an area of market research where patients tend to be involved most profoundly. Therefore, patients are potentially those suffering most from badly conducted research. Kurt gave an overview on the guidelines aimed at enforcing patient rights and protecting this respondent group against mental and physical stress during research. He also addressed the important topic of client-agency best practices regarding safety and liability questions.

Steve Grundy (Marketing Sciences) and Van Tang (BD Medical) gave an illuminating presentation, demonstrating the value of '**Online Testing of Medical Device Concepts**'. Insights were based on a very recent case study conducted across Europe with doctors and nurses. Van and Steve demonstrated how graphics and visual imagery can be utilised to test a number of conceptual ideas, prior to the development of prototypes. The methodology included the use of conjoint assessment supported by visual imagery and instructions to help the respondent understand the options they were assessing for each of the device concept scenarios. Steve and Van outlined the strengths and weaknesses of online testing and showed how it could be integrated into medical device development. Whilst handling real

Masterclass Round Up

devices and prototypes is the ideal, the presenters demonstrated and concluded that online testing of devices is cost effective and a valid first step to prioritise ideas for development. The results also revealed how blending conjoint trade-off and traditional questions, to assess the attributes for each device concept, proved a strong tool in understanding preference / choice drivers.



Guy Pascoe



Marianne Purdie

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



Matthias Fargel



Dorothy Parker

The afternoon sessions focused on case studies. **'Testing Medical Devices employing a Time and Motion approach'** was presented by **Matthias Fargel (Psyma)**. An interesting

study looking at subjective and objective performance measurements with pediatric vaccinations, such as ease of use on various defined parameters and objective time and error measures focusing on time needed to complete a definitive task including number of handling steps. Practical tips for successful implementation of these measures included central briefings or at least demonstration videos for interviewers. It was concluded that using the objective 'time and motion' measures can supplement the more subjective evaluation and ratings and help to determine differences between devices which cannot be determined by subjective measurements alone.



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

In a final presentation **Henrik Zöller** from **Grünenthal** asked the question **'How much time is an error worth?'**, hinting to the tradeoffs which can occur between handling speed and handling accuracy in medical device tests using time and error measurement. While the "normal" average result shows positive correlation of the two variables (the more errors you make the more time you will need to perform the task), some empirical results show extreme deviations from that, indicating that fast-acting people make many errors, while those who handle with great care are slow but avoiding errors. A straight-forward model (Speed-accuracy-operating characteristic, SAOC) can describe all these data and comes in any case to an interpretable result.

The day ended with an extremely interesting group exercise

Masterclass Round Up

'Testing the usability of a medical device'. The task was to create an actionable research plan including time and error measurement for testing a specific drug delivery device.



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

Kurt Ebert, Roche
Stephen Grundy, Marketing Sciences
Henrik Zoeller, Gruenenthal

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

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Conference Round up

Wednesday 23rd June Social Media: The Tipping Point

Dr Matthew Fraser



Matthew Fraser

Session Chair: Anne Loiselle, EQ Healthcare



Anne Loiselle

"The tipping point is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire." Malcolm Gladwell

Business as usual? Not according to social media expert Dr Matthew Fraser, or at least not if the pharmaceutical industry wants to thrive rather than just survive in these difficult times. Dr Fraser's facts are compelling. The reality already exists - social media has passed the tipping point; it is spreading like wildfire and we can't afford to ignore it. In 2008 the three largest social networking sights had membership the same size the population of the US. By 2012 the number of people logged onto social networking sites is forecast to be 600 million. Where it took the telephone 89 years to reach 150 million people, television 38 years and mobile phones 14 years, it took Facebook just 5 years to reach the same amount!

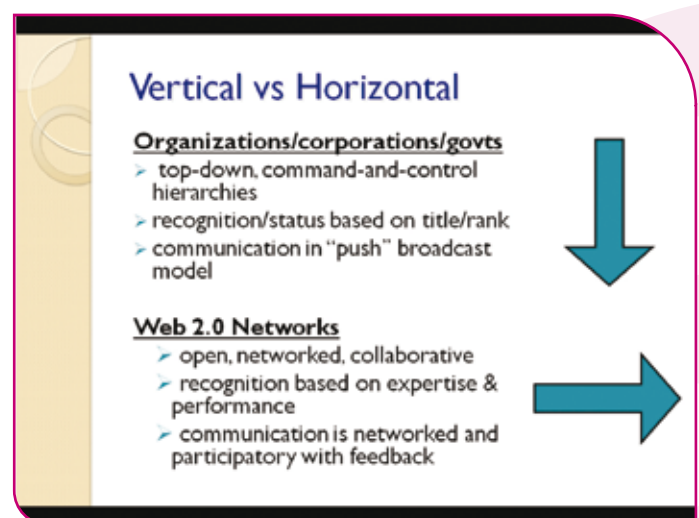
Web 2.0 is setting a fast pace and we need to keep up. But the ease of access and the speed of growth are not the only drivers of Web 2.0. Where Web 2.0 distinguishes itself from previous social media is in the empowerment of its user. No longer simple

consumers, we are now prosumers. And this is epitomised in the digitally native Net Generation who are bringing a whole new set of value systems to the workplace. Used to contributing and airing their views, they are non deferential and are challenging the more established top down vertical companies which are so prevalent, and never more so than in the pharma industry. They want a more collaborative, open system and they are making everyone aware of their views via the web, on social networking sites and through blogs.

So what is the impact on the pharma industry?

Well the old order is certainly changing, yielding place to the new with the emphasis strongly on consumer/patient empowerment. With Web 2.0 people have access to information and knowledge is power. Patient groups are represented on Facebook and the number of patient blogs is expanding. Patients are using Twitter to mobilise support groups and people are increasingly consulting the internet rather than a doctor: witness the rise of medical mobile apps such as Web MD.

And with this empowerment comes a huge shift in the pharma/ doctor/patient relationship. Patients are demanding the specific drug they want. In the US where there is direct to consumer advertising this is nothing new but other markets are now swiftly catching on to their "rights". And this exceeds asking for particular medication, numerous sites in which doctors are rated by patients (and even by nurses) have sprung up. This is unnerving for the doctors.



These issues are challenging for the medical profession so how can the pharma industry respond? Fraser eloquently argues that we must embrace this new web technology. We are not in a position to stick our head in the sand on this; revenues are dropping and patents expiring which means there is less money to go into R&D. In a highly regulated, scientific and almost

Conference Round up

secretive industry such as pharma it is perhaps not surprising that we have approached Web 2.0 with caution but we need to change our attitude and see how we can harness the opportunity and benefit from it.

Specifically we can respond to the above issues of patient empowerment and the changes in their relationship with the medical profession by taking a leap of faith and being pro-active.

Maybe we should learn from big brands companies which have been swift to adopt these technologies despite trepidation (and often in direct opposition to the advice of their risk averse, brand protective lawyers!). Coca Cola is one such example - in 2009 its fan page was the second most popular page on Facebook with over two and a quarter million fans! But this extraordinary free promotion had originated not in the Coca Cola marketing department but from two ardent fans. When the page hit over one million fans, the legal department's response was to get it shut down for fear that they were losing control of their brand. But why, a social media expert argued would you cut off and alienate your fans who clearly love your product? An astute decision was made to employ the two co-founding fans to help produce the page in partnership with Coca Cola with an objective of "bringing a global creative community together" (Coca Cola spokesperson) and marketing history was made!

When the medical profession in the UK felt threatened by the "rate your doctor" websites, they recognised this trend was not going to go away and encouraged people to "recommend" instead. And the pharma companies are also beginning to do the same. Pfizer was an early adopter in this by becoming a partner in the SERMO website, an online community for the US medical profession where doctor conversations can be monitored. Similarly Eli Lilly are actively involved in the InnoCentive website where research and development problems are openly discussed with prizes for innovative solutions.



Web 2.0 is also going to have an effect on our methodologies, not replacing established methods but complementing them. Where Web 1.0 suits traditional constructive market research with prompted responses, accuracy a key issue and representative samples, Web 2.0 market research differs. The data is already out there on websites, social networking sites, in blogs: it is spontaneous, authentic and in real-time. We will have to learn how best to interpret the data but the software is already there to capture it. Simple to set up and often free (such as Google Trend), this software monitors what people are saying about your product, what their unmet needs are, what they think about your competitor's products and provides a list of potential customers. Just ask Starbucks who employ teams of people to create online conversations and directly engage with younger customers on Twitter.

Traditional ways of business are being transformed and the pharma industry needs to embrace this new collaborative mindset. Dr Fraser advocates that rather than viewing Web 2.0 as a potential enemy we should be there helping devise the mobile health apps which people are easily accessing through the familiar medium of their mobile phones; we should be involved in patients' and doctors' online conversations. Obviously with this fast technological change and the move towards a more customer centric focus we will face challenges internally in companies and in the wider business culture that has for so long nurtured older, more conservative attitudes. But the benefits could be multiple and at heart of Dr Fraser's message is that we need to accept social media into our armamentarium as a valuable research tool and all the collaborative attitudes which go with it.

Written by:

Mark Jeffery

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Consumer/patient empowerment

Knowledge is power:

- **USA:** 60% adults search health info online
- **Web forums:** share info on disease/treatment
- **Blogs:** expert info/opinion publicly available
- **Medical websites** – AskDrWiki, WebMD
- **Podcasts** for medical information via iTunes
- **Facebook** groups sharing health information
- **Mobile apps** like Medscape and ReachMD

Conference Round up

Wednesday 23rd June - Parallel Session 1

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

Carolyn Chamberlain and Tracey Brader, Praxis Research & Consulting



Carolyn Chamberlain (left) and Tracey Brader

Session Chair: Sarah Phillips, Ipsos Health

The paper presented by Carolyn and Tracey from Praxis Research was an engaging and entertaining look at our acceptance (or not) of newer research approaches. They challenged the audience to think about whether they were doing 'business as usual' or whether it was simply inertia. They offered a critical appraisal of new approaches, asking us to neither be passive acceptors of new trends and fashions nor consider established practices as passé.

They selected five of the most debated and discussed research techniques and between them laid out the case for using or not using each. Carolyn took the role of praising each approach, while Tracey challenged the audience not to accept the thinking at face value. At the end, they asked the audience to decide which of the five techniques would contribute the most to our business - which would make our business a whole lot better?

1. Projective Techniques

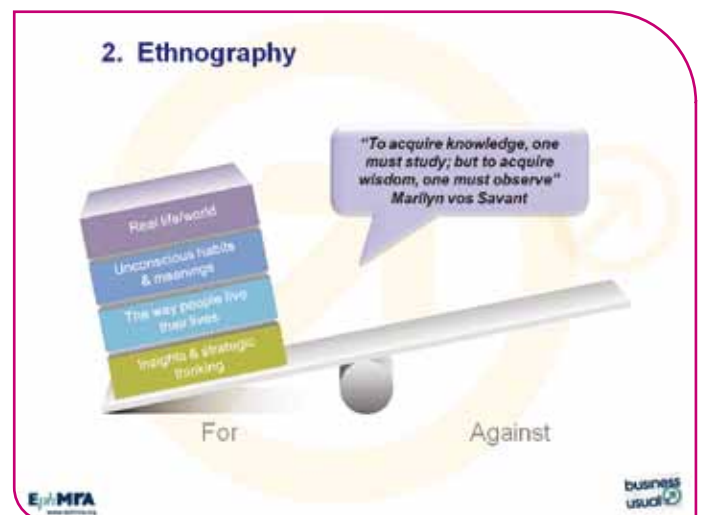
Firstly projective techniques came under scrutiny. Chamberlain argued that people are not always aware of the relationship they have with a brand or service, they simply feel good, bad or indifferent. We need these techniques to understand the deeper emotional ties that have been forged with the brand or to uncover the symbolic value it has in their lives.

In addition, projective techniques can act as an ice breaker and allow respondents to access and talk about their feelings without arousing embarrassment or anxiety. They help us move beyond the obvious answers.

Brader countered this argument asking how in the pharmaceutical sector which is based on such scientific rigour we can use these techniques which have little proof of reliability or validity. In addition, she raised a significant concern about how these approaches are used - often to entertain those watching the research, or to pad out a proposal document. Ultimately she was concerned about how they might over simplify complex perceptions. So what if your brand is the guy next door who drives a Volvo?

2. Ethnography

Chamberlain then took us through the positives of ethnography, which allows clients to see with their own eyes what people actually do, how they live their lives and the role of products and services within it. It provides an understanding of people through first hand experience and engagement in their real world and helps clients inform their strategic thinking by translating anthropological knowledge into real patient driven market insights.



Brader agreed that the concept of ethnography had multiple benefits. Her key concern was about how it is applied in practice. A critical issue is that as researchers we set objectives for our research, but true ethnography has no objective, you need to approach the subject matter with a blank page. This is very challenging when commissioning research.

There are also time constraints on the practice of ethnography, could respondents feel under pressure to behave in the way we expect them to, as we can't spend long enough with them?

3. NLP

We then moved on to NLP, which was also the subject of one of the masterclasses at the conference. Chamberlain explained how NLP was a multi-million pound industry, with extensive literature and training, and applications across multiple disciplines.

Conference Round up

NLP offers a model that helps moderators and analysts to better understand respondents' communication; for example by revealing their preferred representational systems (based on the 5 senses). This can then be mirrored back to respondents and enable a high quality of response to be obtained. It also helps with the interpretation of non-verbal communication. Ultimately this allows clients to communicate using language which is most motivational to the audience.

Brader challenged this argument saying that just because something had lots of followers and lots of revenue, it does not make it valid - lots of people follow the Scientology movement, but this does not mean that their beliefs in extraterrestrials is proven.

One of the drawbacks of NLP is that for some, it is about programming the unconscious mind and therefore changing the research subjects we seek to observe. In the wrong hands, it is too powerful. If our objective is to better understand respondents, then surely this can be done through investing in hard science to understand how perceptions influence behaviour?

4. Wisdom of Crowds

The fourth technique under the microscope was Wisdom of Crowds, which is the process of taking into account the collective opinion of a group of individuals rather than a single expert to answer a question. This process has been pushed to the forefront by social information sites such as Wikipedia and was the subject of a paper at last year's conference.

Chamberlain claimed that, used in the right way, the wisdom of crowd can be extremely beneficial to society. It is commonly recognised that the wisdom of crowds enables a group of people with limited knowledge to make, on average, very accurate estimates. This means that market judgement can be much faster, more reliable and cheaper than research with experts. It can avoid the overuse of expensive samples and it contributes to an accurate market measurement.

On the other hand, it is easy to take comfort in numbers - if large numbers of people agree with you, you can't be wrong, or can you? Brader cited the example of Pepsi and Coke. In a blind taste test, opinion is split between the two products, or if anything, Pepsi wins. However, if you tell people the brand name, Coke wins every time. Are our crowds more herd-like than wise?

