

keeping members informed and involved

## EphMRA Strategic Plan Update

### what's inside

events diary  
2

update from the board  
2

strategic plan  
3

agm full members  
4-5

update from associate  
members  
6-7

2013 winners  
8-10

masterclass reports  
11-34

conference round up  
35-74

an update from  
professional standards  
75

agency fair  
76

our sponsors  
77

thanks to...  
78

associate members  
news  
80-83

### Dear Members

The Board has been crafting a statement about our Strategic Direction over the past few months and brought together our objectives under:

- **Transformation of market researchers from data and information providers to consultants with business understanding**

EphMRA's overall aim: To create an environment that encourages excellence in providing insights combined with business knowledge.

1. EphMRA is the hub for excellence in research thinking to empower healthcare market researchers to provide consultancy to the business.
2. Driving the development of best practice in healthcare market research.
3. Delivering training and opportunities for best practice exchange for healthcare market researchers to develop their understanding of business problems and strategic issues that allows them to provide clear, actionable insights.

- **Our Target Audience**

EphMRA represents those conducting international healthcare market research and this remains a criteria for membership. Diagnostics, Devices and OTC will remain in our focus as they are part of the healthcare arena.

- **Geography**

As our industry becomes increasingly global, the Association recognises that EphMRA members need guidance in their international activities. The Association will therefore develop services and support in those international markets which are a focus for members.

This expansion of EphMRA activities and services will be undertaken within the available resources of the Association.

- **Doing More with Less**

In the current environment we all have to do better with less: the trend is that there are now fewer people in healthcare market research, and we are working with smaller budgets and yet the demand for high quality outputs and the need for innovation increases. In many pharma affiliate companies there are no professional market researchers which presents challenges, not least in maintaining high standards of quality and accuracy.

These outlined areas represent the main areas of focus and we will now plan the implementation across all our activities, events and outputs.

*The Plan is printed in full on page 3 of this News. Feedback always welcomed.*

**The EphMRA Board**



Contribution Award Winner



13th - 14th November 2013



## events diary



- 26 September 2013 **Data Visualisation Webinar (Part 2) at 13.30 UK time**
- 15 October 2013 **Germany Local Chapter Meeting, Berlin**
- 13-14 November 2013 **Asia Conference, Singapore**
- 14 January 2014 **IMM, London**
- 24-26 June 2014 **Conference, Brussels**

## update from the board



**Over the past 12 months or so Executive Board initiatives have continued to bring a host of additional benefits to members and member engagement has increased:**

- Over 300 members have attended Local Chapter meetings (Italy, Germany, CEE)
- Over 500 members have connected to free webinars
- 90 members attended the IMM (complimentary in January)
- Nearly 600 members have attended the 2013 June annual conference and the Asia 2012 conference

It has been a successful year and feedback from the events has been used to plan and improve.

The Association has a strong leadership group in place and these members will steer activities over the next 12 months. As of 1 October 2013 the Board comprises:

**President:** Thomas Hein, Vice President Market ResearchBayer Healthcare (*current President*)

### Full Members:

**Georgina Butcher**, Associate Director Marketing Intelligence  
Astellas Pharma Europe

**Karen Giorgi-Vigo**, Associate Director Business Insights  
Shire Pharmaceuticals

**Bernd Heinrichs**, Head of Global Market Insight Team  
Grünenthal

**Kerstin Lilla**, Director Global Business Intelligence  
Established Pharmaceuticals, Abbott Products Operations AG

**John Shortell**, Director of Global Market Research  
Bayer HealthCare Pharmaceuticals Inc

### Associate Members:

**David Hanlon**, Senior Group Director  
Kantar Health

**Richard Head**, Director  
The Research Partnership

**Kim Hughes**, CEO  
THE PLANNING SHOP international

**Gareth Phillips**, Managing Director UK and Head of Western Europe  
Ipsos Healthcare

**Sarah Phillips**, Head of Research  
Prescient Market Research Ltd

Full Members only have Board voting rights.

