

keeping members informed and involved

## Looking towards the future

**Last year, EphMRA celebrated our 50th anniversary - and what a half-century it was! Now, our attention is firmly on our *future*, with all signs indicating plenty to look forward to...**

Right now, our active membership is growing - driven in particular by new contacts from our member companies in Asia. At the same time, EphMRA is optimising the way in which we *service* members' needs by taking a more tailored approach - for example, our ethics webinar in January for field teams, last month's IMM targeted at both seniors and mid-levelers, our flexible Training Plan unveiled on page 2 (which also includes training for juniors in Asia).

As usual, you'll find a full update on all EphMRA's current activities within these pages but, in case you missed it, do also look out for *The Board Report* - a new regular email update keeping you informed of all goings-on at Board level. (This is not to be confused with *Inside EphMRA*, which profiles the sterling work of the EphMRA Operating Team.)

**We hope you enjoy this issue of *EphMRA News*; as always, please send any feedback or questions to [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)**

Many thanks,

**The EphMRA Board**



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# flexible training plan

## Tough Times Call For Flexible Measures

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### The EphMRA Training Plan: flexible, targeted & cost-effective

**As the saying goes, tough times call for tough measures - and these are, undoubtedly, tough times. All too often, however, 'tough measures' means slashing staff training and development budgets. And this poses a unique problem...**

On the one hand, consider what a skilled, energised, high-performing workforce does for your company. They make it more efficient, more effective, more future-focused and, above all, more profitable. In short, they offer critical competitive advantage in a challenging economy (not to mention a solid foundation for the economic upswing). On the flip side, under-skilled and demoralised employees - particularly those who've picked up new and alien tasks from redundant roles - can do lasting damage.

Of course, none of this changes the fact that we need to challenge and manage budgets more carefully than ever before. Nor does it change the fact that external training courses can be extremely expensive, overly generic and often result in fairly disjointed learnings.

**For these reasons - and based on member feedback - EphMRA has introduced an unprecedented level of flexibility to our training plan.**

Whilst we still perceive great value in public training we are, for the time being, focusing on a more flexible route. One in which members can develop courses specific to your company and the people in it.

### 1. In-House Training: Practical, confidential & tailored

The cornerstone of our flexible training plan, EphMRA's in-house courses are: completely tailored (we will develop the course in consultation with you); cost-effective (as well as being significantly more cost effective than sending your team on public courses, on-site training means no travel costs and minimises time out of the office); and practical (in a closed, confidential forum, we can explore issues specific to your organisation and identify practical solutions).

EphMRA has created a bank of expert speakers who, according to topic, will join EphMRA PRM&T Committee members in delivering your bespoke programme. You can choose any topic from the menu, a combination of several, or a new topic altogether.

#### **The in-house training menu will revolve around 4 core areas:**

1. How to utilise different techniques (both rational and emotional) to deliver commercial advantage. This will include areas such as, but not limited to: newer online qualitative approaches; insight generation from social media; linguistics; ethnography; NLP; together with various quantitative approaches
2. How to develop and implement approaches to evaluating future opportunities in terms of value and pricing, forecasting, aspects of market access, competitive intelligence and war gaming

3. How to improve management skills within teams, through programmes such as:

- **A) Engage, motivate, inspire:** how do we make insights more impactful as a catalyst for change (areas such as marketing our insights, communicating to internal stakeholders, etc.)?
- **B) Negotiation & influencing techniques:** how do we enhance the value of what we do?
- **C) Innovation & creativity:** how can we inspire and embed such a culture within an organisation and also enable creative approaches to problem-solving for difficult work issues?
- **D) Conflict situations:** how can we manage conflicting points of view in an organisation so that commercial opportunities are not ignored?

4. Your topic: just speak to us about any topic not listed here and we'll do our best to accommodate your needs

*"I would definitely recommend EphMRA training to other companies..."*

**Carsten Fuhrmann, Boehringer Ingelheim (on in-house training from EphMRA)**

## 2. Webinars: Discussing The 'Hot Topics'

At the same time, there are some hot topics affecting all of us right now - on which we'd clearly benefit from shared discussion. That's why EphMRA will also be holding 4 webinars throughout the course of 2012 on the following key issues:

- ROI (post IMM)
- Optimising insights from digital channels
- Personalised medicine & the potential impact on business insights
- Adherence: how insight steers programme development

## 3. Online Training: Ongoing Updates & Revisions

Not only are EphMRA's online training courses still available, they are being continually reassessed and updated to ensure they are meeting the needs of members in this changing environment.

## 4. Conference Masterclasses: An Extended Range

Finally, EphMRA will be extending the range of masterclasses we offer during conferences. These are a great way to access training, so do keep an eye out for the list of topics for Paris 2012.

### In summary...

Budgets may be limited right now, but training is critical both for staff retention and business performance; we hope that the EphMRA Training Plan offers you the solution you're looking for in these challenging times.

**To discuss in-house training for your organisation or any other aspect of EphMRA's Training Plan, just contact Sandra McAuliffe at [prmtchair@ephmra.org](mailto:prmtchair@ephmra.org) or Bernadette Rogers at [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org).**



Sandra McAuliffe

## Your update from the EphMRA Board



## The Board REPORT

We, the Board, are proud to support such a thriving organisation, and to guide the Association in delivering its all-important vision. But how exactly do we do this? What is our remit? What are we working on right now?

### What do we do?

In a nutshell, the Board's mandate is to make the 'big decisions' that enable us to deliver our vision, i.e. what is EphMRA's strategy moving forward? Where should we invest our time and budget? Should we mandate the Code of Conduct, and how? How should future events be shaped? By working closely with the six Committees, with the Ethics Group and with the EphMRA Operating Team, we ensure that those decisions become actions.

### What are we doing right now?

Right now, the Board is involved in a range of activities and initiatives, just some of which include:

#### Committee Liaison: widening the channels of communication...

The work of EphMRA's six Committees is pivotal to our impact as an organisation; in order for the Board to support and guide the Committees, ongoing communication between Board and Committee members is essential. Therefore, we've recently formalised the channels of communication by creating 'Liaison Contacts' with each of our committees; these are as follows:

- **Classification / NFC** - Kerstin Lilla & Beatrice Redi
- **Data & Systems / Syndicated Data** - Georgina Butcher & James Rienow
- **PRM&T / Foundation** - Kim Hughes & Piergiorgio Rossi
- **Professional standards / Code** - Bob Douglas
- **Events (IMM, Conference etc)** - David Delgado, Sarah Phillips & Abigail Stuart

#### Shaping member events

Member events are another key priority for the Board. Right now, we're looking at the feedback from the 2012 IMM and reviewing the topic areas selected by the Programme Committee for Paris 2012 - but we're also looking ahead to the 2013 conference and reviewing the proposed budget for venues.

The 2nd Asia Conference has been announced - 25-29 September in Beijing. The recently published Call for Synopses gave a wealth of ideas for the programme and we aim to include some training sessions for junior executives.

Local chapter meetings are also an initiative from the Board - looking to tailor meeting to meet local country or region needs in Europe. More on this soon.

#### Upholding Ethics & Standards

Then, following a recommendation from the EphMRA Ethics Group to mandate the Code of Conduct, we have - as you are hopefully already aware - initiated a member consultation on the issue. This is a key decision for the Association and we are currently assessing the feedback.

Finally, we've been busy working with the Ethics Group on the official EphMRA submission to the European Medicines Agency, which seeks to affect legislation on AE reporting.

The EMA has just published all the received submissions as well as a summary report and these are available at:

[http://ec.europa.eu/health/human-use/pharmacovigilance/developments/pc\\_perf\\_pharmvig\\_2011\\_en.htm](http://ec.europa.eu/health/human-use/pharmacovigilance/developments/pc_perf_pharmvig_2011_en.htm)

# update from the associate members

At the time of writing this update, we are in the middle of our consultation exercise with Associate Members in preparation for the March Board meeting. We have had a number of teleconferences, some email feedback and have run a session at the IMM in Brussels. Thank you to everyone who has taken part so far.

We have all learnt a lot from listening to AMs and have heard some great ideas we can action and issues we will be raising at the Board meeting. After the Board meeting, we will be feeding back to you on the questions raised, the discussion which took place and what actions will happen as a result. The discussions we are currently having are critical for Associate Members not only to be heard, but to influence the path EphMRA takes in the future.

Here are some highlights so far:

- **We need better and consistent communication to Associate Members**  
There are a number of initiatives which are on-going which some AMs are not aware of, so we need to improve our communication and channels for input. For instance, we are planning a local chapter meeting in Italy this summer. This is an experiment to see if this approach can answer the needs of locally based AMs and we can establish a template for a networking and communication forum on a local basis.
- **We can improve the subjects for conference and training**  
There was a clear consensus on one of the calls we had that EphMRA should focus its training and thought leadership on what is happening in the pharmaceutical industry; learning how to conduct market research or best practice in MR is covered well elsewhere. Where EphMRA can stand out is in its unique access in the international pharmaceutical industry, and can bring this learning to its members. This can happen through different mediums, not just in person. In addition, we have several ideas for key note speakers at conference which would be interesting to members.
- **We can have a better interface with other industry organisations**  
There are a lot of other industry organisations doing some things better (and others not so well), who we can learn from. In addition, we can look to have stronger connections to other, relevant organisations to ensure we are complimenting each other and driving standards in the industry forward in a consistent manner.

These are just a taster of some of the discussions we are in the process of having. We will feedback on the actions which will be taken after the March Board meeting.

If you would like to contribute, please don't hesitate to email us, our contact details are below.

## And finally - did you know?

...that there is a separate marketing and communication campaign just for Full Members to encourage them to attend the annual June conference? This includes a sheet about 'benefits of attending this year' before the conference and a post conference communiqué aimed just at senior managers in pharma companies to highlight the key industries discussions which took place and the benefits of sending people in the future. Not to mention personal contact from EphMRA to persuade more clients to attend.