5. Semiotics

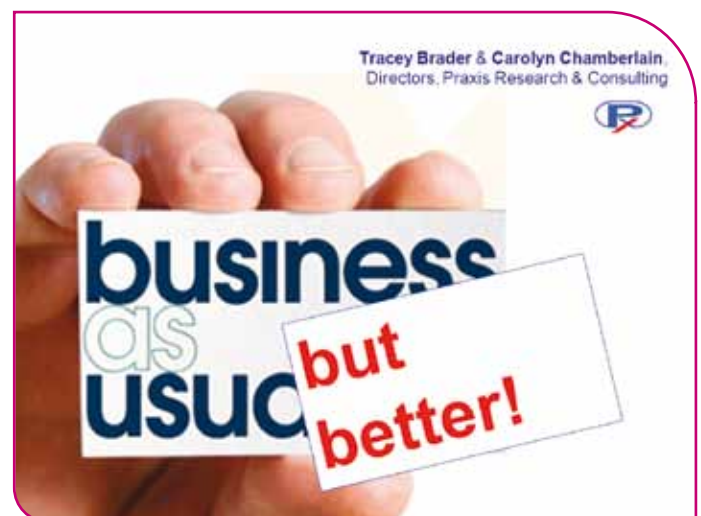
Semiotics is about exploring symbols as if they behave like a language and within the context of culture. This is a formal,

academic research method that sits at the borders of humanities and the social sciences. It can help explain why an ad or a piece of design is or isn't working. It can be used to deconstruct brands, exposing truths that can be used to reconstruct them, making them stronger and more relevant.

However, on the other hand, not all symbols are internationally recognised, hence the HSBC advertising campaign showing different meaning to the same image. In a medical setting, how you interpret a subject coughing can be ambiguous. If you are English, is this a way of getting attention? Or can it be a sign of nervousness? Or, if you are a pulmonologist, do you see it as a sign of asthma?

We need to be very careful about how semiotics are applied and not lose the context in which we interpret symbols and signs.

Chamberlain and Brader closed their paper asking the audience to decide which of the five techniques discussed would have the most utility to shape our business in the next decade. The audience overwhelming voted for ethnography.



Written by:

Sarah Phillips

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Conference Round up

Wednesday 23rd June - Parallel Session 2

Will Market Researchers be the Neanderthals of Homo Marketingus?

Henry Gazay, Medimix and Alex de Carvalho, University of
Miami, USA



Henry Gazay



Alex de Carvalho

Session Chair: Anna Garofalo, Double Helix Development

In our personal and business lives, there have been incredible developments in technology over the past couple of decades, which have changed the way we live and work. Where would we be without our mobile phones or access to the Internet? In the same way as the technological revolution has impacted our



work and social lives, Gazay and de Carvalho postulate that social media is now changing the face of market research and data collection, and therefore, in order to not become extinct (like Neanderthal man), pharmaceutical market researchers need to embrace this new technology.

Indeed, Gazay and de Carvalho even go so far as to suggest that traditional methodologies, such as face-to-face interviews, may not be as relevant in this new technological environment.

In their presentation, Gazay and de Carvalho posed several key questions that should be addressed and provided valuable insights into how market researchers can avoid becoming the Neanderthals of Homo Marketingus, such as:

- What **key skills** must market researchers learn?
- Can **information** gleaned from blogs and forums be **trusted**?
- How to **adopt the best** of this new trend for better market research?
- How to **leverage this information** to champion social media within our organisations?
- With physicians social networks replacing many functions of traditional physician professional organisations, **which sites are best to use**?
- Is there a **risk of opening the Pandora's box** of patient blogging?

There are hundreds of millions of people worldwide who are active participants in social networks, such as Twitter, Facebook, Wikipedia, YouTube and Digg. These sites provide the healthcare industry with the opportunity to monitor and track perceptions and experiences of patients, physicians or other healthcare professionals, quickly and cost-effectively.

Gazay and de Carvalho shared the results of an online study conducted in 2009 with 464 GPs, oncologists, cardiologists, and general practitioners in 8 countries, which was designed to acquire a better knowledge of the community of physicians and their perceptions of current options for social and professional networking.

Key results of this survey were:

- 38% of the study participants are members of at least one social community
- Led by Facebook (29% penetration); average physician declares membership in 1.4 social networks
- Country differences exist (Brazil, 31% are Orkut members)
- 60% of physicians became members of these networks 6 months to 1 year before survey
- Usually they visit once a week, mainly seeking contact with friends
- 43% of physicians are aware of medical-scientific networking sites; 39% visit those sites
- Physicians are more interested in "receiving" (more information/ access to medical news or articles) than "sharing/publishing"
- Latin American countries (Mexico and Brazil) are on the average more interested in all activities
- High interest in being able to communicate and have exclusive interaction with drug/treatment experts from partnering pharmaceutical companies (70%).

Conference Round up

The services most valuable to physicians were:

- Sharing information, publishing own articles/cases (52%)
- Extensive information on marketed drugs (44%)
- Access to medical video channels (37%)
- Identifying and reaching out to national or international key opinion leaders (51%).

Gazay and de Carvalho cited data that pharmaceutical companies spend less than 2% of their budget on social marketing initiatives on the internet, compared with packaged goods companies, who spend 10%. They shared the concept of an 'adoption matrix' with the audience and asked where pharmaceutical companies would place themselves on this matrix? (see below)



Quadrant 1 = Neanderthal - approaching changing world with Old World tactics - a path to decline

Quadrant 2 = "Wise Monkeys" - don't want to see, hear, or say anything - but in this age of transparency, companies must deal with new externalities that have grown too large to ignore (HBR, April 2010)

Quadrant 3 = Prisoner of company regulations or Thinker, suffering paralysis by analysis

Quadrant 4 = Pioneer - trying new things and discovering new landscapes.

The majority felt that the pharmaceutical industry fits into quadrant 3 - i.e., 'The Prisoner'.

Gazay and de Carvalho then went on to state that people are not interested in 'crafted' commercial messages that interrupt their activity, but they will engage with company representatives. They then went on to ask if the pharmaceutical industry is listening and posed a number of key questions:

- What are physicians discussing?
- How do patients feel about your brand?
- Who's doing the talking?

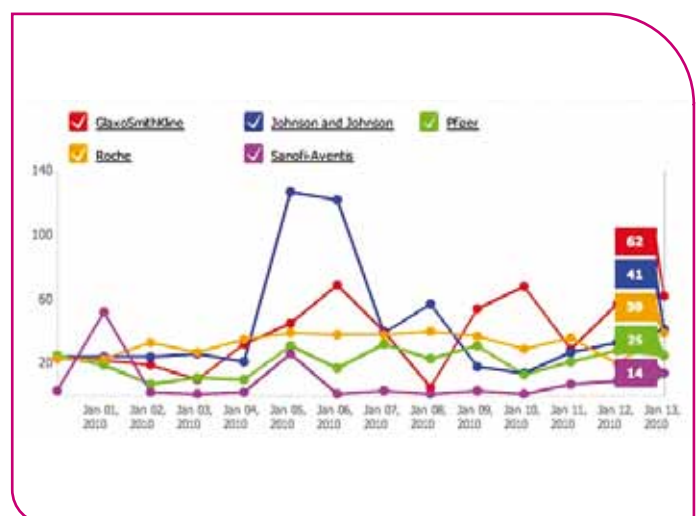
- Is the medical content accurate?
- Is your promotional activity effective?
- In what context are your brands mentioned?
- Who are your greatest advocates online?

They then provided a valuable case history of Motrin, a well known analgesic promoted in the US. This brand was advertised on TV based on the premise that it is back-breaking for mothers to carry their children. This generated an immediate and very strident consumer response, with claims that Motrin was patronising mothers. As a result of this consumer backlash, the Vice President of Marketing for McNeil Consumer Healthcare responded with a public apology for the campaign and removed the advertisement from the website.

Gazay and de Carvalho provided valuable insights into the features provided by the range of different monitoring platforms available:

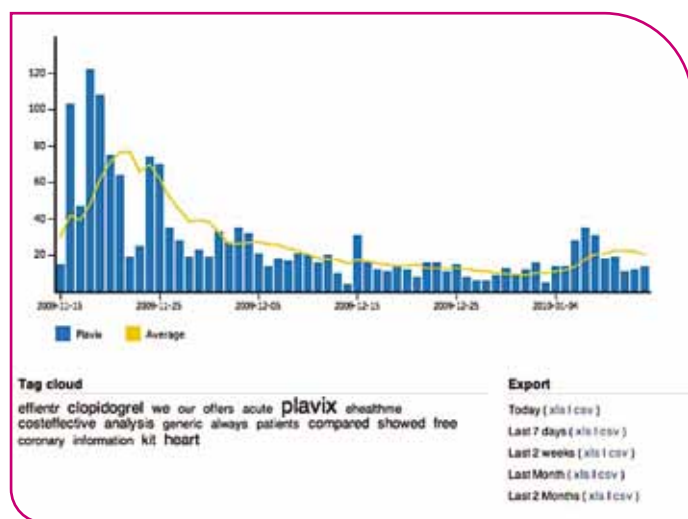
- Pull mentions from blogs, videos, medical resources and forums, patient and physician social networks
- Track specific topics, drugs, disease, therapeutic areas
- Graphs display daily mentions, rolling averages
- Export weekly, monthly, or quarterly reports
- Select only the important results to assign further action
- Post company responses on social sites like Twitter
- Conduct sentiment analysis and data-mining
- Comply through adverse event reporting workflows.

A useful example was given of tracking mentions over time of any keyword or term:



Conference Reports

They then went on to show reporting functions with mentions over time and team activity, which may be exported for further analysis:



Gazay and de Carvalho outlined how this impacts on market research:

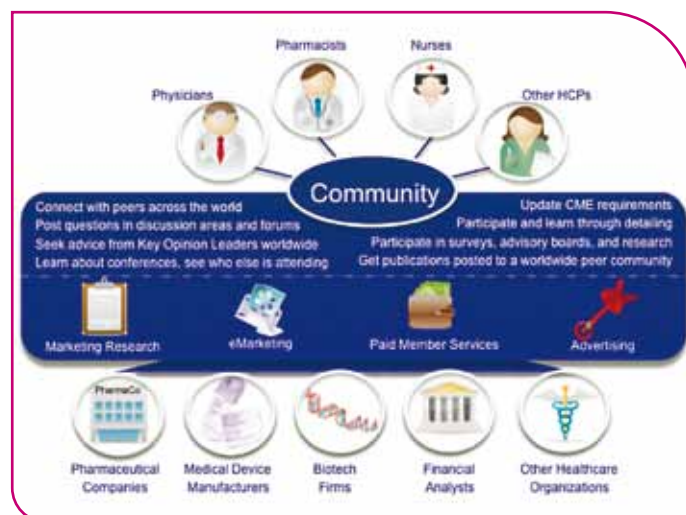
- More qualitative data to supplement traditional survey findings
- Direct and rapid feedback from all corners of the globe
- Early warning system of any image or product issues
- Listen to a free flow of discussions in which you are allowed to interact with the respondents
- Applications of the wisdom-of-crowds effect in three general categories:
 - Prediction markets
 - Delphi methods
 - Extensions of the traditional opinion poll.

They emphasised the importance of connecting and interacting with customers and communities: to generate product and brand interest, understand customer satisfaction, listen to the chatter to find out what really concerns them, and to counteract negative remarks and offer product/disease information. The benefits of community management are threefold - reputation management, competitive tracking, and monitoring market trends.

Physician social networks, such as Sermo, Doctors.net.uk and VoxMed were all mentioned as important sites for the pharmaceutical industry to monitor.

So how can we connect within medical social networks?

Gazay and de Carvalho provided some useful insight into how to achieve this:



However, it should be noted that despite a high level of participation, most users are in fact onlookers, with 90% watching what is going on online. They also advised that it is important to pay attention to the tenor, quality and influence of individual mentions, as well as measuring overall volume and sentiment, particularly since information online is searched for and read by so many onlookers.

In an environment where adverse-event reporting is high on the agenda of pharmaceutical companies and suppliers, it was noted that very few posts have reportable adverse events discussions - approx 165 per day across the whole pharmaceutical industry (Nielsen). They noted that social media can be used as the 'canary in the coal mine' to flush out issues and that pharmaceutical companies should implement social media monitoring, policy and adverse event reporting processes in order to maintain control.

Finally, Gazay and de Carvalho posed the question to the audience - 'Will we market researchers adapt to change or go the way of the Neanderthal?' The choice is yours!

Written by:
Caroline Snowdon
EphMRA

Conference Round up

Wednesday 23rd June - Parallel Session 3

Assessing the Value of Knowing for Reimbursement Bodies

Koenraad Dierick, suAzio Consulting



Koenraad Dierick

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



Peter Eichhorn



Bernd Heinrichs

This paper described the 'Value of Knowing' that a patient suffers from a particular pathology and hence, for GE Healthcare, the value of the product that can provide that knowledge. The product in question is Ioflupane I 123, a radiopharmaceutical that can be used to help differentiate essential tremor from Parkinsonian syndromes.

A 'show of hands' at the start of the session showed that approximately 20% of the audience had a friend or family member that suffers from Parkinson's disease or Alzheimer's and that virtually all would like to know the diagnosis if they themselves had a disease that could not be cured. Ioflupane I 123 can provide accuracy in diagnosing Parkinsonian syndromes and is targeted at newly presenting patients with symptoms of dementia or movement disorders where uncertainty remains after clinical diagnostic workup and in patients previously clinically diagnosed

where diagnosis remains uncertain or with conflicting clinical signs.

The research set out to provide an in-depth understanding of the Value of Knowing across a range of Ioflupane I 123 stakeholders to identify and provide insight on:

- The added value of being almost certain that one suffers from a pathology
- Drivers and barriers for product adoption and price sensitivity
- Current confidence of diagnosis/potential cost of misdiagnosis
- The potential reimbursement process
- Clinical positioning
- Product messaging and creation of value proposition
- Development of a communication strategy for the Value of Knowing towards different stakeholders.

By qualitative research across a range of stakeholders including: patients, caregivers, physicians, nurses, payers and KOLs and using a range of methodologies including: focus groups, face-to-face interviews and telephone interviews, the study was able to identify emotional, medical, economic and planning benefits appropriate to each stakeholder group.

Perhaps not surprisingly, patients and carers placed more importance on emotional benefits, referring physicians and nuclear medicine physicians placed most importance on the medical benefits and for all stakeholders the economic benefits were regarded as least important, except for the payers who gave these the top priority!

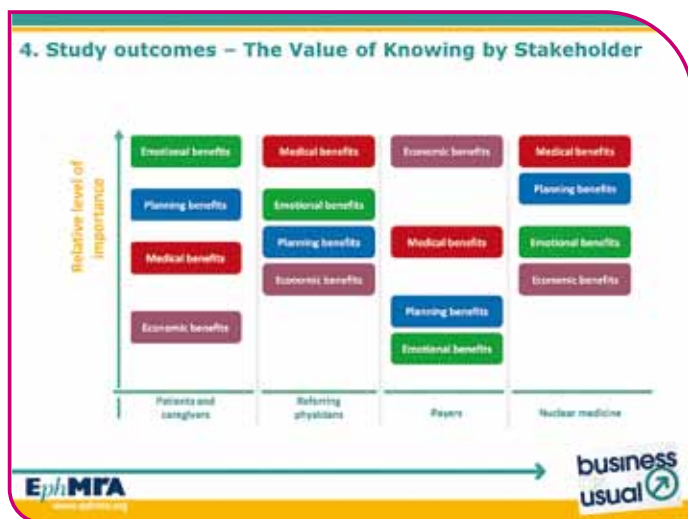
Details were provided of the benefits that particularly relate to patients and caregivers and which stem from an earlier and more accurate diagnosis:

- Earlier treatment leads to better impact on the symptoms of the disease and higher patient independence for a longer period of time.
- Improved patient and caregiver information and knowledge decreases uncertainty
- Earlier awareness of the disease allows preparation for the future and particularly planning for financial and social support.

