

EphMRA

post conference news

Turning Challenge into Opportunity

25-27 September 2012



Turning
challenge
into **opportunity**



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Gareth Phillips



Diana Tan

Training Session 1

Turning Data into Insight

Convenors: Gareth Phillips, Ipsos Healthcare Singapore and Diana Tan, IMS Health Singapore

People remember stories! And so the mantra began... Market research findings are much more likely to be understood, digested and acted upon when they are delivered succinctly, and with clarity, as part of an easy to understand story. As the session opened the group were challenged by EphMRA President Thomas Hein to consider a goal of delivering the key findings from any market research in a maximum of 6 PowerPoint slides. This is often easier said than done, however this training session was designed to equip delegates with some key tools and approaches to help them achieve this goal.

The opening session focused on understanding key stakeholders and provided the delegates with a model for grouping stakeholders in order that communications and presentations can be targeted more effectively. An informal exercise had the teams considering who would be the key stakeholders to consider when organising an office party and how one might best go about influencing each of them.

Those Pesky Clients Again...



Next up the importance of clearly understanding the business objectives behind a market research study and associated research objectives was discussed. The key point here being that it is critical to orient any presentation or report back to the original business objective and be sure to address this directly and clearly.

The importance of understanding your audience and pitching your "story" with the right balance of Fundamentals, Insights, Reassurance and Execution (FIRE) was reviewed using a model based on relating communication focus to the audience's needs. In order to accept direction, an audience needs to be taught the basics, shown the insights and provided with reassurance (proof) before they will accept a recommendation on next steps.

Defining what an "insight" is (e.g. break-through news that changes the way we do business with our customers), and understanding how to look for them, led to a discussion on summaries and conclusions. Both summaries and conclusions are important aspects in the story building process. The conveners made the point that by applying fact-based interpretation of data (summary) to reach a subjective conclusion, market researchers will have a greater chance of identifying a new insight.

How do we arrive at a meaningful insight?



The final session of the day focused on how to build stories and introduced the ThinkStoryline© approach. The delegates were asked to perform an exercise where they had to memorise a list of 10 words shown on the screen for 15 seconds and then write down as many words as they could recall. On average people can typically recall around 5 words in memorising such lists. However in repeating the exercise a second time with a new list of words and being instructed to build a story around the words on the screen, the majority of the group were able to recall a greater number of words. A simple exercise intended to support the point that people are more likely to remember stories!



The world of journalism provides a great source of inspiration on how to tell stories. Newspaper articles tend to be perfectly structured with a key headline, supporting points and further details for those interested, with a relevant and engaging image. Most importantly the logical and clear structure of a newspaper article means that it makes sense wherever you stop reading... you simply take as much detail as you need and can move on.



Two main Story building approaches were introduced to the delegates: the “Chain” structure and the “Pyramid” structure. The chain structure is recommended where there is a logical flow to the story or in particular situations where you need to take an audience through a series of logical steps before you can provide the conclusion.

The pyramid structure on the other hand, is typically used where the audience will accept a conclusion or key messages directly and read or listen further if they are interested in the supporting evidence. A pyramid structure usually requires there to be a high level trust from the audience, otherwise there is a risk that the conclusion will be rejected due to doubt. And finally, the training session wrapped up with an entertaining video entitled “STOP! You’re killing me with PowerPoint!”. While visualisation was not covered in this training session, an important message was nonetheless reinforced!



Chris Krattiger



Paul Zhou

Training Session 2

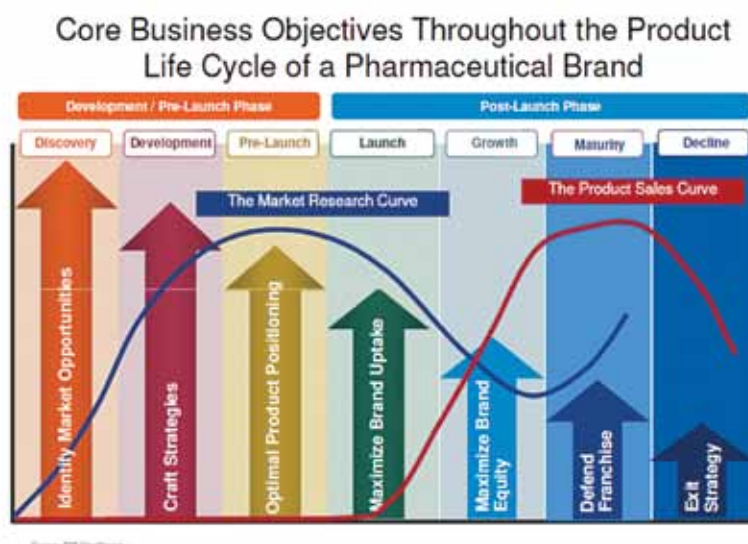
Market Research Through the Product Life-cycle

Convenors: Chris Krattiger, Managing Director, GfK Research Matters, Switzerland and Paul Zhou, Managing Director, Illuminera Strategy, China

Successful Product Lifecycle Management was defined as to:

- **Develop** and **evolve a proactive strategy** for a product
 - **throughout** the **different stages** of its entire life
 - from its **development through to launch**
 - to its **long-term growth** and acceptance in the market

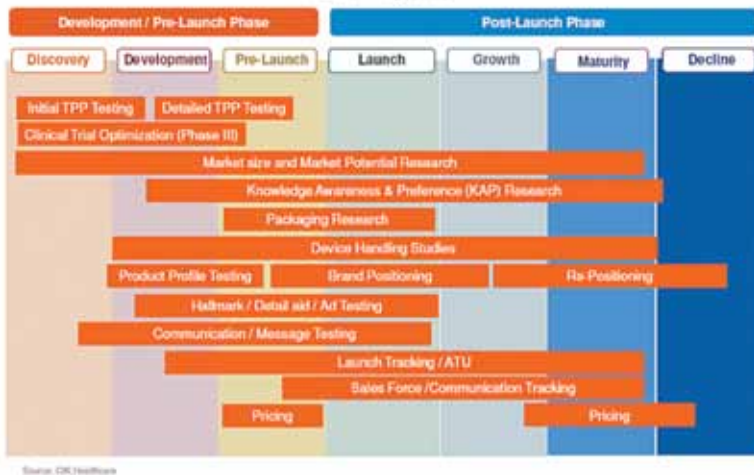
This definition of successful product lifecycle management formed the core of the training session. The session sought to establish a high-level understanding of the types of research that could be conducted at the various stages of the pharmaceutical product lifecycle, with the recognition that the market research spend curve precedes the product sales curve.



When identifying suitable types of research from a global marketing perspective, the following topics were identified as important:

- Understanding the core business objectives at each stage of the lifecycle
- Strategic vs. tactical market questions in the pre- vs. post-launch stage
- Influencers in the prescription decision making process (and the roles they play)
- Methodologies that are suitable for the objectives and geographic coverage.

Market Research Needs Throughout the Product Life Cycle



At this juncture, the conversation moved ahead on how research would be applied to the Asian markets and what would be different vs. the more familiar EU/US markets.

Throughout the discussion, participants agreed that in China, many products have increased sales even after leaving the 'maturity' phase of the lifecycle. It was also discussed and agreed that in 'local' situations (and this would be typical also for Asian regional research), what would often be defined as 'tactical marketing' questions by global teams would locally be considered 'strategic'.



During the open-floor discussion it became clear that in the eyes of the local teams, global marketers are often not aware about the challenges of Asian/local research needs. One of the key points that was suggested was the need for a two-way communication stream - where the Asian/local research teams are clear and upfront about what is feasible in Asia. Asian marketers clearly expressed their belief that global teams need to be more receptive and collaborative with their local colleagues who are closer to the market and reality.

After going through the research needs and suitable methodologies for products in development or pre-launch phase of the product lifecycle, participants in the training session broke up into three groups, with a mix of clients and agency partners in each group. Paul Zhou led this first of two case studies, going through a scenario where a new DPP-IV product was to be launched in China, and the China brand team was considering whether the global segmentation and positioning was suitable for the local market.

The discussions centered on whether the 'patient-centric' segment that the global research team developed could be adopted in China, and what types of research should be conducted if a research team received such instructions from their global teams. Another key point was that another OAD brand team was currently in-charge of the cash cow for the company and would have to be considered.



TRAINING SESSIONS – TUESDAY 25 SEPTEMBER

Most groups came up with similar conclusions regarding the research approach - one key objective was to validate the global segmentation in China, and the subsequent need to develop a radically unique one if the physician landscape was different. The other key point raised was to keep all key stakeholders in a constant information loop - the China DPP-IV team, the global team, internal research functions, and the China OAD team.

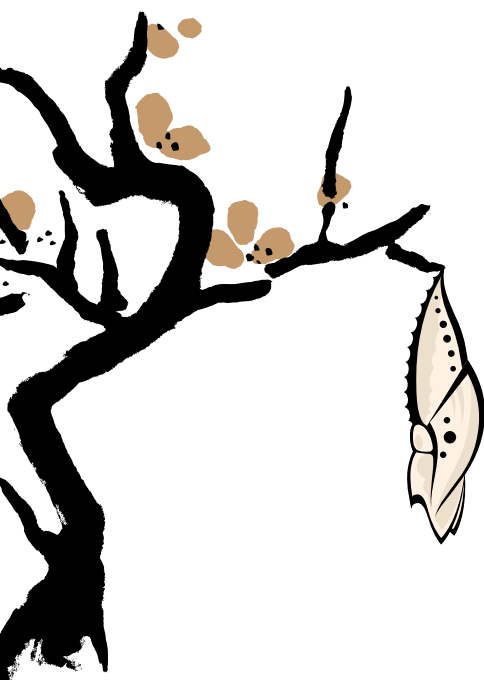
Following this case study, the group went through the research needs and suitable methodologies for products that were at the launch or post-launch phase of the lifecycle.

Finally, with the launch and post-launch information as a background, we entered into the second case study of the day. Chris Krattiger conducted this case study covering a hypothetical mNSCLC drug that had been launched in various Asian markets.

The challenge put forward was that the uptake of this product was very different in 5 Asian countries - China, India, Japan, Korea, and Taiwan. The global team wanted to know why and suggested research to be commissioned in these countries, but with a fixed budget allocated. This hypothetical drug was to cost USD 15,000 for six treatment cycles, and its biomarker test was easily available and cost USD 100. Groups were given incidence and mortality data, GDP and healthcare spend data, and internet and mobile penetration data.

Utilising what they had learnt over the course of the training session, each group developed unique and thought-provoking proposals with the collaboration of participants from the client- and agency-side. We saw research proposals that were developed as multi-phase exploratory and quantitative studies, while others decided to use online and even mobile research methodologies for data collection. The research methodologies took into account feasibility at the country-level.

All in all, this training session provided good discussions and insights into the relationship between the global and regional/local research teams at each stage of the product lifecycle.



Conference Opening

Dr Thomas Hein, VP Global Market Research, Bayer HealthCare Pharmaceuticals and EphMRA President opened the conference and outlined how we are working in changing times. Across our industry people are expecting more and more from market research - this presents Challenges, but also brings Opportunities which the market researcher must address. Thomas emphasised that the development of skill sets, research practices and deliverables are important especially in Asia Pacific as in any other region.

Thomas highlighted the importance of being consumer centric (and developing patient-centric strategy), how digital technology can help to answer complex issues and there are continuing market access challenges. There were papers being presented at the conference to address these issues and more.

The conference was focusing on the challenges of markets such as: China, Japan, Vietnam, Philippines, Korea, India, Taiwan, Indonesia, Thailand, Malaysia, Singapore and it was felt to be a great opportunity to learn how to better support the business decisions our companies are making and a unique opportunity for networking with companies and agencies.



Thomas Hein

Plenary 1

The Re-Birth of a Brand - the Importance of being Consumer Centric

Lai Hoong Lee, Regional Director Market Research & Business Support, Sanofi Consumer Health Care Division, Asia Pacific & Japan

Chair: ShengWei Lam, Sanofi-Aventis, Singapore

This presentation took the audience into the world of consumer healthcare, showing a fascinating insight into how a highly successful brand for Sanofi Consumer Healthcare Division (Lactacyd) in the emerging markets (and globally) was transformed through the creation of a single brand identity.

Lai Hoong firstly explained where Lactacyd fitted into the portfolio of products and how relatively young the Consumer Healthcare Division is in comparison with the Pharma division. She then went on to provide an in depth insight into the history of the Lactacyd brand, explaining that it is a non soap based feminine hygiene wash, which was launched in the Philippines 25 years ago. It is now the market leader worldwide and is the leading Consumer Healthcare brand in Southeast Asia.

Whilst the brand was highly successful in the region, its position needed to be defended and strengthened and from 2009/2010, a comprehensive customer insights programme was developed in order to achieve this objective. Sanofi Consumer Healthcare very much believed that the consumer was their partner in the journey to heightened brand success and therefore market research with consumers was key to the revised identity. The brand did not have a unified brand identity across the region - with a whole range of different packaging designs being available and lack of consistent messaging about the brand.

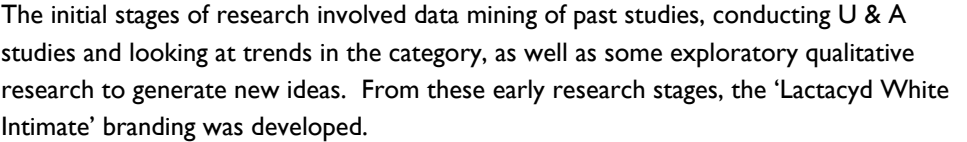


Lai Hoong Lee



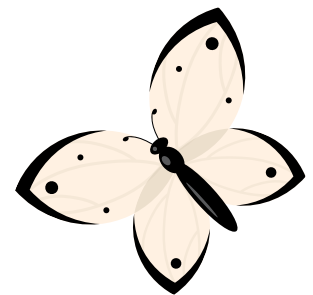
ShengWei Lam

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After this exploratory phase of research was completed, quantitative validation was then conducted, showing consumers various concepts and marketing claims and placing the real product with consumers for evaluation. Research showed that ‘9 out of 10 women claimed visible lightening’ and that they were ‘fairer within 4 weeks’.

Lai Hoong then showed the TV commercials which were developed from qualitative story boarding concept evaluation and how the packaging was developed through consumer insight. What was clear from this case study is the pivotal role that consumers had in the relaunch of the brand and how treating the consumer as a partner really drives brand success. Through customer insight, Sanofi Consumer Health Division was able to develop believable marketing claims; provide accurate sales forecasting data; price the product appropriately and develop a comprehensive marketing launch kit. The new packaging design which was developed through consumer market research enabled Lactacyd to be more in line with an FMCG product and encourage daily use.



The newly branded Lactacyd White Intimate has shown very promising market response in the launch countries, with the new look of the packaging much appreciated by consumers.



So what were the key takeaways from this presentation?

The key takeaway is that consumers have become an integral part of Sanofi Consumer Healthcare Division but more particularly, this demonstrates the importance of the following:

- Staying consumer focused...
 - Allows you to update changing consumer needs and behaviours and mega trends
 - Confirms selling propositions and hypotheses
 - Validates marketing efforts
 - Think regional...Act Local... especially in culturally diverse Asia!

But is all this relevant to pharma? Lai Hoong strongly feels that the positive learnings from this case study can be applied to the pharma sector:

OTC

- Consumers = end users
- Shoppers / Retail Channels
- Product proposition
- Qualitative and Quantitative approaches

Pharma

- Patients = end users
- Doctors or Payers/Hosp-Clinic-Pharmacy/Drugstores
- Product proposition
- Qualitative and Quantitative approaches

There can be no doubt that market research should be a strategic partner to Marketing and NPD and should be involved throughout the entire process, from ideation to post launch. Well designed, business focused research plans should be well integrated into the strategic plans of the category / brands and the research timeline should be well respected by the team. All this allows for better market research ROI and therefore builds on the relationship between Marketing/NPD and Market Research - a win:win all round.