*Thank you*

The AM Board representatives are:

**Bob Douglas**, Global Head Custom Research, Ipsos Healthcare - [Bob.Douglas@ipsos.com](mailto:Bob.Douglas@ipsos.com)

**Kim Hughes**, Managing Director, The Planning Shop international Ltd - [kim.hughes@planningshopintl.com](mailto:kim.hughes@planningshopintl.com)

**Sarah Phillips**, Head of Health, Ipsos - [Sarah.Phillips@ipsos.com](mailto:Sarah.Phillips@ipsos.com)

**Piergiorgio Rossi**, Managing Director, SGR International - [pg.rossi@sgr-international.it](mailto:pg.rossi@sgr-international.it)

**Abigail Stuart**, Global Head Health, Hall and Partners - [a.stuart@hallandpartners.co.uk](mailto:a.stuart@hallandpartners.co.uk)



## Conference outline

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**Submission deadline now closed.**  
Registration will open in April.

### CONFERENCE TIMINGS:

**Tuesday 25 September 13.00 - 17.30**

2 Training Sessions in parallel aimed at Junior Executives.

**Tuesday 25 September 18.00 - 20.00**

A networking cocktail and welcome buffet.

**Wednesday 26 September**

Full day of conference papers and sessions. Evening free.

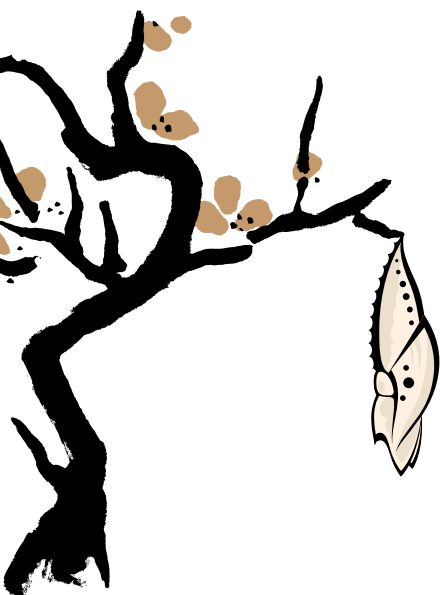
**Thursday 27 September**

Full day of conference papers and sessions.

**EphMRA is now planning its second pharmaceutical market research conference in Asia, following on from a successful meeting in Shanghai, September 2011. For the meeting in Beijing, EphMRA has focussed on some challenging topics which apply to markets right across AsiaPac and we were looking for submissions for Conference Papers (section A), Expert Briefings (section B) and Training (section C).**

### A. Topics for Papers

- A.1** Innovations - how will technology e.g. sales representatives with ipads increase representative productivity and ultimately attract an increased share of the doctor's attention. In China for example this could have an impact on doing business in lower tier cities.
- A.2** Sales representative message recall - to what extent can the results of this type of study add value?
- A.3** Sales models - relationship management vs. product message delivery - how can these be better balanced?
- A.4** Sampling across AsiaPac - it can be a challenge to ensure a good quality representative sample is drawn for studies. How can we work more effectively to ensure we get a representative sample?



- A.5** Understanding patient needs more - how can increasing patient empowerment be embraced and successfully channelled?
- A.6** Physicians feel they only act on rational product messages - but how can both the rational and emotional aspects of branding be harnessed successfully?
- A.7** Social media - case study papers needed - now moving beyond the theory.
- A.8** Assess the impact of new/different/alternative technology approaches to conducting market research e.g. is the use of smart phone technology - or anything else - playing a role in how market research is conducted in different countries across the AsiaPac region.
- A.9** The challenges of market research projects on branded generics.
- A.10** Understanding the extent to which DTC exists in other AsiaPac countries and examples of DTC approaches to driving brand share uptake.
- A.11** Trying to understand the merits of sales response curves vs. absolute SOV in determining drivers of brand share uptake.

## B. Expert Briefings

These will also be papers/presentations which give an in-depth dive into each country covering topics such as the following:

- Recruitment and sampling challenges
- Government policy plans which will affect the way we do business
- Role of the pharmacist and pharmacy channels
- Market access challenges

- B.1** Indonesia
- B.2** Malaysia
- B.3** Philippines
- B.4** Taiwan
- B.5** Thailand
- B.6** Vietnam

## C. Training

There was extensive feedback from the 2011 conference in Shanghai on the need for training. We have followed up on this and will be offering training for junior executives in Beijing.

There will be 2 sessions run in parallel on the afternoon of Tuesday 25 September.

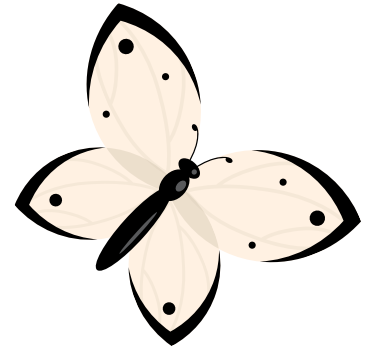
These will each last for about 4 hours.

Topics for the training could be

- Secondary vs. primary research
- Portfolio analysis
- Research through the product lifecycle - when to use different techniques and approaches
- Negotiation skills
- Working together - the client : agency partnership and managing fieldwork
- Patient research

But we are open to other topic suggestions.

For the training we would be looking for a proposal which gives an outline for the entire training session, how the training would be structured and what speakers you would suggest.



# in the corner with...

## Bernd Heinrichs Senior Director Global Market Insights Grünenthal, Germany



### What are your key areas of focus at Grünenthal?

Grünenthal is an independent, international research-based pharma company; building on our unique position in pain, we aim to become the most patient-centric company and the leader in pain therapy innovation.

Our department offers consultancy and full-service market research in all areas, including: primary market research; market analysis; performance tracking and reporting; strategic forecasting; and competitive insights across the entire product lifecycle as basic information for the decision-making process. Additionally, we conduct continuous observation of pricing and reimbursement trends across the core markets.

### What first attracted you to healthcare market research?

To be honest, I started my career in healthcare market research by chance 20 years ago. However, shortly after I started I recognised the wide variety of analyses that are possible using the huge amount of secondary data available combined with international primary market research. I also welcomed the involvement in strategic market evaluations and long-term forecasting.

### If you couldn't do healthcare market research, what job would you love to do?

I'd like to be a professional soccer player - but due to my age, maybe today I'd like to be a trainer / team manager!

### Where do you see EphMRA adding value to your activities as a Full Member?

Besides networking and sharing ideas / practices with colleagues and key suppliers in the pharmaceutical industry, I highly appreciate the great work of the committees, with all its valuable outcomes. Also, the publication of the Code of Conduct regarding primary market research and the guidance on Adverse Event Reporting has been a major step forward. The Foundation Projects (e.g. universe analysis in various regions) and OpenData are of great help in our daily work.

### In what areas do you feel EphMRA could have greater impact?

Personally, I feel that increasing bureaucracy sometimes hinders the timely conduct of primary market research surveys. Here, I would see EphMRA as a frontrunner - as a contact with local authorities, championing the industry's interests.

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**in the  
corner  
with...**

## What do you think will have the biggest impact on our industry in the next 5 years?

Our business is changing rapidly and becomes ever more complex. For the pharmaceutical industry, the increasing cost containment measurements, patent cliffs in the next few years and market access hurdles will be the biggest challenges.

Market researchers, meanwhile, are facing a larger number of stakeholders with increasing impact (e.g. payers and patients/patient organisations). This needs specialism on the one hand and, on the other, broad knowledge and the ability to combine valuable information from all the different stakeholders and sources as a basis for decision-making.

Besides this, we are facing more and more bureaucracy around primary market research. Combined with the need for information in new geographical areas, this can put a great strain on resources and create a capacity bottleneck.

*For the pharmaceutical industry, the increasing cost containment measurements, patent cliffs in the next few years and market access hurdles will be the biggest challenges.*

## advertise with EphMRA

### Target Your Audience

**Advertise with EphMRA - either [www.ephmra.org](http://www.ephmra.org) or EphMRA News - and you'll get your message out to a vast and targeted audience of international and locally-based pharmaceutical market researchers.**

**Who?** All EphMRA members - both Full (client-side) and Associate (agency-side) - are involved in multinational or national pharmaceutical market research and / or business monitoring.

**How many?** The EphMRA website has over 11,660 page views and 2,500

unique visitors each month, with the average time on site being 3 minutes. Meanwhile, EphMRA News is disseminated to 2400+ EphMRA members and contacts.

**How much?** For full details of ad specifications, costs and deadlines, find our media pack online at

<http://www.ephmra.org/web-site-advertising-details.aspx>.

Alternatively, just contact

[generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org).

# committee focus



**You may recall that the gargantuan efforts of our six committees were profiled in December's EphMRA News in an extra long Committee Focus.**

At the time of this issue going to print, most of these initiatives were still in progress, with Q1 committee meetings imminent. Therefore, a fuller report on new committee outcomes and outputs will be included in our June issue.