All of this leads to improved patient and caregiver emotional well being.

In contrast, the payers focused on the economic benefits and for them the emotional benefits are of least importance. The key economic benefits are the avoidance of healthcare costs by

Conference Round up



reducing unnecessary tests and treatment, improved activities of daily living, lower rates of absenteeism and an avoidance of medical malpractice.

Perhaps one of the most surprising results of the research was the disparity amongst the different stakeholders of the perceived willingness of patients to pay. All the stakeholders underestimated the patients' willingness to pay, indeed the payers underestimated this almost by a factor of 10!

The intrinsic, technical value of the certainty of diagnosis, appropriate patient management and the reduction of unnecessary tests and treatment, coupled with the extrinsic emotional motivation and value that derives from the reduced uncertainty, increased preparedness and quality of life, give Iloflupane I 123 its value and image and allowed Koenraad to clearly demonstrate that 'knowing' does indeed have value.

A particular thanks should also be expressed to GE Healthcare for allowing the detailed results of their research to be presented at EphMRA.

Written by:

Andrew Scott

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Wednesday 23rd June

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

Richard Vanderveer, GfK Healthcare



Session Chair: Alex West, P\SL Research



Richard Vanderveer's opinion is that 'Business is far from usual', contra to the Conference's working title. He proposes that in the 40 years he has worked in market research, nothing has changed in terms of what we do and how we do it. He recommends Clayton M. Christensen's book - The Innovator's Prescription: A Disruptive Solution for Healthcare. This book challenges current healthcare beliefs, for example positing that in the future, healthcare will have to become more efficient and effective. Apparently only 50% of patients with significant/chronic conditions are optimally managed, and 35% of every health care dollar spent in the USA is wasted, which if true, are disturbing figures.

Price Waterhouse Cooper's Health Research Institute also has something to say on changing healthcare systems and recommends a radical re-structuring of healthcare as we know it. This would involve re-ordering treatment around collaboration by allowing non-physician medical professionals more prescribing and other privileges, establishing more in-store clinics, and compensating practitioners for their time treating patients over the phone, via the internet, etc.

Conference Round up

Richard goes on to explain that the current (US) health system needs simplifying, with the implementation of standardized processes and procedures, so that patients don't have to "shop around". In the US, the Walmart chain has successfully taken price out of the health care decision equation by equi-pricing hundreds of generic drugs and has reduced the need for a "health care concierge". But where does the responsibility for well-being lie? Is it our personal responsibility, or should governments and employees be involved? Richard cites the example of a Japanese organisation that penalises 'fatties'; although less pejorative is the idea of Employee Wellness Centres.

Richard suggests that both technology and science could play a significant role in future healthcare models: if inter-operable electronic patient records were a reality, with fixed standards, this would allow and motivate stakeholders to be more efficient; if genetic research successfully "picks the lock on disease", by predicting disease, then clearly, this will have implications on treatment decisions as well as potentially improving morbidity and mortality rates.

"The new science of personalised medicine" - PWC again - suggests that the biggest personalized medicine growth opportunity between now and 2020, will be in the area of information / information technology - implementing standardized information platforms, not just for physicians, but for all healthcare stakeholders.

So, where will healthcare marketing research fit into this paradigm? Richard believes that change will necessarily have to happen, and the focus will need to shift from evaluating promotional preference, to enhancing health care effectiveness and efficiency. It will be more about the provision and understanding of health care information such as consumption, needs, design and usability in order to improve healthcare efficiency and effectiveness.

In the future, healthcare marketing research will be patient-centric not pharma-centric, and may address issues such as: standardizing treatment protocols by patient type, enhancing patient persistence and bringing non-physician stakeholders up to their critical knowledge levels.

Richard's final words encourage us to embrace and enjoy this brave new world of healthcare marketing research.

Written by:

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**The Biggest Personalized
Medicine Growth
Opportunity Between Now
And 2020 Is In **Information/
Information Technology****

EpiMRA
www.epimra.org

business
as
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Conference Round up

Thursday 24th June - 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 and Kathryn Jones, Kariad Partners



Marion Wyncoll



Kathryn Jones

Session Chair: Sarah Phillips, Ipsos Health

In 2009 the US Government Accountability Office issued a report that some GPS satellites could begin to fail as early as 2010. Great consternation followed as to how we would cope - such has been the success of GPS since its inception in 1973. Yet the world's greatest explorers, from Columbus to Magellan, Cook to Marco Polo and Admiral Zheng, did not have GPS. If GPS were to fail we would simply have to revert again to taking our bearings. It might not be quite as accurate as GPS but it would be good enough to get us to where we want to go.

As researchers, Kathryn Jones and Marion Wyncoll argued, perhaps we should also learn to be less caught up with the concept of precision - especially when the pursuit of precision can end up costing so much money and still send us in the wrong direction.

And to support the case for being directionally right rather than precisely wrong, our speakers introduced three illuminating case studies where data available in the public domain was used to great effect and in some ways even more effectively than any precise ad-hoc study could achieve.

Many challenges face us in the pharma industry. Biologics are our future, forecasted to account for half of all products by 2016. But they are expensive and tend to be niche, and they are not only used in multiple indications across different specialties but also in different settings, hospital and clinical, so that it is increasingly difficult / expensive to track the products across countries.

Now, in order to compensate for the \$120 billion patent loss, the business focus is strongly on driving up profit while sustaining revenue. And restrictions have been put on marketing. Large marketing budgets are a thing of the past. Without the resources previously available we have to do less with less. We may have to make do with being directionally right.

But at least this may do away with the "precisely wrong" situation such as where in excess of \$2.5million was spent on a study only for the results to come out with predictions varying between 4 and 5% difference and for senior management to go with their "gut reaction" (which also happened to be their forecast sales figure!).

And so with GPS broken we need to get our bearings and, as with sailors, we much take three fixed lines of position in order to find the intersection "cocked hat". In market research this magical triangle or holy trinity is made up of secondary sources, primary market research and expert KOL validation.

Add to that some creativity to reveal the insight and courage to make a judgement.

There is so much information out there already in the public domain as all three case studies illustrated.

The first case study concerned Multiple Sclerosis and an opportunity for co-promotion which would be easily definable by available drug therapy. The challenge however being that there was neither data available nor any money. An ideal starting point here was the WHO Atlas on Multiple Sclerosis Resources in the World 2008, for instance, which is freely available on the internet. The study covered 112 countries, roughly 88% of the global population. Interestingly the report suggested that MS in Russia had been underreported so if money were to come available this might be where you would want to conduct some primary MR on incidence.

Conference Round up

Existing Model Broken: Taking Bearings
Case Study 1: I've got my bearings. What is the unsatisfied potential?

Epidemiology	<ul style="list-style-type: none">• Global disease: more so than previously thought• More common in women• Symptoms appear around 30
Diagnosis	<ul style="list-style-type: none">• Access to neurologist/MRI scanners varies widely• Onset to diagnosis can take months or even years• Health care professionals lack training to identify and treat
Support and Treatment	<ul style="list-style-type: none">• Lack of understanding/education/socio economic cost• Few patient driven support groups in many countries• Non access/availability to disease modifying drugs:<ul style="list-style-type: none">• 36% MS sufferers/32% health care professionals
Conclusion	<ul style="list-style-type: none">• More MS will be found as knowledge grows, resources become available and diagnosis improves

EphMRA Atlas of MS, WHO 2008 30 BUSINESS USUAL

Marion Wyncoll played the role of the client who, while acknowledging the soundness of this data as a good market assessment, complained that this did not address questions about specific drugs. Kathryn Jones countered that this competitor information was easily found on all the existing drugs' websites (less country specific perhaps but normally split at least into US and rest of the world figures). Where the websites had not been updated recently one could simply run an internet search for "first quarter 2010 sales" for the specific drug to uncover the most up to date press releases from the manufacturer (often accompanied by an explanation for the drug's performance).

Even in less wide spread and well known diseases one can, with vision and inventiveness, find freely available information. A niche and rare disease such as Eosinophilic GI Disorder in Paediatrics might appear to be a tough challenge. You can start looking for rough epidemiology figures from the abstracts on Medline. And then you must make a judgement that since the children you are looking for are those with multiple food allergies, they must be having biopsies. You can then narrow this down further by looking at Hip and Hop information (which looks at procedures in hospital (hip) and those out of hospital (hop) and which the NHS makes freely available. Use of social media such as Twitter also revealed some useful support groups.

The third case study went back to the challenge of biologics posed at the start of the talk. Traditional (and expensive) audits cannot capture all the distribution channels since biologics are prescribed among so many indications across different therapy areas. But with some innovation you can discover the split of sales revenue. An inspiring cost effective method was to send out a letter to a universe of physicians with simple questions on the back of a nominal amount cheque which comes back to a mailing house when cashed. More of a marketing survey, this can be particularly useful in emerging markets.

In conclusion the speakers emphasised the need for a more agnostic approach to research. We need to use our skills as researchers to dig deep for the information that is already out there. And with market research becoming increasingly customer centric we need to adapt to find different information sources that can reflect this change in focus. And bringing the discussion back full circle to the idea of navigators taking their bearings, Kathryn paraphrased the great space explorer Captain James T Kirk advocating that sometimes we have to look at the one rather than the many.

Social Media as a Resource 

National Eosinophil Awareness Week Twitter with the Docs

American Partnership for Eosinophilic Disorders is the

As part of our National Eosinophil Awareness Week activities, APED will have a Twitter Party with Doctors who coordinate in Eosinophil Associated GI Disorders on Thursday, May 20, 2011 starting at 1pm.

We will be discussing the following topics:

- 2:00 pm EST Eosinophil Associated Disorders (EAD) What are they?
- 2:20 pm EST How are eosinophils associated gastrointestinal disorders diagnosed?
- 2:40 pm EST Allergies and Eosinophilic esophagitis (EoE) and GI
- 3:00 pm EST Treatment of eosinophil associated gastrointestinal
- 3:20 pm EST Prognosis and Late complications of EAD with GI

Doctors will answer questions asked by APED. There will be brief open questions that are specific to you or your facility, member, or of the topic. The hashtag for this event is #EAD11. Please join in if you can by using Contact: info@aped.org for any questions concerning this event.

American Partnership for Eosinophilic Disorders
www.aped.org
401 New Street
Albany, NY 12242

If you want to be removed from our email list, please notify us at: unsubscribe@aped.org or by logging in to our website and selecting "Your Account".

EphMRA 47 BUSINESS USUAL

Written by:

Mark Jeffery

The Research Partnership

MarkJ@researchpartnership.com

Conference Round up

Thursday 24th June - Parallel Session 4

Dumb it down at your peril: Giving up face to face means 'Marketing by Numbers'.

Stephen Godwin, Synovate Healthcare



Stephen Godwin

Session Chair: Anne Loiselle, EQ Healthcare

Stephen Godwin certainly caught our attention with the introduction to his paper. The basic theme was the role that face to face interviewing still has in a world where “alternative” means of interviewing became ever more commonplace.

Making the point by typing the introduction onto a screen and showing us pretty pictures as a “fun” way of engaging us in a process, Stephen went on to point out that, such an approach in a survey, can lead to a degree of boredom without a human being to interact with. By speaking from behind the audience and then actually (finally) appearing on the rostrum, the point was well made.

The title of the presentation, “Dumb it down at your peril; giving up face to face interviewing is like ‘marketing by numbers’”, introduced us to what he described as the most effective and powerful means of interviewing: the face to face depth interview and the biggest threat to this technique - the screen - the interface with the internet!



Referring back to some 15 years previously and the early days of internet interviewing, its proponents declared market research had ‘come of age’ and everything in the future would be done via the web. Even back then people asked very simple (but penetrating) questions such as “How do you know who completed the survey?”.

Coming back to the present, Stephen pointed out that questionnaires tend not to be much fun even if they are simple and clear with pretty pictures in them. Such instruments are being aimed at some of the most intelligent people in any given country who are often busy; many are stressed. How much attention do they actually pay to online surveys? Quoting a personal experience from a neighbour who is a physician, we heard that the online ‘respondent’ (for that is what he also is) hoped that none of his answers given online in response to these questionnaires had ever killed anyone!

Moving up a gear, Stephen then conducted a small survey amongst the audience to establish why one might not do face to face research. With some foresight (or some rings in the room) he showed a list that closely matched the answers given by the audience. The point being made was that face to face interviewing is not always appropriate, may not even be appropriate most of the time but, by bringing together the expertise of a researcher with the knowledge and experience of a doctor / respondent, the result is greater than the sum of both parts.

The speaker referred to that point at which a respondent and an interviewer form a “connection” and that, from there, true “insight” can be gained. This fundamental basis to successful qualitative research was exemplified by two case studies where discoveries and understanding could only have been achieved in the face to face setting.

The first related to laser eye surgery in Europe. Stephen explained how he was struck by the level of efficiency exhibited by these centres and the sheer amount of attention focused onto the patient - the paying customer. It underlined the profit motive and marketing necessity of pleasing the patients.

There were, however, subtly different perspectives noticed between different types of surgeons and teams. These did not result from the interviews themselves, rather they came from the interviewer watching and listening to the staff as they went about their routines. Viewing target turnaround times on a notice board and hearing the different types of language used enabled new, additional questions to be asked in the interview that clearly could not have been asked had he not been there in person. Whilst not related at all to the study objectives, the findings added hugely to the credibility of the research and the way in which the analysis was undertaken.

The second case study related to diabetes in India, a disease of particular concern in the sub-continent. When visiting clinics Stephen was struck by the number of young people present with their families. Rather than being there to translate for their elderly relatives, it became clear that doctors were treating the whole family.

Conference Round up

Many of the younger people were already suffering complications of diabetes - this was visible to an observer. A nurse also explained some of the cultural 'norms' that lead to problems - mothers-in-law disappointed if their sons didn't put on lots of weight after marriage for example. Taking this up in the interviews physicians accepted this was an important risk factor that will be a great challenge to manage.

Further insight was gained from a physician who had published a paper on the Indian genome and its preponderance to cause diabetes. The final insight was quite shocking: diabetes stains the family. It makes other children (daughters especially) less marriageable. In some cases diabetes goes untreated to avoid this stigma.

These insights were, again, nothing to do with the study objectives but came out as a result of sideline discussions with nurses. It did however strike a chord with the client who happened to be Indian (albeit US domiciled).

In summing up Stephen again acknowledged the drawbacks of face to face interviewing but also countered these with some very persuasive benefits:

- Building rapport to derive more from the interview
- Allowing a greater degree of "control" in the interview
- Understanding of context

.....all of which add credibility to the research and deliver extra impact in the interpretation of results.

Summarising

- Face-to-face interviewing has several important drawbacks
- Face-to-face interviewing is not appropriate for many/most types of project
- But, in a project where there is a real need for the best possible *understanding* of outputs, and where there are the skills, the money and especially the time to employ the approach, face-to-face interviewing is a **very powerful technique** indeed

It will not die out!

EphMRA

business
usual

In marrying skills and budget with adequate time, face to face interviewing is just about the most powerful technique we have... "It will not die out!"