The Board is supported by (both non voting): **Michel Bruguier Fontenille**, Treasurer, **Bernadette Rogers**, General Manager

### In Q4 2013 the Board will be meeting F2F to discuss:

- Strategy for Local Chapter Meetings
- Feedback from the 2013 Conference and impact on future planning
- Strategic Plan implementation

There are many opportunities to give feedback and so please do get in touch - [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)

# EphMRA Strategic Plan

(issued June 2013)

## Dear Members

Over the past few months the Board has been crafting this statement about the Association's Strategic Direction in terms of:

- Transformation of market researchers from data and information providers to consultants with business understanding
- Our Target Audience
- Geography
- Doing more with Less

These outlined areas represent the main areas of focus and we will now plan the implementation across all our activities, events and outputs.

*The EphMRA Board*

## Transformation of market researchers from data and information providers to consultants with business understanding.

EphMRA's overall aim: To create an environment that encourages excellence in providing insights combined with business knowledge.

- EphMRA is the hub for excellence in research thinking to empower healthcare market researchers to provide consultancy to the business.

- Driving the development of best practice in healthcare market research.
- Delivering training and opportunities for best practice exchange for healthcare market researchers to develop their understanding of business problems and strategic issues that allows them to provide clear, actionable insights.

Excellence means that EphMRA is setting the gold-standard in healthcare market research and the Association will continue to build excellence by providing training that relates to the strategic components of market research. Furthermore EphMRA will provide guidance to its members to attain the Association's most current standards of excellence and ethical guidelines.

## Our Target Audience

EphMRA represents those conducting international healthcare market research and this remains a criteria for membership.

Diagnostics, Devices and OTC will remain in our focus as they are part of the healthcare arena.

Management and marketing consultancies, PR and Advertising agencies offering healthcare market research, and market access companies can participate in our current offerings if they are members of the Association. EphMRA recognises that there is now greater supplier side fragmentation and so the Association must focus on communicating that healthcare market research is a science to be undertaken with a specific skills set and education level. Thus EphMRA needs to give guidance and make aware of standards and guidelines.

## Geography

As our industry becomes increasingly global, the Association recognises that EphMRA members need guidance in their international activities. The Association will therefore develop

services and support in those international markets which are a focus for members.

This expansion of EphMRA activities and services will be undertaken within the available resources of the Association.

## Doing more with less

In the current environment we all have to do better with less: the trend is that there are now fewer people in healthcare market research, and we are working with smaller budgets and yet the demand for high quality outputs and the need for innovation increases. In many pharma affiliate companies there are no professional market researchers which presents challenges, not least in maintaining high standards of quality and accuracy.

EphMRA needs to:

Identify how to communicate the value of healthcare market research internally and provide examples of excellence in practice in 2 key areas:

- support those who are not professional market researchers conduct market research
- identify how to support those less familiar with market research become better users.

# agm for full members



**Thomas Hein**, EphMRA President, Vice President Market Research Bayer Healthcare gave an update to Full Members on the Association's activities over the past 12 months.



*Michel Bruguere Fontenille*

The Treasurer, **Michel Bruguere Fontenille** updated the Full Members on the Association's financial status and presented the budget for 2013 - 2014.

The members were also updated on the availability of the Strategic Plan which has been developed by the Board.

The voting in of the new officers for 2013 - 2014 was conducted by **Bernadette Rogers**, General Manager.



*Bernadette Rogers*

## EphMRA Board 2012 - 2013





# agm for full members



Georgina Butcher

Those standing for election as Board members were:

## Georgina Butcher

### Astellas Pharma Europe

Associate Director Marketing Intelligence - UK based  
(current Board Member)

## Kerstin Lilla

### Abbott Products Operations AG

Director Global Business Intelligence, Established Pharmaceuticals  
Based in Switzerland  
(current Board Member)

## John Shortell

### Bayer HealthCare Pharmaceuticals Inc.

Director of Global Market Research - based in New Jersey, USA  
(current Board Member)

## Karen Giorgi-Vigo

### Shire Pharmaceuticals

Associate Director Business Insights  
Based in Nyon, Switzerland

## Bernd Heinrichs

### Grünenthal

Head of Global Market Insight Team - based in Germany  
(current Board Member)

### In addition

## Thomas Hein

was standing for re-election as President.