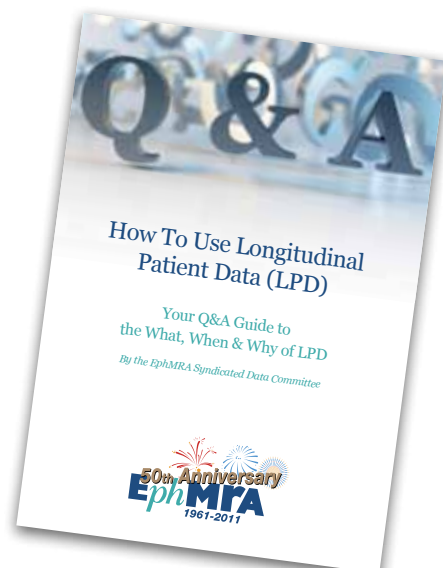
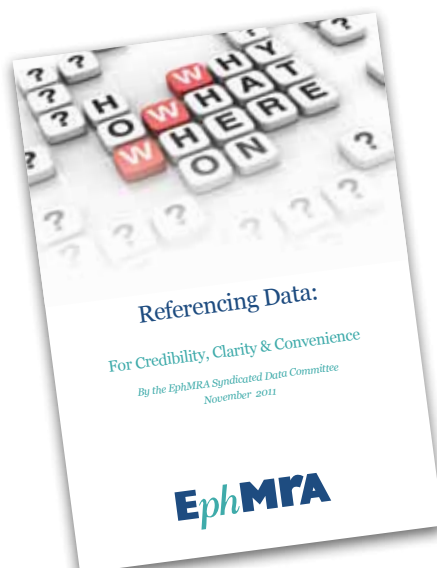
Meanwhile, to kick off this edition of Committee Focus, we caught up with **Karen Cooper, Chair of EphMRA's Syndicated Data Committee (SDC)**, to find out more about this key committee's valuable work...

## Syndicated Data Committee

**As a reminder, what exactly is the role of the Syndicated Data Committee?**

The Syndicated Data Committee exists to build awareness of a variety of syndicated data sources - specifically, to help members understand what sources are available and when and how they should best be used. As well, we partner with suppliers wherever possible in order to drive improvements in data quality, outputs and training.

Over the last 18 months, the Committee has also provided several member guides to help share best practice. These include: Longitudinal Patient Data; How to Reference Documents; and Considerations When Purchasing Syndicated Data. Also available is a guide on using epidemiology data.



## Where does the Committee add the greatest value?

The user guides have been a key focus for the SDC, and we hope very much that members are finding them useful. Another significant project for us has been the launch and ongoing development of OpenData. For any members not yet in the know, OpenData provides links to high quality, freely available data on the web in the areas of disease, epidemiology and country statistics. Last November, we held a post-launch webinar to give an overview of the tool; as many as 78 members called in to attend, so we know that interest in OpenData is high.

Having said all this, we cannot be entirely sure where our greatest value lies from a member perspective, or how our activities should be directed in the future. For this reason, we plan to conduct an online member survey in early 2012 to obtain levels of awareness / perceptions of value - and, of course, suggestions on where we should be focusing our efforts. We promise the survey will be short and succinct, so please do complete it if you can!

## What's on the Committee's agenda for the coming year?

Obviously we'll be looking closely at the member survey results in order to answer this question, but we do have some plans already in place.

OpenData is an ever-evolving tool, and we have further work to do in 2012 in terms of expanding data content and reviewing the functionality of the database.

Another area we're very interested in developing is a Database of Syndicated Services. We're currently considering logistics and costs around this and will report possibilities and actions as soon as we are able.

Finally, we're exploring the feasibility of creating an SDC forum (possibly via LinkedIn), in order for members to share issues, knowledge and ideas.

## How can members keep up to date with the Committee and its outputs?

We always try to ensure that the SDC is featured in every edition of EphMRA News, with the aim of letting members know about our recent and current activities. Meanwhile, any SDC guides, documents, databases or webinars are always supported by email circulars, whilst any publications we produce are available via the EphMRA website. In addition, the SDC provides a poster for every EphMRA conference outlining our activities and introducing our members. However, we are always more than happy for any member to contact us if they would like to know more about what the SDC is doing.

## Any room on the Committee for interested members?

Historically, we've been a fairly small committee - but we benefitted greatly from the addition of two new members last summer. But there's always room for more - the more the merrier! Whilst we're interested in recruiting new committee members, we're equally keen to work with marketing researchers who'd like to be actively involved in a specific project. Our member survey will provide the opportunity for you to let us know if you're interested in joining the Committee or working with us in a particular area.



## Foundation Committee

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### What's next on the Foundation Committee agenda?

As a quick reminder, the EphMRA Foundation Committee 'funds and supports original projects in the international healthcare market research and business intelligence fields to raise the standards of knowledge and best practice amongst members'. Foundation projects provide a great opportunity to research issues and questions that would otherwise remain unexplored - due, for example, to a lack of funding within a specific product or agency budget.

Following the completion of the recent BRIC Physician Internet Access Study, the Foundation is now looking ahead to our next project! Following a great many suggestions from Committee and EphMRA members, these are the topics currently being explored:

- **The Role of Market Research in Adverse Event Reporting**
- **Cultural / Country Norms for Commonly Used Scales**
- **Online Data Quality**
- **New Developments in Neuroscience**
- **Behavioural Economics**
- **Emerging Markets** (country summaries)
- **Consumer to Pharma** (successful translation of approaches from a different sector to healthcare)

If you have an interest in, or a preference for, any of these topics, please do let the Foundation know - this makes sure that we deliver the projects of greatest value.

Also, if you'd like to suggest a future project topic, help to deliver a project of particular interest to you or your business, or join the Foundation as a full committee member - just get in touch!

**Contact Sally Birchall at [foundationchair@ephmra.org](mailto:foundationchair@ephmra.org).**

## Primary Research Methods & Training Committee

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The PRM&T Committee's primary focus in recent months has been the flexible training plan - you can read all about it at the beginning of this newsletter.

In other news, the Masterclasses for the June conference are in the final stages of development; this year's topics are particularly interesting, so don't forget to enrol now as registration has opened!

Finally, the PRM&T is keen to recruit Full Members to join the Committee. If you have an interest in all things training and would welcome the opportunity to get involved, just contact Sandra McAuliffe at [prmtchair@ephmra.org](mailto:prmtchair@ephmra.org).

## December Meeting - Paris

In early December 2011, the Classification Committee came together in Paris, where Virginie Verdoucq made members very welcome at the Sanofi offices. Here, the Committee finalised details for the changes to be made to the Classification structure for the beginning of 2012; you can find these new classes now listed on both the EphMRA and PBIRG websites. In addition, the Committee considered the many queries from member companies on possible new classes and changes to the classification of existing products; these covered all therapy areas, and working out the best approaches kept the team very busy!

## WHO Harmonisation Annual Meeting - Oslo, Feb 2012

The Committee's annual meeting with the WHO (World Health Organisation) took place in Oslo, Norway, in mid-February. This meeting provides an opportunity to understand the differences between the WHO classification system and the EphMRA system. Its aim is to harmonise the two systems, where this makes sense, in order to minimise confusion in the interpretation of information when referencing both systems. The document outlining the similarities and differences between the two systems will be updated to reflect 2012 changes are available on the EphMRA website.

# Classification Committee

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# Data & Systems Committee

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At the time of going to print, the Data & Systems Committee was about to hold its interim Committee meeting - so there should be plenty to report next time!



# our reporter in...

**Our Reporter In** provides the inside track on healthcare market research in countries of interest to us all - from what to remember when researching that market, to the prevailing trends affecting it, to the predictions for its future.

In this issue, we focus on Argentina, Thailand and Malaysia...

## ...Argentina



**By Diego Casaravilla**

Managing Partner

Fine Research Latin America

*For a number of years the country has experienced enviable Chinese-type annual GNP growth rates of 7-9%, even exceeding the performance of Brazil, the Latin American star*

### Argentina, **rising from the ashes**

**Exactly a decade ago, in December 2001, Argentina was suffering the effects of an acute financial crisis that is commonly cited as the potential risk that other economies, now in financial danger, should look to avoid.**

In those days, the country experienced a gigantic sovereign debt default, a sharp devaluation of its currency (which became almost a quarter of its value in a matter of days), a massive forced reduction on bank savings, and an extreme rise in poverty and unemployment. Of course, Market Research in general, and on healthcare in particular, was no exception and budgets and client departments got reduced to record minimum levels.

Ten years later, this grim landscape has changed completely. For a number of years the country has experienced enviable Chinese-type annual GNP growth rates of 7-9%, even exceeding the performance of Brazil, the Latin American star, in a region that has gained an increased share of global MR spending according to industry reports.

The healthcare sector in Argentina has not changed its basic structure, composed of a private insurance sector for relatively affluent consumers, a trade union healthcare system that covers registered workers and their families, and the public sector for those without cover. However, a general economic recovery has indeed improved the available resources, across all sectors.

Market research on healthcare has also experienced changes not only in volume but also in nature. While traditional methods still account for most MR healthcare projects, online is experiencing an increased share, boosted by international demand and improvements in broadband access.

Whilst there are no general statistics available on this, our company records show that while in 2009 only 14% of our Physician Panel projects for Latin America included Argentina (with most of them including basically either Brazil or Mexico), in 2011 this proportion increased to 21%, and new requests are indeed showing growth prospects for 2012.

In summary, significant changes have been seen in Argentina and while the process is not exempt from uncertainties - given both local vulnerabilities and the evident global risks - these have put the country back as the third main destination for Healthcare MR investments in a rising Latin America.

## Thailand: **where all signs point to growth**

**As a public policy, the Thai government encourages the use of generics through its own Ministry of Public Health-run hospitals - which are required to buy 80% of their pharmaceuticals from the GPO (Government Pharmaceutical Organisation); this organisation produces and distributes drugs and medical products, and is responsible for the maintenance of price and quality control.**

Due to the Thai Government's use of 'Compulsory Licensing' of HIV and Cancer drugs in the past, it has for the last few years been at loggerheads with big pharma (represented by US drug association, PhRMA). In fact, Thailand continues to be on USTR 301's priority watch list, but also in the last few years the government has taken steps to show its commitment to stronger IP protection and enforcement.

All is not lost, however; the demand for drugs and healthcare products continues to grow, resulting in a widening and growing trade deficit. This is despite all the aforementioned efforts by the government, which shows that Thailand's Healthcare market is growing.

And the reasons behind this growth? With the population projected to reach 70 million within this decade, about 10% of which will be in the 'elderly population category', the healthcare sector is poised only to grow. Add to this the very low base numbers of healthcare workers, and we can expect a growing demand for more investment in the rural healthcare structure and in building workforce capability (which currently stands at 0.3 physicians, 1.5 nurses and 0.1 pharmacists for every 1000 people).