Written by:

Martin Schlaeppi

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Thursday 24th June - Parallel Session 5

**Getting answers without asking questions.
Analysing online conversations about
common health problems associated
with aging.**

Niels Schillewaert, Insites Consulting



Niels Schillewaert

Session Chair: Alex West, P\SL Research

Every year, companies spend over 32 billion U.S. dollars on market research worldwide, mostly traditional research. Undoubtedly, such research is valuable. But: do we really listen to the market in our culture of interviewing people in rigid processes such as surveys and focus groups? Nowadays more and more people spontaneously give their opinions about brands, products and experiences on the internet. The rapid rise of blogs, forums, review sites, social networks and other social media applications has given customers an easily accessible platform to express their thoughts. The influence of such user-generated-content on consumer behaviour and hence that of marketers is undeniable.

Up till now *social media tools* have mainly been integrated into the market research toolbox (e.g. focus groups through chat, community software, diary studies via blogs) while the analysis of the *actual content* of spontaneous consumer feedback has remained limited. It is recognised that a significant number of internet users look up health-related information online at least a couple of times a year so to what extent can the social media content generated by users serve market research and more importantly, how can we access such information. Social media netnography may be the key!

In order to demonstrate the potential value behind social media netnography, Niels does this by using a real-life case study about ageing in the course of the presentation.

Conference Round up

Niels opens his paper by looking at some of the problems with traditional research tools; people potentially behave differently when they are observed directly, from the researchers point of view everyone has his/her own perspective when asking and interpreting a question and lastly there are the cost and time constraints.

Social media netnography, it is argued, eliminates the interviewer bias from traditional research approaches. The process allows the researcher to look deeper into far more contextual information and tap into emotions directly over much longer time frames.

By way of explaining how the process works, Niel's explains that sampling is based on a selection of web sources or situations you want to observe. The data collection is with the aid of "web scraping" these online sources, followed by framework development i.e. what really do you want to extract from the data. The analysis takes the form of a top down - bottom up approach that ultimately gives you what you want to know (hopefully) whilst letting the data speak to you. In other words we do not specifically ask questions - the answers are there before the question is posed.

With the process outlined, Niels moved on to discuss his first case study. The goal of this was to specifically learn more about how the elderly and their caregivers experience living with several health problems associated with ageing like cognitive impairment (e.g. dementia), sleeping problems, decreased mobility, heart failure, anxiety and depression.

The exercise involved examining over 80,000 pieces of information "scraped" from online sources. This revealed a multitude of physical, psychological and other problems associated with getting old - topping the list were dementia, cardio vascular diseases and being overweight. However, if the analysis is taken to the next level, correlating the conversations containing words like "death, dying" with the diseases revealed that people more often discuss those diseases that are life ending. Thus in the analysis the initial veneer is peeled away to reveal a more contextual level of detail.

Niels goes on to look at the emotions evident across disease states to see the extent to which an emotion is positive or negative (sentimeter) versus the frequency of the emotion being mentioned (buzz). An area of note that stood out was "treatment". On the plot, "treatment" was seen to have significant "buzz" but quite negative sentiment associated with it. In analysing this further, Niels stated that the majority of people had trouble finding the right medication and reported side effects. Two types of commonly applied treatments evoked fear among

caregivers: e.g. tranquilizers were often associated with making them lethargic. For "surgery", the effects of the anaesthesia and concerns about the outcome are often discussed.

A similar analysis was applied to "healthcare professionals" in order to assess how patients feel about the varying medical professionals who are responsible for their health care management. For example - the output of the web scrape showed patients sometimes doubt the level of knowledge that GPs have when it concerns serious conditions and they would prefer to seek the opinion of a specialist.

Having looked at what conditions are associated with ageing, what emotions patients feel and the extent to which these are positive and negative / loud or quiet in terms of share of voice, the case study went on to review the brands of drugs for managing Alzheimer's specifically in this case. InSites Consulting's techniques allow us to look at the conversation around brands and hence the sentiment that exists around them and the aspects that influence this sentiment.

In summary, this case study allows for a holistic evaluation of the emotional make up of patients suffering from specific disease states, the people who manage them and the treatments used in that management.

Although not discussed here, Niels then introduced a second case study on Epilepsy to further demonstrate the applications of this technique.

Niels closed by highlighting some specific areas where social media netnography can most suitably be employed. Examples provided were:

- ✓ Insight generation
 - What themes & key words are most mentioned?
 - Which marketing hypotheses are confirmed & where are the "blind spots" in your thinking?
- ✓ Brand analyses
 - How high is your brand buzz volume?
 - With what sentiment and emotions do people talk about it?
 - What is your brand naturally associated with?
 - What are the strengths & weaknesses within the competitive field?
- ✓ Advertising impact
 - Tracking activation campaigns in terms of reach, sentiment, brand fit
- ✓ Product
 - How is the post hoc (launch) performance reflected online?

Conference Round up

- ✓ Natural & Medical Language Assessment
 - Learn what consumers say to each other about a disease in their own language
 - Optimize your (online) marketing strategy by adapting content and language

Social media netnography clearly has a place in the research world. It is however, one tool of a variety available which needs rigorous research methods. It is not a shortcut to answer questions you didn't ask and information that is readily available. The process is rather labour intensive and needs to be iterative. It is not simply a click on a button or entering a search term to get a buzz graph. One important point to note is that the process does not dispense with the relationship between agency client, it is just as important (if not more) as in other research methods if the output is to be both meaningful and relevant. Finally, we still need to ask questions. On the one hand we are sitting on a huge amount of answers and need to invent the questions - just like Jeopardy. Otherwise we need to complement these findings with interview based research.

In conclusion, whereas there are some potential limitations with social media netnography as a research tool such as coverage across all disease states and representativity across markets, there is a clear place for such a novel tool in the researchers' arsenal.

Written by:

Alex West

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Thursday 24th June - Parallel Session 6

The importance of health insurances as a target group for pharmaceutical industry - consequences for market research.

Ludwig Prange, Berlin Chemie and Markus Schoene, YouGovPsychonomics AG, Germany



Markus Schoene



Ludwig Prange

Session Chairs: Gerald Wackert, Medefield Germany and Bernd Heinrichs, Gruenenthal

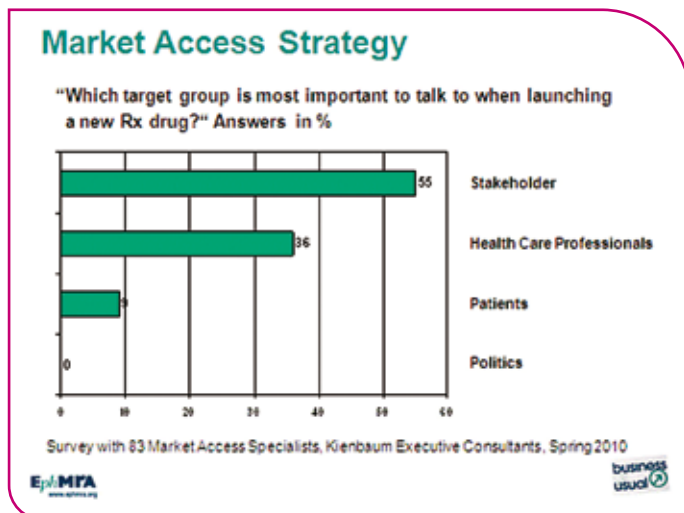


From left to right Markus Schoene, Ludwig Prange, Gerald Wackert and Bernd Heinrichs

Conference Round up

Ludwig kicked off this paper with a focus on Germany and the German healthcare system.

We first saw data showing stakeholders, amongst them Insurance companies, to be the most important group when launching a new drug.



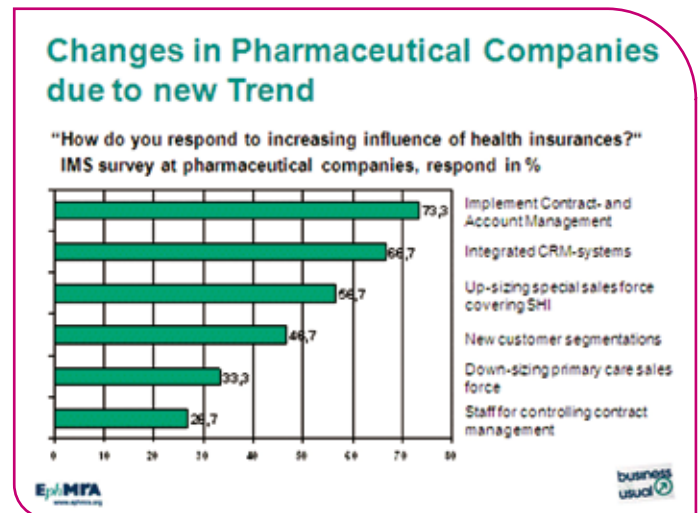
The system of health insurance in Germany is rather complex, with currently 167 social insurance companies of all sizes, lots of mergers and a further 48 private health insurers - the latter with c10% of the market. Finally, since 1996, it has been possible for people to change their insurance company.

On top of this complexity, the fee paying structure has changed. Up to 2008, members paid a fee to an insurance company who paid the hospital, doctor or for the drugs directly as appropriate. From 2009, a standard 14.9% is taken from salaries and put into a health fund. There are agreed costs for different services and drugs and if the real cost is more, the insurance company will look to reduce costs or maybe change therapy.

So what are the affects of all this on pharmaceutical companies? We saw an example where 14 insurance companies tended for 64 generic molecules with over 99m units. Two companies, Ratiopharm and Biomo Pharma lost all the tenders and hence saw their total turnover decrease by 12% and 28% respectively. Meanwhile Winthrop and Axcourt Pharma won 55 and 5 tenders respectively and saw revenue growth of 107% and 496% respectively. So the history and name of a pharmaceutical company is not important in this generic tender business. But also in the market of patent protected drugs there are more and more different type of contracts with huge effects on drug sales.

Given this huge sensitivity to contracts between insurances and pharmaceutical companies we have also seen a big change in pharmaceutical marketing and sales structures. Whilst 33% of pharmaceutical companies have made a reduction in their primary care sales force, 57% have engaged a more specialised sales

force, 67% operate an integrated CRM system and 73% have implemented key account managers to negotiate with insurance companies.

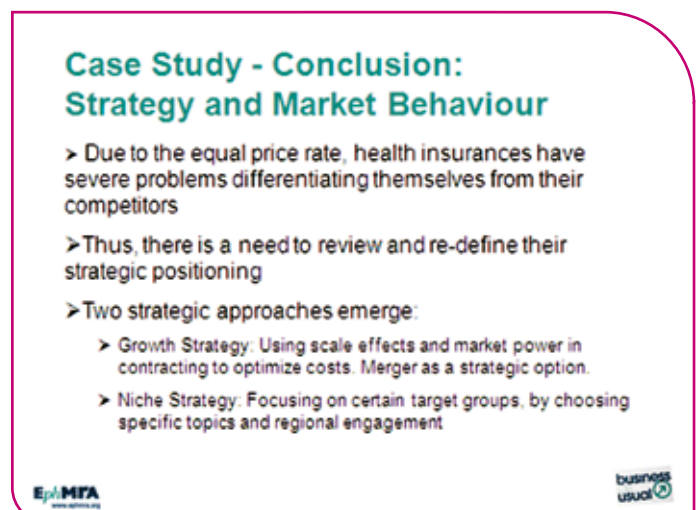


So what has this meant for Market research?

Markus took over to tell us that, with the changes in 1996, the big insurance companies have started to market themselves and conduct relevant market research - for example, segmentation, advertising evaluation, mystery shopping and website evaluation. Pharmaceutical companies have reacted by conducting more research on strategy, co-operation and awareness and image of insurance companies.

For the research agency, the challenges are similar to any other B2B research - including the need for expert/qualified interviewers, having a range of stakeholders to cover and the need for incentives.

Markus then showed us a debranded case study, 'From money changer to service provider'. This study covered a range of stakeholders in 36 insurance companies covering nearly 34m insurants.



Conference Round up

The research showed a need for differentiation from other insurance companies and it is clear that health insurers are acting increasingly like brands and hence we can use the same research tools we apply for brand manufacturers.

In summary Ludwig and Markus concluded that

- Health Insurances are becoming increasingly important as a target group for pharmaceutical companies
- The company researchers need to take this development into account for providing their internal customers with the relevant information and consulting
- Due to the complexity of the subjects and the specific features of the target group, there are special requirements of the research companies and the methods to be used

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Thursday 24th June - Parallel Session 7

United Breaks Guitars - The Rise of the prosumer.

Steven Thomson, Ipsos CPG and Sarah Phillips, Ipsos Health



Steven Thomson



Sarah Phillips

Session Chair: Alex West P\SL Research

The digital age, and Web 2.0 specifically, has not only changed the way consumers communicate with each other but it now means that information and opinion to be shared instantly across the globe. Our ability to communicate has been revolutionised by the likes of Facebook, YouTube, Twitter and Flickr. However, social media has greater applications than just recreational pursuits. It can be a place where savvy customers can tap into a vast information resource that has been peer reviewed, discussed and debated.

In light of this emerging communication revolution, Steve and Sarah proposed that a new brand of individual has been born and now exists in our midst - the "Prosumer"

The paper began with an example of how we can now leverage technology to affect an outcome that historically would have been hard to achieve:



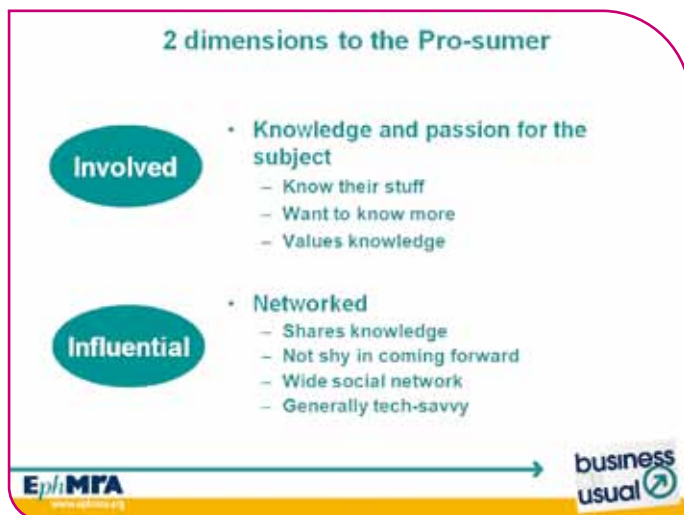
Conference Round up

When Dave Carroll was given the run around by United Airlines after they broke his guitar during a tour in 2008, he decided to give the airline an ultimatum of compensation or embarrassment. As United continued to deny any liability, Dave posted his new video, "United Breaks Guitars" on YouTube. To date, five and a half million people have watched this clip. The negative publicity left United with little choice. The company couldn't avoid Dave any longer and they promptly bought him a new guitar.

This may be an extreme example of a person leveraging technology for their benefit, but it opens up the argument of how this global network can be exploited, or indeed harnessed.

In basic terms, the Prosumer can be defined as a consumer who gains expertise before making a decision. Like never before we have the ability to talk or learn about a product category, compare products and services, review price as well as compare and contrast views with others.

Thomson and Phillips argue that there are two dimensions to the Prosumer - the "Involved", who has a knowledge and passion for the subject, and the "Influential" who is networked, not shy in coming forward and has a willingness to share knowledge.



The consumer world has already had to adapt significantly and, although small in number, the Prosumers have demonstrated that as a group they have the power to influence mass marketing at the touch of button.