**All FM candidates were voted into office from 1 October.**



Bernd Heinrichs



Kerstin Lilla



Karen Giorgi-Vigo



John Shortell



Thomas Hein

## Thanks...

...to **James Rienow, Pfizer** who leaves the Board on 30 September - James has made a great contribution to Board initiatives

...to **Carsten Fuhrmann, Boehringer Ingelheim** who leaves the Learning & Development Committee after many years of active participation.

James Rienow

Carsten Fuhrmann



# update from the associate members

**It was great to see so many of you**  
at the conference in London this year

**We hope it was productive in terms of networking, thought  
provoking in terms of papers and enjoyable in terms of  
evening entertainment.**

Thank you to everyone who attended the Associate Members meeting; this was a good discussion about the structure of the conference and ideas for how we can innovate in the future. There were a number of key changes to the structure of this year's conference; however, it is clear that we need to innovate for future conferences.

As we announced at the meeting, we would like to have a session with as many AMs as possible in early September to come up with constructive ideas for how we can improve the conference for everyone. The dates of these calls are:

- **Tuesday, September 3rd at 11am (UK time)**
- **Friday, September 6th at 3pm (UK time)**

Bernadette has sent out registrations for these dates, you only need attend one session. The aim of the calls is to come up with constructive ways we can improve the conference, this could be in terms of timings, sessions, costs, incentives to attend, nothing is off limits.

## The more radical the idea, **the better**

When you register for the call, you will be asked for your questions and comments, this is so we can share these with the group and develop a plan to move forward. We ask that all comments are constructive - what should we do to improve? We will also share anonymised feedback on this year's conference during the calls.

If you cannot make either session, please do not hesitate to have your say and email any of us directly, or get in touch with Bernadette. The outcome from these calls will be discussed at the next Board meeting in mid-September to gain board approval for the radical approach we are proposing.

Finally, thank you to everyone who voted in the AM Board elections. This was our first democratic election, and we achieved the quota of votes required. As they step down, we would like to thank Bob, Piergiorgio and Abigail for their energy and ideas over the past few years.

# update from the associate members

Your new AM board representatives take their seats on October 1st 2013, and they are:



**David Hanlon**  
Senior Group Director  
Kantar Health  
[David.hanlon@kantarhealth.com](mailto:David.hanlon@kantarhealth.com)



**Richard Head**  
Director  
The Research Partnership  
[richardh@researchpartnership.com](mailto:richardh@researchpartnership.com)



**Kim Hughes**  
CEO  
THE PLANNING SHOP  
international  
[Kim.hughes@planningshopintl.com](mailto:Kim.hughes@planningshopintl.com)  
(re-elected)



**Gareth Phillips**  
Managing Director UK and  
Head of Western Europe  
Ipsos Healthcare  
[gareth.phillips@ipsos.com](mailto:gareth.phillips@ipsos.com)



**Sarah Phillips**  
Head of Research  
Prescient Market Research Ltd  
[sphillips@prescientmr.com](mailto:sphillips@prescientmr.com)  
(re-elected)

We will plan a session in October to introduce your new team to you.

**Please don't hesitate to get in touch with any of the current Board (in office till 30 September 2013) with questions or ideas:**

**Bob Douglas**  
Chief Strategy Officer  
PSL Group Europe  
[Bob.Douglas@pslgroup.com](mailto:Bob.Douglas@pslgroup.com)

**Sarah Phillips**  
Head of Research  
Prescient Market Research  
[sphillips@prescientmr.com](mailto:sphillips@prescientmr.com)

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

**Kim Hughes**  
CEO  
The Planning Shop International Ltd  
[kim.hughes@planningshopintl.com](mailto:kim.hughes@planningshopintl.com)

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

# 2013 winners

## Contribution Award

At the evening event the winner of the 2013 Contribution Award was announced. This was closely contested and it is the members themselves who vote.

### Winner

**Stephen Godwin**, The Planning Shop international



#### Nominated because:

His long standing involvement with EphMRA and his immense contribution to the conferences and his leadership skills have always shone through.