To sum up, Lai Hoong read out a quote from Mr Lee Seow Hiang, the CEO of Changi Airport Group, Singapore, to draw parallels with the customer focused approach used by Sanofi Consumer Healthcare Division:

“What we did was go **focus on the passengers we served** and through the years, invested to develop an **offering that resonates with the needs of our passengers and visitors**”

Written by

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Parallel Session 1

Physicians and patients are people too. Connecting their human perspectives to build stronger brands

Frank Guo, Research Director and Karen Lei, Research Director, Ipsos Healthcare, China

Chair: Diana Tan, IMS Health, Singapore

This paper explores the question whether clients and researchers alike are paying enough attention to the emotional drivers that impact treatment and prescription behavior among physicians. More often than not, research with physicians is focused on the rational and scientific aspects of guidelines, treatment algorithms and product profiles - when in fact, shifting the focus from 'physician' to 'human being' has the potential to enable us to understand the real motivations behind prescribing decisions. Doctors are people too and are subject to the same emotions, motivations and decision biases as everybody else.

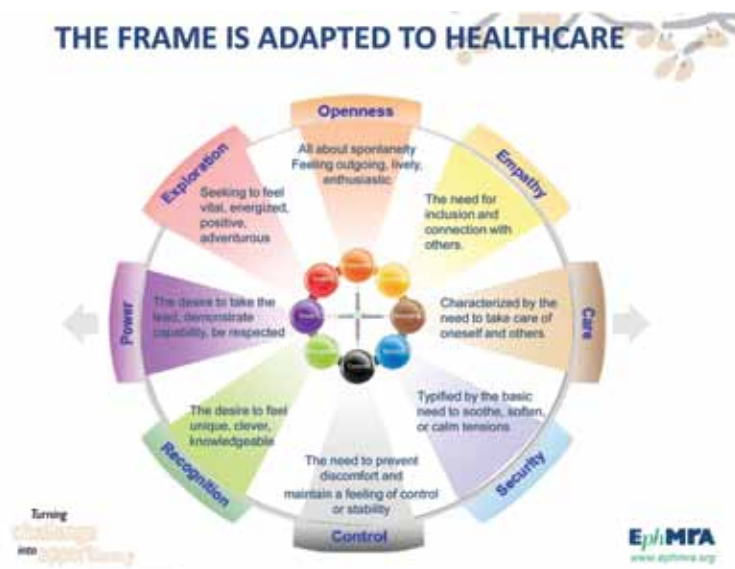
*"Most people assume that medical decision-making is an **objective and rational process, free from the intrusion of emotion**, yet the opposite is true."*

Dr. P. Croskerry - The theory and practice of clinical decision-making

The case study presented to illustrate the point is taken from a study on Diabetes in China. In this study, a framework based on the following 2 axes was used to understand underlying motivations and needs:

- The personal dimension: with "liberate" on one end of the continuum and "control" on the other end
 - Liberate is about "High engagement", "I want to dive right in", "Soak up the experience"
 - Control is about "Low engagement", "I want to distance myself", "Follow routine"
- The social dimension addresses the concept of "self" vs. "others"
 - Self: "I want to stand out", "Be different", "Be the expert"
 - Others: "I want to fit in", "Be part of things", "Feel accepted"

The sum of these 2 axes results in a framework that identifies 8 basic motivations that are applicable to the physician universe across geographies as illustrated by the slide below.



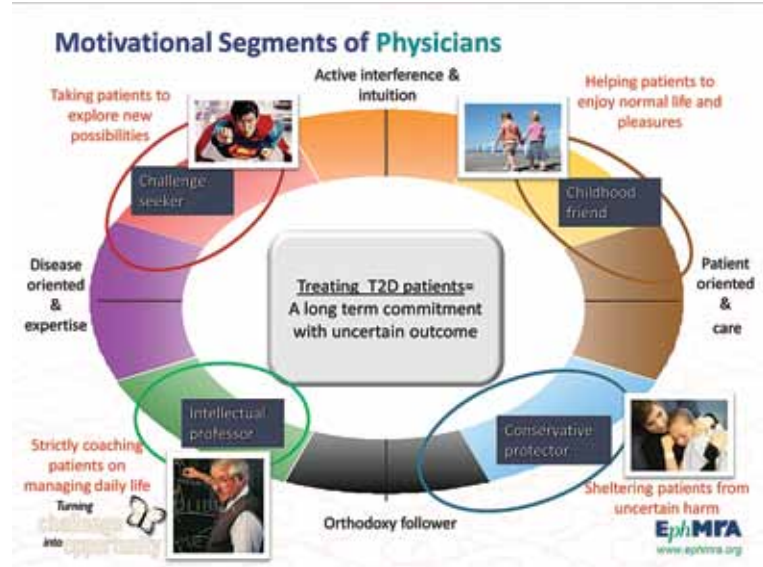
Frank Guo



Karen Lei



Diana Tan



This framework was then applied to Endocrinologists treating diabetes patients and 4 physician segments, each with different emotional drivers, were identified.

To illustrate, outputs from 2 segments are detailed below.

The Childhood Friend

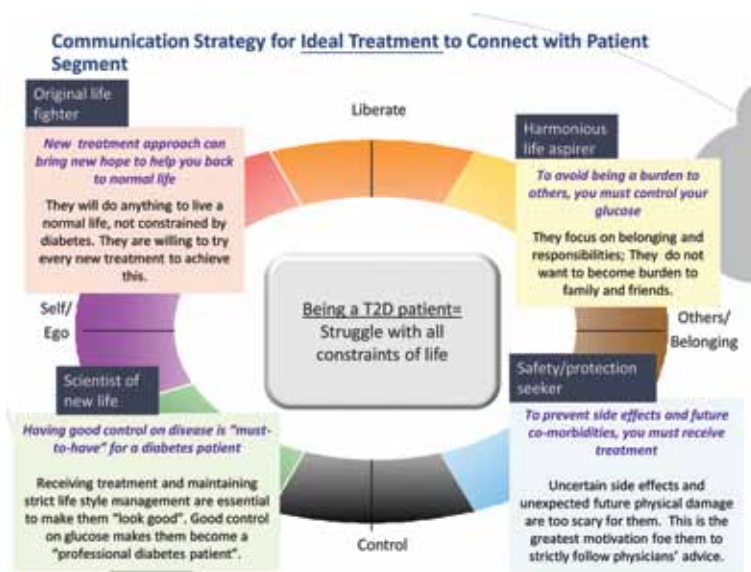
- Prescribing OADs:
 - Convenience is paramount; remembering what drug has to be taken at what time is troublesome for patients
 - Tailoring drug prescription to individual patient lifestyle requirements is important
 - Also, a clear need to consider patients' economic status - these physicians will rarely recommend self-pay OADs (i.e., DPP-4) for patients
- Unmet need:
 - Many diabetes patients have co-morbidities
 - These kind of patients have a large number of pills to take each day
 - A once daily is ideal
- Ideal treatment
 - Easy to use
- Expectations on pharmaceutical companies
 - Patients' feeling and QoL are prioritised
 - Focus on benefit to patients. Highlight life quality rather than reach specific treatment goal

The Conservative Protector

- Prescribing OADs
 - Follow what guidelines suggest because "we should follow the guideline, it is the safest route."
 - Metformin at 1st line for overweight patients
 - SU for patients with a normal weight
 - Side effects are their biggest concern

- Unmet need
 - Safety is still paramount no matter the OAD / insulin prescribed
- Ideal treatment
 - With least side effects
 - Important for them to make sure that their patients have peace of mind and a high quality of life
- Expectations on pharmaceutical companies
 - Clearly state all possible adverse events, and suggest how to deal with them
 - Leverage guidelines and discuss safety of proposed treatments

Ipsos also showed how the framework could be used on patients - and in the example they provided, 4 different segments were identified as illustrated in the chart below.



In summary, engaging both physicians and patients on an emotional level can result in a deeper connection with real needs that may not always be addressed by clinically sound product profiles, strong efficacy and safety messages.

Written by

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Kenneth Shearer



Graeme Jacombs

Parallel Session 2

Japanese market and patient level insights - uncovering unmet needs and identifying trends and comparisons with habits and attitudes

Kenneth Shearer, Market Research - Customer and Commercial Excellence Division, MSD K.K., Japan and Graeme Jacombs, Managing Director APMEA, Kantar Health, Singapore

Contributing Author: Andy Stankus, Kantar Health

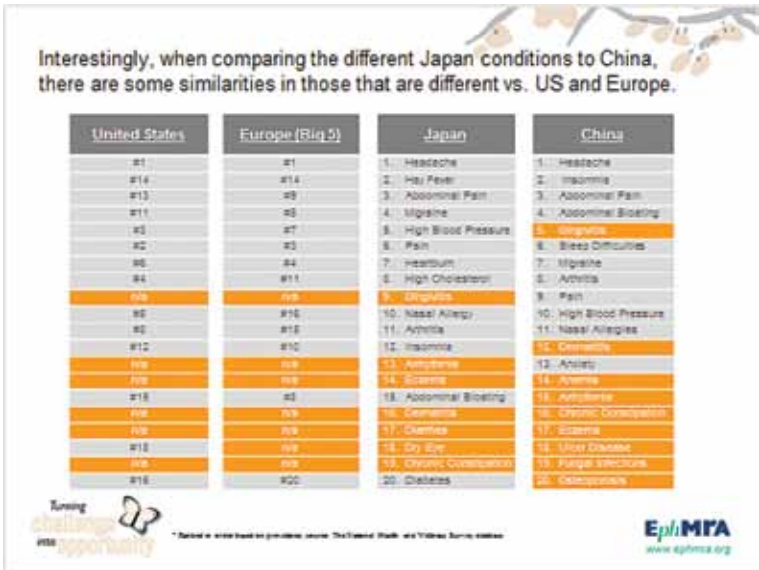
Chair: Nigel Griffiths, Insight Research Group, UK

This paper reviews a number of different ways of comparing and contrasting unmet needs associated with different therapy areas across different markets to inform and guide portfolio planning. The various analyses drew from Kantar Health’s National Health and Wellness Survey database and Kantar Health’s Epi database.

Ranking and comparing the Needs Status of conditions worldwide

When you plot Quality of Life (SF6D) versus percentage of patients currently treated a very similar ‘fingerprint’ of key disease emerges in USA and EU5. Dyslipidaemia and Hypertension come out as large but broadly treated and relatively well satisfied markets. Headache, heartburn, anxiety and insomnia emerge as the least broadly treated and Insomnia comes with consistently low concomitant Quality of Life.

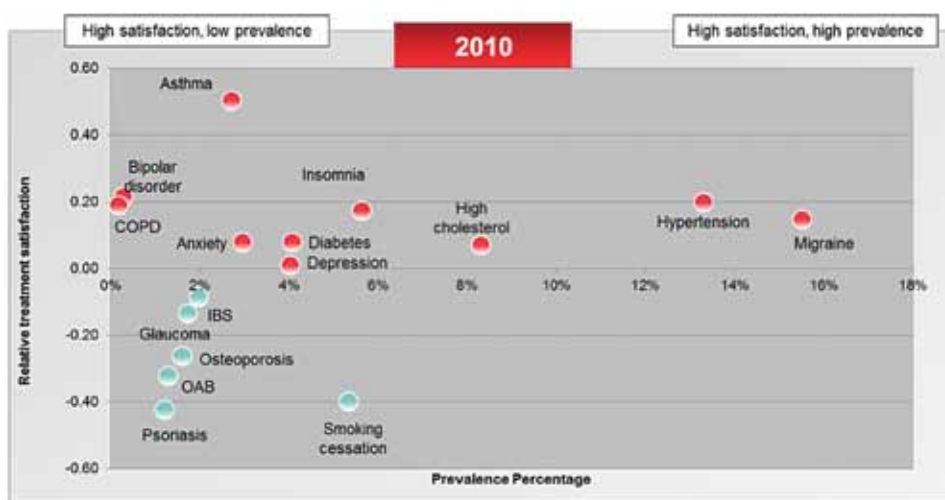
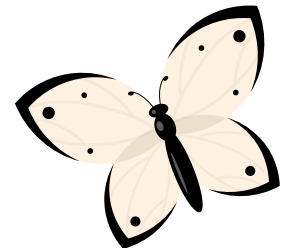
The picture is very different for urban China and, interestingly, is consistent with that for Japan. The whole picture has shifted down towards proportionally fewer patients being treated as well as having lower Quality of Life associated with each indication. In fact the overall priority, in terms of prevalence, of indications has shifted relative to USA and EU5 as seen below for Japan.



Bringing other metrics of unmet need into play

However, there is more than one way to assess market potential and certainly a lot more to consider. For example if one is to overlay the consideration of the rate of growth of different indications such as Arthritis, COPD, Diabetes, Hypertension, Glaucoma, Osteoporosis, a different set of emphases emerges. While Osteoporosis is not even currently on the above list of the top 20 most prevalent conditions in Japan, the incidence is expected to increase by over 20% between 2015 to 2020.

Additionally, objectively reported Quality of Life may be one thing but perhaps what also should be considered to further evaluate market opportunity is the accompanying self-perception of the typical patient. Seen like this Insomnia, Migraine, Anxiety may all register highly as proportionally untreated and carrying relatively low QoL scores however, reportedly the level of patient 'satisfaction' isn't nearly as bad as conditions like OAB, smoking cessation and psoriasis where despite being relatively well treated and apparently with reasonable QoL, patients are still profoundly dissatisfied. Although, it is still important to note that even when patients state that they are 'satisfied' it is often a result of patients settling for currently available medications (not knowing what other medications could be possible) or coping mechanisms. Therefore, evaluating the outcomes, such as quality of life, of these patients who are 'satisfied' is important to identify if there is still a remaining hidden unmet medical need.



Setting direction through portfolio analysis

Finally the speakers presented an analytical process for providing differential steer on the relative attractiveness of different potential markets. By assigning a 3-fold scale (unattractive, neutral, attractive) to 3 dimensions - size of opportunity, position of company associated with product and overall level of unmet need, one could begin to spatially differentiate and plan strategically therapy areas for development focus or the kinds of opportunities which were most attractive as potential acquisition targets.

Four key Findings

- Across international markets in this survey, China still experiences the greatest outstanding unmet need across all therapy areas.
- Comparing international ranking of conditions - some conditions retain their ranking across all geographies but almost all change in prevalence and rank order. China and Japan exhibit unique similarities relative to Western markets
- Many further unmet needs are uncovered when analysing from additional perspectives including: humanistic/ QoL (indirect), Direct Costs & satisfaction
- In setting direction through portfolio analysis it is important to use multiple perspectives to be able to identify hidden unmet needs and match them with strategic direction of the company.

Written by

Nigel Griffiths, Insight Research Group
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Parallel Session 3

East versus West - online versus offline. Achieving innovation through appropriate stakeholder communication

Nadja Christe, Pharma HCP Digital Marketing Manager, Bayer Schering Pharma AG, Germany and Simon Li, General Manager, Kantar Health, China

Chair: Mark Jeffery, The Research Partnership, UK



Nadja Christe



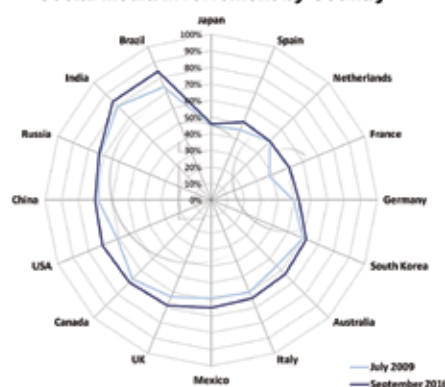
Simon Li

Ironically, the word digital derives from Latin, a long dead language, and yet in the 21st century the mass of global communication is digital. And nowhere are there bigger markets than in the BRIC countries. Given the nature of the pharma industry, as Nadja Christe from Bayer and Simon Li from Kantar Health eloquently argued, we now operate in a multi-stakeholder and multi-channels universe where the digital channels are ever-growing in importance. In China the recent improvement to the network infrastructure has ensured the growth of the internet penetration rate (513 million users by January 2012 according to CNNIC - China Internet Network Information Centre) with almost half of Chinese netizens using microblogs!

Online engagement is growing worldwide...

- Global netizen population reached 2.08 billion by the end of 2010 (30% of the world's population).
- Facebook, currently the most popular social media platform worldwide, was approaching 600 million users, about 29% of the world's netizens and 8% of the global population.