Perhaps the best example of the modern day Prosumer is Lauren Luke. Lauren has leveraged Web 2.0 to market her own range of cosmetics whilst also providing online make-up tutorials. She now has over 50 million You Tube reviews, 350,000 subscribers in 75 countries and products in 135 stores in the US alone.

So, to what extent does the phenomenon of Lauren Luke exist in

the healthcare world i.e. from Prosumer to the Pro-Patient?

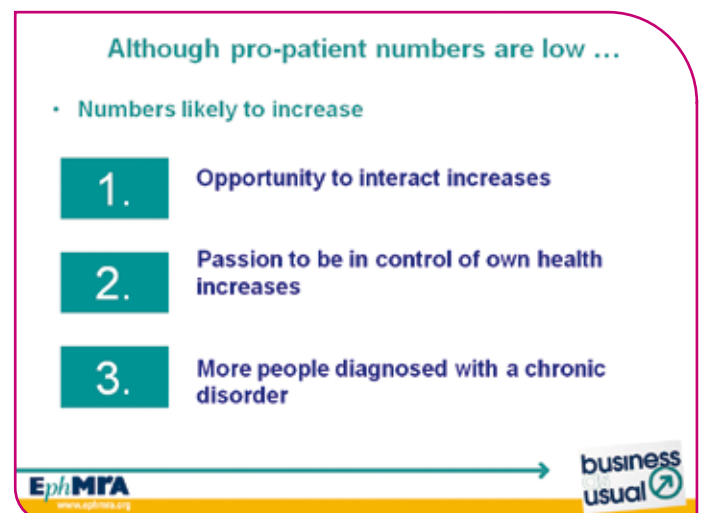
Patients have, to a certain extent, always been involved in healthcare, but if we return to the notion of the "Involved" and the "Influential" Prosumer, then the phenomenon should still exist. One very clear example surrounded 7 women based in the UK who were suffering from HER2 breast cancer. Unable to receive Herceptin, their story was picked up by the media and broadcast on the UK current affairs program, Panorama. All 7 women received Herceptin before the program ended.

Given that there is clear evidence to suggest the presence of the Prosumer in the healthcare world, Ipsos decided to conduct some research to fully understand this phenomenon and answer 4 key questions: 1) How easy is it to find a pro-patient? 2) Who are they? 3) What are they doing? and 4) Why?

Ipsos identified that these individuals are not easy to identify demographically. They suffer from a broad range of chronic conditions and come from varying social classes. Nonetheless they are all doing similar things, such as participating in on line chat rooms / blogs, attending public meetings, joining patient support groups, writing letters to magazines etc.

Ipsos also observed amongst this group, as with the Prosumers, that networking doesn't always have to be online. It can also be verbal in order to learn about a disease, compare therapies and validate information. The web, however, is clearly the ideal platform for this group to share their experiences with other patients.

Although pro-patient numbers are likely to be low today, their numbers are set to grow. Not only will their opportunity to interact increase, but so will their passion to be in control of their own health. It is increasingly likely that more people will be diagnosed with chronic disorders as interest and awareness is raised and subsequently communicated.



Conference Round up

So what separates the Pro-Patient from the passive patient? In short, a strong desire for control, a need for information, intelligent two way conversation, non-paternal conversation with their doctor and, above all, a desire to share their experiences with others.

So how do physicians deal with this? When surveyed, UK based physicians felt that Pro-Patients are generally well controlled and compliant, interested in their disease and pro-active in their search for information. However, some physicians admitted that they were somewhat intimidated and concerned about not being able to meet their patients' needs. Physicians surveyed in Italy showed much greater levels of frustration towards this group.

In conclusion, what does this mean for the pharmaceutical industry?

- You can't fight the Prosumer or indeed the pro-patient - they are here and they are here to stay.
- Don't underestimate them - partner with them and provide them with the information required for them to stay in control of their condition
- Provide doctors with the tools to be able to direct patients in the right direction - patient groups, support programs and experienced patient forums
- Provide physicians with the confidence to manage this patient group, such as by partnering with national associations such as the ABPI.

Informed and motivated patients are a much better starting point for engendering persistency and compliance. However, they as much as anyone will need to feel confident in the management of their individual healthcare needs across the board.

Written by:

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Thursday 24th June - Parallel Session 8

Bringing Innovation to Market by understanding customer needs - customer targeting for launch of an innovative new product.

Jordan Bayless, Optimal Strategix, USA



Jordan Bayless

Session Chair: Anna Garofalo, Double Helix Development

Market research in preparation for the launch of a new product most often relies on asking a representative sample of potential users for their reaction to and likelihood to buy / prescribe / recommend the new product. This information provides the building blocks of positioning, messaging and, by understanding the attitudes and behaviours of the customers, also segmentation research. Yet there are many cases where a new product is so innovative that potential customers may not be able to adequately respond to it as it is outside their experience and points of reference. Without prior experience of a new product/technology, they may not recognise the importance of the need that the innovation addresses.

This was the problem faced by Philips Respironics when preparing for the launch of SleepWave - an innovative product for the treatment of insomnia. Traditional options for insomnia were limited to pharmacological treatment or non-pharmacological treatment including cognitive behaviour therapy, exercise, relaxation therapy, etc. The new product did not fit in either the pharmacological or non-pharmacological category. There was therefore a concern that neither physicians nor patients would be able to respond to traditional market research methods with sufficient understanding and be able to provide the building blocks for Philips Respironics to be able to develop a customer focused positioning and messaging.

Conference Round up

The Philips Respironics and Optimal Strategix Group team knew that testing concepts of this innovative product would have limitations when respondents had not had experience with anything like it:

- Experience imagined can be different to the experience received
- Innovative concepts are difficult for the customer to react to
- Individual experiences of product users differ.

In this situation there are two options available that can be used individually or together:

- Ask questions that respondents can answer relating to needs and benefits
- Educate the customer on the new product and then obtain their feedback

The solution to the problem that was adopted by Optimal Strategix and Respironics was three-fold:

1. The initial foundation was qualitative research with a small sample of insomniacs and physicians to identify the needs and attitudes relating to insomnia.
2. The second stage was trade-off research to prioritise the benefits that customers want most. In this stage the sample was large enough (578 chronic insomniacs and 253 physicians split between two specialties) to allow segmentation. This stage included questions that respondents could answer within their current experience and points of reference but also exposed respondents to new product concepts
3. The third stage of the research aimed to overcome the problem of respondents reacting to something that they had no experience of by giving them the necessary experience. This stage was a Use Test with 104 insomniacs where end customers were allowed to use the product at home for 30 days. Pre and post interviews were used to report their experiences. This third stage served to identify:
 - How and why the product was used
 - Changes in the importance of benefits brought about by using the product
 - Understanding the outcomes
 - Challenges needing to be overcome in using the product
 - Short, medium and long term changes required

Integrating the research findings from both the trade-off research and the product use test allowed Philips Respironics to receive the following key learnings.

Definition of market segments and what is most important to each segment.

Impacting: launch planning, market sizing, investment decisions, messaging and positioning

Profiling of customers in the different segments

Impacting: targeting, communications, customer support plans

Knowing what leads customers to become dissatisfied

Impacting: R&D investments, product development

Understanding of differential advantages

Impacting: competitive strategy, positioning and investment decisions

Integrating physician and patient perspective on key drivers

Impacting: overall value proposition

As a direct result of the positive results from the project, Jordan was able to tell us that the product moved forward into further stages of commercialisation and has had an initial launch in Australia.

Written by:

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Thursday 24th June - Parallel Session 9

Enabling Bio/Pharmaceutical Pricing Strategies by Integration across customers and constructs.

Sanjay Rao, CRA Life Sciences



Sanjay Rao

Session Chairs: Peter Eichhorn, GfK and Gerald Wackert,
Medefield, Germany



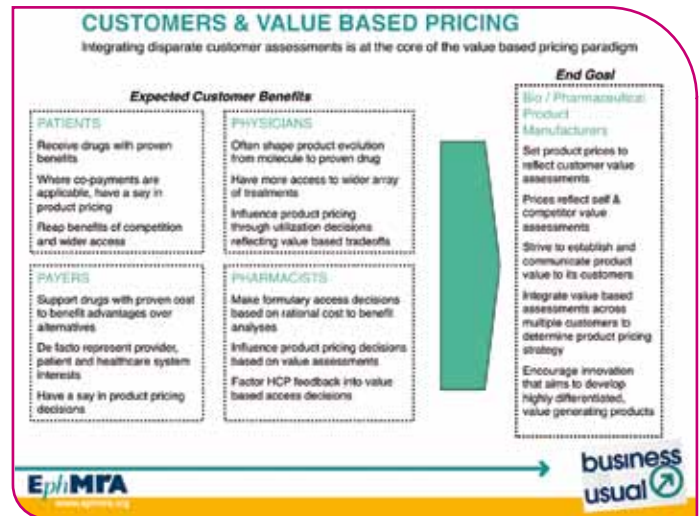
Peter Eichhorn (left) and Gerald Wackert

After an eventful journey over from the US, Sanjay got straight to the point - stating that every pharmaceutical executive grapples with pricing strategy and so every market researcher needs to as well.

Market research sophistication has encouraged the move from the old models of 'cost recovery', 'competitive pricing' and 'profit cap' to one of value pricing - pricing based on 'what it is worth to the customer' - with market research having the role of finding the value to customers and to recommend a consistent price.

Of course the value will almost certainly be different for different customers, Payers, pharmacists insurance companies etc - so integrating these disparate customer assessments is at the core of the value based pricing.

Various constructs are available to input into an overall model. First of all there are preference for features, preference for price and the price/feature trade off. Secondly, some element of choice



and finally, in getting to market share, the importance of price in the mix. Both preference and choice can be determined at an individual level whereas market share needs to be determined at an aggregated level.



All the statistical methods and techniques to allow this approach have improved hugely over the last 25 years. Gabor Granger and Van Westendorp are widely used for price sensitivity analyses and both conjoint and maximum difference approaches can be used to measure preference or importance of features. Then joining all these analyses together we have models such as LISTREL - a causal model using simultaneous equations.

Sanjay illustrated clearly how stated importance and derived importance can give very different results from physicians and stressed that derived importance was more sensitive and closer to showing the true importance. Sanjay also stressed the importance of looking at such analyses by segments rather than averages across all patient or physician types. In his example, we saw that efficacy was more important in driving biologic

Conference Round up

preference among physicians for biologic naïve patients than for switch candidates.

Another example (*on right*), this time with Payers, illustrated well how as the price of a drug goes up, it is less preferred on formulary and will cover many fewer patients.

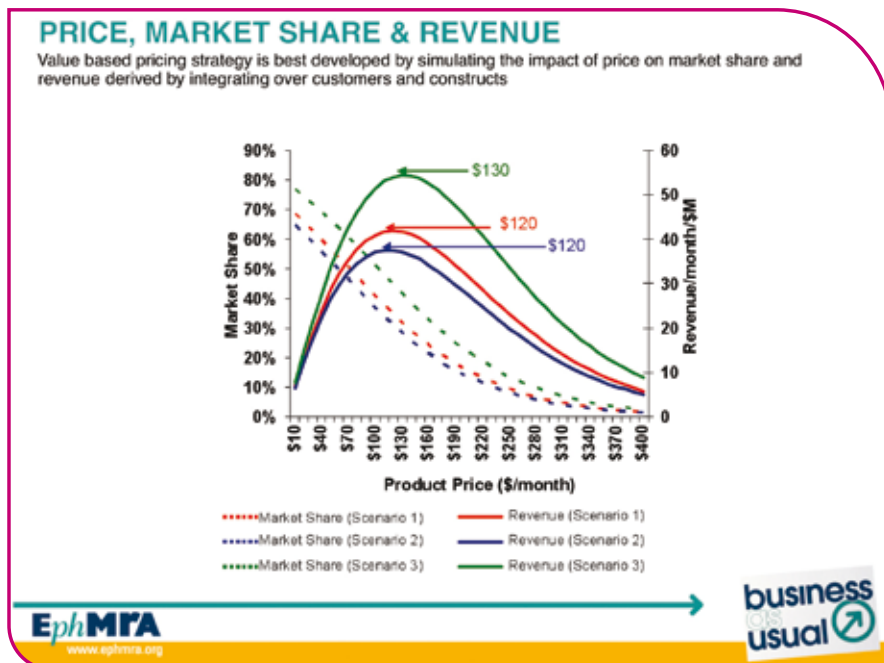
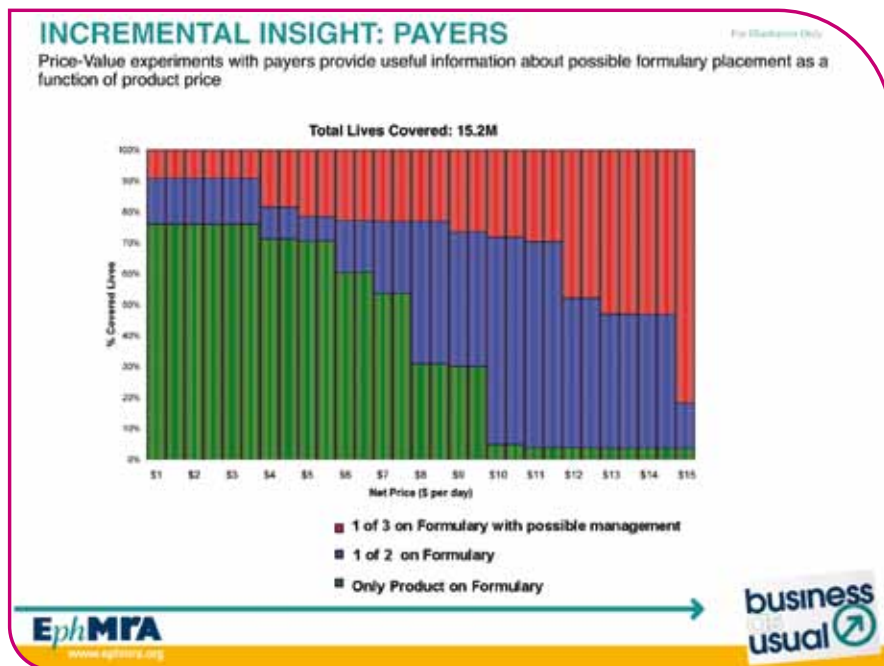
A third example, drawing on patient research, illustrated how increasing co-pay decreases the percentage of patients will to pay that price at the pharmacy. One example showed increasing co-pay cost from \$25 to \$50 doubled the number of patients asking the pharmacist for an alternative brand - up from 8% to 16%.

All of these approaches and analyses across different customers can lead to new and valuable insights. But the power of the analyses really comes when a value based pricing strategy is developed by simulating the impact of price on market share and revenue derived by integrating across customers and constructs.

The example shown (*on right*) looked at how price affected revenue and share looking at 3 different scenarios. In each we can see that the highest revenue may well come from a higher price and a lower share. And, of course, price is also an element of the marketing mix that says something about your brand.

Knowledge is power - and with this level of understanding pharmaceutical executives are in a much stronger place for their negotiations with Payers.