### Runner Up:

**Julie Buis**, Aequus Research



#### Nominated because:

Julie has dedicated over 20 years to pharma market research working with a number of key, innovative research agencies. Over the years Julie has been a great contributor to EphMRA and is a long standing member of the Learning & Development Committee.

### 3rd Place

**Georgina Butcher**, Astellas Pharma Europe



#### Nominated because:

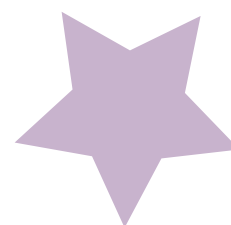
Georgina is a committed and enthusiastic EphMRA supporter and recognised for her commitment to the Board (member for more than 4 years now) and has been part of the Code of Conduct Steering Group since its initiation in 2009.



# 2013 winners

## The 2013 Nominations were:

1. **Julie Buis, Aequus Research** - Julie has dedicated over 20 years to pharma market research working with a number of key, innovative research agencies. Over the years Julie has been a great contributor to EphMRA and is a long standing member of the Learning & Development Committee.
2. **Georgina Butcher, Astellas Pharma Europe** - Georgina is a committed and enthusiastic EphMRA supporter and recognised for her commitment to the Board (member for more than 4 years now) and has been part of the Code of Conduct Steering Group since its initiation in 2009.
3. **Angela Duffy, The Research Partnership** - Angela is committed to ensuring that EphMRA represents everyone within the industry - and takes an active role in the Foundation Committee's aim to support and fund original projects in international healthcare market research to help the whole membership.
4. **Carsten Fuhrmann, Boehringer Ingelheim** - Carsten has demonstrated great commitment to the Learning & Development Committee. Carsten is and was always very engaged in organising and convening EphMRA masterclasses and other LDC- events, now for years, including the first German Chapter meeting in Berlin.
5. **Stephen Godwin, The Planning Shop International** - His long standing involvement with EphMRA and his immense contribution to the conferences and his leadership skills have always shone through.
6. **Theresa Ormiston, IMS Health** - Theresa has demonstrated her long term contribution to the ATC Committee and has unstinting support for all classification matters.
7. **James Rienow, Pfizer** - James is a current Board member and a strong supporter of EphMRA and has contributed to many of the current initiatives. He has been a conference contributor and a welcome advocate for the 2012 Local Chapter Meeting in CEE.
8. **Gary Wield, Genactis** - Gary has been named by some as being a pioneer in setting up Genactis and has always maintained the very highest standards in terms of the production of high quality consultancy. Gary has over 20 years experience in our industry and has always been very passionate about research and what it can provide.
9. **Christopher Wooden, Cegedim Strategic Data** - Christopher participates fully in the Data & Systems Committee and also contributes to the ATC committee. He has long been an EphMRA supporter and contributor.



## Previous Winners and Runners Up

Year	Winner	Runner-Up
2012	Jacky Gossage, GSK	Angela Duffy, The Research Partnership
2011	Kurt Ebert, Roche	Bob Douglas, Synovate Healthcare
2010	Rob Haynes, Merck Inc	Roger Brice, Adelphi
2009	Bob Douglas, Synovate Healthcare	Janet Henson
2008	Stephen Grundy, Marketing Sciences	Anne Loiselle, Abbott
2007	Barbara Ifflaender, Altana Pharma, Nycomed Group	François Feig, Merck Serono
2006	Hans-Christer Kahre, AstraZeneca	Barbara Ifflaender, Altana Pharma
2005	Colin Maitland	Hans-Christer Kahre, AstraZeneca
2004	Isidoro Rossi, Novartis Pharma	Dick Beasley
2003	Janet Henson and Bernadette Rogers	Dick Beasley
2002	Allan Bowditch, Martin Hamblin GfK	Rainer Breitfeld
2001	Panos Kontzalis, Novartis	Allan Bowditch, Martin Hamblin GfK