Social Media Involvement by Country

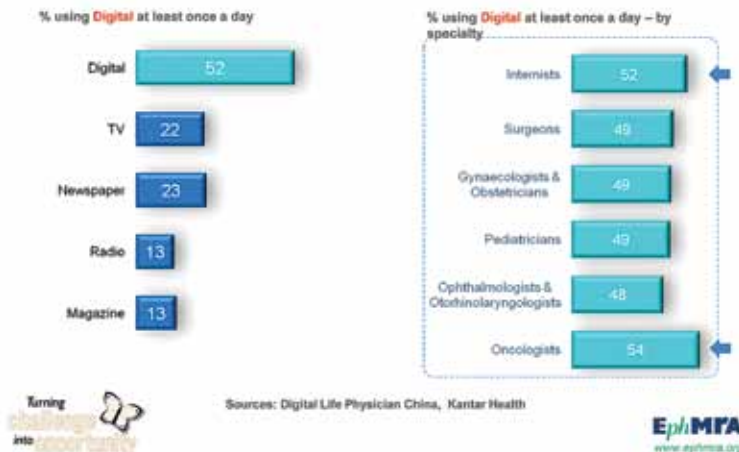


Source From Social Media to Social Business Whitepaper [Link](#)
Global Web Index-Global State of Social Media in 2011

EphMRA
www.ephmra.org

Bulletin boards (BBS) were first on the Chinese social media scene in 1994 but they are now only one of eight types of offering. They contest their position with microblogs, blogs, social networking services, Q&A sites, social commerce, video-sharing and customer review sites. Physicians in China are also highly digitally aware with almost all of them (98%) online regularly, with over half of them using digital media on a daily basis, that is more than both television and newspapers combined. These doctors have a high awareness of the top medical sites available in China and use them regularly (DXY, Haoyisheng, HAODF, CMT and XYWY), these are medical portals, physician communities with some providing Q&A websites for patients. At least half their time on the internet is spent on leisure activities but approximately 40% of them are spending equal amounts of time searching for knowledge. And when they are searching for information they show a very high level of tolerance for branded information and branded discussions.

Digital Media tops in all channels of information among Chinese physicians



This tolerance to branded information is apparent also from consumer studies run in China. In contrast, other countries are much more resistant but for the time being the pharma industry should take advantage of this openness in China.

An especially interesting part of the research conducted by Bayer and Kantar at the start of this year was the segmentation of the physicians into different types according to how they use the internet. As Nadja explained, for the purposes of this research, they decided to combine the data on oncologist and internist use because they were the two biggest specialty groups using the internet and, importantly, their responses did not differ heavily. These groups ranged from the more digitally engaged users such as the influencers for whom the internet is an integral part of their lives down to the “functionals”, the least engaged group, who are “conservative” etc, late adopters, tending to use the internet as a tool for sending emails, checking the news and possibly shopping online but not much more. In between these two extremes are the “communicators”, “knowledge seekers”, “networkers” and “aspirers”.

As well as the functionals, Simon focused our attention in particular on the communicators and the knowledge seekers. Communicators, with their love of expressing themselves online, are very vocal digitally in comparison to the knowledge seekers who are not chatty, despite spending the same amount of time online albeit quietly educating themselves.

Intriguingly a large majority of the PCPs in EU and US were either functionals (44.5%) or knowledge seekers (29.4%). They are consuming the information but not really getting involved. This is in contrast to China where there is a lot more involvement with over 50% of physicians falling into the high consumption, high involvement quadrant (communicators - 36% and influencers - 18%). The Chinese digital mindset seems to be much more modern compared to physicians in the EU and US and we need to adjust our marketing strategies accordingly.

So how does the patient perspective contrast between East and West? Patients in China and the US are more interested in maintaining regular contact with their doctor than they are in the EU and, unexpectedly, Chinese patients are more willing to consult a doctor when ill than those in both the US and the EU. Given the pressure in the West from insurance companies and restrictions from health authorities, it is perhaps less surprising that those in the Western world do not express the same level of preference for branded medicines as those in China do.

So patients in China are now much more engaged with their health but there is still room for improvement with them showing much less satisfaction than those in the West about the attentiveness of their doctors and nor do they appear to consider themselves as healthy as their Western counterparts. We need to bear this in mind, therefore, when dealing with patients.

Patients are also clued up to the internet with a third of patients always researching online before a hospital visit (and the majority most of the time). They are primarily accessing bulletin boards services (BBS) and, to a lesser extent, other social media platforms such as blogs and microblogs. Bulletin boards in China are more decentralised than in the West with aggregate sites absent, such as “Patients Like Me”. Therefore, separate bulletin boards tend to exist for different diseases enabling market research companies to listen into these patient discussions and identify the insights to help the MR companies to engage better and learn which areas would help support marketing.

So what insights can we learn from this research? China clearly has a large and active online physician population and patients also appear to be more savvy than their Western counterparts with both groups reliant on the internet for medical knowledge. There is a large amount of communication through the thriving social media scene and online discussions are already heavily influencing consumer healthcare decisions. Exciting as this level of communication is it does set a huge challenge to pharma companies, especially those with prescribed products. We need to increase our online activities for patients as well as physicians while bearing in mind that we can’t just extend existing activities, we need to be market / culture specific and adjust our offers and deliver well-targeted messages to take into account China’s particular requirements. We need to avoid the complacent “business as usual” approach, step out of our comfort zone, think innovatively and seize the opportunities the Chinese market offers us. As Confucius said “They must often change who would be constant in happiness or wisdom”.

Written by

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Parallel Session 4

Taking Cancer Treatment to the Masses

Monica Gangwani, Director and Uma Dalvi, Project Manager, Ipsos Healthcare, India

Chair: Stuart Bartlett, PSL Asia, Singapore

Monica and Uma delivered an insightful presentation that illustrated the unique challenges faced when designing and executing market research in an emerging market, such as India, and how such an environment frequently calls for creativity and adaptability in meeting research objectives.

They started by describing the Indian pharmaceutical market, with its attractive growth rates of 15% CAGR, while also reminding the audience that despite these rates, that it is a market fraught with challenges. With the major challenges being the struggle to balance affordability and accessibility and the rural vs. urban divide. India is a market where the majority of the population reside in rural areas while most medical professionals and hospitals are to be found in urban areas.

They then touched on the tremendous growth in Cancer incidence and mortality in India, a common development in emerging markets around the world, and how as result of the challenge around affordability and accessibility, that tragically, that more than 70% of cases report in advanced stages of the disease.

This all helped to provide a context to the research objectives and the challenges faced in delivering on these.

With the scene set, Monica and Uma explained how their client was looking to develop an affordable and accessible PET/CT offering that would allow them to expand into the semi urban market in India, and how they wanted to conduct research in order to understand the features that would result in the optimal product PET/CT offering within this market.

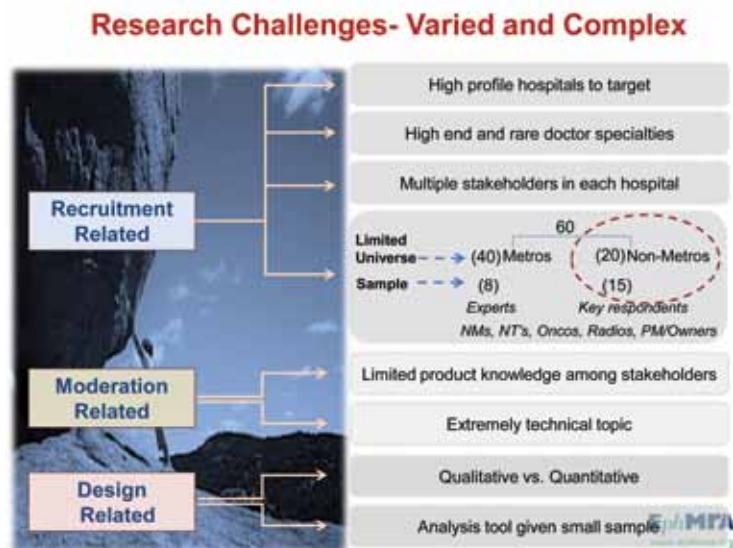
Monica and Uma then described the unique set of challenges that they faced when looking to meet these objectives. Challenges existed around recruitment, with a small universe of hospitals and the need to interview multiple stakeholders who would be involved in purchasing a PET/CT. Challenges also existed around being able to discuss the technical aspects of the product with an audience that had limited product knowledge. A key challenge also existed with the research design and analysis, especially taking the quantitative and qualitative outputs required and the small universe into consideration.



Monica Gangwani



Uma Dalvi



Using creative thinking, that seems to be a mandatory skill set in emerging markets, Monica and Uma proceeded to take the audience through how they overcame these challenges and ultimately met the research objectives.

They described how they wrote letters to the targets hospitals to explain the need for the research and who they needed to speak to, and how with this approach and persistent follow up calls, that they managed to secure a large proportion of almost the entire universe, small though that was. This was essential as they needed to get the biggest sample they could.

They described how they set up detailed product training via video with all moderators and the project team, and utilised role play, so that moderators were in a position to describe the technical features of the product and handle any questions from respondents that arose during the interview process.

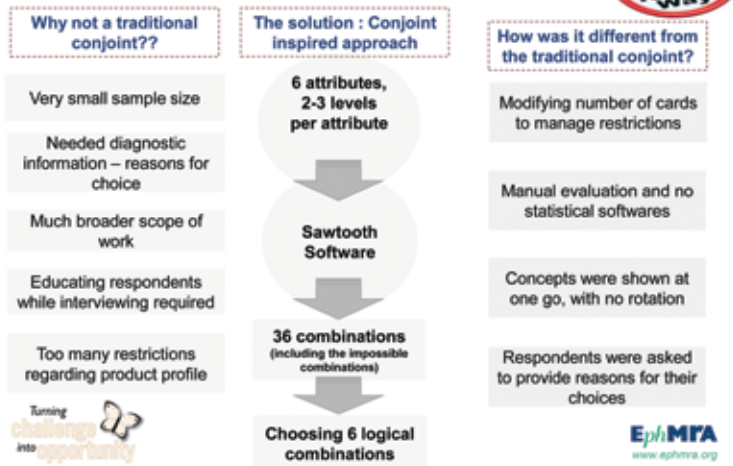
Regarding the research design and analysis challenge, Monica and Uma described the need to be generating both quantitative and qualitative outputs from a small sample. They talked about needing to answer objectives relating to attributes defining the optimal product offering, the ideal price and the willingness to purchase, while also addressing more in-depth objectives around current unmet needs, why certain product features were more important in the semi-urban market and purchase barriers and drivers.

To meet this unique blend of objectives and with the small sample, Monica and Uma talked about how they adopted what they called a “non-traditional” conjoint exercise and how this allowed them to generate quantitative and qualitative outputs.

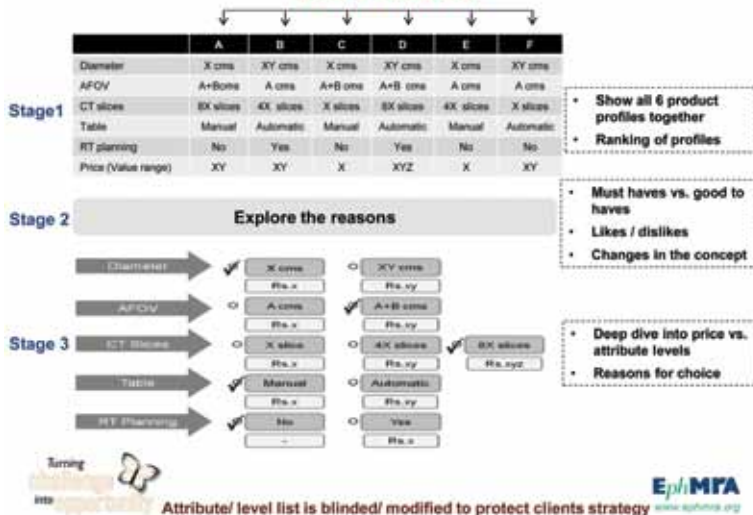
They explained how they used Sawtooth software to develop six logical product combinations and then proceeded to talk the audience through how respondents were guided, face-to-face by trained moderators, through an exercise involving ranking these six product profiles, made up of different feature combinations, how they were able to explore reasons for rankings and how they were also able to explore attribute levels and preferences in depth. All of which culminated in quantitative and qualitative outputs that were able to guide the client into modifying the product offering for the semi-urban market.

...and the analyses tool

Clear case for a conjoint, however not a traditional one!



The Process



Monica and Uma then concluded their presentation by taking the audience through key learning's from this project, reinforcing the fact that in emerging markets that there are no plug and play approaches and that you have to be creative and willing to adapt. They also talked about how conjoint inspired approaches such as the one used, can be an elegant solution to small sample sizes and that coupled with qualitative exploration, can help guide clients with product development challenges.

Written by

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Pei Li Teh



Paul Reed

Parallel Session 5

Patient Empowerment through Digital Healthcare

Pei Li Teh, Associate Director, Asia Pacific and Paul Reed, Associate Director, Asia Pacific, The Research Partnership, Singapore

Chair: Frank Guo, Ipsos Healthcare, China

In the presentation Pei Li and Paul demonstrated how patients are becoming empowered by new technology and changing their behaviours as a result of increased knowledge and how market research can help with identifying opportunities derived from patient empowerment for pharma companies and measuring ROI.

Pei Li and Paul first showed some common frustrations for Asian patients in terms of their communication with their doctors during their treatment journey showing data from previous research that patients in Asia especially Chinese patients would want more choices from their doctors however yet the opposite is true.

Pei Li and Paul then went ahead outlining some of the digital opportunities these information gaps for Asian patients might pose to pharma companies and some of the innovative approaches that Pharma companies are already engaging to try to bridge the gaps. Pei Li and Paul demonstrated with real cases that there are 3 common content focuses of these approaches:

- 1. Educate**
 - Educate and motivate the patients with clear goals at the start of treatment
- 2. Functional Support**
 - Ensure easily tracked success metrics are embedded into the program
 - Tie short-term success metrics into long-term health benefits
 - Make treatment part of the patient's daily activity, leveraging key routine points
- 3. Emotional Support**
 - Ensure continual patient payoffs - simple instant gratifications / rewards
 - 'Human' contact to heighten commitment (ideally with credible HCP/allied health prof)

Finally Pei Li and Paul showed how market research can help with in this process in terms of understanding patient journey and their needs and help pharma companies test their patient engagement materials and content as well as measuring digital campaign KPIs ensuring the communication meets its objective.

Written by

Frank Guo, Ipsos Health, China

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Parallel Session 6

‘Someone out there like me’ - the vital role of online qualitative methodologies in attitudinal and behavioural research

Mieko Hamana, Associate Director, Urology, Global Marketing Product and Portfolio Strategy Astellas, Japan and Nigel Griffiths, Director, Insight Research Group, UK

Chair: Diana Tan, IMS Health, Singapore

This paper discusses how the theory of Behavioural Economics should be applied to current day research techniques to overcome the shortcuts and biases that are inherent in any response to questions around motivation and decision-making.

Developed in the 70s to explain why humans do not make financial decisions as predictably as we think (something a skilled salesperson has known for years) BE has been spreading ever since through social and psychological disciplines. BE is now emerging as a major issue for marketing researchers as it raises basic but profound questions about the validity and reliability of what we do.

It has been calculated that during any given second, humans consciously process only 16 out of 11 million bits of information. The fact is when it comes to decision making we do not have the time or ability to conduct a full conscious audit of all the possible influential factors. We take advantage of a wealth of shortcuts and biases and worse still we are usually unaware of what those are or the influence they have had.

Therefore people's ability to interpret their past motivation or predict what they will do in the future is fundamentally flawed. The BE toolbox therefore places heavy emphasis on observation and context rather than self-interpretation, asking 'what?' questions, rather than 'why?' and 'how?' questions.

The case study presented to illustrate the point was taken from a study on female patient sufferers of Overactive Bladder. While the study was a global one, the paper focused on the findings from Japan. Three different qualitative methodologies were used:

- in depth interviews
- online diaries
- online forum discussions.

.....which allowed the authors to compare the type of data which was generated via each approach.