Payers also benefit from taking a value-based approach to pricing. It makes for superior, better-informed product purchasing decisions based on reliable marketing research, and leads to more efficient (and diversified) formularies that better meet the needs of their member-patients. If and when done right, value-based pricing strategies based on scientific research are a win-win for all parties



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Conference Round up

Thursday 24th June - Parallel Session 10

A Fair Trial

Anna Williams and Neil Rees, Hall & Partners Health



Anna Williams and Neil Rees

Session Chair: Sarah Phillips, Ipsos Health



Sarah Phillips

Anna Williams and Neil Rees from Hall & Partners presented a provoking paper which explored the role of digital research in market research. The question they posed is whether it would revolutionise the way we do research, or is it just another tool we will use. They presented this as a 'fight' between face-to-face and digital research and let the audience decide the outcome.

The discussion started with a definition of what we mean by digital research. Williams and Rees explained that for them, this entailed conducting both qualitative and quantitative research analysis on content which already exists on the web, or buzz tracking. In addition, it could encompass using digital media to engage with and understand respondents, either through online interviews or video devices and mobile applications.

Rees put the case for face-to-face research. He bemoaned the image of market research as one dominated by clip-boards and Tony Blair's focus groups to those outside the industry, and argued that face-to-face should hold its head up high. He questioned whether digital was just a new approach people were excited by, and

was something that would pass. Face-to-face would hold its own, he argued, as there is no replacement for the understanding that comes with the unique connection during a one-on-one interaction.

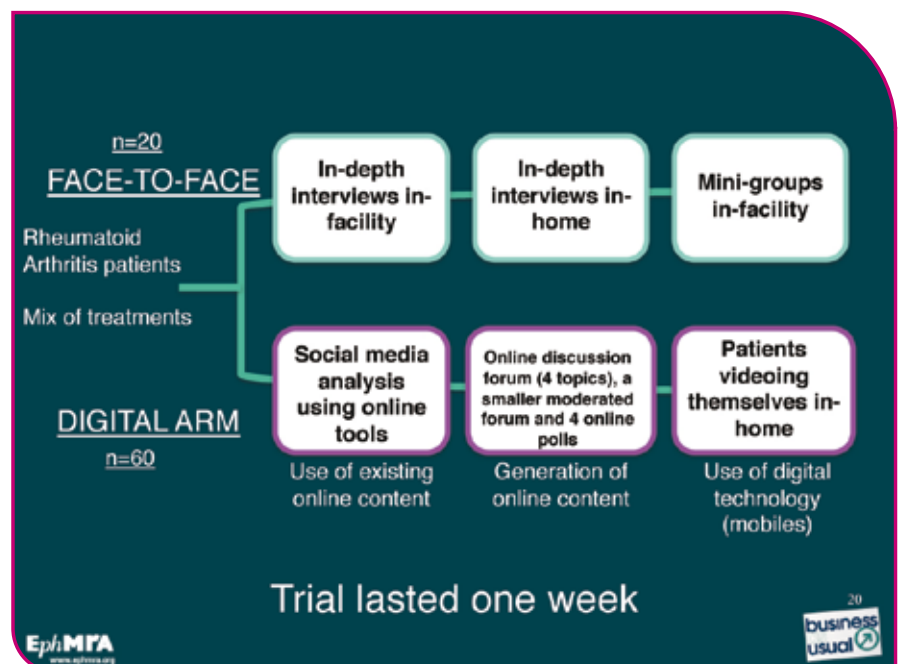
Williams countered this by stating that digital research is a necessity as this is how we now communicate with each other, therefore research must move on to embrace this new dynamic. In particular if we are trying to research the next generation of respondents, they live their lives differently, and they express themselves in a digital format, whether through text messaging or their mobile devices. Research needs to catch up with this trend.

The speakers had set up a trial of their own research study with two independent arms - face-to-face and digital.

The objective of the research was to provide their client with patient insights into what it is like to have Rheumatoid Arthritis. Each arm of the trial had the same budget attached to it, recruited the same respondent profile and lasted for the same amount of time in field.

In the face-to-face approach, in depth interviews and mini-groups were conducted in a central location and in home interviews were carried out. In the digital arm, existing internet content about RA was analysed first, then an online study with patients carried out and finally patients were asked to video themselves in their own home.

The face-to-face approach clearly highlighted for the client patient coping strategies for their condition, for instance tools they had set up in their home to help their daily lives, like a different way



Conference Round up

to pour water from a kettle. It also revealed areas of patient misunderstanding, particularly concerning treatment regimen. When a patient claimed they were on a particular therapy, this could be checked and verified by the interviewer - in some cases, it was found that the patient thought they were on one product, but in fact were on a different one. Finally, Rees believed that by meeting the patients one-on-one he was able to connect with them and provide his client with some real emotional insight.

The digital research started by analysing existing web content which revealed lots of examples of the type of advice that patients were giving each other. The sorts of things they were discussing included questions about drugs and which people thought were the most efficacious. For the client, this helped identify which messages patients were highly influential to patients.

In addition, it was felt by Williams that the digital approach allowed her to explore the feelings and experiences of patients much closer to the point of time of them happening, rather than asking them in an artificial environment to recall how they felt in the past. Patients posted content on the internet when they actually experienced a flare up or when something happened to them, which Williams argued provides a truer picture of the event, rather than an edited version in a face-to-face interview.

Finally, the digital approach allowed Williams to provide her client with some quantitative data, which the client claimed was highly beneficial as it was easier to gain internal buy in with more robust data.

Williams and Rees explained the reaction of the client to the research programme. The client admitted that she was more comfortable when she was able to see the research pan out live, as she could in the face-to-face interviews, and she was able to start to form her own opinions about the outcomes. In addition, viewing the research live allowed her to provide early feedback to her internal team, and to take action early on. For the client this was clearly a strong benefit of a face-to-face approach.

Rees strengthened his case for face-to-face by providing an example of how during the face-to-face approach he was able to extend the research and speak to a carer of a patient which provided additional insight into the patient condition - this wouldn't have been possible unless he had gone to the patient's home.

Williams argued against the notion that there is a certain type of person who is active on the internet, and felt that the sample provided key insights for the client, who was able to see what was being said, its source and trigger and how this snowballed. This enabled the client to identify what damage limitation action needed to be taken.

The audience were asked to judge which arm of the trial yielded more insight - the answer was mixed. It seems the conclusion was that there is a role for both digital and face-to-face in market research. As Williams and Rees' client stated, the digital approach ultimately provided stronger deliverables, but the connection generated in face-to-face research should also not be lost.

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Conference Round up

Thursday 24th June - Parallel Session 11

Seeing is not believing - a critical view of eye-tracking in Communications Research.

Nigel Griffiths, Insight Research Group



Nigel Griffiths

Session Chair: Anna Garofalo, Double Helix Development



Anna Garofalo

Commercial eye-tracking is back in the limelight again, offering portable, minimally invasive, cheap and instant feedback on advertising but how does it compare with qualitative evaluation of advertising?

The eyes are said to be the window to the soul - our visual sense dominates all others. Where we look reveals a lot more cognitive and pre-cognitive information than the subject may want to share, voluntarily or involuntarily - this would suggest that eye-tracking offers a great opportunity to share new objective information - or does it?

Nigel and his team set forth to critically review the role of eye-tracking in today's research environment. The main thrust of the argument being that eye-tracking in isolation (i.e. without qualitative back up) can be dangerously misleading and that it is all too easy to position eye-tracking as a stand-alone solution with potentially serious consequences.

4 potential ways in which eye-tracking may add value

- Quantitative/ scientific measure of ad performance
- Additional stimulus for respondent during IDIs
- Concept development - qualitative assessment of alternative executions of a concept
- Identifying consistent differences between known segments

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Using data from a small, self funded piece of research with PCPs in the UK to compare these methods, Nigel and his team were able to draw conclusions about the value of eye-tracking in market research; its strengths, its weaknesses and where it has a role in the armoury for brand teams and market researchers.

To do this they looked at 4 potential uses:

Potential Use	Outcome/conclusions
As a quantitative, scientific measure of ad performance	<ul style="list-style-type: none"> Eye-tracking adds very little over simple qualitative questioning It's about more than where people look - it's also about what they saw and what it meant to them - i.e. how they internalised the messages Simplicity coupled with a high emotional content is therefore the key - messages are more likely to endure in time
To provide additional stimulus for respondents during IDIs	<ul style="list-style-type: none"> Respondents process ads differently Simplicity has an important part to play - too much info leads to distraction/reduction in retention of key messages This is also likely to differ depending on the communication objectives and also stage in lifecycle/time to market <ul style="list-style-type: none"> First to market/Launch = read me/ notice me - data heavy Later in lifecycle - remember me/ iconography/ themes/ beneath the radar messaging 'Me-too' to market - feel me/ emotional values and differentiators BUT What more can we learn once we have established this?
In concept development work - qualitative assessment of alternative executions of a concept	<ul style="list-style-type: none"> Eye-tracking can add finesse to comparing the performance of alternative executions of the same ad concept in terms of what was read although the primary steer will still come from qualitative dialogue
To identify consistent differences between known segments of customers	<ul style="list-style-type: none"> Possibility to validate consistent differences between different segments (gender, brand loyalty etc.) - whilst not conclusive evidence, potentially a useful asset in pre-launch development work and post-launch performance testing

Conference Round up

Griffiths argued that advertising is meant to be understood and persuade and NOT just be seen and therefore whilst eye-tracking appeals to the 'metric culture', it misses the point that what is most important is how communications connect with and ultimately influence and motivate the observer.

"There are a lot of great technicians in advertising. They know all the rules. They can tell you that [images of] people in an Ad will get you greater readership. They can tell you that a sentence can be this short or that long.... They are the scientists of advertising. But there's one little rub... advertising is fundamentally persuasion and persuasion happens to be not a science but an art."

Paul Feldwick (2000)

Ref - Paul Feldwick (2000) "Persuasion happens to be a science not an art" - the history of an idea. Proceedings of 2000 European Advertising Effectiveness Symposium

This is not to say that post-rationalised qualitative research provides the full picture either - it clearly has shortfalls in terms of what the respondent reports and what behaviour actually occurred. It's good to remember that qualitative feedback is wide open to subjective bias, prejudice, personal agendas, no matter how well you set up the discussion.

Questions from the floor centred on how to use it as an adjunct to qualitative research including how the interviews are set up in practice and then afterwards, how the two data sources are fused to produce research recommendations.

Interest was piqued by the notion of 'less is more' - specifically by the discovery that after a 2 week interim, not only were the uncluttered ads retained and recalled most effectively but the recall content was highly implicit and emotional. Consistent with Robert Heath's Low Involvement Processing model it is not so much about what you see or read in an ad (i.e. the physical content), but more about implicit associations and meanings which are what endure in time and create the bond between customer and brand. The discussion finished with a plea for pharma to follow consumer advertising's lead in having conviction in their positioning and relying less on info heavy communications.

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Thursday 24th June - Parallel Session 12

It's life Jim but not as we know it...

Julie Curphey and Marianne Fletcher, Pfizer

Session Chair: Anne Loiselle, EQ Healthcare



Marianne Fletcher (left) and Julie Curphey.

Julie Curphey and Marianne Fletcher presented their paper - intriguingly titled "It's life Jim but not as we know it" - by adopting an informal, relaxed approach. The two speakers from Pfizer gave a refreshingly honest and frank appraisal of how the needs of pharmaceutical companies are changing. Talking from their own recent experiences they illustrated how the needs of marketing research and customer intelligence have and will continue to evolve.

Pfizer embarked on a process of change in late 2008 that led to the break up of the global pharmaceutical entity (shown as the Titanic) into 5 separate business units (now agile speedboats):

- Primary care
- Specialty
- Oncology
- Established products
- Emerging markets

Country level structures were removed and replaced by a regional structure - PECANZ.

So where are we at now?

- BU = Primary Care
- PBE = PECANZ Business Effectiveness
- Part of the business unit- NOT a support function
- Region = 19 countries
- All business intelligence function at regional level
= 66% headcount reduction
- New roles that have cross-over with others
- A strong call from senior leaders

Simply put, if PECANZ Business Effectiveness does not effectively partner with PECANZ colleagues, we will fail!

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By splitting into the new business units, Pfizer intends that every product that brings value to the company will get the attention it needs - no matter how big or small it is in revenue terms. The new structure allows focus on all the different customer types compared to the situation that prevailed with one very dominant product. Of course there is always a human cost and the process was not without pain for individuals:

- 10% of headcount overall was lost and 66% in business intelligence
- Many functions and processes changed and were re-established

Lightening things by way of a humorous video clip from Apple that characterised people as 'Macs' or 'PCs', Julie pointed out that whilst fundamentally things might remain the same (both are computers), on the surface many things are different.



Focusing on the business unit of relevance to both herself and Julie, Marianne described its role and remit, hence PECANZ: Primary Care - Europe, Canada, Australia and New Zealand. The intelligence function has the responsibility to partner with marketing to ensure that brand strategies are fine-tuned according to customer feedback.

One of the benefits for the intelligence teams is that they are not supporting functions or platform services, rather they are part of the Business Unit. Managers have their own budgets: no more begging, coercion or tantrum-throwing in order to get money to provide the organisation with the information it needs to make good decisions.

Posing a question to her colleague, Julie asked if, after all this, the job had actually changed. Marianne likened her role to Sherlock Holmes, preventing crimes (by marketing) and investigating how (and why) brands are performing. In essence nothing had changed except for the removal of all local country contacts - a

situation with both upsides and downsides. In bouncing the question back to Julie, we learned that a completely new unit had been created, Customer Intelligence, which looks at the customer holistically - without the filter of the brand.

In hearing of the new roles and structures, some agencies have struggled with the idea. This led Julie to pose a stark question "How do agencies remain relevant to us as we have changed?"

Partly, the answer lies in people: relationships rely on passionate, committed individuals who will challenge the thinking; indeed the organisation has given full permission for the intelligence teams to challenge 'group think'. But, as agencies are only as good as their last project, so too are internal research departments. The teams need good support and people they can work with.

Notwithstanding all this change, some fundamentals remain:

- Relationships remain key
- Procurement is and will remain involved
- Foreign and Corrupt Practices Act - causes huge paperwork but is a fact of life for an American company
- Adverse event reporting - will spread across Europe

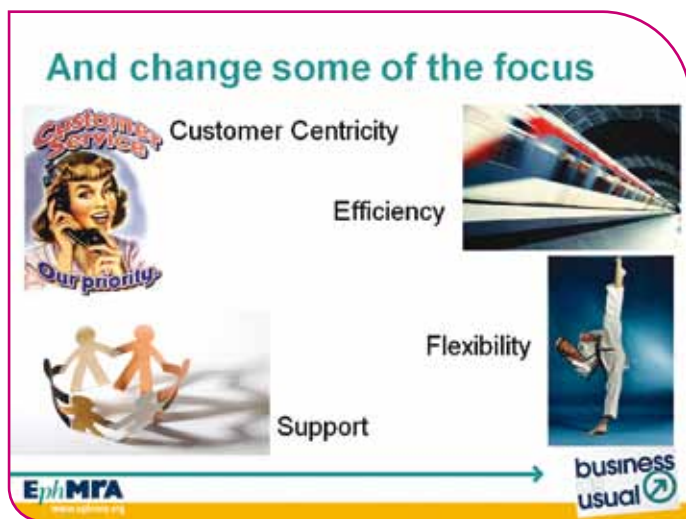
Pfizer's view of global versus local also represents a challenge to agencies. Whilst global reach is needed, increasingly Pfizer will want to choose local agencies and use a central agency to pull everything together - this may mean agencies establishing new working relationships with other agencies.