# 2013 winners

## Jack Hayhurst Award

Best Paper **as voted by the conference delegates:**

### Winners

**Elevating Market Research by maximising ROI - "Return on Insights"**

**Peter Dorff**, AstraZeneca Pharmaceuticals and  
**Charu Chaturvedi**, Affinova Inc



Peter Dorff



Charu Chaturvedi

### ★ Runner-Up

**Parallel Session 2 - Quality in, quality out - Building value propositions for the medical device business**

**Megha Kalani**, Philips Healthcare and **Jemma Lampkin**, SKIM

### ★ 3rd Place

**Market Research Offshoring Experience: 'Driving Miss Daisy' or Driving Me Crazy?**

**Thomas Hein** - EphMRA President and Bayer Healthcare and  
**Sheetal Ranganathan** - Evalueserve

# masterclass reports

## Social Media and implications for use at local level

Convenors: Dorothy Parker, fastforward research and Richard Bussy, GfK

## Masterclass One



Dorothy Parker

### Which Way Now?

For many, the best entry point for using social media for market research in the pharmaceutical industry may seem unclear. This masterclass brought together more than 40 delegates, mostly from agencies, with around half having diverse experience already of starting to use social media for market research.

To help clarify the way forward, the masterclass took a practical focus on:

- using social media to recruit
- what we can learn from other industries
- barriers to using social media, including regulatory and ethical issues
- best emerging practice.

### Adam Gac, **Principal, Patient Talk**

### Using facebook to recruit patients and caregivers for market research projects

Adam encouraged the group to consider setting up their own pages. Although setting up a page is easy, he said attracting and keeping followers with compelling content is far more challenging: "You become almost a social media broadcaster. You have to develop and share content, and manage the members. I built a group of 45,000 people doing that. You need luck, but if something goes viral, your page will grow very, very fast."

Adam also spoke about his experience with using advertising: "Advertising on facebook allows you to do some quite incredible targeting. It allows you to target on hashtags - discussions people are having outside of normal groups or pages. Compared with other forms of online advertising, facebook is significantly cheaper. All you need is a blog and a facebook account, and you can start."

Adam concluded that: "This is a great addition to your toolbox and a social media addition to your toolbox, but it is not a replacement, and it's not a solution to all your needs."



Adam Gac

# masterclass reports



Richard Bussy

Richard Bussy, **Digital Consultant, GfK**

## Exploring how social media is used in other sectors

Drawing on his experience of social media use by other industries, Richard spoke about the shift in power from pushed communication from brand teams to today where: “the consumer is genuinely leading far more conversations about the brand, and initiating more conversations.”

Sometimes, finding the most influential source of those conversations may not be obvious. Richard gave the example of identifying where people look for pet insurance. Richard explained that it was not through price comparison sites, facebook or the insurers: “The actual answer was that mumsnet was really, really important. They went to the site they trusted, and liked, and where they already had relationships. And trust is a huge element here. Our client then understood this was a very important space.”

## Debate: ‘Social media will not be widely adopted in the pharmaceutical sector’

The debate was facilitated by Dorothy Parker. It was wide-ranging, and the group identified many barriers to be overcome, and factors supporting the business case.



On an extended motion that social media would not be adopted by the industry in Asia in the next three years, the audience was near unanimous in agreement, citing language and culture challenges. This position was reversed when applied to America and Europe, reflecting a strong commitment from the group to adopting social media for marketing research here.

Interestingly, although the issue of Adverse Event reporting was often raised throughout the masterclass, regulatory hurdles were not raised as a barrier by the group in the debate.



# masterclass reports

Catherine Ayland, **Ethics Consultant, EphMRA**

## Ethical considerations of Social Media Research

As Catherine develops and maintains EphMRA's Code of Conduct, she outlined how this guidance applies to:

- passive research (digital listening)
- active market research, such as setting up Market Research Online Communities - MROCs.

Catherine gave reassurance that: "Other than Adverse Event reporting there aren't any healthcare-specific issues when it comes to the legal and ethical considerations."