To the external factors indicating a promise of growth for this market, the increasing 'Medical Tourism' sector - sustained and marketed by private hospitals in Bangkok - has attracted a growing clientele from the Middle East and other countries in the region such as Nepal and Bangladesh. Thailand also continues its leading position in plastic surgery, particularly in gender reassignment.

## ...Thailand



**By Amit Ghosh**

*Head*

*Ipsos Healthcare Thailand*

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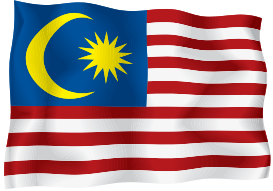
*the demand for drugs and healthcare products continues to grow, resulting in a widening and growing trade deficit. This is despite all the aforementioned efforts by the government, which shows that Thailand's Healthcare market is growing*

EphMRA is on Twitter!  
For news, views, info &



EphMRA is on Twitter! For news, views,  
info & guidance on all things healthcare market  
research, start following us now.

## ...Malaysia



### By Debbie Lim

Senior Research Manager  
Kantar Health APMEA

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*Despite the challenges and the size of the market, Malaysia has a positive outlook and significant growth potential for the pharmaceutical industry over the next few years*

## Will Malaysia be the **next pharmerging market**?

**Malaysia, with an estimated population of 28.7 million in 2011 and a pharmaceutical market valued at \$1.63 billion, is small compared with other 'pharmerging' markets in the region. However, its expanding population (projected to increase to 32.6 million in 2020), rising prevalence of major chronic illnesses and increased longevity will provide a suitable foundation for increased use of prescription medicines. The demand for healthcare is likely to expand in the next few years, and the government has placed greater importance on healthcare development - allocating RM16.8 billion to public health services for 2012.**

Malaysia's healthcare system is divided into the public and private sectors. Approximately 70% of the healthcare services delivered in the public system are subsidised by the government. The private sector is financed on a fee-for-service basis, mainly through self-pay or private medical insurance, and accounts for about 70% of the pharmaceutical market. Economic expansion and rapid urbanisation have created disparity in healthcare accessibility, not only between the rural and urban areas but also between the urban poor and urban rich. The government-proposed reforms will include collaboration between the public and private sectors to ease the pressure on the public sector, potentially creating a unified single-payer system and changing the focus from one of price for pharmaceuticals to one of value and innovation.

Despite the challenges and the size of the market, Malaysia has a positive outlook and significant growth potential for the pharmaceutical industry over the next few years. Stable GDP growth of around 5% will continue to gradually raise living standards, which will drive private consumption and increased demand for quality healthcare and pharmaceuticals. Lifestyle products will continue to drive market growth as well as the increase in spending power. In addition, demand will be driven by demographic factors, including the aging population and government investment in healthcare infrastructure and support of the pharmaceutical industry.

From reviewing the Code's status to lobbying the EMA to updating Code training and testing, the EphMRA Ethics Group has been hard at work in recent months - here's a full overview of their activities...

## A possible move to a **mandatory Code of Conduct**...

As you will no doubt be aware, the EphMRA Ethics Group and the EphMRA Executive Board have recommended a move to *mandate* the EphMRA Code of Conduct. These are the reasons why:

- It sets a clear and firm internal standard
- It sends an unambiguous message that EphMRA is serious and professional about standards and compliance
- It raises ethical standards
- It supports the view that strong self-regulation is better than externally imposed regulation
- It supports the clear demarcation and differentiation of MR (particularly from non-interventional research)

What's more, EphMRA already has in place appropriate training to support understanding and implementation of the Code, and this is available **free of charge** to all member companies. (A procedure for reporting breaches of a mandatory Code of Conduct would also be implemented and supported by EphMRA at the appropriate time.)

At the time of going to print, the member consultation on mandating the Code of Conduct was drawing to a close. Members will be updated on all developments in this key area as they happen.

## New EU Pharmacovigilance Legislation **Affecting Adverse Event Reporting**

In July 2012, new EU pharmacovigilance legislation will come into effect that will impact adverse event reporting (AER). The European Medicines Agency (EMA) is currently defining the 'legislative implementing rules' that will impact AER from a market research perspective.

The EMA invited stakeholders to enter into a dialogue in order to draft the rules detailing how the legislation will be implemented. Accordingly EphMRA - in consultation with members - submitted our response in November 2011.

The EMA has just published all the received submissions as well as a summary report and these are available at:

[http://ec.europa.eu/health/human-use/pharmacovigilance/developments/pc\\_perf\\_pharmvig\\_2011\\_en.htm](http://ec.europa.eu/health/human-use/pharmacovigilance/developments/pc_perf_pharmvig_2011_en.htm)

EphMRA is now looking at all the submissions received by the EMA to assess the views of other organisations, and determine the next steps.

# Latest Headline...





## EphMRA Webinar: **Ethics on the Fieldwork Frontline** - over 100 Attendees

In January, EphMRA held a free-to-members fieldwork webinar aimed at those commissioning and conducting fieldwork. It addressed topics specific to those at the sharp end, including:

- Recruitment
- Incentives
- Market research with patients
- Observation & Recording
- Adverse Event Reporting

The webinar was positively received and many questions asked - written responses to these have been provided.

## Ongoing extensions, **updates & enquiries**

**Code Extensions:** the Code is currently being extended to cover Poland, Russia and Turkey, and we will let you know as soon as these countries are incorporated.

**Code of Conduct Training:** 312 members applied to take the Code of Conduct Competency Test last year, acquiring certification, and a further 106 completed the online training module - why not join them? The online training and competency test are currently being updated and revised versions will go live very soon.

**Code Enquiries:** Code enquiries are continuing to come in regularly, covering a wide range of topics. If you have any questions on the EphMRA Code of Conduct, the Code Query service is available on the website for all EphMRA members.

## The 'What's New?' Workshop: **13.30 - 17.30, 19 June 2012, Paris**

Finally, don't forget the next face-to-face Code of Conduct training opportunity!

EphMRA will be holding a half-day workshop immediately before the Conference in Paris.

Designed to complement the online Code of Conduct training, the *What's New?* workshop will review the latest news on market research ethics - giving all members the opportunity to stay right up to date with the often complex, and always important, legal and ethical requirements for researchers.

The workshop is ideal for healthcare market research professionals, both company and agency, who commission, manage and execute market research; and will be led by EphMRA.

**Registration is now open online at [www.ephmra.org](http://www.ephmra.org)**

## 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.

EphMRA would like to thank:

### The EphMRA Code of Conduct Steering Group:

- **Bob Douglas**, Ipsos Healthcare, Associate Member on EphMRA Board
- **Georgina Butcher**, Astellas Pharma Europe, EphMRA Board Member
- **Piergiorgio Rossi**, SGR International, Associate Member on EphMRA Board
- **Bernadette Rogers**, EphMRA General Manager

### The EphMRA Ethics Group (from the countries covered by the Code).

- **Henri Farina** - Stethos, France
- **Bettina Brust** - GO Medical Fieldservice (Germany)
- **Piergiorgio Rossi** - SGR International (Italy)
- **Beatrice Redi** - MSD Italia
- **Ignacio Macias** - Psyma-Iberica (Spain)
- **Kim Gray** - IMS Health (USA)
- **Jeremy Brody** - Kantar 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.

## get in touch

If you have any enquiries, suggestions or feedback, just phone, fax or email us:

Bernadette Rogers, General Manager

**Tel:** +44 (0) 161 304 8262

**Fax:** +44 (0) 161 304 8104

**Email:** [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)

**[www.ephmra.org](http://www.ephmra.org)**

If you  
have any  
enquiries

# interim members meeting 2012

Over 85 members met for the EphMRA IMM (Interim Members Meeting) on 7 February 2012 at the Sheraton Hotel, Brussels Airport



**The meeting focussed on Senior Managers and also mid level researchers - those with 3-5 years experience.**

The day started with 3 separate meetings:

1. Full Members Meeting for Senior Managers - moderated by John Shortell, Bayer HealthCare Pharmaceuticals and focussed on 'Working with Suppliers'. The aim was to have a peer discussion forum focussing on key issues for pharma departments
2. Associate Members Meeting for Senior Managers
3. Mid level researchers - both Full and Associate Members - discussed how to engage more with EphMRA and the services EphMRA could develop to facilitate this.



John Shortell, Bayer

The agenda then divided the delegates into 2 groups:

## Senior Managers Debate - Part 1:

*Market Research Department of the Future*  
Lead by **Dr Thomas Hein**, Vice President Global Market Research, Bayer HealthCare Pharmaceuticals

## Senior Managers Debate - Part 2:

*Market Research Department of the Future*  
run by the PRM&T Committee - **Anna Garofalo**, medeConnect and **Alexander Rummel**, Aurum Research

## Senior Managers Debate

*Return on Investment - How can we calculate this?* Run by the PRM&T Committee - **Anna Garofalo**, medeConnect and **Alexander Rummel**, Aurum Research

## Mid Level Researchers

*Developing the skills for a long and successful career in pharma market research* **Patrick Denis**, Borderless Executive Search, Brussels

## Mid Level Researchers

*Providing insights that drive market access*  
**Mark Silvey**, Market Access Director, Adelphi Access

## Mid Level Researchers

*Turning Data into Insight.*  
**Carolyn Chamberlain**, Director and Yiannis Kyriazis, Research Director Ipsos Health (Nick Ellis stood in for Carolyn as she was unwell on the day)



Thomas Hein, Bayer

# interim members meeting 2012

The final 2 presentations were attended by all delegates:

## Opportunities and Challenges in developing a global Code of Conduct

*Presented by Georgina Butcher, Astellas Pharma Europe and Piergiorgio Rossi, SGR International, Ethics Group Members on the work EphMRA has been doing towards a global code and the challenges faced. Also feedback on the move to a mandatory code*

## Winner of the EphMRA 2011 MR Case Study Award

Project Air: Up, Up & Away, Laura Hunt, fast forward research & Su Meddis, AstraZeneca



Su Meddis (left) and Laura Hunt

**Grey Gosling a PR and Communications Agency attended the IMM and will be producing reports for dissemination to members. More details to follow.**



Networking

# What does one-billion cancer bloggers “meme”?

*Memes are like butterflies - no matter how hard you concentrate you cannot make one land on you. So just go about your business and see what happens.*

*Paul Murray, Band Digital, Inc.*

*When looking overall at cancer type, breast cancer posters are the most active (n=516 in a week) when compared to kidney (n=356 in a week) and lung (n=378 in a week) cancer.*

## Background

With nearly two-thirds of the world's Internet population visiting social networking or blogging websites daily,\* it's no surprise that this population includes a large number of patients who are looking for a way to connect online in order to share knowledge and experience of their condition. These online interactions are especially important to those diagnosed with cancer, as the very nature of the illness and its treatment can often lead to social isolation: severe side effects reduce mobility, and patients are often reluctant to discuss their disease with friends and loved ones for fear of burdening them.