Pfizer has also created other 'intelligence' functions including strategic intelligence and stakeholder intelligence - across these teams Pfizer seeks to understand country archetypes, an area where agencies can help in designing strategic research that will yield the desired insights.

This also means a different group of stakeholders to service; the audience may now be very different to the traditional mix of marketing and medical colleagues. Presentations will need to be adjusted accordingly and, a personal plea from Marianne, no more 500-slide presentations - 3 slides representing the distilled essence of the findings is what is needed!

Marianne and Julie also tackled the thorny topic of innovation - a big word that is used a lot but what does it actually mean? It is exciting hearing and reading about new ways of doing research but research must meet the business objectives and that may well demand just very good interviewing skills. Ultimately the best methodology to deliver the best decision support is needed, be that focus groups or advanced online techniques. No using technology or innovation simply for their own sakes.

Conference Reports



Agencies must also be more customer-centric and some pointers were offered:

- Use public domain information - Google Pfizer before calling
- Efficiency is required - this means smarter not necessarily cheaper and almost certainly not faster
- Be flexible - things inevitably change along the course of a project
- There is a place for academic rigour but commercial reality must be at the forefront
- Support Pfizer - help think through the ideas. Research should never be the end point in thinking, it should be a start point.

Written by:

Martin Schlaeppi

Praxis Research & Consulting

Martin@praxisresearch.co.uk

Thursday 24th June - Conference Final Soapbox Session

Session Chair - Alex West, P\SVL Research

Two 5-minute 'soap-box' sessions marked the end of the 'informative' part of the conference. Two personal reflections on the main take-aways of the conference by two distinguished gentlemen, that would serve as a send off to us all. The 21st century equivalent to the medieval 'envoi'.

Kim Hughes, The Planning Shop International, pleaded to apply the concept of co-creation in our profession. We learned in various talks during the conference that co-creation is hot, that social media are an ideal way to foster opportunities for customers and producers to 'co-create' new brands. R&D departments in healthcare are also already embracing the idea of co-creation.

So why is market research not following this same path (more)? Why couldn't clients and agencies become even more active 'co-creators' of innovation in marketing research techniques and approaches? It would benefit us all, and for more than one reason. Since agency margins are under pressure as a result of price pressures imposed by clients, there is less room and money for agencies to experiment. In co-creation we could share the risks. But we could also share the excitement of doing new things, of doing things differently, and of learning along the way. A hopeful prospect.



Kim Hughes

Henrik Zoeller, Gruenenthal had a very different plea, but definitely as passionate and as relevant as the first one. Using his personal experiences as a concrete example, Heinrich illustrated the growing demands of market access departments for more sophisticated data: solid and reliable epidemiological data, valid and publishable patient outcomes that reflect the real world, that can convince those committees who hold the key to reimbursement, formulary admission, and usage. Such data are hard to come by. On top of all this, market access departments are - like most departments - drowning in data and information. So where could market research departments and agencies contribute? On various fronts. Firstly, by offering good data sources: one good data source is better than 3 bad ones. Secondly, by ensuring that you know what you are doing: one really qualified expert interviewer in the payer arena is much better than 3 inexperienced ones. There is also a warning to agencies: do not overpromise on what you can do in this market access arena. And finally, Ephmra is also encouraged to throw down the gauntlet: organize training of expert interviewers, pick up training on healthcare systems and pricing. The payers better be forewarned...



Henrik Zoeller

Written by:

Cathy Clerinx

Optimal Strategix

Cathy.Clerinx@optimalstrategix.com

2010 Agency Fair - 55 exhibitors

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



Conference Round up

Thanks to the

- 2010 Conference Programme Committee
- MCI Team - the Conference Organisers
- All writers of the articles for this News



NOW THE WINNERS!



Agency Fair Competition Winners



2010 Winners *(left to right)*

Linda Grosjean
F.Hoffmann-La Roche Ltd

Phillipe Thiery
Sanofi Aventis

Kerstin Lilla
Abbott Products Operations



...with Bob Douglas, EphMRA Board member



**Congratulations
to ALL Winners!**



Conference Round up

Jack Hayhurst Award 2010

2010 Winner

Steven Thomson

Ipsos CPG and

Sarah Phillips

Ipsos Health UK



For their paper 'United Breaks Guitars - the rise of the Prosumer'



Sarah Phillips

'Steve and I are absolutely delighted to have won the Jack Hayhurst award for the best paper at this years conference. We hope that our presentation challenged the audience to consider the evolving role of the patient and how changes in consumer-world, including advances in technology and social networking, can impact patients as well as consumers (as after all, they are the same person). We are both immensely proud to have received this award'.

Sarah Phillips Ipsos Health UK

Runner Up

Marion Wyncoll,

Themis, UK

and

Kathryn Jones,

Kariad Partners, USA

For their paper 'Directionally right or precisely wrong? Harvesting and linking the best, if disparate, public domain data with secondary data for real market insight'.



EphMRA 2010 Contribution Award Winner

Rob Haynes

Merck Inc



Rob Haynes

Runner-Up

Roger Brice

Adelphi

Third place

Stephen Godwin

Synovate Healthcare

Those nominated were:

Roger Brice - Adelphi

Pascale Garinois - Sanofi Aventis

Stephen Godwin - Synovate Healthcare

Rob Haynes - Merck Inc

Robert Verspagen - Nycomed

Alex West - PSL Research

Alexander Rummel - psyma international medical marketing research

Conference Round up

Market Research Case Study Award

EphMRA has launched 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.



This year, we asked for case study submissions on:



2010 Winner

Optimal Strategix Group



Jordan Bayless, Optimal Strategix Group with Board Member Bob Douglas, Synovate

Understanding Stakeholders' Unmet Needs to Commercialise Discontinuous Innovations

Optimal Strategix's winning MR Case Study for the EphMRA Award was based on a project conducted in 2009, and it describes the challenges faced and solutions used to develop an effective launch strategy for a new medical device. The therapeutic area in question was insomnia - a problem for which only a small percentage use medications to aid sleep.



Conference Round up

The commercial team needed to understand three key questions:

- How to break into a traditional “pharmaceutical” market with a medical device?
- Who should they target?
- How should they position the product?

Therapeutic Area Background

More than one third of adults report some degree of insomnia within any given year, 2–6% use medications to aid sleep
Source: Chayon NM. Epidemiology of insomnia: what we know and what we still need to learn. Sleep Med Rev 2002;6:97-111

Traditional options are limited to pharmacologic and non-pharmacologic treatments

Current Market Offerings

Cognitive behavior therapy, Exercise, Relaxation therapy, Sleep restriction, Stimulus control therapy, Temporal control measures

Non-benzodiazepines, Melatonin receptor agonists, Antihistamines, Antidepressants, Benzodiazepines, Herbs and supplements

© 2010 • Optimal Strategic Group • www.optimalstrategic.com

The case study described in detail how the research approach and methodology led to the identification of target segments for patients and physicians, associated product positioning and pricing recommendations. Entering a category dominated by two main therapeutic alternatives, the client's new product fell outside the traditional treatment paradigm and was neither pharmacological nor non-pharmacologic. The product idea was so innovative that the team questioned whether physicians, payers and especially patients would be able to respond adequately to traditional market research methods.

Optimal's approach was to combine an adaptive, self-explicated trade-off methodology with product use testing by patient survey respondents which enabled the launch team to understand preferences and unmet needs of the different stakeholders in the value chain.

Approach

Project included qualitative, quantitative, and experience-based research

Qualitative	Insomniacs	Physicians	Payers
Identify Needs, Attitudes	Reaction to product concept	Reaction to treatment modality	Reaction to treatment modality

Sample Design

- Sufficient size for segmentation
- In-home use participants represent 20% of quantitative survey respondents

Quantitative	Chronic Insomniacs	Physician Specialty A	Physician Specialty B
Prioritize benefits customers want most	Will they purchase?	Will they prescribe?	Will they endorse?

30-Day In-Home Use Test

Chronic Insomniacs (Sub-sample from Quant)
Will they adopt?

Customer Experience

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Physicians:

It was known that the new product delivers a very specific set of benefits. A multi-leveled framework was developed to uncover a physician focused strategy that could be linked to a patient focused strategy.

- **Importance of innovative benefits:** A key deliverable of the physician research was to determine whether these benefits were valuable enough to physicians to serve as motivations for changing their behavior and prescribing a new treatment alternative.
- **Unmet market need:** At the individual physician level, when a need was identified as being important to a physician, the physician was probed to determine if current products adequately met that need. This method was successful in establishing needs that physicians feel are very important, and not addressed by current treatments.
- **Targeted physician partners:** Further learnings pointed out experiences, motivations, treatment approaches, and emotions of physicians who are most likely to adopt the new product.
- **Physician-patient match:** We were able to characterize the “best patient” for the device through the eyes of each different physician group. The “best patient” from a physician's perspective could then be compared to the characteristics and motivations of actual patients who were the eager to use the product.

Patients:

The findings identified important dimensions of the patient that determine the patient/product fit. As with physicians, a framework was developed to create a multi-tiered patient strategy that could be integrated with physician and payer strategies. In addition to benefits, needs, and behaviors, the patient framework included **attitudinal, motivational, and environmental factors.**

Payers:

Qualitative interviews with payers uncovered the context around the decisions they would make when evaluating the new product for coverage and reimbursement decisions. In contrast to a traditional, purely qualitative interview, the payer research included both a qualitative discussion and a quantitative trade-off methodology. Payers prioritized the benefits most important to them when deciding whether to cover the device. This approach allowed the payer perspective to be incorporated into patient and physician strategies.

Conference Round up

Integrating the Physician / Patient / Payer Strategies to Build Recommendations:

The process of integrating the results from the different audiences rested in relationships that exist in the market place.

- Physician-focused insights helped the team understand how doctors would evaluate the device, how they would select patients for treatment using the device, and why.
- Patient-focused insights uncovered whether different types of patients are motivated by the specific, unique benefits of the new device, whether they would use and request the device, and reasons why.
 - Important learnings became evident from alignments and misalignments in the priority that patients and physicians placed on treatment benefits.
- Insights from payers helped add the context needed to interpret the physician and patient learnings.

It was initially hypothesized that alignments in the benefits sought by the different audiences would be a powerful way to create an integrated strategy. These relationships did drive many of the recommendations. However, as the results were analyzed within each audience, it became clear that not only the benefits sought, but also the natural relationships mentioned above were powerful links.

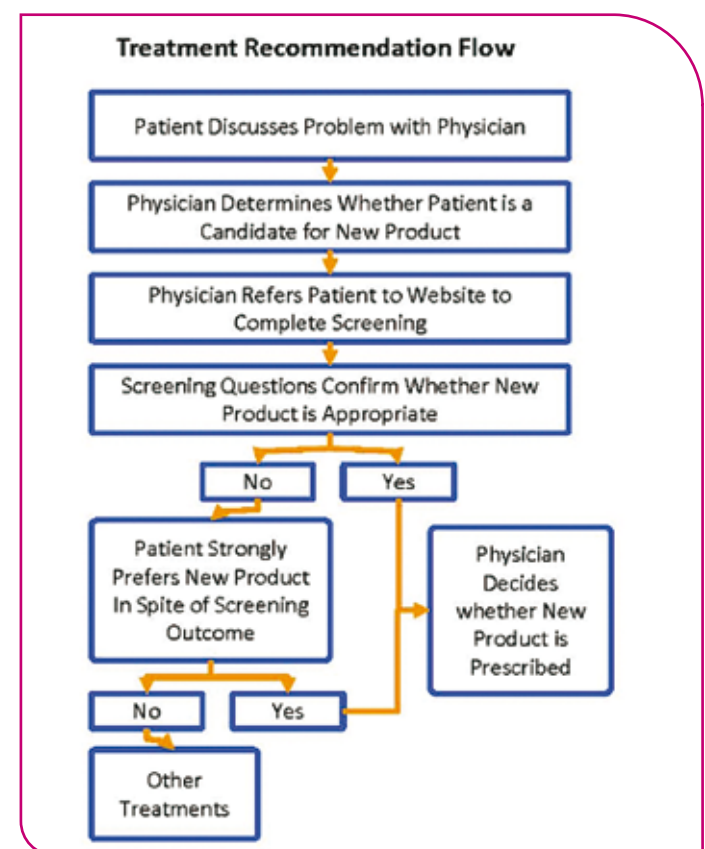
An integrated perspective of patient, physician and payer purchase drivers allowed the team to develop an overall value proposition, maximizing audience synergies. Product use testing provided patients with a reference experience, giving the commercial team greater confidence in the validity of their responses.

The research methodology employed was called ASEMAP, incorporates adaptive, pairwise comparisons of attributes using constant-sum measurement. Pairwise comparisons dramatically reduce the problem of respondent information overload that is often associated with traditional conjoint techniques. By using the power of interactive computer data collection, ASEMAP can measure a large number (35 - 40) of attribute importances. This, in turn, enables new products to be described in far greater detail than standard trade-off measurements, leading to improved product definition and more actionable positioning.

Through a detailed understanding of customer preferences, the team was able to compare how well each competitor and the new product performed on key purchase drivers. Qualitative interviews with patients after the product use test provided insights into how the new product was different from current therapies. Specific competitive advantages - benefits that customers associate with

the new product - were identified, forming a basis for product positioning. Target segments were then developed using latent class analysis.

Since the product fell outside traditional clinical practice, it was important to ensure that the 'right' patients received it during the roll-out phase, developing a group of strong advocates. To minimize returns and negative word-of-mouth, a patient identification tool was developed. The screening tool used a combination of behavior, concern, and impact questions to classify patients and measure likely receptivity to the new device.



Outcomes of the project include the following:

- The team delivered a detailed understanding of customer acceptance of a breakthrough product;
- Market segments and targets (both patient and physician) were defined, along with specific treatment benefits most critical for each segment;
- Recommendations provided concrete, tactical directives for positioning, pricing, communications, customer targeting and support plans;
- Client marketing investment and product roll-out plans are now focused on the most critical barriers to adoption.

Interested in learning more? The case study can be found on the EphMRA web site - under Publications and Resources.

Conference Round up

EphMRA wishes to thank the 2010 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

Aequus Research

Sponsor: Agency Fair Lunch



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

Julie Buis, Managing Director, Aequus Research

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*

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

IMS Health

Sole Sponsor: Guide to the Agency Fair



Kantar Health

Sole Sponsor: Conference programme



Kantar Health is pleased to be continuing our support of EphMRA and its efforts in the European market research community.

Ceri Thomas, Head of Global Marketing, Kantar Health

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

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

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).