She acknowledged that Adverse Event reporting was very much the 'elephant in the room', but emphasised that EphMRA has clear guidance, in line with the European Medicine Agency's guideline from last year:



Catherine Ayland

EMA Guideline	EphMRA Guideline
When collecting reports of suspected ARs via the internet or digital media, the term "identifiable" refers to the possibility of verification of the existence of a reporter and a patient via verifiable contact details (e.g. an email address under a valid format)	When forwarding AEs arising from the use of social media to gather market research information i.e. digital listening (spontaneous AEs), for both the reporter and patient (it may be the same person) it should be possible to verify the individual's existence via contact details even if these are not to be used.

Shaping the Future  
www.ephmra.org

She went on to discuss the fear surrounding the scale of the reporting burden and risk: "There is increasing evidence I think, that if your use of social media for market research purposes is done judiciously, you won't necessarily be trampled underfoot. But clearly there is enormous nervousness out there about what is going to happen in the uncontrolled environment of passive market research."

As well as reviewing the detail of Catherine's presentation on guidance for passive and active research, you can also download detailed step by step guidance on social media and AE reporting in EphMRA's resources and training, including the Code of Conduct at:

<http://www.ephmra.org/professional-standards.aspx>

# masterclass reports



Robert Dossin

Robert Dossin, **Sector Head Life Sciences and Health, Insites Consulting**

## Conversation research - Leveraging the power of social media in pharmaceutical market research

Robert explained that: "This is not a shift from offline to online, this is about doing things fundamentally differently."

He feels that social media can bring a richer, deeper, more emotional element to insight: "In these kind of forums, where patients share their heat of the moment pain - we see the emotions flying very high."

He maintains that, research has changed from "asking questions to facilitating a conversation", and demonstrated this through two successful examples he has worked on recently.

## Case study - Online patient-led ethnography

Robert discussed the impact of a Janssen research project they had set up with Type 2 Diabetes Patients. Robert gave an overview of the process. They:

- conducted background research to identify key topics
- invited patients from the target profile
- signed them up to an online blog
- asked them to use a camera and mobile phones to capture visually what day to day life is like for them.

**Patient led Ethnography**

Follow a selection of patients. **Step into the patient's shoes.** Experience their condition as they do.

**Process**

- Patients receive a camera
- Online, through a blog, created for the purpose of the study, and commenting tools
- During a longer period of time (> 1 week)

**Output**

- Insights embedded in real-life situations
- Visualized context (photos, movies...)
- Emotionally enriched evidence

**Shaping the future**

**EphMRA**  
www.ephmra.org

Stewart West from Janssen was clear about the benefits: "This truly was an insight for us, that when people live with diabetes it's not around the clinical measures, but being tired was a really big thing for them. This whole element of fatigue and just how powerfully this came across gave us new food for thought about how we communicate with our patients."

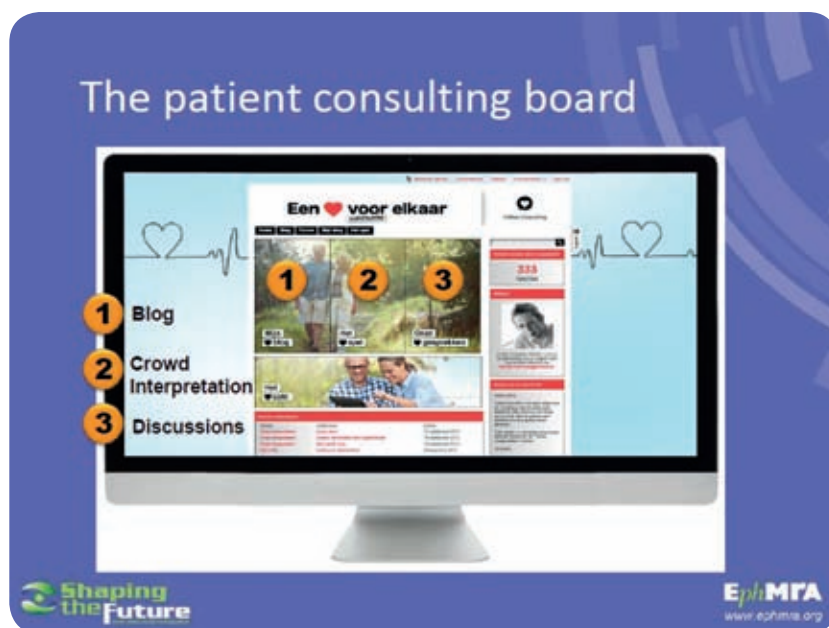
# masterclass reports

## Case study - Merck Serono - Using a Patient Consulting Board

Richard talked about how he recently helped Merck Serono set up an online community in the Benelux countries to understand the lifestyle of 55 CV patients.