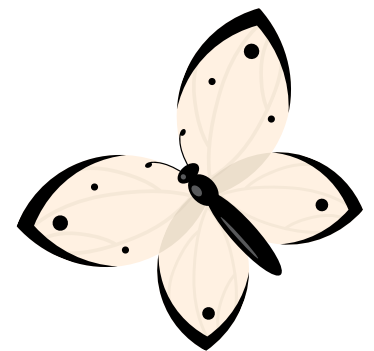
In Depth Interviews (IDIs)

In summary, in depth interviews proved very good at accessing detailed information around the patient's journey, emotions, underlying motivations and beliefs. In particular using projective techniques borrowed from counselling and social sciences helped the patient put some personal and emotional experiences into words as well as showing their feelings around these.

On the other hand, IDIs were less able to shed light on personal blindspots, and patients had a tendency to emphasise some aspects of their experience and underestimate the importance of other factors. Also, because IDIs happen in a 'one off' setting, there is a danger of hearing a rehearsed 'story' of the patient's reality rather than catching real life events and experiences in true context.



Nigel Griffiths



Online Diaries

Online diaries were excellent at getting the researcher close to the true context of the disease in the daily life of the patient. By obtaining data from multiple visits, the researchers did not rely on one interview event but heard from respondents after a range of experiences and in a range of different moods.

The approach enabled the respondents to examine how their disease affected their daily life physically and emotionally. Also there was a value in letting respondents set their own agenda and highlight what mattered to them without being biased by a researcher.

On the other hand it could be argued that not having a researcher to probe and challenge meant that there was no follow up to get a sense of priorities or understand rationales behind behaviour.

Online Forums

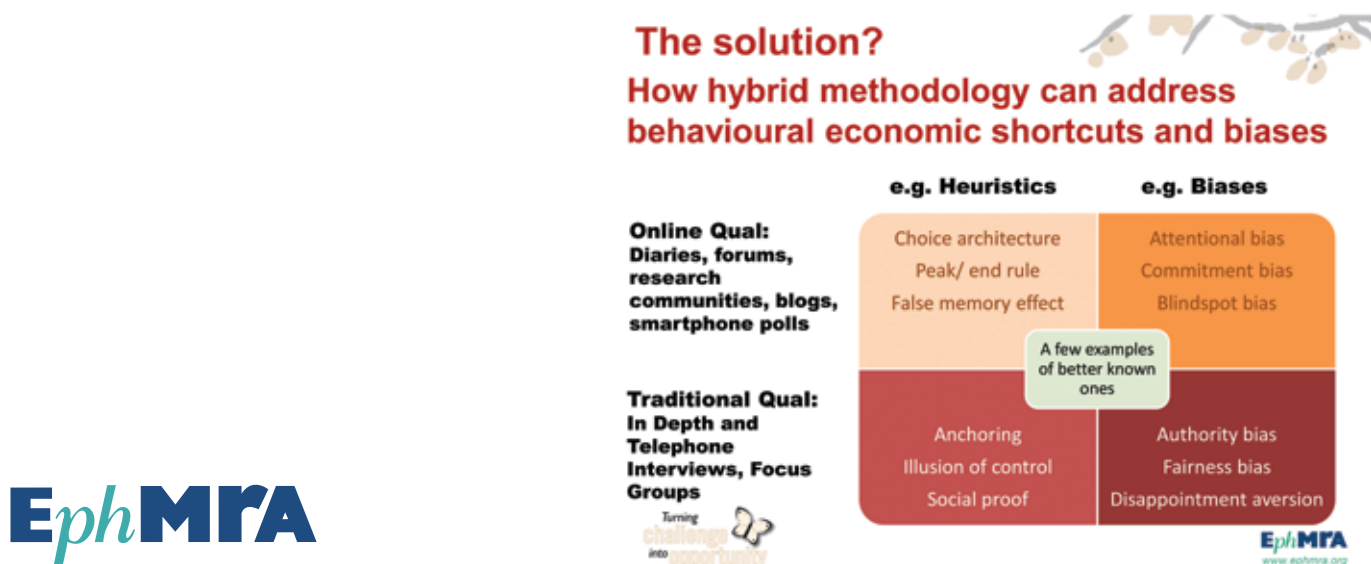
Online Forums are a rich source of shared discovery and support across a period of time, where fellow sufferers were able to compare their experiences in safe anonymity. This approach was also ideal for the exposure of blindspots (i.e. bringing to light important issues which some patients had not been aware of), they minimised the kinds of attentional biases that often happen during one-off IDIs.

Online forums allowed time for groups of patients to reflect for several days on the impact of the disease and how they were coping with it.

On the negative side, this approach (like all group methodologies) was vulnerable to group bias behaviour as well as lacking some of the depth in probing and projection which is possible through face to face methodologies.

Conclusion

Hence, the learnings from the case study (as illustrated in the slide below) clearly demonstrated that the use of hybrid methodologies can be complementary and helps address some of the heuristics and biases which hide the true drivers and motivations of consumers.



Specifically:

1. Stigmatised therapy areas present a significant challenge for the qualitative researcher wishing to understand the patient experience. Moreover each country/ market presents their own challenges due to cultural sensitivities and perceived restrictions in what marketing research can achieve
2. A hybrid methodology allowed a wider set of beliefs, attitudes and coping mechanisms associated with presentation/ diagnosis and patient persistence
3. A hybrid methodology allowed a more holistic overview by playing to different aspects of the patient experience and minimising possible heuristics and biases which could occur if relying on conventional face to face approaches
4. Clear need to stop undervaluing online qual methods - they offer far more than just alternative ways of doing 'standard' qual
5. Hybrid approaches are the optimal way to comprehend human behaviour and decision making holistically because they can navigate the researcher around the biases and short cuts which hide what humans really think, mean and do
6. Where timelines and budgets DO NOT allow Hybrid approaches, researchers need to ask careful questions about research priorities including likely heuristics and biases. Then choose the most appropriate qualitative tool or tools
7. The diversity of tools now available also empowers and compels us to ask more adventurous and realistic questions about human experience, motivation and decision making.

Written by

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Laena Liu



Zoltan Lantos



Peter Caley

Parallel Session 7

Patient-centric Business Models: The New Way to Generate Value for the Pharma Industry

Laena Liu, Global Product Manager, Market Opportunities & Innovation, Head of Qualitative Consumer Experiences, GfK China and Zoltan Lantos, Global Product Manager, Healthcare and Consumer Health, Brand and Customer Experience, GfK Hungary

Chair: Peter Caley, Branding Science, UK

Following a repeating theme at conference of 'patient centrality', this paper demonstrated how patient-centric models are becoming increasingly important in Asia in determining 'health value'. The trend in Asia of these patient-centric models is likely to become especially important in markets where patients are expected to pay for a large proportion of their treatment costs.

Zoltan and Laena showed how the world is changing from a competitive to co-operative society and how the pharma industry needs to respond to these changes. They purport that the visit to the physician is often a standardised 'mass production' experience - focusing on organ function and not the health challenges facing patient and as a result, medicines also become 'mass products' - with few differentiating features. As a result of this environment, there will become an increasing need to develop 'complete-care' models and processes, with 'health value' generating approaches which are centred on patients.

A key to this change in focus, the speakers claim, is to understand that health does not necessarily mean 'healthcare' but health DOES mean 'wellbeing'. The chart below shows the total health related expenditure is increasing and the health related consumption has become one single integrated market - especially from the consumer/patient perspective.

One Integrated Health Market



Source: Dr. Zoltan Lantos: Integrated Health Economy Model, 2011



Patients are continually struggling to look and feel good, with the demands of a busy life but alongside this, the health gap is increasing, as the healthcare systems cannot keep up with the ever increasing health demand - especially with limited resources. Zoltan and Laena explored the differences between markets - particularly India, China and Korea - where the performance element of health is more important than in other countries. In Thailand and Indonesia, however, tradition is very important.

With regard to information, the speakers demonstrated how patients are becoming increasingly empowered by information, with patients now being seen to be 'clients' - with the result that their satisfaction is becoming ever more important.

What is key to the future is that patient-centric care is the way forwards both for healthcare professionals and the pharma industry, in the drive to move away from the old business model which is clearly not relevant any more.

“Patient centred care is crucial in health reform. When care is patient centred, unneeded and unwanted services can be reduced.” - American Board of Internal Medicine.

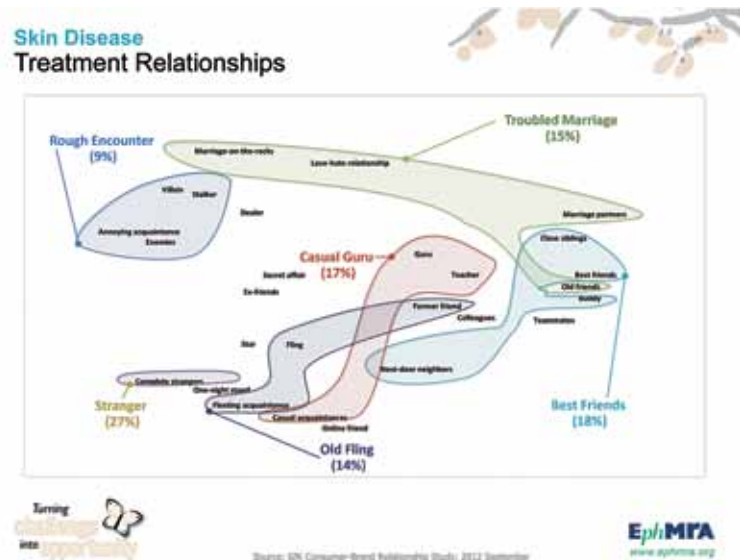
Zoltan and Laena suggest that the intervention and sales focused model of the pharma industry needs to be re-engineered into a process based, customer value generation model, as described by M.E Porter in the slide below:



Value generation is based on medical value determined by outcomes - especially patient reported outcomes, as well as patient experience and customer satisfaction and whilst we all know that health is very subjective, there is increasing evidence that perceived health and mental health are closely related. The speakers showed a fascinating case study of a patient with a skin disorder, showing 5 experience modes and how the healing process can be engineered (see below).



So what does all this mean in terms of the relationship to the brand? Zoltan and Laena suggest that consumer-brand relationships can be very well characterised by the metaphor of human relationships - this being universally understood and identified with. Using this type of analysis provides very emotionally rich, organic and evocative understanding of each market. The chart below shows these relationships in graphical format.



It would appear that there are many opportunities for ‘patient centricity’ and there is increasing evidence that in today’s environment where communities have the largest influencing power, to connect to these communities (both virtual and real) can bring success and valuable patient experiences. As importantly, for the physician, it is clear that these patient interactions can influence brand perceptions of the physician and therefore this further reinforces the need to adopt patient centric models.

Written by

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Turning
challenge
into opportunity



Parallel Session 8

The Changing Role of Pharmacists - Pure Pharmacists to Counsellors and Sales Agents

Speaker: Odette Navarro, Managing Director, Branding Science, Philippine Branch

Chair: Jane Zhou, GfK China

Odette gave us a very detailed and insightful presentation on a very interesting topic which was the changing role of pharmacists - from pure pharmacists to counsellors and sales agents.

At the beginning of her presentation, Odette gave us a brief introduction about the current overall healthcare status in the Philippines. This special market has several dynamic facets.

First of all, Philippines is a non-reimbursement market. There is no reimbursement for their healthcare expenses. Meanwhile, the cost of consultation and medicines is increasing. Hence, patients need to afford heavier burden for their healthcare related issues.

Secondly, their government also tries to initiate and enforce new legislation to help patients meet medicine costs, e.g.

- Generics Act - requires generic use in Rx
- Maximum Drug Retail Price (MDRP) regulates prices for select brands.

Based on the current situation, it is more and more common for patients that they go to a retail pharmacy and ask for help/advice from pharmacists when they encounter healthcare related issues. If their disease is at a mild to moderate level, they would like to seek help from pharmacists instead of going to see doctors, i.e. to avoid expenditure on consultation fees.



Odette Navarro



Jane Zhou

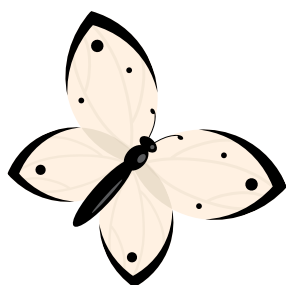


Hence, the situation and the dynamics in the Philippine pharmaceutical market have influenced the shift and expansion in the pharmacists' role and is now extended to:

- Patient education
- Patient counselling
- Promoting brands.

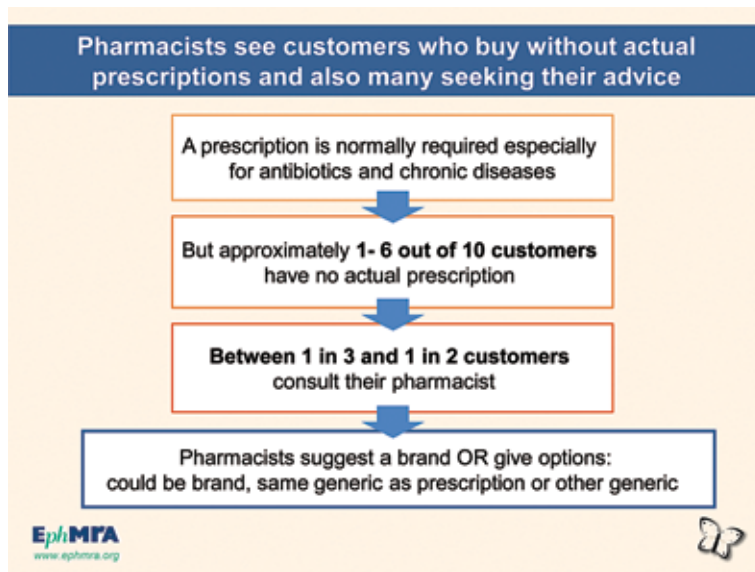
Then, Odette introduced a study which was undertaken where the aim was to explore the views and experiences among pharmacists at drug store level, including their daily interactions with customers. Also, they needed to clarify / explore if pharmacists are a worthwhile promotional investment from pharmaceutical companies. Target respondents in this study were Pharmacists from chain and independent drugstores, and they used in-depth interviews as the methodology.

Odette then showed the key findings in this project. First, they reviewed the primary role of a pharmacist during their day-to-day interface with customers.



Along the patient's treatment pathway, pharmacists help in educating, ensuring compliance and safety. They said:





And more and more patients consult their pharmacist on which product/brand to buy. Data shows that pharmacists suggest brands to customers depending on their own assessment. When patients ask for recommendations, pharmacists will give them their recommendation if:

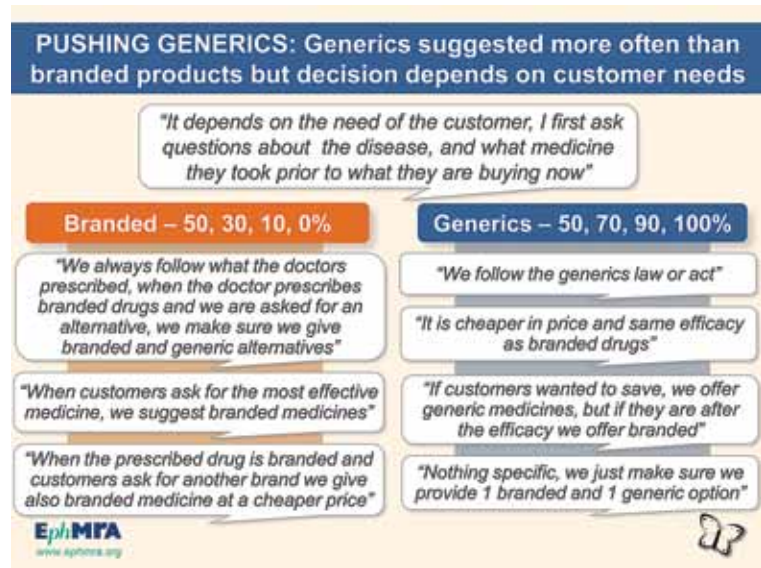
- Patients are unsure of what they're buying
- Some patients don't consult physicians due to expense

Pharmacists will suggest brands based on their extensive experience.