The online cancer community is estimated at around one billion patients, survivors and 'supporters' (carers, family members, etc) globally\*\*. A Google search of cancer patient blogs returns a result of 29,900,000 websites while a search for cancer-related social networking sites results in 13,100,000 hits in English alone. This mind-boggling scope gives us an idea of the amount of information - and the demand that exists for it - online. It also begs the question: if a large portion of this information exchange is occurring exclusively in the virtual environment, what might the healthcare industry be missing by not monitoring this channel? More importantly for pharmaceutical companies, what are cancer patients and their supporters saying about cancer treatment in general - and about oncology brands specifically?

In order to address these questions, The Planning Shop international explored the digital conversation among lung, breast and renal cancer patients and supporters.

## Results

### Methodology

We conducted our observation during the week of 5-9th December 2011, looking for any and all information posted by breast, lung and kidney cancer patients and their supporters in the online space.

### Sample

The number of posts from a single week in the UK, Germany, Spain, Italy, France and Japan is indicated in Figure 1.

When looking overall at cancer type, breast cancer posters are the most active (n=516 in a week) when compared to kidney (n=356 in a week) and lung (n=378 in a week) cancer. Overall, patients are the main participants, but supporters make up about 1/3 of the online conversation participants (patients n=581 vs. supporters n=339), and they appear to be more active in kidney and lung cancer discussions.

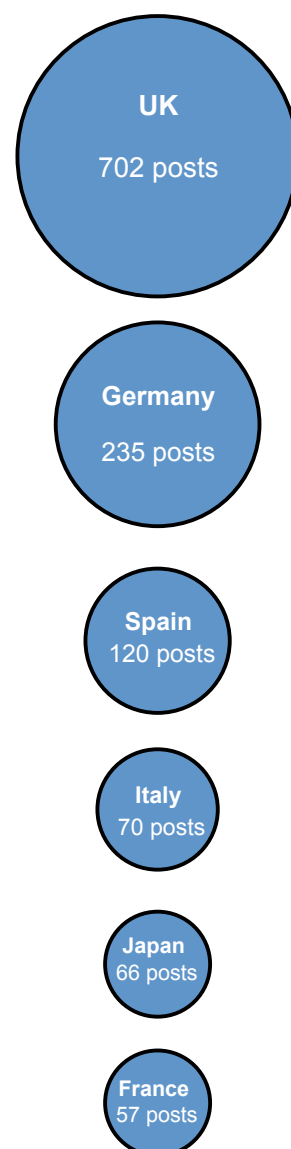


Figure 1- online posts in one week

## Topics Discussed

To give an overview of the online conversation that is occurring, we created a word cloud highlighting the key topics (figure 2 below).



Figure 2 - word cloud

Perhaps not surprisingly, cancer patients and their supporters are congregating in online forums to discuss the disease, its treatment, and its impact on their lives. Some come seeking information and support, whilst others come to provide it to others, having 'been there' themselves.

While exchanges across indications and countries are largely similar, some differences in subject matter do exist:

- In **Japan**, the online posts are short and to the point. Many are related to difficulty in continuing to work and some even mention the prejudice that they face in the workplace and in their interpersonal relationships as a 'sick person'. Interactions are not about a search for information or sharing treatment experiences, but rather using the online space as an anonymous, neutral forum to vent about the illness without burdening their friends and loved ones.
- Online participants in **France** are vocal about wanting to fight their disease and being willing to go to extremes to do it. There is an openness in their posts expressing fear and concern about their cancer diagnosis. Exchanges are mostly focused on emotion, and there are few mentions of specific medications or treatments.
- In **Italy**, patients and supporters tend to be online much earlier, often right after diagnosis, to talk about their options and look for information on treatment while gaining support from others. However, we saw no mentions of specific medications.
- On the other hand, in **Spain**, discussion often surrounds specific medications and treatments. Stakeholders tend to be online looking for information and hope from the successes of others in what they feel is a hopeless diagnosis.
- In **Germany** survivors and supporters are prone to encouraging others to not give up on the fight, offering advice and encouragement to those who are newly diagnosed. Survivors sometimes mention the medications that were successful for them.

*While exchanges across indications and countries are largely similar, some differences in subject matter do exist*

*The UK is by far the most active online. The number of postings more than triples the amount of other countries'.*

- The **UK** is by far the most active online. The number of postings more than triples the amount of other countries'. Patients and carers are looking for information, survivors are offering support and advice, there is much discussion on treatments and medications as well as ideas on how to get around the UK health system to get the medications that are needed.

Also of interest are the differences that occur when the data is collapsed to look at each disease specifically:

- **Lung cancer** patients struggled with the negative associations of their disease, often referring to themselves as the "black sheep" who deserve their illness due to a history of smoking. This community largely consists of supporters who are searching for information on behalf of a patient, or who are looking for support on how to deal with the cancer diagnosis of a family member. These communities are less likely to mention branded medications or specific therapies.
- **Kidney cancer** patients and supporters tend to be more analytical, often sharing a description of their cancer and discussing the specific combinations of medications that they have taken to treat it. They also use the online space to share their fears and concerns.
- **Breast cancer** patients and supporters are coming online early on in the process to discuss a recent diagnosis, talk about their concerns or fears, and look for treatment information. They express their desire to fight the disease and are heartened by the number of survivors who have continued to visit blogs and encourage others with their success stories.

When we quantify the conversation topics by volume, we see that the exchange of information and advice is by far the largest single topic. Of those posts seeking or sharing information or advice, almost half were related to specific treatments - surgery, radiation therapy, and of course, drug therapy.

Looking specifically at the drug therapy mentions, the overwhelming majority concerned anti-cancer drug treatments, with some discussion of anti-emetic and analgesic medication as well. 'Other' comments tended to focus on vitamin supplements and other non-traditional remedies.

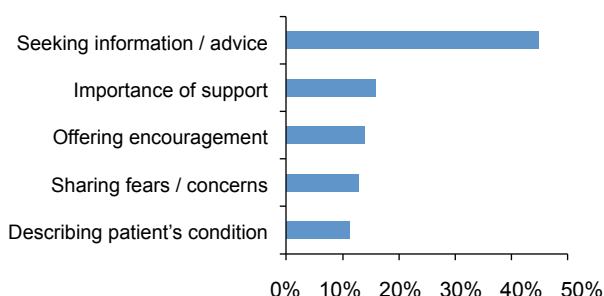


Figure 3 - topics of conversations

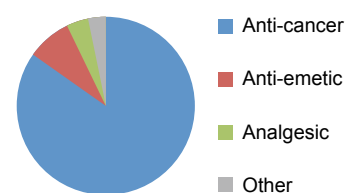


Figure 4 - drug mentions by category

*When we quantify the conversation topics by volume, we see that the exchange of information and advice is by far the largest single topic.*

However, it is interesting to note what is not being discussed; when we look at the anti-cancer drug mentions, only 81 of them (22%) pertain to specific medications. Even more interestingly, the vast majority of specific drug name mentions occurred in the UK. In fact, there were no specific drug mentions in Japan, Italy or France, and only very few in Germany and Spain. We might surmise that this reflects the fact that treatment is more physician-driven in these countries, with patients having little say in what specific drugs they receive. However, this alone cannot explain the results since physicians in the UK, as a result of NICE guidance, have less leeway in prescribing certain drugs than their counterparts in Germany or Spain. As such, these results would appear to suggest a cultural explanation that bears further examination.

*it is interesting to note what is not being discussed; when we look at the anti-cancer drug mentions, only 81 of them (22%) pertain to specific medications.*

Even more surprisingly, although we surveyed blogs and websites for three distinct tumor types (breast cancer, kidney cancer and lung cancer), the tumor type with the most specific drug mentions is kidney cancer - the one with the fewest posts (356/1250, or 28% of total). Sutent had the most individual mentions (n=28), while Nexavar had the next largest mention (n=10), and Votrient, Torisel and Afinitor were all mentioned by name as well. There is a perception that breast cancer patients are the most involved in their treatment decisions; while our survey does not disprove this view, it does highlight the fact that kidney cancer patients and their supporters appear to be having more branded product discussions than those with other tumor types surveyed during this time period.