Robert talked through example screens:

1. Patients post private blogs, good for sensitive subjects, which they can choose to share with other patients.
2. They used a 'crowd interpretation' game to stimulate sharing of experience and thoughts.
3. They set up a lounge where people can talk about anything they like.



Robert cited some key benefits of this approach:

- You immerse yourself in their life through their eyes.
- It's also much more emotional because you capture it in the heat of the moment.
- Brand managers and teams can monitor, and help structure the conversation.
- You can also involve invited healthcare professionals to get a 360 degree view of an issue raised by patients.

One of the key findings was insight into patient obsession with numbers and their guilt, which is guiding the development of patient materials. The HCPs involved now deal differently with patients, which in itself was regarded as a win for the client.

Richard explained: "Patient Consulting Boards are excellent methods for thinking about new things from the patients' perspectives. About 20 percent of the insights we get we get from things that the patients raise. All the time patients don't want these to close. Have you ever had someone fill in a survey and say please ask me more questions?"

# masterclass reports

## Planning a research programme using social media

To help summarise and apply the learnings from the masterclass, teams discussed how they would use it in a brand scenario.



## Going forward

As to the future, one pharmaceutical company delegate pointed out that this could be down to corporate leadership. He cited Johnson and Johnson where for a number of years digital engagement has been central to its business planning process.

Another delegate was excited about the potential: "We are looking at the Model T Ford of social media. It is going to become extremely advanced, and it's here to stay. It's going to spread to parts of our lives that we cannot possibly imagine at the moment."

Whatever future technology can deliver, Dorothy Parker sees the relationship with patients and HCPs as still fundamental: "A lot of what I've heard is about trust. About keeping the trust that's there, and not damaging that trust."

## Selection of delegate quotes

*"It's important to have realistic expectations. There are many grey areas, so it's impossible to expect a list telling you 'how to' do this. The thing I take away is that I am not alone in this."*

*"I go to many events, and where this one stands out is that everyone is eager to learn."*

*"It's been great to have the time to think about this. To convince my clients what I need now are strong case studies to show results and how regulatory and reputation risks are managed."*

*"Everybody wants to do social media, but it's blocked by drug safety, AE reporting and so on. I would love to be able to say to my pharmacovigilance department - 'look this what other companies are doing and how they do it', to give them that confidence."*

*"One of the nice things about this event is that some are more advanced than I had expected. Those that have embraced it are racing ahead. Those that haven't yet, aren't. There's no middle ground."*

*"It feels like everyone's together. We seem to face the same challenges."*



# masterclass reports

## Methodologies of the future

Convenors: Anna Garofalo, LDC and Nigel Griffiths, Insight Research Group

### A Brave New World for Market Research

Today's market research industry is undergoing major change, driven by new technologies, new media, changing client expectations and new ways of working. So are we taking full advantage of the many possibilities that are opening up for us? This masterclass focused on new methodologies that are already being used in the consumer world to great effect and which are increasingly being adopted by healthcare/pharma. Delegates were keen to hear how a wide range of topics and technologies, including Big Data, online chatrooms, netnography, smartphone use and crowdsourcing, could be used to achieve something new in market research.

The two days of lively discussion and debate were convened by Anna Garofalo of EphMRA's Learning and Development Committee (LDC) and Nigel Griffiths of Insight Research Group, who set the scene for looking at ways of thinking differently.