In the next few slides, Odette gave us a deep analysis about patients' insight behind their behaviour - seeking advice among pharmacists. When patients are unsure, they ask for help from pharmacists. This behaviour is based on their trust and high regard for pharmacists as professional and credible people when it comes to medicines or drugs. Customers expect and believe pharmacists will provide options with discounts or stronger drugs according to their fruitful experience. Some customers would really follow what pharmacist advises them, sometimes, even those with prescriptions on hand. They expect Pharmacists to have concern for the patients - that Pharmacists will advise what is beneficial to patients. When unsure, they consult pharmacists just to have options and compare - based on price and based on efficacy.

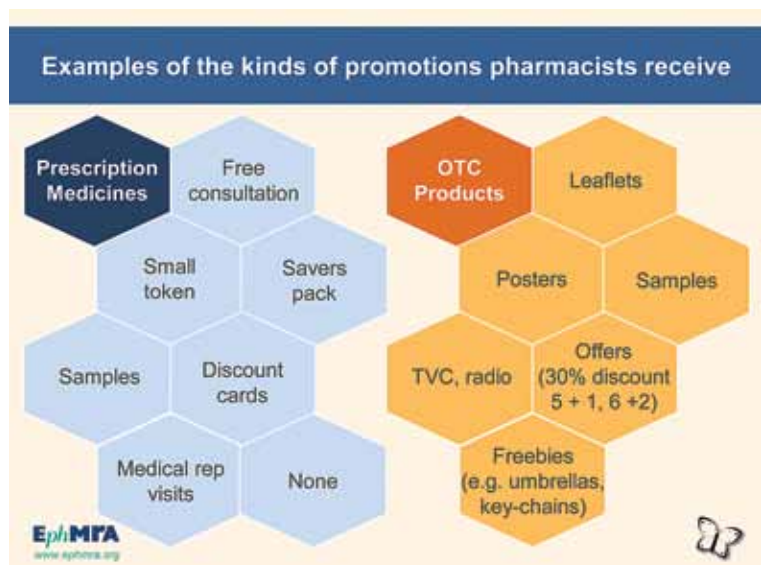
On the other hand, some pharmacists claim that they are required to promote brands. They do have a quota every day and it is the Pharmacist's responsibility to hit quota by pushing on-going promotions. Odette reminded us that although pharmacists have a requirement to promote, the customers will make the final decision.

When giving recommendations for customers, pharmacists will promote generic products more but the final decision will be made depending on patient's needs.



So far, we can see that pharmacists can impact on patients' choice to some degree. Also, promotion and related programs will affect pharmacists' recommendation.

In the next section of the presentation, Odette paid more attention to show findings about promotions among pharmacists.



The majority of pharmacists feel these promotions are effective. In a 10-point scale evaluation for their effectiveness, almost all respondents gave 7 and above scores. Pharmacists also said that they do need more training, especially on new available drugs, as well as other support.

Finally, Odette gave us a summary about the study, the conclusion and its implications. Pharmacists may have a significant part of patient's buying decision process as:

- Educator
- Patient counsellor
- Encourage compliance
- Promoter / sales agent

They can either be proactive to promotions or simply respond to patients enquiries or requests. Their expanded role is now driven by the need of patients for a real counsellor at the drugstore level and in response to promotional stimulus.

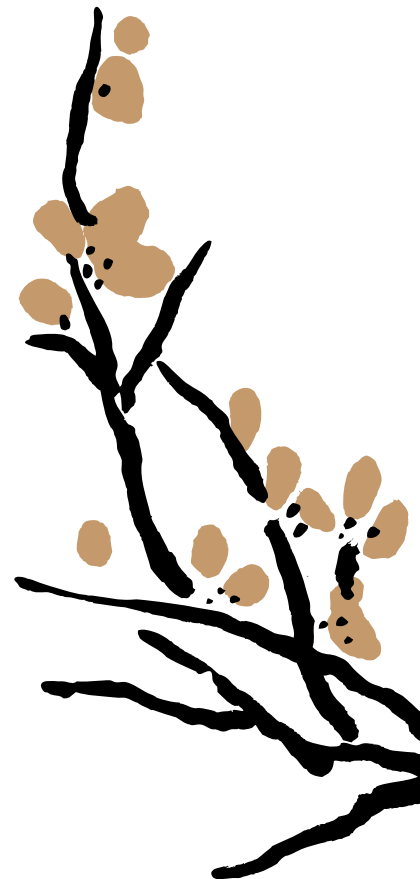
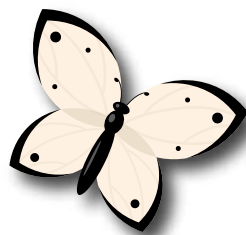
The paper was well received by the audience and explored current pharmacists working role in such a specific market. Some of the audience just wondered if pharmacists will recommend more brands because of the hidden benefit if more promotions are conducted among them. If yes, will this behaviour damage patients' trust and regard? Odette said that they do not have such a concern, as pharmacists insisted that they will stand in patients' shoes and help them to choose the most suitable products; cheaper and effective for patients' condition. The role of the pharmacist remains as educator and counsellor and additionally as promoter / sales agent. As patients need immediate advice, they will not think of the hidden benefit for the pharmacist, rather the help that they get from the pharmacist.

It is expected that generic products might be prioritised but the most important thing is that customers have the last say on the brand / product to purchase. Pharmacists are just there to guide and assist. Hence, the precious trust and high regard won't be affected and hurt and for simple diseases, pharmacists should be the first choice when they are seeking consultation because it is free and easily accessible.

Written by

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Turning
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into opportunity





Mark Jeffery



John Branston



Martin Lange

Parallel Session 9

Rx rationale - market research via iphone App.

**John Branston, Director, The Research Partnership, UK and
Martin Lange, Associate Director Global Business Intelligence -
Oncology, Merck Serono, Germany**

Best of EphMRA 2012 - JH Award Winner, Best Paper, Paris 2012

Paper given in Beijing by Mark Jeffery, Founding Director, The Research Partnership, UK

This paper explored the potential of smartphone-based applications (“Apps”) to provide a platform for succinct, immediate, detailed qualitative insight into physicians’ prescription rationale at the point at which they write a prescription.

In collaboration with Merck Serono, The Research Partnership were asked to develop an experimental phone app, which would enable Merck Serono to gain insights into treatment decisions relating to key competitor products in advanced non-small cell lung cancer. The idea for this approach was generated from understanding the very high levels of uptake of smart phone, and tablet technology amongst physicians. Data was shown highlighting the fact that 80% of practicing physicians use this type of device during the course of their working day. In addition, Martin outlined the reasons for this approach from the client side, largely wanting to have better quality data and clearer rationale behind quantitative prescribing behaviour.

Martin outlined the methodology and sample - 10 oncologists and pulmonologists in Germany, each submitting 10 patient cases. John went on to explain the briefing process for those who had agreed to take part. This was done via two approaches, either in a focus group environment or downloaded via i-Tunes. Fieldwork took just over a month to complete, as there were some technical issues, in particular with synchronising the data and one respondent dropped out of the survey.

John described how the app was designed and developed, whilst respecting the fundamentals of market research (e.g. making it a positive user experience, keeping it short and simple etc.). It also needed to be unobtrusive and to fit in with the clinical setting. For a variety of reasons, an iphone app was considered to be the best option. John warned that software developers don’t speak market research, so the challenges in the process of development should not be underestimated.

The development process resulted in a simple app which enabled the physician to answer pre-coded questions as well as record responses to open ended questions. These recorded responses could then be transcribed and content analysed immediately the data was sent by the physician.

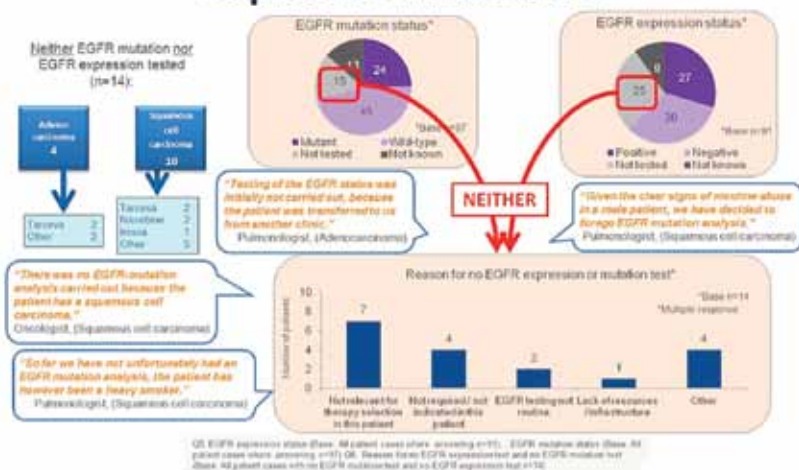
The app, which physicians downloaded onto their smart phone or iPad was a



short survey designed to capture information about the patient they had just seen. The information collected included patient characteristics, tumour type, and treatment decisions. At several key points, respondents were asked to record verbally their reasons for their actions. While they made this recording, prompts were shown on screen to ensure that all parts of the question were covered.

Completed patient cases were collected in an SQL database, in real time, which included an embedded audio file. This could then be easily translated and transcribed. Martin showed some of the outputs from the research, illustrating the richness of the information gathered both quantitatively and qualitatively. They could both clearly see the prescribing behaviours across the cohort of 100 patients, and understand qualitatively the reasons for decisions being made on a case by case basis.

Rationale for NOT testing EGFR expression/mutation

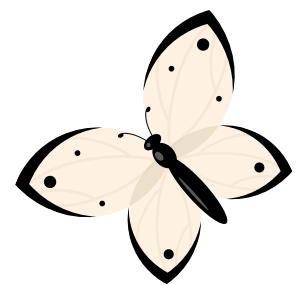


All physicians were followed up after they had participated in this study and response was generally very positive, with the only caveats being that privacy needs to be considered as well as availability of wi-fi at the clinic.

John openly laid out the learning points that he had uncovered during the course of this survey, they included improved functionality, such as less scrolling and more colour in the application.

So what does the future hold for this type of research? John provided us with a comprehensive list of the benefits of this methodological approach - such as, reaching and engaging with new respondents and collecting data closer to the point of decision making. There were some important lessons to be learnt from this pilot study to ensure that the user experience is as positive as it can be and John advised us to look more widely at available apps - perhaps talking to programmers - to really understand the scope of these valuable tools.

From the client perspective, Martin felt that this was just the start, with mobile research being very much the here and now and not the future. With the emerging markets embracing mobile devices even more than the USA, Europe and other established markets, it is likely that mobile research will become an even more important market research tool in the future.





Regina Gowindah



Joseph Chua

Parallel Session 10

Incovering the underlying truth behind patient and physician psyche

Regina Gowindah, Regional Market Research Manager, Takeda Pharmaceuticals, Singapore and Joseph Chua, Research Director, Ipsos Healthcare, Singapore

Chair: ShengWei Lam, Sanofi-Aventis, Singapore

Regina and Joseph highlighted an issue facing many pharmaceutical companies in today's environment - that of a highly satisfied physician market and seemingly little opportunity for a new product (in this case a new PPI) to be introduced. In the GERD market landscape prescribers seem very satisfied with the existing treatments and qualitative market research first undertaken by Takeda identified little market opportunity for a new PPI.

The challenge facing Takeda was clear: how to position a new drug in a sector where physicians do not feel there is a need? So Takeda decided to take a step back in order to examine the issue from another viewpoint and asked themselves 3 crucial questions:

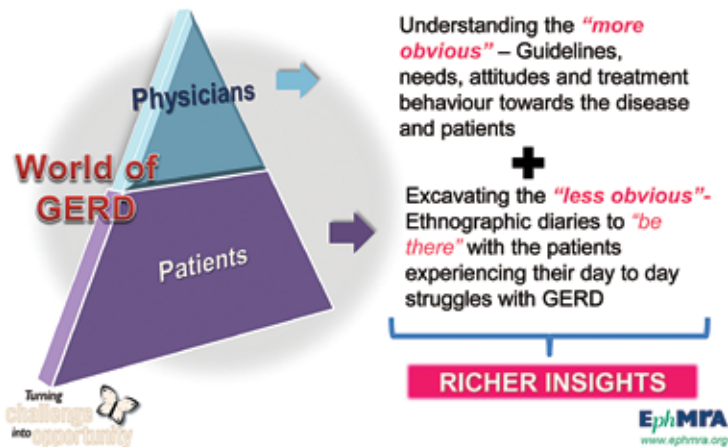
1. What insights are needed to create a competitive differentiation point for the new drug?
2. How do we go about obtaining these insights?
3. How can these insights work to create a compelling positioning strategy?

Through qualitative research it emerged that this traditional market research approach was limited in terms of obtaining the insights needed to understand physicians' perspectives and as far as physicians are concerned, there are no unmet needs that cannot be managed. However Takeda (from this research) developed a hypothesis that there remained unmet needs amongst the patient population and these needs were not top of mind for physicians.

So, Takeda set out to understand how patients were coping with their condition and their feelings towards their current treatment and took a holistic, multi-stakeholder approach to identifying and leveraging unmet needs in developing a brand positioning and communication strategy for a new product launch.

The approach taken focussed on digging deeper to uncover the less obvious views held and harvest richer insights. Ethnographic diaries were used to support patients experiencing their day to day struggles with GERD and this combined with focus group discussions formed a discovery stage of research.

The approach: Beyond focus group discussions

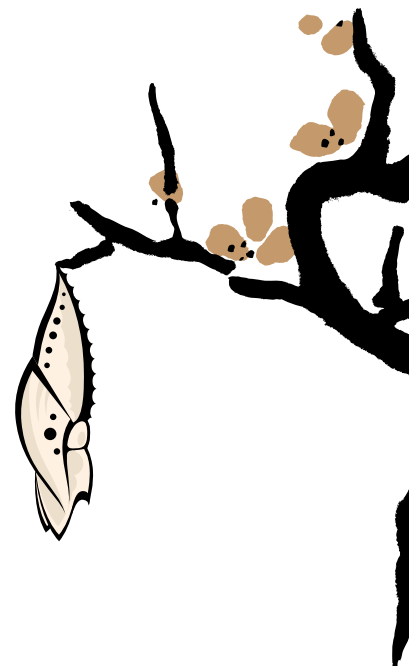
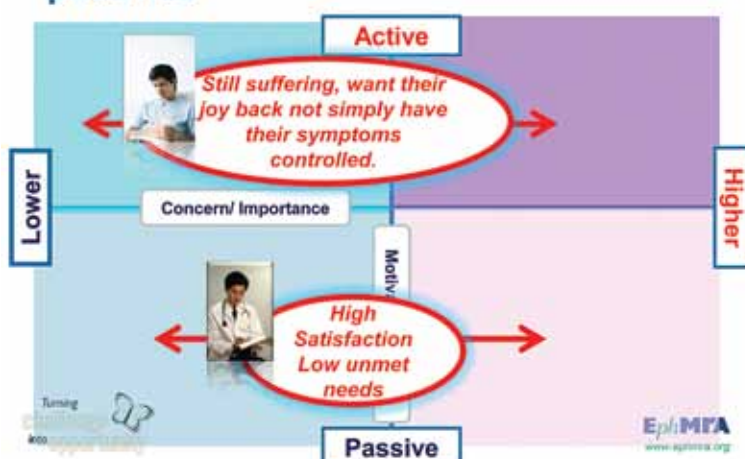


The focus groups were structured to enable patients to envisage a world where there was no GERD (as well as with GERD) and used image and mood boards to explore and illustrate their feelings. Diaries recording symptoms as well as feelings as they developed were also completed for a 5 day period and captured information such as:

- How they were instructed to take their PPI by their doctors
- How satisfied are they with their current PPI
- Their current Pain or Discomfort level
- Symptoms experienced over the 5 days and the time
- Their treatment regimen whenever they suffer from symptoms (what they took, when, how much, etc.) on a day-by-day basis
- Feelings toward GERD (before and after medication)
- Their ideal GERD medication.

Using this approach it became apparent that patients were suffering and were not satisfied with current treatment. Indeed, there was a clear disconnect between physicians and patients' perspectives and this was a key finding of the research. The diaries provided the 'hard' evidence as to what the patients were experiencing and the ethnographic approach gave detailed insights.

Dissonance between physicians and patients



Furthermore a quantitative survey amongst patients was undertaken to validate the qualitative findings and this enabled Takeda to look at all the research findings in a holistic manner which was key to uncovering insights.