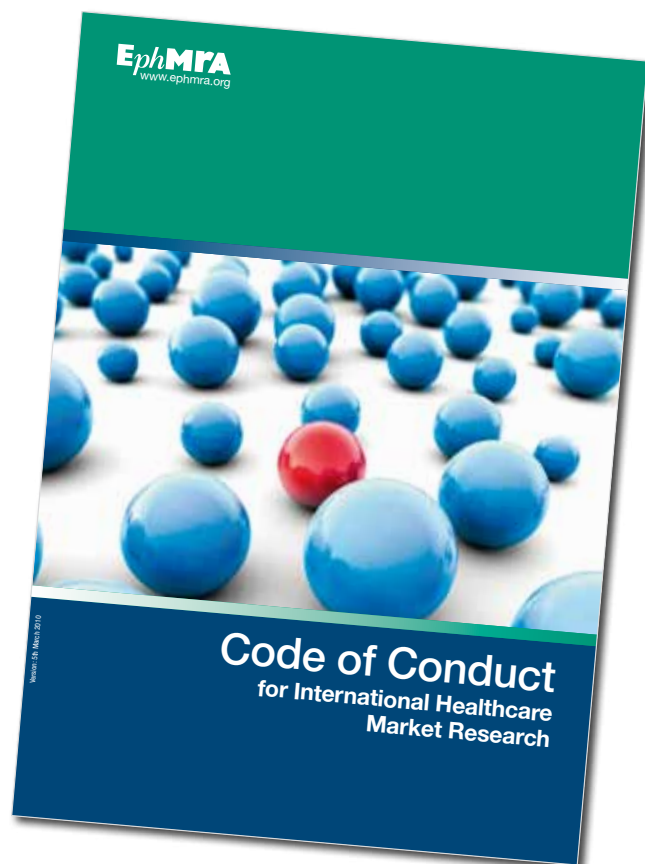
The Team Behind the Code

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, Astellas Pharma
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 - BHIA 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.

PRM&T Code of Conduct Training

Ensuring your research is legally and ethically sound

1 Day Training Course on EphMRA Code of Conduct

When: 9.30am - 4.30pm, Tuesday 12 October 2010

Where: Hilton Hotel, Heathrow Terminal 4, London, UK

Who for: Healthcare market researchers (agency & client side)

Earlier this year, EphMRA introduced a brand new Code of Conduct - specific to primary healthcare market research in international markets. A vital initiative, the new Code offers critical and up-to-date guidance on legal, ethical and data protection issues affecting your day-to-day work. To ensure successful implementation of the Code - to ensure legal and ethical research across our industry - EphMRA is holding a Code of Conduct training session. Comprising lectures, discussions and practical work that reflects real scenarios, the training will offer a thorough grounding in all aspects of the Code, as well as a certificate of attendance.

Online Registration is open!
With **only 25 places** available for this session, demand will be high - so book now to avoid disappointment!

For more information please contact
EphMRA at generalsecretary@ephmra.org

EphMRA 2011 Conference



EphMRA 2011 Pharmaceutical Market Research Conference

21-22 June

Change of Date!
27-29 June 2011

Basel, Switzerland

**Contributions &
Synopsis Invited**
Deadline 16th September 2010

EphMRA
www.ephmra.org

The Conference is held in conjunction with
the 50th EphMRA Annual General Meeting

Introduction

“It is not enough to stare up the steps - we must step up the stairs.”

VANCE HAVNER

This appropriate quote sums up the need for all of us in the management information business to address and implement a great many changes in our business practices as we move into the second decade of the 21st Century. Despite the significant changes taking place in the healthcare business that will undoubtedly impact the type and the way information is provided, adaptability, innovation and market understanding will help keep us “ahead of the curve”. Nevertheless, make no mistake, this is not a time to sit back and hope that all will be well. The pharma industry itself is significantly shifting its own business practices and we cannot allow ourselves to merely follow its lead.



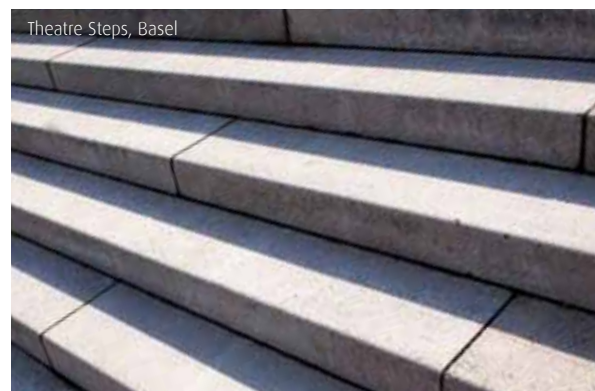
City Hall, Basel

Given the slow down in pharmaceutical sales in the US and Europe, the growth in emerging markets and the shift towards economically based treatment protocols in the US, some companies have already announced that they have shifted their strategic focus:

- Current moves by Jim Cornelius and his colleagues at BMS signal an effort to become a smaller pharma entity that focuses on high margin, cost-limited, politically safer, specialty categories such as oncology and virology.

- Pfizer, Novartis and Abbott, to varying degrees, are making themselves diversified healthcare companies with far flung businesses such as consumer healthcare products, generics, original and follow-on biologicals, vaccines, diagnostics and “orphan” areas.

- Andrew Witty (GSK) has indicated that if the company cannot improve on its ability to develop new molecular entities that advance standards of care, it will make money from the drug business as an investor/ financier and marketer for smaller companies that possess such capability.



Theatre Steps, Basel

Basel is our conference location in June 2011. A city that comprises international flair with small town charm. It is no accident that the city attracts highly skilled specialists and their families from the widest possible variety of countries. A place where three countries meet, it is the fastest growing economic region in Switzerland. Clearly an appropriate location to refocus on our own business prospects and the changes needed to ensure that we too develop our continued growth.

Novartis and F.Hoffmann-La Roche are two of the most significant business entities not only in Basel but within the healthcare industry. They represent two shining examples of innovative change which we would do well to understand and appreciate.

Franz Humer, Bill Burns and Severin Schwan at Genentech/ Roche have clearly demonstrated their commitment to a diagnostics-pharma strategy in which diagnostics leads pharma by first developing biomarkers that will aid molecular synthesis. Sales rose by 11% (in local currencies 2009) almost double the industry growth rate, fuelled by the Asia-Pacific (+20%) and Japan (+29%) regions. The combined Roche/ Genentech R & D pipeline is now one of the richest in the industry.

Novartis also has a strong track record in bringing effective biotechnology-based medicines to patients (e.g., Xolair, Lucentis, Simulect, Extavia, Proleukin). Building on this experience, Novartis created a dedicated biologics unit in 2007 to strengthen its commitment to biologics. It has over 40 biologics in the pipeline. In addition, Novartis Corporate Research institutes foster collaboration and access talent pools throughout the world. Corporate Research works to contribute drugs and vaccines for neglected diseases through drug discovery and vaccine research.

Add to this the company's emphasis on orphan drug areas and generics and one begins to



understand where it envisions its future. The latest figures indicate that Novartis sales also rose 11% in local currency terms with the highest increase in percentage terms coming from the top six emerging markets (+17%) of Brazil, China, India, Russia, South Korea and Turkey.

With these examples in mind it comes as no surprise that our conference is focusing on those aspects that will help us to stay one step ahead even though, as Lou Tzu says "The journey of a thousand miles begins with one step!" But those planning to continue their careers in marketing support need to have

already commenced this journey towards "stepping it up."



See EphMRA web site for the topic areas where synopses and contributions are invited.

The Syndicated Data Committee Needs you...

The Committee is currently a small team of five people. Most are new to the committee, so it is a great opportunity to take a fresh look at what we are doing and kick start some interesting projects. If you have an interest in secondary data sources and are a regular user of such services we would value your input.

The objectives of the committee are:

Remit:

To build awareness and understanding of syndicated data sources and partnership with suppliers to improve quality and outputs

Activities:

Develop tools to enable the industry to better understand the range of syndicated data services available

- Build relationships with suppliers to help improve the

- provision of high quality data and outputs such as training
- Promote and encourage the sharing of best practice with regard to syndicated data sources

Recently the SDC have completed a couple of valuable projects:

- A beginners guide to help you understand Epi Data
- A useful leaflet about what should be included in a reference

The Committee is currently working on the following projects:

- Free to Access Data Sources on the Web - database of sources
- Longitudinal Patient Data - Best Practice Guide
- Questions you should ask a supplier - Flyer for clients

If you want to find out more please contact Karen Cooper (SDC Chair) on email: SDCommitteeChair@ephmra.org, or telephone: +44 1664 420041

EXPERT IN KPI TRACKERS

Rx Trackers
ATU Trackers
Image Trackers
Launch Trackers

A^{PLUS}

Date for your Diary



**1 February 2011
Frankfurt**

Members are invited to the
Interim Members Meeting
at the Sheraton Hotel,
Frankfurt Airport.

*Programme and Registration
opens in late October.*

IMM

EphMRA Board

**The EphMRA Executive Board (all voting members) from
1 October 2010 to 30 September 2011, as voted at the
EphMRA AGM will be:**



Georgina Butcher

Georgina Butcher, Astellas Pharma Europe, based nr London, UK. Associate Director Marketing Intelligence working with the Transplant and Dermatology brand teams.



François Noailles

François Noailles, Pierre Fabre Médicament, based in Castres, France. Director, Global Market Research Department



Beatrice Redi

Beatrice Redi, Merck Sharp & Dohme/Schering-Plough Italia, based in Rome and Milan, Italy. Customer & Disease Understanding Senior Manager - Italy



Virginie Verdoucq

Virginie Verdoucq, sanofi-aventis Groupe, based in Paris, France. Director, Business Analysis Global Operations



Michel Bruguier-Fontenille

The Board are supported by Michel Bruguier-Fontenille, EphMRA Treasurer (non voting) and Bernadette Rogers, General Secretary (non voting).



Executive Board, including Associate Members Bob Douglas (Synovate Healthcare) and Piergiorgio Rossi (SGR International).



Robert Verspagen

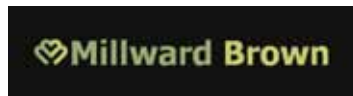
In addition Robert Verspagen of Nycomed has also volunteered to stand as a Board member and the vote took place during the summer months.

Associate Members News

People



With the acquisition of Compass Research, headed by Alberto Herreros, Fina Serrano, CEO of Nueva Investigación aims to strengthen its position as one of the main international healthcare partners.
www.nuevainvestigacion.com



Rachel Packe
Millward Brown Healthcare announce promotions: Rachel Packe to Account Director, Zoe Shires and Emma Robinson to Senior Account Coordinator, Kate Lamb and Reenu Puri to Account Researcher.



Lottie Pollak joins Hall & Partners as Managing Partner UK Health. Lottie brings 20+ years of international pharmaceutical research experience from both industry (GSK) and agency (Phoenix International, Louis Harris).



Michael Nauhauser recently joined EUMARA Healthcare to support the team in Strategic Pre-Launch-Studies. He will manage projects such as Market Insights, Patient Flow/Records, Segmentation/Targeting, Product Profiling.



GfK HealthCare has recently appointed Vishal Jhanjee as Business Development Director. Vishal will build upon GfK HealthCare's expertise and help grow the custom and syndicated research business.



Ifop announces the appointment of Marjut Huotari as Vice President Healthcare, Ifop North America. Marjut has specific expertise in specialty markets, garnered from over 14 years in the pharmaceutical industry



IMS Health has appointed Nicky Richards Director LifeLinkTM., EMEA to drive growth in patient level data assets. She focuses on developing patient level solutions around brand performance and value proposition.



Adam Harris has joined CSD UK as Senior Accounts Director working across CSD's domestic and international patient, promotion and primary research portfolio. Adam was previously Deputy MD at KantarHealth UK.



Thomas Gleissner MD Adelphi Germany
Adelphi Worldwide launch Adelphi Germany bringing their expertise to meet German pharma needs, and within the Adelphi network providing multi-country research locally and globally.

Associate Members News

People



PMR Research welcomes Marcin Rzepka (Deputy Head of Research) and Maja Sarlej (Senior Research Executive). They bring valuable experience from agency's and end-client's perspective thus further enhancing our team.



Chris Ehinger joins Black Swan Analysis from GE Healthcare (previously at GSK) as Operations Director. Chris will manage daily operations while providing new offerings in marketing and business planning.



Michele Corsaro (Medi-Pragma) received the prestigious Mary Clement Award for his expertise and professionalism dedicated to market research. Lucio Corsaro, new General Manager, claimed it during last PBIRG AGM.

Services



Make your mobile Business intelligent with MicroStrategy Mobile Devices like the iPad revolutionize the way we work. Make sure your organization profits with a fully integrated solution. Learn More: <http://www.microstrategy.com/mobile/>



Kantar Health's CancerNFluence identifies and profiles physicians who influence treatment decisions in high-profile cancers in the U.S., France, Germany, Italy, Spain, and, new for 2010, the UK. See www.kantarhealth.com



AsKOL, KeyQuest Health's global key opinion leader recruiting service, has now successfully completed over 50 studies. For more information on the types of KOLs recruited, go to www.kqhealth.com



After summer, SKIM opens its research facility in Holland. Located next to Rotterdam station, it offers all services you can think of to host the perfect qualitative market research session!



fastforward research launches MEDLens, our innovative methodology that adapts traditional ethnography for the digital age. MEDLens provides opportunity for co-creation & generating exciting new marketing research insights within cultural contexts.



The Research Partnership's online tracking tool Therapy KnowlEdge has recently expanded and will now provide strategic market information in two new therapy areas - IBD and Psoriasis.

Associate Members News



East-To-West Marketing Research announces that Carol Welch is conducting business development for the company, helping it grow to serve clients' fieldwork needs in Canada and the CEE countries.



Patricia Poo has joined FocusVision Worldwide to open their Singapore office. She will be supporting clients across Asia Pacific. She was previously with the Gallup organisation.



suAZIO consulting will organize an international study on the use of different pricing methodologies (e.g. conjoint) in market research. Those who are interested can mail to concepts@suazio.com



42 market research has released new international panels and can now offer healthcare online interviews in Denmark, Colombia, Algeria, Tunisia and Morocco. Please visit www.42mr.com/en/panels.php for more information.



With over 800 interviews completed one year on from launch, servicing 12 different pharmaceutical companies, MedeQual continues to be the platform of choice for online qualitative research.



Facta Research's online healthcare research division, OMNIPANEL, has opened an office in São Paulo, Brazil adding to the company's strong presence in Latin America.



TAB Healthcare, your fieldwork partner in Spain, is pleased to announce that now our venues are fully equipped with Focus Vision. We look forward to welcoming you in Barcelona soon!

Associate Members News

Office Updates



New Medimix Offices -
Philippines Medimix International expands medical and IT support team in response to growing activities in AsiaPac and as technical support for Scanbuzz and Voxmed social media platforms.



Ipsos Health Division

Ipsos MORI Health relocates to Central London.
We are delighted to announce our move to Ipsos MORI's Borough Road office, alongside our NHS, social marketing and government communication teams.



Insight Research Group's US office has moved to Manhattan, where Insight will trade as Insight Health US. Avanti Ananthram and Jess Cunningham continue to head up Insight's growing US team.

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 December 2010
News copy deadline is
10th October 2010**

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web site**

www.ephmra.org

The advertisement for MediPragma features a background image of a lighthouse on a rocky coastline under a cloudy sky. At the top, the company name 'MEDI PRAGMA' is displayed in a large, bold, serif font, with a stylized red and white logo between the words. Below the name, the text 'SPECIALISTS TAILORED ON MARKET MEASURE' is written in a smaller, bold, serif font, followed by 'Since 1984' in a red, italicized serif font. In the center, the text 'MARKETING RESEARCH & MARKETING SERVICES FOR PHARMACEUTICAL AND HEALTHCARE INDUSTRY' is written in a bold, red, serif font. At the bottom, the website 'www.medipragma.it' is displayed in a white, sans-serif font.



verified

OmniPanel, the premier online panel of ^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

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**INTELLIGENCE.
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