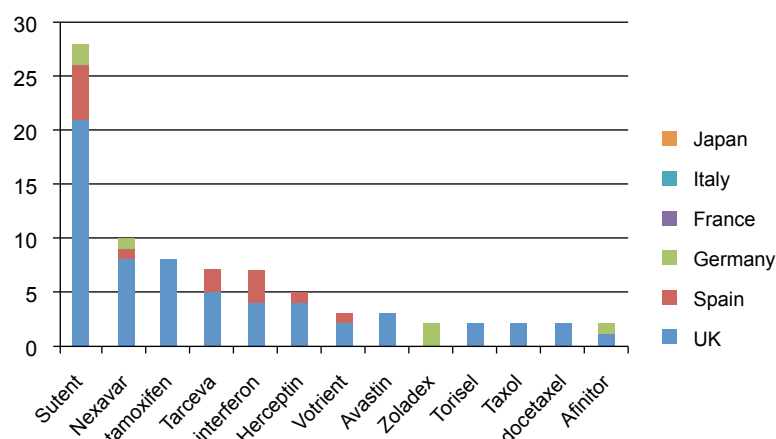


Figure 5 - drug mentions by country

“After surgery I went back to having chemotherapy and **Herceptin**.  
I’ve been on Herceptin since February 2011.”  
*Spain, breast cancer patient*

“After a dramatic five-month stay in hospital, I recovered slowly. After that metastases came to the lungs, then surgery again. Then I got **Sutent**. Then again, metastases spread to the parotid gland, brain, thyroid and 30 metastases to the lungs. I let them operate on everything and I have been taking **Nexavar** for almost 2 years now.”  
*Germany, kidney cancer patient*

“You have to ask for the drugs to stop the spread and in many cases these drugs can actually shrink the spread. Main ones are **Sutent, Nexavar, Afinitor** and now I believe **Votrient** too.”  
*UK, kidney cancer supporter*

“My mom was diagnosed in December 09 with stage 4 RCC. She is currently being treated with **Torisel** and so far everything is going good!”

*UK, kidney cancer supporter*

“I fought long and hard to be funded for **Sutent** and eventually got it a few months before NICE agreed it. It's working so far, but if I need these new drugs later on as many RCC patients may then I will fight again!”

*UK, kidney cancer patient*

*While patients are sharing their experience with cancer treatment, specific oncology products are rarely making it into the conversation.*

## Discussion:

As we have seen, while there are slight differences in the nature of discussion across countries and cancer types, the key takeaway here is that patients and supporters are engaging online to share experiences and information with each other.

While the number of postings is high (over 1,000 posts in a week), the number of posts on specific treatments is only a third of that (361 posts), and the number of mentions of branded anti-cancer medications is even smaller (80 posts). While patients are sharing their experience with cancer treatment, specific oncology products are rarely making it into the conversation.

So, how can the pharmaceutical industry increase the volume of conversation around its oncology brands and guide the content of the discussion when direct interaction is limited by regulation?

The best way to do this is for the industry to start thinking in terms of “memes”. Memes occur when traditional ideas take on a life of their own and evolve over time. At their most basic, memes can be described as units of cultural inheritance just as genes are units of genetic inheritance - they extend the root of an idea, spreading one person's thought into a cultural narrative that links together the thoughts of the crowd. To understand the impact of memes, consider the viral power of Smirnoff's “bros icing bros” campaign\* or the crowd-sourced, user-driven content of the popular online encyclopedia, Wikipedia. Both are completely customer-driven campaigns, created by engaged consumers, that have taken on a life of their own.

Now turning back to the healthcare industry, from our research for this study amongst cancer patients, we can see the pieces already falling into place (see figure 6). We have an attentive and interested audience, eager to share their experiences. And by relying on each other for information, cancer patients and their supporters are inadvertently creating treatment-related memes that can be picked up and repeated by other patients, in effect creating a virtual ‘echo chamber’. The implication for pharmaceutical companies is that these discussions can affect brand image in this increasingly patient-driven market, and thus it is crucial for companies to monitor the memes that are created and spread in this virtual community.

\*Explanation of ‘Bros Icing Bros’ meme: <http://mashable.com/2010/06/18/bros-icing-bros-bites-the-dust-but-the-meme-lives-on-randomly-viral/>

*The implication for pharmaceutical companies is that these discussions can affect brand image in this increasingly patient-driven market*

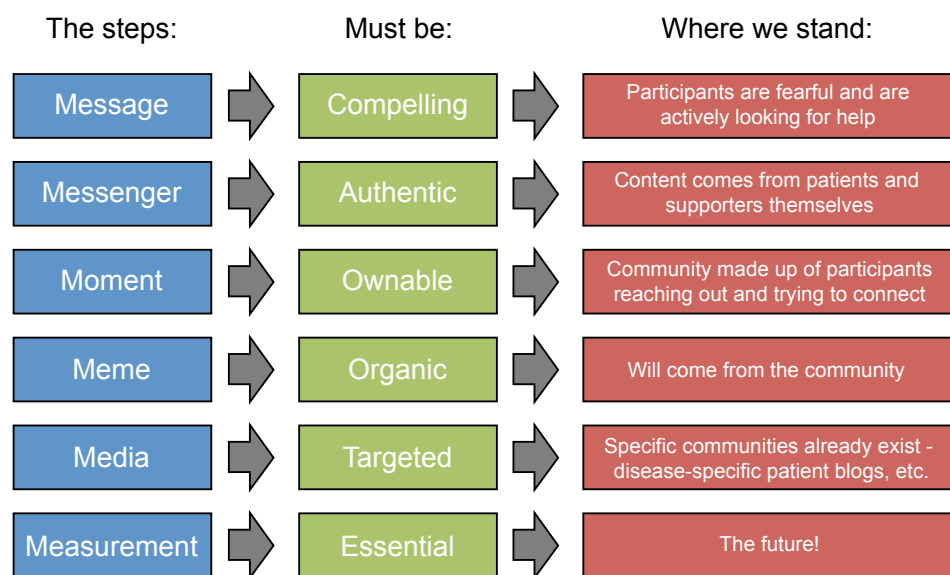


Figure 6 - how to create memes

While pharma companies can't directly enter the conversation, they can still help to create memes for their oncology products in two distinct ways.

First, companies can observe the language their customers are spontaneously using to discuss their brands, and then mirror those positive units of communication back to patients in the form of pamphlets and educational materials. By understanding the language which consumers attach to brands, matching language can be used in brand communications directed back to the consumers. The hope is that this language, which is already a part of the consumers' perception of the brand, will be easily carried back and further amplified in the social conversation. By identifying and mirroring these memes, companies can allow consumers to pass along the message amongst themselves organically, while still having some influence over the message. And, once "viral", memes are easy to track to see how far the message has spread.

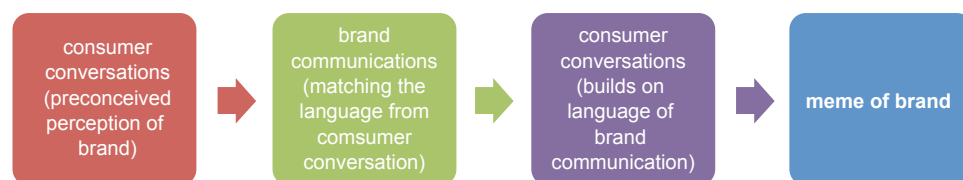


Figure 7 - the cycle of a meme

Second, companies may have the opportunity to guide the discussion more directly - through current patients and survivors. We have seen that patients and their supporters actively seek out the experience and advice of those who have 'been there', and experienced patients, in turn, are reaching out to share what they know and to offer support. Might there not be a way for companies who have 'success cases' - patients who have responded well to a particular product - to encourage them to reach out to fellow patients about their experiences? The exact form that this 'soft' approach might take is multi-fold, but the potential to help shape the conversation exists.

*While pharma companies can't directly enter the conversation, they can still help to create memes for their oncology products in two distinct ways.*

In addition to potential methods, our study has also identified a difference in priority amongst the markets surveyed: markets where there is a large active community discussing treatments, such as the UK, are critical to focus on, while those where these discussions have not yet taken off (JP, IT, FR) may be targeted for later attention.

*By thinking in terms of memes, pharmaceutical companies have the opportunity to both observe and affect this growing virtual platform to guide communication on their brand*

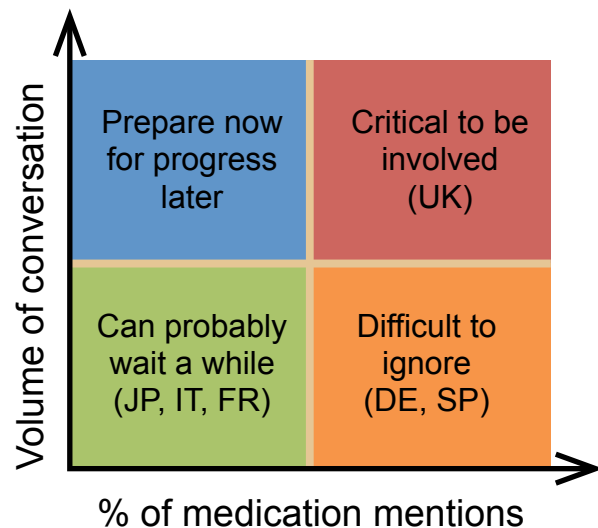


Figure 8 - priority model

To conclude, conversations about specific products and brands are already taking place spontaneously, especially in certain markets. By thinking in terms of memes, pharmaceutical companies have the opportunity to both observe and affect this growing virtual platform to guide communication on their brand. At the very least, with the potential for comments on brands to be picked up and repeated to the point of going viral, it is difficult to argue that companies can afford to ignore these expanding online patient communities.

*Written by:*

**Lisa Logan, Kelly Price, Kim Hughes**

The Planning Shop international

# 2012 conference - key highlights

19-21 june, paris, france

## List of the **Committees**

### **Board**

...responsible for the day to day management of the Association.

### **Classification**

...developing and improving the Anatomical Classification system in line with changes in pharmaceutical markets.

### **Data & Systems**

...cover secondary data quality & coverage issues and the Committee focuses on audits integrated on IMS & CSD international databases.

### **Foundation**

...has been established to support and fund original projects in the international healthcare market research and business intelligence fields.

### **New Form Codes (NFC)**

...to maintain an international uniformity of the coding structure for the audits and the databases.

### **PRM&T**

...to maximise the potential of new methods and techniques in Pharmaceutical Primary Market Research.