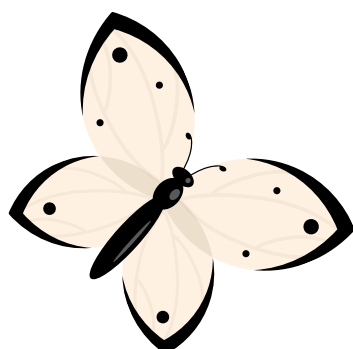
Keys findings from the quantitative phase included:

Only 23% of the patients said that their pain or discomfort was completely under control. This was because patients had rated or given their responses by benchmarking with their previous OTC medications or home remedies. So current PPI treatment were indeed better, but information from the diaries showed that they were NOT the MOST optimum. Patients did not know that their symptoms could be better controlled and doctors did not understand the full extent of their sufferings.

Nearly two-thirds of the patients surveyed said that heartburn/ GERD/ acid reflux symptoms had significantly disrupted their life and nearly all on PPIs were still experiencing symptoms. Only one quarter felt their pain was completely under control. As a result of this multi-stakeholder approach, Takeda were able to develop a strong 'patient-centric' communication strategy to support the launch for their new PPI and helped the communications agency to develop a new set of details aids especially for the Asia region - not just using the US versions.

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Parallel Session 11

Understanding market access drivers for oncology therapies in Asia - a case study for China, South Korea and Taiwan

Javier de Renteria, VP Global Market Access Europe, Kantar Health Germany and Questa Lin, Country Manager, Kantar Health Taiwan

Chair: Kenneth Shearer, MSD KK Japan

Javier and Questa looked at the market access drivers across key Asian territories (China, South Korea, and Taiwan) for this unique therapy area, outlined the challenges of growing oncology brands in this diverse region, and identified the key stakeholders/influencers who can help pharmaceutical companies achieve success.

Over the past five years, the global oncology market has more than doubled its rate of growth, making it an attractive market. Growth globally is still higher than average at 3.7%, with the market for the top 100 drugs standing in 2009 at \$282 billion, over \$51 billion of which came from the top 20 drugs. This growth is driven mainly by a 10% - 11% growth in pharmerging markets and the strong growth of cancer therapies in regions such as Asia.

The speakers initially focused on describing the burden of disease showing how Asia is a strong oncology market, accounting for nearly half of all new cancer cases in the world. Price controls and reference pricing work in conjunction to restrict rising costs associated with the treatment of various cancers. In addition to price & cost controls, influence in decision making, perception of changes in future for HTA, and the current funding and reimbursement scenario for China, South Korea and Taiwan. Affordability is an issue of great concern among patients due to the high out-of-pocket component of the cost of the drug while the lack of intellectual protection is a particular concern for companies bringing higher-cost oncology drugs to market. Centralised and regional decision makers influential in market access and reimbursement weigh heavily in gaining reimbursement, though in some markets, formulary inclusion can be gained independent of Health Technology Assessment (HTA) evidence. HTA processes (although defined differently than it is in western countries) are not transparent and are at different stages across different Asian countries.

China

In the case of China, cancer is the second leading cause of death after cardiovascular disease. In the last decade, the incidence rates of many malignant cancers have steadily risen, including those of the country's most common cancers, such as colorectal, gastric, liver and lung cancers. Even when patients discover their illness, many cannot afford imported brand-name drugs, which typically cost more than local generics as treatment costs are covered mostly by the patients and not via a national insurance plan. Wealthier Chinese patients will opt for branded products, and here it is key to have ongoing education and pre-launch activities such as local clinical trials, as well as a communication strategy focused on the need for a new therapy if companies are to successfully penetrate this market. Price setting at national level needs to be addressed for expensive oncology drugs.



Javier de Renteria



Questa Lin

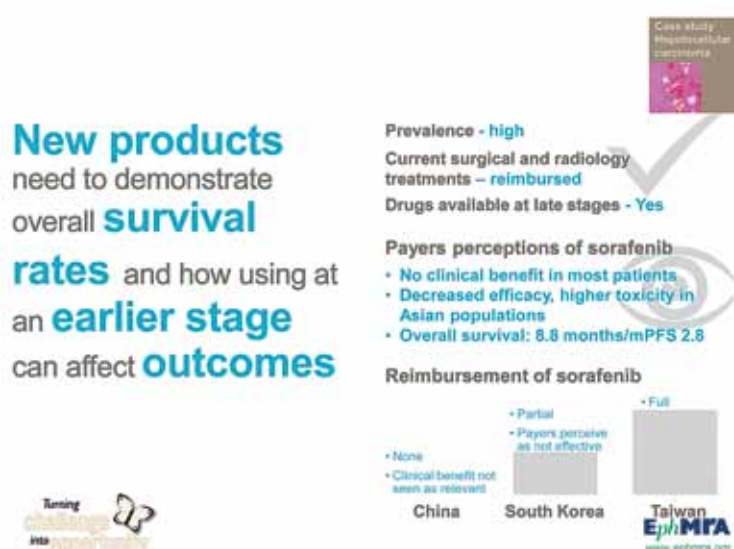
South Korea

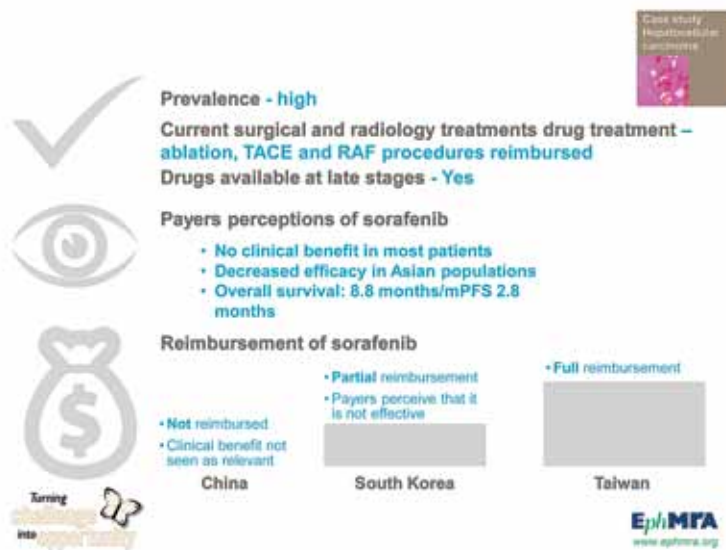
In South Korea, co-payment is typically 5% for cancers such as lung and breast cancer, but some cancers have a 52.5% co-payment (e.g., HCC). This encourages patients to buy private insurance to help cover out-of-pocket costs. For patients with chronic conditions such as cancer, this option has grown in popularity and a recent study of the Korean health system found that about half of all cancer patients in Korea have private insurance. The National Health Insurance Corporation sets prices for new drugs, and pricing is decided by a system of reference pricing. Even with insurance, patients only receive partial reimbursement for new oncology drugs so that affordability for the patient required co-payment could be an issue when assessing potential product uptake. Providing evidence of the treatment value to the Health Insurance Review and Assessment Service (HIRA) is also key for reimbursement.

Taiwan

New oncology treatment is covered mostly by payers as 99% of the population have health insurance through the National Health Insurance Program, which covers inpatient care and diagnostic imaging and healthcare exams. This and the fact that cancer continues to be the leading cause of mortality, with lung cancer and liver cancer rates higher than other categories and incidence across nearly all forms of cancer rising, make it an attractive market for oncology product launches. Pharmacoeconomic studies are increasingly utilised when setting reimbursement prices. The strength of local clinical and economic data models, coupled with a well-developed relationship with the drug review committee in the Department of Health and Center of Drug Evaluation, are incredibly important in terms of gaining access.

Finally, using a case study for sorafenib, a treatment for Hepatocellular carcinoma, the presenters showed that each market requires a different strategy for market access for new HCC products. Within these areas, there is a high prevalence of HCC and the current surgical and radiology treatment approaches are reimbursed and aimed at the later stages of the disease after ablation, TACE and RAF procedures. Payers perceive sorafenib to offer limited efficacy and it has yet to show clinical benefits in a large percentage of patients.





Prognosis for HCC patients is poor, even in developed countries. For all ages and all stages, the 5-year survival rate is 17.5% in the US, 8.5% for France, and 19.2% for Japan. [Kantar Health CancerMPact Patient Metrics, accessed March 28, 2012; EUROCORE-4 (Sant, Eur J Canc, 2004)]

The main benefit described for sorafenib is an overall survival of 8.8 months and in some cases better quality of life. For example, in China, the pricing for new HCC products might have to consider economic factors following uncertain criteria, meaning that there is a need to follow the agreement with NICE and how the criteria and process are developed in order to address new economic requirements by the NDRC. In South Korea and Taiwan, however, the price for new HCC products will be based on price referencing for other countries and therefore it is important to optimise the launch sequence so that price referencing is not affected by lower price countries.

Written by

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Marilou Bautista



Ooi Hooi Min

Parallel Session 12

Market Access Challenges in the Philippines, Thailand, Singapore and Malaysia

Marilou Bautista, Business Unit Director, MSD (I.A.) Corp, Singapore and Ooi Hooi Min, Engagement Manager, PMR ASEAN, IMS Health, Malaysia

Chair: Graeme Jacombs, Kantar Health, Singapore

This paper outlined the challenges faced by MSD in accessing markets for the launch of an anti-arrhythmic product agent for AFib in Thailand, Singapore, Malaysia and the Philippines. Hooi Min and Marilou talked the audience through the 3 stages of the research: mapping the stakeholders, defining priority messages and determining the optimal price.

Stage I (Mapping the Stakeholders) involved IMS and MSD posing the following questions:

- Which sector should be the focus?
 - Looking at available information sources
 - Assessing the usage of drug treatment in public and private hospitals
- Who are the relevant stakeholders?
 - Private setting: individual cardiologist/physician makes the decision
 - Public setting: assess the key decision makers, how these decision makers interact and their roles and responsibilities
 - Involvement in market access decisions is a key factor - this who have the Go-No Go decision making capability are key
- How feasible to reach these stakeholders?
 - Stakeholders can have a role at National level: on National Drug Formularies (Malaysia), on the Health Sciences Authority (Singapore) and NLED in Thailand => as it could be challenging to reach these national level stakeholders, company need to work around inferring possible feedback from this stakeholders
 - At the hospital level key decision makers include the Hospital Director (Malaysia), Pharmacy and Therapeutics Committee (Singapore) or Hospital Drug Formulary (Thailand) => some Hospital director or Head of department may not be familiar with a particular disease area, hence drug value may be undervalued

Mapping the stakeholders

However, we need to consider some of the limitations and challenges in reaching these stakeholders

• Committee members of National Drug Formulary and NLED

Identity not known/non-disclosed

• Head of Department

May not be familiar with disease area

e.g.: Head for medical department could be a Nephrologist -> to evaluate an anti-arrhythmic agent

• Key Opinion Leader

How to define KOL?

- Assessing the differing needs of stakeholders in terms of the process of drug evaluations.
 - Product efficacy information is usually appreciated by physicians, whereas KOLs look more to good clinical evidence to support drug listing submission. Formulary members tend to require the health-economic data.

Stage 2 (Defining Priority Messages) involved aligning key messages to test and the challenges which faced both companies.

Consideration was given to:

- Target segment
- Best statement to reflect product image
- Emotional and end-use benefits
- Product attributes

The Value Proposition had to be compelling, distinct, achievable and sustainable and had to be accepted within the company - this involved the process of aligning marketing and medical departments.

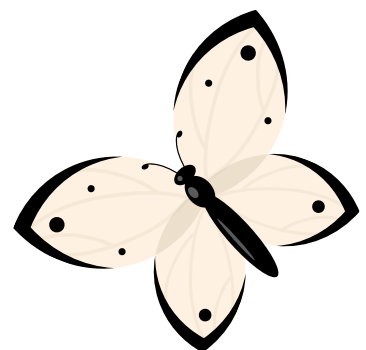
Defining priority message presented challenges as there was limited local data about unmet needs, standards of treatment varied across markets, Global and Regional marketing had to be aligned and the determination of local value (in \$) had to be achieved.

Defining Priority Messages

Implications of Results

Different messages may lead to difficulty in coming up with an Asia Pacific regional key message

Impact on development of future promotional materials

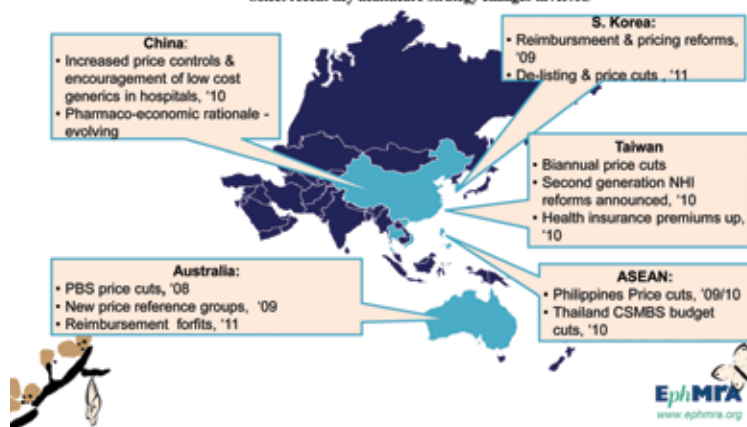


Finally, Stage 3 (Defining the Optimal Price) highlighted that an increasing focus on cost containment and healthcare reforms across the region are influencing pharma growth trends. These challenges make it important for the company to identify the optimal price point to determine the critical balance between access and revenue.

Pinpointing Optimal Price

There is an increased focus on cost containment & HC reforms across the region affecting Pharma growth trends

Select recent key healthcare strategy changes in APAC

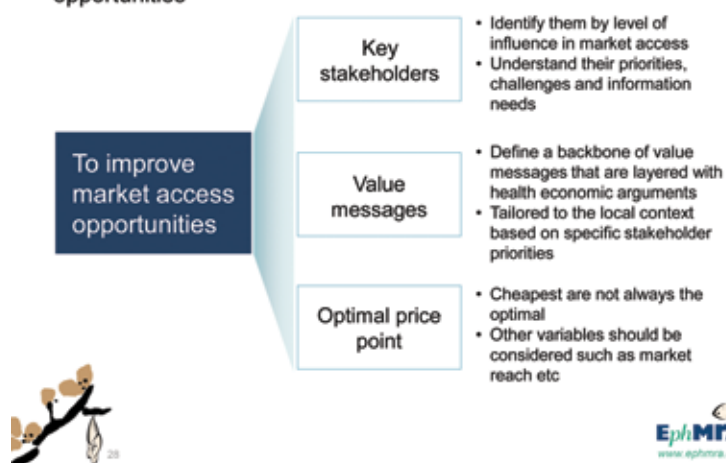


The company found that the lowest price was not always the optimal price, so whilst public payers were more likely to be very price sensitive, private payers were willing to support higher prices once they saw clinical proof of the product's unique efficacy benefits.

Key learnings were summarised as follows:

Learning and Sharing

Possible considerations in the effort improving market access opportunities



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Parallel Session 13

Maximising the value of usage and attitude study in China

Colin Xi, Senior Market Research Manager, GlaxoSmithKline (China) Investment Co., Ltd, Shanghai and Yong Huey Ling, Engagement Manager, IMS Health, China

Chair: Stuart Bartlett, PSL Asia, Singapore

Huey Ling and Colin presented an interesting insight into how you would go about designing, executing and using a U&A study in China. The presentation was particularly useful from the point of view that both the agency and pharma side perspectives were shared. Of significant interest was how pharmaceutical companies are using data from U&A studies and the level of granularity required in a large and diverse market such as China.

The presentation started with an overview of the China pharmaceutical market, touching on the double digit growth, 16% CAGR, and how this continues to attract increasing interest from pharmaceutical companies and is resulting in their being less of a lag between product launches in the West and China, and how big pharma are increasingly developing R&D capabilities in China. All in an effort to take advantage of the growth opportunities and counter the challenges faced around pricing and getting products onto the national reimbursement list. The latter being critical for broad consumption.

Huey Ling also touched on the unique nature of the China market and illustrated how products while slower in taking off in China, have a longer tail after patent expiry and that this results in the need for post patent promotion and the continued use of U&A studies post patent.