### **Syndicated Data**

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

## Committee **Meetings Venue**

### **PULLMAN HÔTEL MONTPARNASSE**

19 Rue du Commandant Mouchotte

75014 Paris

France

Phone: +33 1 40 55 67 71

Fax: +33 1 40 55 67 81

Website: [www.accorhotels.com](http://www.accorhotels.com)

## Who is **entitled to attend?**

Committee Members and invited guests **only** can attend the Committee Meetings.

## Time **Schedule**

**Tuesday 19 June 2012** 09.00 - 14.00

EphMRA  
Committee  
Meetings...



# 2012 conference - key highlights

19-21 june, paris, france

## Programme

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**The full conference programme is contained in a separate pdf document available on the web site.**

The 2012 programme includes:

### **A. The 'What's New?' workshop (the latest news on MR ethics). 13.30 - 17.30, 19 June 2012, Paris**

**Venue: PULLMAN HÔTEL MONTPARNASSE**

In terms of the next face to face training opportunity around the Code, EphMRA will be holding a half-day workshop on the afternoon of 19 June 2012 - immediately before the Conference in Paris.

Designed to complement the online Code of Conduct training, the What's New? workshop will review the latest news on market research ethics - giving all members the opportunity to stay right up to date with the often complex, and always important, legal and ethical requirements for researchers.

#### **Specifically, the *What's New?* workshop will include:**

- The implications of the EU pharmacovigilance legislation upon adverse event reporting (the legislation takes effect in July 2012)
- An update on:
  - Guidelines to be aware of when using social media for market research purposes
  - Guidelines for client company access to fieldwork recordings
  - Developments concerning privacy and data protection
- The latest country news as the Code of Conduct is extended to cover more markets

Developed and led by EphMRA, the workshop is designed for healthcare market research professionals, both company and agency, who commission, manage and execute market research.

#### **Logistics**

You register via EphMRA (not MCI) from the EphMRA web site (under Training).

The course fee is CHF 400.- + 8% VAT if applicable. One coffee break is included.

You will receive an invoice from EphMRA and this fee must be paid to the EphMRA bank account as stated on the invoice (and not with your Conference fees to MCI).

You do not have to be a Conference delegate to attend the Code training, but the course is only open to EphMRA members.

Places on the course are only confirmed when the invoice is paid (invoices must be paid on 30 days).

# 2012 conference - key highlights

19-21 june, paris, france

## B. Poster Session with Author Presentations

We will have a number of posters on display which showcase innovative papers. Have some refreshments and listen to each poster being orally presented by the authors. Posters will be available for general display all day on 21 June but the interactive element will be in a specific session - see programme for details on timings and which posters are on display.

## C. Agency to Agency Supplier Meeting

This is a session intended for fieldwork suppliers and freelancers to network with full service agencies in a business setting. It is not intended to replace any aspect of the Agency Fair but to provide an opportunity for supplier meetings.

Full Service Agencies - this is your opportunity to meet and engage with those supplying fieldwork and or freelance services and so all full service agencies are encouraged to attend.

### Important Information

#### **Pre Book appointments for the Agency to Agency Supplier Meeting**

In order to make the session more productive each company attending should indicate via the online booking form the name of the person, their job title and email address who is attending this session on their behalf. This information will then be released on the EphMRA web site (in the form of a contact list) and agencies can then make appointments to meet each should they so wish. For Data Protection purposes please ensure that the individual to be listed has given their permission for this. Please tick the box to confirm that this permission has been given.

EphMRA is only providing the contact details on the web site and cannot assist in arranging or making appointments.

# 2012 conference - key highlights

19-21 june, paris, france

## EphMRA 2012 Masterclasses

### What are **Masterclasses**?

EphMRA offers courses and workshops from basic introductions to advanced skills to broaden knowledge and understanding of key areas within the healthcare field.

Our courses are planned to provide a progressive learning module linked to the product lifecycle to meet the needs of market researchers.

EphMRA Masterclasses offer method related courses which focus in-depth on one topic only.

### Who is **entitled to attend**?

Attendance is free to fully registered Conference delegates from EphMRA Full and Associate Member Companies, as well as to Full Member Committee Member and Associate Member Committee Member if not staying for the Conference. **You need to register specifically to the Masterclass you wish to attend.**

If you are an active EphMRA Committee Member only attending your Committee Meeting and EphMRA AGM (and not staying on for the Conference) then you can attend a Masterclass on a complimentary basis.

Only 1 delegate per Member Company can attend each Masterclass.

Masterclasses are filled on a first come first served basis, and spaces are limited.

### Time **Schedule**

#### **TUESDAY 19 June 2012** 14.30 - 17.30

Masterclass 1 <b>Optimising insights from digital channels</b>	Masterclass 2 <b>Patient Centric 360 deg</b>	Masterclass 3 <b>Innovation and Creativity</b>
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#### **WEDNESDAY 20 June 2012** 08.30 - 11.30

Masterclass 1 (continued) <b>Optimising insights from digital channels</b>	Masterclass 2 (continued) <b>Patient Centric 360 deg</b>	Masterclass 4 <b>Engage, Motivate, Inspire!</b>
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**Masterclasses finish at 11.30**

### **Important Information**

Masterclasses 1 and 2 are split into two sessions - the first session on Tuesday 19 June and the second session the next morning on Wednesday 20 June. It is essential that you **attend both sessions** to gain the full benefit and hence not disrupt other attendees by joining part way through. Please consider this when booking to ensure you can attend both sessions.

**Masterclasses 3 and 4 are each 3 hours long.**

If you wish to cancel your workshop attendance (without cancellation fee) then please do so in writing by 17 June 2012. **If you fail to turn up, without cancelling under the terms and conditions of registration, you will be invoiced CHF 1'400.-**

You can send a colleague in your place if you are unable to attend, provided this person is from the same member company.



# 2012 conference - key highlights

19-21 june, paris, france

## Programme **Outline**

### Masterclass 1

**Tuesday 19 June 2012** 14.30 - 17.30

**Wednesday 20 June 2012** 08.30 - 11.30

### Optimising insights from digital channels

The media landscape is rapidly evolving in terms of content, channels, and access points - creating new opportunities and challenges for pharmaceutical marketers and of course pharmaceutical market researchers. At the same time, patients and consumers are becoming more proactive about using the Internet to research information and treatment options. This master class will provide EphMRA delegates with an overview of the current channels being used and some of the tools that they need to harness these channels for research purposes.

An overview of content:

- A review of digital channels (social media, web sites, doctor and patient communities, online seminars, web conferences, online CME), benefits of using these for pharmaceutical companies for marketing purposes and the impact on this for market research.
- The role of digital channels as data source within the market research portfolio, what can we get only from digital channels, where are these a useful add-on, where should we prefer "traditional research techniques"?
- Research approaches: What can be done? From passive (e.g. blog analyses) to active data collection (e.g. moderated forums) incl. ethnography and netnography, tracking patients experience via patient-reported outcome questionnaires.
- Considerations and pitfalls in digital media research including potential target groups and universes, representativeness, guidelines and pharmacovigilance issues, impact on physicians perceptions when targeting patients by digital channels.
- Examples of good practice and impact assessment
- How to do it - practical guidelines in using digital market research and some hands-on experience during the Masterclass of being a respondent and running some research.

### Masterclass 2

**Tuesday 19 June 2012** 14.30 - 17.30

**Wednesday 20 June 2012** 08.30 - 11.30

### Patient Centric 360 deg

The objective of the masterclass is to provide participants with methods to get a 360 degree view of the patient and to shed some light on the above-mentioned topics. Speakers will highlight different aspects of the patient's role in health care market research, e.g. the measurement of patient's preferences, technological approaches to patient adherence, communicational need of patients.

# 2012 conference - key highlights

19-21 june, paris, france

## Background

What is the primary target population in health care market research? - The physician? - The patient? - Other stakeholders? Obviously all of them are important target groups, depending on the research goal and motivation, the kind of specific research question, the respective medical indication/disease we want to explore, the nature of the medical core market (Rx or OTC). Additionally, authorities increase their demand on patient-related outcome data to be included into medical dossiers and economical considerations. Consequently, pharmaceutical industry seeks to gather more and more patient information, not only in clinical studies, but also from market research.

Secondly, the new media provide interactive platforms for patients to share their opinions, preferences, experiences, and we ask: What influences patients and how do they influence the healthcare milieu, from technology to chat? And how do technological innovations help us to get valid patient data?

Finally, there is increasing need for a better understanding of the doctor-patient interaction in the therapeutical decision process, especially in the light of a more and more well-informed patient: Are there disconnections, and how can they be bridged?

## Masterclass 3

**Tuesday 19 June 2012 14.30 - 17.30**  
*(3 hour masterclass session only)*

## Innovation and Creativity

This workshop will help you move away from 'Inside-The-Box Thinking'

There is a battery of creativity tools which can help participant breakthrough the blocks inside which have stifled their thinking.

During the 3 hours, participants will:

- Get to experience some techniques for unleashing their creative thinking abilities.
- Learn how to generate an abundance of new ideas at work.
- Experience how to apply creative problem solving techniques so that they can solve difficult work problems.
- Understand how to create an environment / work culture that fosters creativity and innovation throughout the organisation

**This masterclass is aimed at Team Leaders.**

# 2012 conference - key highlights

19-21 june, paris, france

## Masterclass 4

Wednesday 20 June 2012 08.30 - 11.30

*(3 hour masterclass session only)*

**Engage, Motivate, Inspire!** Turning healthcare market researchers into powerful communicators

Masterclass run in conjunction with Jamerry

Focusing on everything from internal engagement and expectation management to story-lining and presentation delivery, this one-day session will comprise an invigorating combination of theory and practice.

It will be delivered by a mix of healthcare market research experts and innovative communications trainers who will draw on a range of theatrical techniques to teach you how to communicate effectively and powerfully.