The presentation also helped to educate the audience on how big pharma, in an effort to maintain growth, is looking to expand into the lower tier cities in China. Both Huey Ling and Colin talked about how this is resulting in an “arms race”, with companies recruiting large sales forces, allowing them to expand into these new cities, and how market research needs to be able to mirror this sales and promotional focus and execute in these new cities.



Colin Xi



Yong Huey Ling



Stuart Bartlett

Varied focus in different cities

Lower tier cities overtaking growth in the major tier 1 cities

Major tier 1 cities			Low tier cities		
Rank	TA / Disease Category	CAGR ¹	Rank	TA / Disease Category	CAGR ¹
1	Anti-biotics	19%	1	Anti-biotics	34%
2	Anticancerants	26%	2	Anticancerants	47%
3	Antidiabetics & Insulins	37%	5	Antidiabetics & Insulins	42%

Stemming from the rapid economic growth and investment in the healthcare infrastructure



Source: IMS data



Bearing this in mind, Colin talked about the pressures this is placing on market research divisions in pharmaceutical companies as they struggle to support internal stakeholders across a broader product portfolio, multiple promotional channels and an ever increasing geographic focus.

With the scene set, and challenges appreciated, Huey Ling and Colin shared best practice principals when designing, executing and using a U&A study in China.

Huey Ling talked about needing to have a kick-off meeting to provide critical direction on:

- Target specialties and city coverage
- Potential changes due to sales force expansion
- Additional product indications
- Growth of brand/category in specific cities
- Key messages
- New evidence/data that may arise during the market research period
- Alignment of KPIs
- New promotional activities/campaigns being planned
- Representativeness of sample size vs. most recent sales force coverage

She talked about the importance of investing time up-front to ensure you are asking the right questions to the right people.

Huey Ling then talked through the benefits of using patient dairies to collect U&A data as opposed to recall based surveys, and how, in her opinion, this yielded greater data accuracy and a larger and more robust sample, facilitating required sub-group analysis by city etc.

With reference to the sample and needing to cover more and more cities, she talked about the challenges around quality control and the need for a strict data verification approach to be implemented and shared with the supporting client.

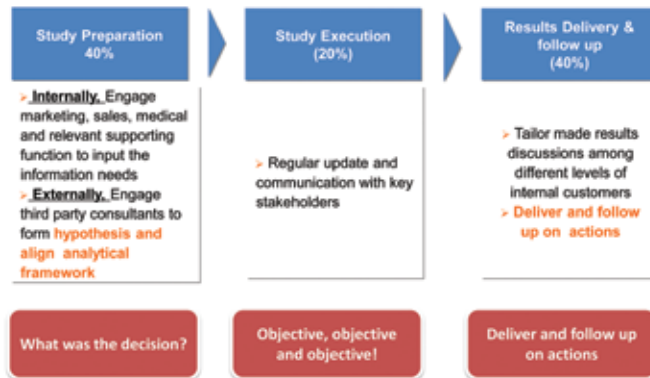
Based on the large data sets that are being collected and processed in studies such as these, Huey Ling talked about the need to have automated data analysis tools that allowed multiple analyses to be run. She referenced the automated charting software being used by her agency on projects of this magnitude.

Colin then talked about how data from U&A studies is being used by pharmaceutical companies. He talked about how data is being used to track opportunities relating to the broader market, brand performance and levers for growth. He illustrated how data needs to be dissected at a national, regional, city and hospital level and how this has tremendous implications on sample size and methodology. Reinforcing the importance of the set-up phase.

Colin then discussed the need to generate multiple internal reports catering for the needs of the sales and marketing teams and how detailed follow up analysis and discussion was required when digesting results.

Colin concluded by using the opportunity to reinforce the importance of the study set-up, design and sampling and how this together with the analysis plan and roll-out of the results and follow up discussions where the most important elements of U&A studies.

Way of Working to Drive Business Decisions



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He ended by reinforcing the challenge between expanding U&A studies and their coverage and the need to control costs. He also touched on the need for market researchers on the pharma side to be able to interact with external vendors and internal stakeholders, ensuring that the right data is being collected and that it is being used to align sales and marketing and drive the business in the right direction.

Written by

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Parallel Session 14

The challenges of conducting market research projects on ‘Branded Generics’ in emerging countries such as Thailand and Vietnam, using Japan as a comparative market

Reiko Hori, Board Member, Anterio, Japan and Tran Ngoc Dung, Managing Director, FTA, Vietnam

Chair: Graeme Jacombs, Kantar Health, Singapore

This paper explored the importance of ‘branded generics’ for pharma companies who are keen to grow their sales in emerging markets and the importance of positioning these products carefully. Their premise for this presentation was that multinational pharma companies will increasingly focus on optimising product life cycle management for existing products in order to increase company growth and profit margins and therefore ‘branded generics’ will be intrinsic to this growth planning.

Emerging countries in Asia such as Thailand and Vietnam are seeing increasing consumer purchasing power due to economic expansion - thus patients are seeking affordable and reliable medications now more than ever.

Thailand and Vietnam are countries with a young emerging population - for example in Vietnam one third of the population is under 25 years and this is having an impact on demand for healthcare provision.

Reiko and Tran showed that Japan’s expenditure on healthcare is growing by about 3% - as compared to Thailand (8%) and Vietnam (70% per capita increase). They are both countries dominated by generic medications (60-80% of medications used are generic) - compared to Japan where generics achieve around a 30% market share.

Private insurance is increasing in Thailand and Vietnam and these two countries are characterised by having a high proportion of public hospitals (80-90%) compared to Japan which is dominated by a private hospital structure and where there are around 23 doctors per 10,000 population. In Thailand and Vietnam the doctor ratio is less than half that of Japan.

Reiko and Dung outlined a study which was conducted in Japan, Thailand and Vietnam amongst physicians and pharmacists to explore how branded generics are used and perceived by these HCPs. It emerged that in Japan branded products dominate but in Thailand and Vietnam generics are used in more than 70% of patients and medications used tend to be in the mid to low price range.

Physicians in Japan expressed concerns about the safety of generic products and were concerned about variations in ingredients used during production.



Reiko Hori



Tran Ngoc Dung



Graeme Jacombs

How “Branded” and “Generic” products are used

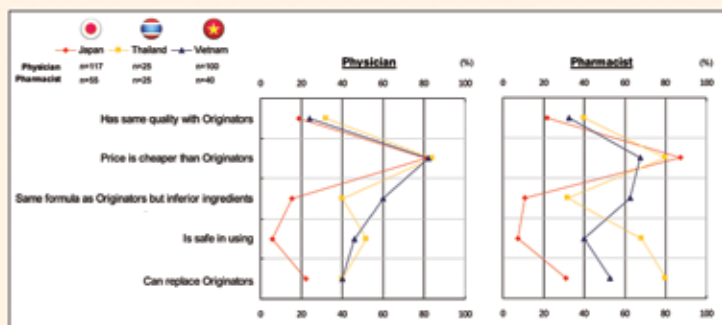


- ✓ Branded products dominate in Japan
- ✓ Physicians and Pharmacists use Generic Products in more than 70% of patients in TH and VT.

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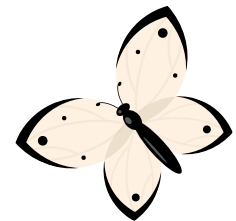


Perception of “Generic” products



- ✓ Perceived to be low price but quality a concern.
- ✓ Japan very concerned about safety.
- ✓ Perception on ingredients used vary.

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In contrast, physicians and pharmacists in Thailand and Vietnam feel positive towards local generic brands and associate them strongly with affordability and availability - indeed generic products from the USA/EU have a strong brand equity in these two countries and are well regarded. Furthermore they are seen to be good substitutes for branded products (view not held in Japan) and offer a stable supply from local manufacturers.

For pharmacists across all three countries the expectations are that branded generics will offer reasonable pricing and in Thailand they were considered to be very good substitutes for branded products. In Vietnam pharmacists expressed safety concerns as did the physicians.

The study results showed that in Thailand and Vietnam, opportunity does indeed exist for ‘branded generics’, with both physicians and pharmacists having positive acceptance for products positioned as ‘branded generics’. Physicians’ expectations focus on branded generics being reasonably priced but safety concerns need to be acknowledged in Vietnam and efficacy issues remain in Thailand.

In terms of therapeutic areas which represent the greatest opportunities, it would appear that products in the following therapy areas are possible contenders: Gastric/

Duodenal ulcer, Hyperlipidemia Cardiovascular (hypertension), Osteoporosis and Diabetes. Of the 3 countries, Vietnam shows the greatest acceptance of 'branded generics' as compared to Japan which offers the smallest opportunity due to concerns.

Reiko and Tran left the audience with these take away messages:

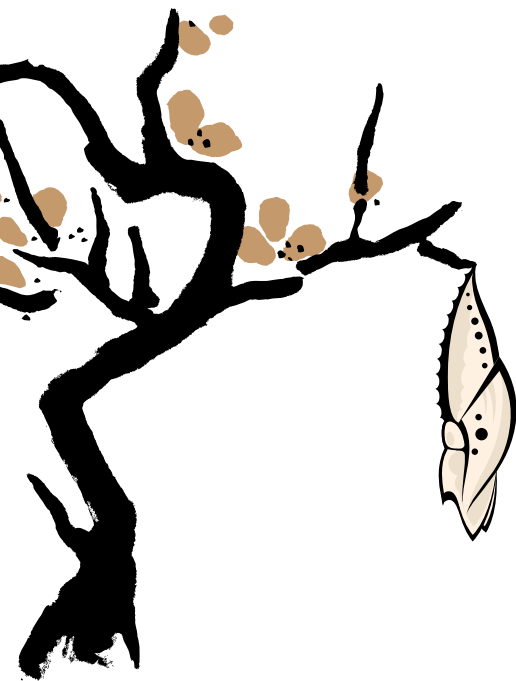
"Branded Generics" will be a new concept. To penetrate and persuade Physicians and Pharmacists, these next steps are needed:

- Good communication, education and knowledge will be necessary for customers. (Physicians and Pharmacists), particularly on how good brands can now be more affordable.
- Price positioning will be very important. (<40% more discount than original brand).

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Plenary Session

An Online Community of Diabetes Patients - Understanding Patient Mindsets

Paul Zhou, Managing Director, Illuminera Strategy and Katarina Olausson, Managing Director, IlluminCloud, China

Chair: Chris Krattiger, GfK, Switzerland

Paul and Katarina commenced by introducing the concept of online communities explaining the two main different types of online communities that exist.

1. Grassroots or open-insight communities: Communities where anyone can join, are driven by volunteers, has authentic interaction between patients. Examples of this are tnbz.com and diabetesmine.com
2. Sponsored or private insight communities: Communities which are a resource for patients to get informed about diabetes and “a place where people whose lives are touched by diabetes may be informed, inspired, and empowered”. These are generally branded communities and limited interaction between patients actually takes place. An example of this being that Lilly is a sponsor of the diabetes section in disneyfamily.com

Following this, they introduced their Diabetes community called TRYZH.com, which is an online community set up specifically with 120 Chinese Type II diabetes patients from across several large cities in China.

The objective of the website, which was recruited as a market research patient sample, was to enrich the understanding of the diabetes patient experience.

Members of this community are both asked to participate in market research activities (and discussions around specific topics or short surveys), but are also encouraged to take part in blogs and conversations, so they can share experiences, ask questions and post their own stories.

Especially in the blogs and conversations, much can be learned about diabetes patients’ concerns and fears, insights that are difficult if not impossible to get in a research situation.



Paul Zhou



Katarina Olausson



Chris Krattiger

Examples of what we hear...



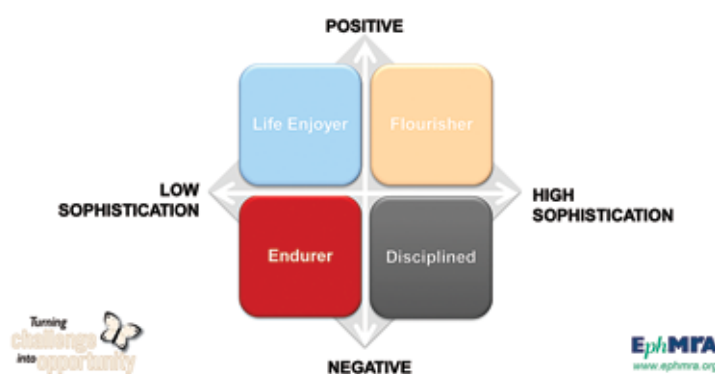
One of the main reasons for being able to get deeper insights through online communities, in comparison to traditional market research was said to be the fact that patients have a long term commitment to a community and it takes time and trust to share one's true feelings.

Furthermore, the fact that patients are sharing their beliefs in a community, where all are equal (all are diabetes type II patients), breaks down barriers and fears of being misunderstood or misinterpreted.

Through truly understanding patients and their specific mindsets in the community, segmentation could be performed and four quite distinct patient groups could be identified, namely a) Life Enjoyers, b) Flourishers, c) Endurers and d) the Disciplined.

An example of rich insights. How can we help patients change?

Diabetes mindsets based on behavioral change theory



Understanding patient attitudes towards their disease and life can clearly help pharmaceutical companies design more targeted patient communication programs, selecting specific messages to different target audiences.

Ultimately, it could be considered to help and motivate patients, who are disillusioned about their disease, to become more active and optimistic. In fact, this could be seen happening in the community already. As some patients motivate each other to stay optimistic, they changed their mindset towards their disease.

This paper clearly illustrated that online communities are great for patient experience management.

The question however remains how patient communities will evolve in the future. Will there likely be many, potentially diversified sponsored or private insight communities, or will there be a move towards a 'hybrid model' where there is one community, which can be used by different groups and for different purposes?

Written by

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Panel Discussion

Ethics and Code of Conduct in the AsiaPac Region

Chair: Bob Douglas, Ipsos Healthcare, UK; EphMRA Ethics Lead

Given the increasing legal and ethical constraints on researchers nowadays this was a very useful session to bring delegates up to date on issues in China, Korea and Japan.

The speakers were:

- Paul Zhao, IMS Health China
- Mi Sun Jang, MSD Korea
- Yoshiya Nishi, Anterio, Japan

In addition panel members were invited to join the debate to further develop the discussions. These panel members were:

- Ken Shearer, MSD KK, Japan
- Robert Pollard, PSL, Singapore
- Graeme Jacombs, Kantar Health, Singapore



Bob Douglas



I. China

Paul Zhao began by outlining some of the legal requirements relating to doing market research in China in that foreign-related investigations should be done by research agencies which have been granted a permit to conduct such type of study.

- Measures for the Administration of Foreign-related Investigation (2004), issued by National Bureau of Statistics, is the only government regulation regarding market research activities in China.
 - “Foreign-related investigation” is defined as “market and social investigation sponsored by, or conducted on behalf of, foreign organisations, individuals or representatives of foreign organisations in China.”
 - Application for permit needs to be submitted to National Bureau of Statistics for approval.



Paul Zhao



Furthermore, approval needs to be obtained before conducting social investigations but there is no clear-cut definition of either market or social investigations and whether a survey is a social investigation or a market investigation seems to depend solely on the judgment of officials of the National Bureau of Statistics. However, great care must be taken

to avoid investigating opinions regarding socially sensitive issues, such as the ongoing healthcare reform, one child policy, the increasingly uneasy relationship between doctors and patients etc.

In China the issue of market research being used as a promotional tool rears its ugly head sporadically. Specifically, selling is carried out under the guise of market research and physician's incentives are tied to the prescription of specific brands.



Asking physicians to collect diaries of patients prescribed with sponsor's brands is the most frequently adopted methodology. However increasingly pharmaceutical companies are exhibiting a strong commitment to abolish this practice and it is envisaged that eventually the practice will be eliminated completely.



Incentive levels is a big talking point and the amount paid to specialist KOLs and government officials for interviews should be carefully assessed.

- In practice, the honoraria KOLs and some government officials receive for accepting interviews is much higher than their hourly rate based on official salary.
- Because so few are capable of supplying the valuable information and specialised expertise, KOLs and government officials usually receive a high honoraria.
- Researchers need to be very clear that the honoraria is paid only for the purpose of information collection, not for soliciting a favorable opinion of the client and its brands.
- For government officials, it is advisable to conduct the interview outside working hours to avoid unwanted misunderstanding.