Specifically, you will learn how to:

- Convey the importance of market research to internal stakeholders
- Create a project plan for the client relationship (maintaining interest & contact throughout the project)
- Read and motivate different types of audience
- Build compelling stories and find 'sparklines'
- Deliver presentations with power and panache



June  
News -  
Copy deadline

**EphMRAnews**  
June 2012

**keeping members informed and involved**

**April 15th** is the deadline for submitting your copy for the **June** News. Send it to [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)

Other News  
Copy Deadlines:

**News Published**  
September 2012  
December 2012

**Copy Deadline**  
7th July 2012  
15th October 2012



# Market Research Case Study WINNER

**EphMRA announces the winner of the 2011 MR Case Study Award. This competition was open to all pharmaceutical market researchers and involved submitting a description of a case study which showcased a piece of insight work.**

## ★ Winner:

### ★ Project Air: up, up & away

★ *Laura Hunt, fastforward research & Su Meddis, AstraZeneca*

★ This case study review shows how an initial idea from an enthusiastic team eager to conduct innovative research with patients developed into the first online community research project for AstraZeneca. This comprised five online communities creatively engaging almost 200 asthma patients and parents across four countries & three continents.

AstraZeneca wanted to 'pressure test' previous research hypotheses and review if their asthma portfolio strategy was on target. This included assessing whether the focus and content of clinical trials should include young teenagers in addition to adults. The team also wanted to evaluate the role & application of an advanced online methodology, to see if they could gain deeper quality insights, explore similarities and differences between patient types (teenagers, adults & paediatric patients) & understand if longer term engagement would be beneficial.

# ★ Runner Up - Highly Commended ★



## Unearthing the unseen truths:

Using neuroscientific implicit methodologies to unveil true reasons behind physicians' prescribing behaviours

★ by Maerii Yung, Strata Research & James Klymowsky, Implicit Research

### The Judging Panel for the 2011 Award was:

<b>Karen Swords</b>	- Director - The Research Partnership, UK
<b>Marianne Fletcher</b>	- Senior Brand Intelligence Manager - Pfizer Limited
<b>Beatrice Redi</b>	- Customer & Disease Understanding Sr. Manager, Customer Services & Solutions - MSD Italia
<b>David Mackenzie</b>	- Global Head of Country Strategic Development, GfK HealthCare

## More details:

As researchers we are all being asked to think harder about what we do and to demonstrate how the research will make an impact and help to shape the business. The case studies submitted to the Judging Panel demonstrated:

- The business decision the research is supporting
- How the research added value to the decision making process for the client
- The extent to which the research made an impact, and in what way

In assessing the submissions the Judging Panel looked to see how these questions have been answered in the case study.

Case studies which demonstrated a well reasoned approach showing how the research process evolved, what went well, lessons learned along the way and how the outcome was shaped were particularly welcomed.

# associate members news

## People News

TAB Healthcare's team keeps growing with Sergio Dueñas as Head of Translation Services. Sergio contributes with over 10 years of experience as pharmaceutical translator and deep knowledge of client needs.



GfK HealthCare announces Ben Walton as head of its UK operations. Based in London, Ben will support GfK's expanding healthcare business across the UK. Ben joins GfK from Adelphi International Research.



Praxis Research & Consulting are pleased to welcome Victoria Clark as a Research Director



Data Intelligence has appointed Jason Bryant as Commercial Director. Jason will manage the sales and marketing processes and work with the DI team to evolve relevant services and capabilities.



Semantics announces the appointment of Agata Cook as Business Development Manager. Based in our newly opened Washington DC office, Agata is responsible for developing business strategies in the region.



Branding Science is delighted to announce the appointment of Simon Noble-Clarke as Managing Director alongside the recent opening of offices on both the East and West coast USA and Far East to support our Global client base.



Sarah Phillips is joining research company, Incite, in April as Director of healthcare from Ipsos where she currently leads the European healthcare practice. Previously she was the head of European Healthcare at Research International.





Demanda Health is pleased to announce that Mazé Alves is joining our team. Mazé has nearly 35 years of experience in market research, including 15 years as Director at TNS/RI.



Jemma Lampkin joins SKIM as Senior Project Manager Healthcare. Based in SKIM's US office in NJ, Jemma brings several years of experience in market research and the healthcare sector.



Exafield is pleased to announce that Agnes Brouard will manage our new subsidiary in the USA. In partnership with the European offices, Agnes will coordinate fieldworks for our American customers



Insight Research Group has appointed Dave Bostock in the new role of Research Operations Director. Dave joins the senior team Insight has in place to manage its online community 'eVillage'.



fastforward research are pleased to announce that Sabrina Tali has joined our team as Research Executive. Sabrina has extensive international healthcare experience, is French and fluent in English and Spanish.



Bazis IG announces the appointment of Anna Shulgina as a Head of Moscow office. With strong experience in healthcare area she will focus on research and client service.



Phoenix Healthcare is expanding its team with the appointment of Jo Reeves and Marianne Clatworthy. Jo was previously with Kantar Health and Marianne an experienced consultant in healthcare market research.



Jo Reeves

## People News

Millward Brown Healthcare has expanded its International Qualitative team! Janet Nash, Zoe Shires, Lucy Howell and Reenu Puri have taken up new roles to meet growing client demand.



## Services News

Black Swan Analysis and SD Consulting are developing a novel research approach, MAPPE™, combining 'clinician' and 'payor' qualitative trade-off analysis with Epiomic™ patient data, delivering holistic commercial evaluations.



WorldOne, the leader in global healthcare fieldwork, announced a Strategic Alliance with Physicians Interactive creating the largest online research panel in the US with over one million healthcare professionals.



STETHOS International has developed its expertise to support EU Risk Management Plans with dedicated methodologies.

Feel free to ask for the executive summary of our RMP presentation:  
[perreaud@stethos.fr](mailto:perreaud@stethos.fr)



Would you like inspiration for a killer promotional strategy? Try HealthBrain®, TPSi's innovative, fast and low-cost tool that harnesses the creative brainpower of the crowd to solve your marketing problems.



YourWord from Hall & Partners, a multi-functional digital platform which offers you the versatility to have engaging conversations via a range of approaches e.g. blogs, forums and online communities.



## Services News



Anterio is expanding services in Asia!  
We look forward to supporting you in Asia, one of the world's fastest growing pharmaceutical markets.  
ANTERIO - "Decisions with confidence"



The Research Partnership has changed the name and identity of its real-time market tracking tool from Therapy KnowlEdge to RP Therapy Watch to align it with the company brand.



In 2012 Online Market Intelligence is going to double the size of the specialized physician panel Medmnenie.ru.  
Priority of the company is to expand research activities in healthcare and pharmaceuticals.



iCONSULT Matrix™ now improved for idea generation and new product assessment. Simulations based on the customer's view of the market. Find out if your ideas match needs and promising potentials. [matrix@iCONSULT.de](mailto:matrix@iCONSULT.de),  
+49/(0)89/544 241-10

## Company News



Aurum Research provides high quality international quantitative and qualitative research solutions for pharmaceutical companies and agencies with offices near Nuremberg (Alexander Rummel, MD) and Berlin (Dagmar Ritter, Research Director).  
[www.aurum-research.eu](http://www.aurum-research.eu)



Psychology specialists Strata Research has launched a new website and announces the reveal of its new neuroscientific tool - a new advancement on the previous in-house Implicit Association Test.

## Company News

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Sumit Mehta is pleased to announce the launch of Cetas Healthcare - a dedicated international medical marketing research and consulting agency focussed on emerging markets. Visit us at [www.cetas-healthcare.com](http://www.cetas-healthcare.com).



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A+A reinforces its presence in emerging markets by opening its Dubai office, in addition to its existing London, New York, Lyon and Paris offices. Please contact us at +33 478718644.



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Opening suAzio Kuala Lumpur!  
The presence of suAzio in Europe, USA, and Asia, assures global service established from an in-depth understanding of local markets combined with in-house expertise.



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Elma Research is pleased to announce the move to its new offices in Milan downtown - always growing to be your point of reference in Italy.



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OSG, the recipient of EphMRA's 2010 Case Study Award, was ranked in Inc. 500's prestigious list of fastest growing companies for the 2nd year in a row.



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PMR Research has launched its new website. Visit [www.research-pmr.com](http://www.research-pmr.com) to see the new and improved layout and additional research services that are included in our new offering.



*“Creating excellence in professional standards and practices to enable Healthcare market researchers to become highly valued business partners”*

## EphMRA's Guiding Principle

### How does EphMRA **benefit the industry?**

- Adds rigour, credibility and commercialism to healthcare market research
- Creates the base for a professional healthcare market research career
- Provides data, information & guidance on industry-critical issues
- Fosters open communication, critical in today's shifting landscape
- Brings collective power & influence to bear on legislative changes
- Harnesses collective investment in the industry's future

### How does EphMRA **benefit you?**

- Ongoing news, updates & guidance from EphMRA
- Access to EphMRA Code of Conduct & Query Service
- Access to free original data from Foundation Committee studies
- Access to publications, the Lexicon & other resources
- Peer-to-peer networking & contacts
- Involvement in EphMRA committees
- Preferential rates for EphMRA Annual Conference
- Free attendance at pre-conference one-day masterclass training
- Preferential rates for EphMRA training courses
- Invitation (free) to annual Interim Members Meeting (IMM)
- Supplier networking & contacts (Full Members)
- Free full-page entry in EphMRA Yearbook (Associate Members)
- Free announcements in EphMRA Newsletter (Associate Members)

### Next steps

See full details, including fees for Full and Associate memberships, online at <http://www.ephmra.org/membership.aspx>.

Alternatively, contact [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org).

**EphMRA**



## The Healthcare Source for Latin America

*“...We have been using Fine for 2 years now and they are by far the best supplier for Latin America. They have a fantastic project management team and consistently deliver...”*



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The Latam Medical Panel

Sourcing • Online • Qualitative