With regards to personal information protection, laws protecting personal information in China have yet to be enacted and a research agency's self-discipline and industry guidelines are relied upon to ensure the ethical use of personal information collected through market research. There have been cases of local fieldwork agencies trying to sell doctors' contact information to research agencies in China. It is certainly not advisable to buy the information without checking its source and having the consent of doctors in the list to be directly contacted.

Finally - despite numerous training initiatives on AER provided by MNCs to research agencies, this issue has only recently been taken seriously according to Paul. Pharmaceutical company AER procedures should be adhered to. All market research agencies need to pay special attention when designing patient diary studies from which "reportable" events are most likely to be collected.



Mi Sun Jang



2. Korea

In Korea, Mi Sun Jang from MSD Korea informed the delegates that KRPIA guidelines related to both physicians and patients. With regards to physicians, it all began with the current 'Rebate Control Action' by Korea government agencies - Ministry of Health and Welfare, (MHW), Fair Trade Commission (FTC) and the National Prosecutor's Office (NPO) in 2009. The Government introduced a "Dual Punishment" and the MHW and FTC started investigating pharmaceutical companies for inappropriate marketing and sales activities (e.g. utilising market research survey result in their marketing activities). The KRPIA (Korea Research-based Pharma Industry Association) and KPMA (Korea Pharmaceutical Manufacturers Association - formed from local pharmaceutical companies) agreed to provide guidelines.

For patients, Data Protection Laws ('DPA') are in place and also the PHARMACEUTICAL AFFAIRS ACT. The DPA came into effect in 2011 and specifies that any Data Handler who handles personal data for the business purpose is required to comply with the DPA. The regulatory body under the DPA is the Ministry of Public



Administration and Security ('MOPAS') and it has the authority to issue a corrective order with respect to certain violations of the DPA, and a violation of such an order may entail administrative fines of up to KRW 50 million. The Pharmaceutical Affairs Act, Article 84, Section 2 (a range of drugs such as advertising, etc.) specifies that ethical drugs or pharmaceutical ingredients cannot be advertised except to experts in Medicine and Pharmacy via professional or academic channels.



Implications of the DPA and Pharmaceutical Affairs Act are as follows:

DPA

1. To minimise the need to collect personal information
2. To need for the consent of the information subject
3. To agree about what information is being provided to a third party
4. To establish and implement plan to access control, access restrictions, and encryption technology.

PA

1. Ethical medicines (Prescription drugs) should not be exposed to patients

With reference to AER, pharmaceutical companies must notify the local PV contact of any new program and ensure that market research agencies are in receipt of the complete template and is aware of responsibilities regarding AE/PQC reporting. The market research agency must ensure that all AEs are properly reported within one



business day after the first employee from the supplier or its subcontractor has become aware of the AE. In addition they must maintain and keep good records of all the AEs for audit and ensure that its employees or any associated subcontractors are trained annually, and maintain all training records and make available upon request for audit.

Mi Sun finished her talk by emphasising that keeping the Code of Conduct in Korea was the best way to build trust with your business partner.

3. Japan

Japan's biggest challenge according to Yoshiya Nishi from Anterio, was its very strict privacy laws. 7 years ago, Japan put into effect the Private Information Protection Law. Under the law, the following become mandatory:

1. Define objectives for using private information
2. Obtain prior consent from individuals when using private information for objectives other than what was originally stated
3. Notify or publicly announce objectives when indirectly collecting private information
4. Notify objectives when directly collecting private information



Yoshiya Nishi

5. Notify or publicly announce when objectives of private information use has changed
6. Supervise when private information handling is commissioned to others
7. Obtain prior consent when private information is provided to third parties
8. Publicly announce items included in the private information possessed
9. Properly and quickly handle complaints

Yoshiya mentioned that for example it was no longer a simple task for clients to provide target physician lists to recruit from as this violated #7 “Obtain prior consent when private information is provided to third parties”. This is no longer possible because Pharma companies are NOT going to contact each target physician and tell them that their names and contact info will be given to a market research agency so that they can contact them for market research!!!

A possible solution for this is for physician list cleansing to be undertaken which involves sharing the list among multiple companies, and publicly announcing the details of the list is allowed, (i.e. Shared among who, what information is shared, purposes of sharing, etc.) This list also has a system where people on the list can request that they no longer be contacted for market research.



Privacy Marks exist in Japan:

- Privacy mark is an JIS Q 15001:2006 Personal information protection management systems that is accredited from the organisation JIPDEC
- Currently over 12,000 Privacy mark holders
- Over 80% of the JMRA members are Privacy mark certified
- Holding a Privacy mark proves the company takes extra care in collecting and handling private data. => Gain trust from customers, business partners and respondents.
- Above the Privacy law, Privacy mark requires extra procedures in handling privacy data, and some things that can legally be done may not if you hold a Privacy mark
- This enables Privacy mark holders to say “no” to some types of requests, although not necessarily banned by law, thus causing some confusion

An example was shared: Collecting KOL's names from other physicians.

For Privacy mark holders, individual opt-ins need to be made, i.e. you need to contact each KOL named by other physicians and have them agree that their names are provided to pharma companies.

Non-Privacy mark holders make a public announcement with opt-out options stated i.e. you can state on your web-site that personal information collected from others are provided to third parties.

Poster Session

A Poster Session was held during a Coffee Break - here the poster authors gave 10 minute verbal presentations and were then able to answer questions from the gathered audience

Poster Session Chair: Nigel Griffiths, Insight Research Group, UK

Poster Session 1

Sales Optimisation using Market Simulations and Psycho Analytical Tools

Speaker: Muriel Maebe, suAzio

We all know that visiting and calling on physicians is an essential part of marketing strategy and that effective communication by sales representatives is key for its successful implementation but how can this be improved? On top of increased budgetary restrictions, pharmaceutical companies are faced with a very diverse Asian market, with different sales approaches needed in different markets.

With this in mind, Muriel outlined a case study which provided valuable insights for a global pharmaceutical company and enabled them to optimise their sales teams' efforts.

The 2 key questions which needed to be answered were:

1. How does the product fit the needs of physicians?
2. How can the sales team optimally communicate that value proposition to physicians?

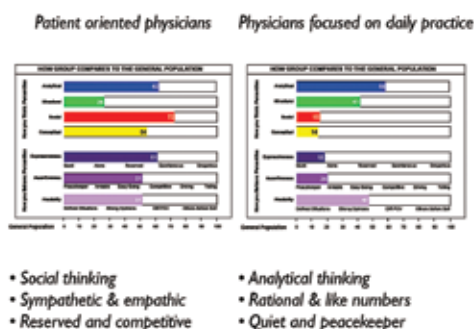
To answer these 2 critical questions, 2 different methodologies were used within the same piece of research with physicians - conjoint analysis to answer question 1 and psychoanalytical research to answer question 2.

From the findings of the conjoint analysis it was clear that efficacy is a key driver for drug selection, with preference expressed for a full patient service package. Using a market simulation of current products, it emerged that it was possible to grow the market by an additional 40% if awareness of patient services was increased.

Using a psychoanalytical questionnaire, such as EGBrain™, it was possible to identify particular thought processes and personality traits of physicians, which enable sales representatives to tailor their messaging to the particular profile of the physician. See below.

How to approach physicians?

Using a psychoanalytical questionnaire, such as EGBrain™, will uncover the physician's thinking and personality traits.



This knowledge will provide insight on how to tailor messaging and what will resonate with physicians.

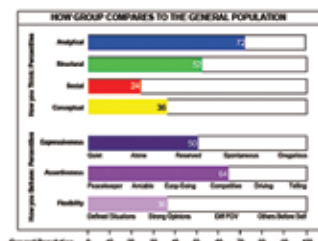


Muriel Maebe

Understanding compatibility of the sales team

Using the same psychoanalytical questionnaire reveals the behavioral fingerprint of the typical sales rep.

Outcome: Profile of sales team



- Analytical and structural way of thinking
- Clear and rational
- Like numbers
- Reserved
- Competitive



Sales reps can use the information revealed to adapt communication styles with physicians.



Using the 2 profiles identified by the psychoanalytical questionnaire - i.e. 'patient oriented physicians' or 'physicians focused on daily practice', it was possible to identify how the product's potential could best be unlocked by the sales representative. So, for the 'patient oriented physician', it was important to stress the patient service package and administration type, whilst for the 'physicians focused on daily practice', it was most important to stress efficacy.

The key learnings from this poster session were as follows:

- Advanced simulation can reveal feelings on product attributes and physician preference
- Understanding a physician's profile will provide insight on message content and delivery approach
- Understanding sales specialist and physician's profiles will allow companies to build relationships and continue to deliver value to physicians.

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Poster Session 2

Standing out from the crowd - China hypertension market

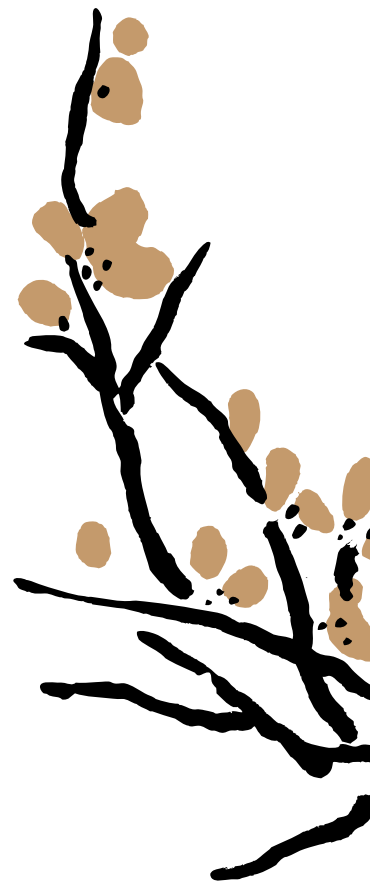
Speaker: Kim-Fredrik Schneider, WorldOne - Data analysed by Millward Brown

This poster presented some interesting ‘hot off the press’ data conducted by Millward Brown ACSR in China and their specialist Healthcare division, in conjunction with WorldOne. Kim firstly defined the meaning of the word ‘brand’ - quoting from Paul Feldwick that “a brand is simply a collection of **perceptions** in the minds of consumers” and Nigel Hollis from Millward Brown that “A brand consists of a set of enduring and shared **perceptions** in the minds of consumers. The stronger, more coherent and motivating those perceptions are, the more likely they will be to influence purchase decisions and add value to a business”.

Kim went on to say that there should be no surprise about the importance of brands in the China hypertension market, as physicians in China nearly all have a preference for a particular brand and in 50-80% of cases, they make a decision regarding which brand to prescribe **before** seeing the patient. Indeed, compared to Millward Brown Global Survey, Chinese physicians are much more brand than price driven - being much more driven by what is the best drug for their patients than in other parts of the world.



Kim-Fredrik Schneider



The first chart on the previous page shows that brands have very different relationships and power amongst consumers. The relationship that each person has with each brand can be illustrated with a Brand Pyramid - where the higher up you are, the more loyal you are and the greater amount of category spending these brands receive. It definitely pays to have stronger loyalty with doctors on the bottom line of your business.

The Pyramid filters those from the bottom who at least know something about the brand (Awareness), then loses some for whom the brand lacks Relevance to their needs. More then fall out because the brand fails to deliver satisfactory Performance, or have any Advantage over competitor brands, until the ones who are left are those who are Bonded because they believe the brand is different, popular or unique in some way. The first three levels (Awareness to Performance) are about getting the basics right. The next two levels (Advantage, Bonding) are about doing things better than others - this is where the magic of marketing and meaningful differentiation come into play.

People at Bonding are typically 20 or more times likely to choose that brand rather than one that they simply are aware of at Awareness. So knowing how many people who get up to Bonding is a crucial ingredient of the valuation.

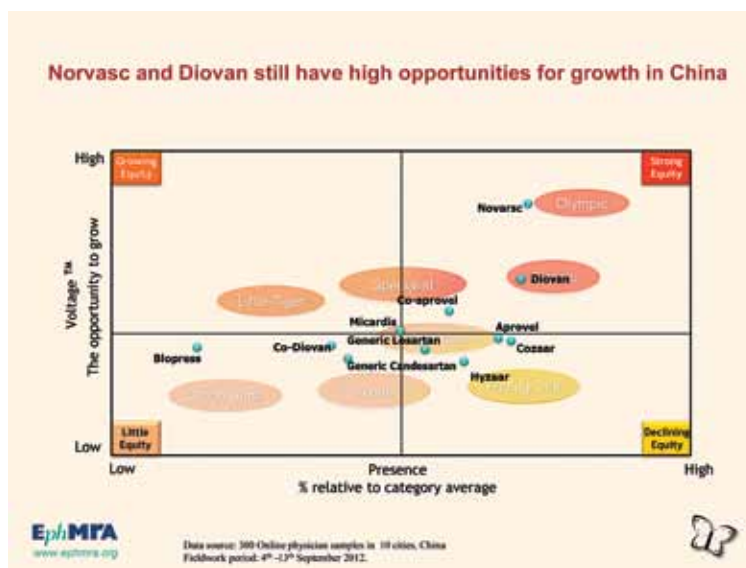
The second chart on the previous page demonstrates how building a brand is akin building a relationship - a bit like dating. The Brand Pyramid quantifies and establishes the nature and depth of consumer relationships with the brand. To explain this further, for a brand to exist it must have presence - i.e. people need to know what it's about and what it stands for, call it to mind, or have tried the brand. To reach the second level (Relevance) they need to believe that a brand promises to deliver something of value to them, at a price they consider acceptable. To move to the third level (Performance), people must believe that the brand delivers satisfactorily on its basic functional promise. Those who reach the fourth level (Advantage) believe the brand offers some rational or emotional benefit that distinguishes it from the competition and that it does better than others - this is crucial, as it is not about being at par with competition. People who reach the fifth level (Bonding) believe that the brand offers unique advantages in terms of what is most important in the category; therefore, it is the best brand for them. As in the dating process, Bonding is the point at which marriage might happen! And like marriage, you have to keep investing in the relationship if you want the brand and consumer to stay happy together.



Brand Signature shows how well a brand converts people from one level of the pyramid to the next, relative to other brands in the category. Looking at Millward Brown's database of over 50,000 brands across 30 countries, these can be summarised them into 8 types of Brand Signatures to identify brands according to the shape of their Brand Signatures.

Now to some specifics: looking at the data from the recently conducted online survey amongst 300 physicians (including CV, Meta, Nephro, Neuro, IM), the research data indicates that Novarsc not only enjoys highest presence but also has a strongest brand bonding with physicians.

As the chart on the previous page shows, different brands have different typologies, with Novarsc and Diovan still having high opportunities for growth in China.



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Turning
challenge
into opportunity

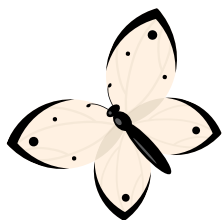
AGENCY FAIR

Over the lunch breaks the agency fair was open and delegates visited the booths and agencies show cased their services.

The exhibitors were:

A+A
ADELPHI CONSULTECH
ANTERIO
GFK
INSTAR ASIA
IPSOS HEALTHCARE

KANTAR HEALTH
MEDEFIELD
P/S/L GROUP
SSRI
THE RESEARCH PARTNERSHIP
WORLD ONE RESEARCH







Worldwide... and beyond

A+A has taken on all of your emerging markets challenges and tackled them one by one: reliability, accuracy and relevance.

RELIABILITY

Quality of data, quality of processes, meeting deadlines

A+A is one of the most experienced healthcare agencies of reference for these markets. For over 20 years our teams have been working simultaneously in at least 15 emerging markets each week (across a total of 55 countries). We are constantly identifying, evaluating and training a selection of top local partners to our strict quality standards. Our established quality control procedures are applied with appropriate adaptations to ensure that local constraints are not overlooked.

ACCURACY

Your expectations and requirements mirror those of our own: emerging markets are becoming a strategic priority in your organization. We derive actionable recommendations by building quality samples, ensuring data collection and data analysis are pertinent to local requirements and through our insightful interpretation of the data.

RELEVANCE

In line with our major market practices, one of our senior level project directors will remain your daily point of contact to help you maximise the value of his/her long-standing expertise in the emerging markets. Their suggestions and recommendations are based on a strong foundation of rich industry experience.

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