Before introducing the first speaker, Joanna Chrzanowska of Qualitative Mind, delegates were invited to state areas of interest that they wished to be covered at the masterclass and their expectations of topics that would be discussed. These included:

- Co-creation workshops
- Neuro-techniques
- Eye-tracking
- Innovative virtual shelf techniques
- Use of new media - e.g. Blogs etc.
- Using mobile for ethnographic tasks
- Auto ethnography
- Big Data
- Neuroscience
- Emotional language research
- Social media tracking
- Behavioural economics

Anna then went on to set the scene by describing how the world has changed and how we, as researchers, are all being thrust out of our comfort zones and into a rapidly changing insight landscape. Cultural, social, economic and also technological changes are signalling a shift in insight needs to a more fast-paced but also potentially insight rich model. A quick show of hands with regards to adoption of new approaches soon revealed that while some admit to burying their heads in the sand, others have been experimenting and are keen to stretch the boundaries.

## Masterclass Two



Anna Garofalo



Nigel Griffiths

# masterclass reports



Joanna Chrzanowska

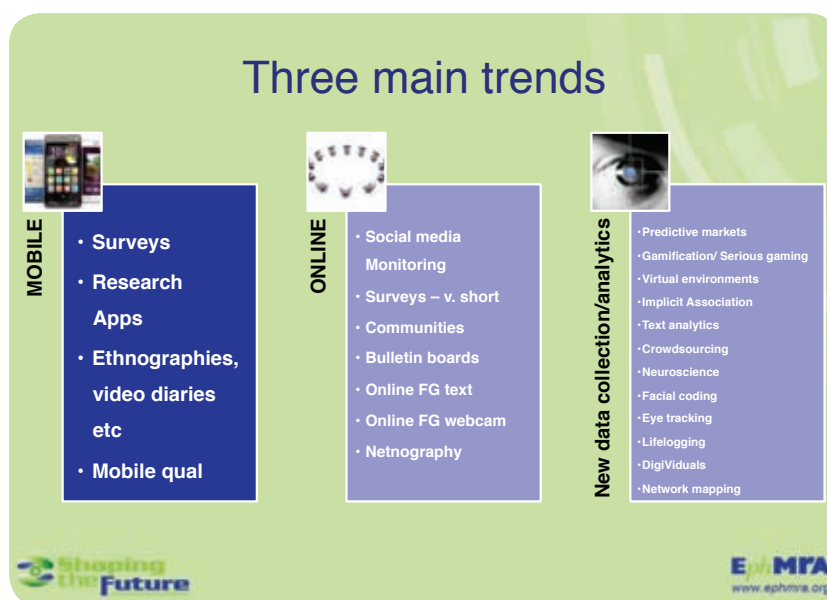
## Which consumer research methods can be applied in pharma/healthcare?

Joanna has a wealth of experience as a psychologist, an MRS Fellow, an author and as a speaker/trainer. Her presentation on consumer research methods was followed by an interactive session before she returned to focus on new ways of thinking about people in market research.

Joanna began with a brief overview of Big Data as the focus of changing roles, systems and expectations within market research, as well as people coming into the industry. Alongside this, the new ways of thinking about thinking - Kahnemann's System 1 and System 2 - are also having a big impact on decision making. The numerous sources of Big Data are changing clients' needs too, as there is an expectation that all kinds of data from different sources can now be tracked and fused together. Combined with a move away from traditional models, this has a number of implications for market research, including:

- Market research is now competing with digital agencies, neuromarketing and future prediction consultancies, among others.
- Speed and 'insight' are more important than sampling and accuracy.
- 'In the moment' is valued.
- Research will become multi-modal and ongoing, not project-based.

However, Joanna stressed that consumer market research is currently still largely based in the familiar territory of surveys, panels, face to face qualitative research and observation (ethnography), with the latter increasing in importance. Looking forwards, she identified three main trends:



In the interactive session that followed, delegates were invited to think about how they could adopt some of these tools and ideas for pharma. Online research, Bulletin Boards, gamification, mobile and Big Data were the most popular topics for round-table discussion. Delegates felt that these new technologies provided real opportunities although there could be some potential issues e.g. recruiting the right people for mobile research and privacy in terms of using Big Data.

Finally Joanna emphasised that our challenge is now to pick and choose between the different methodologies and to work in a "multi-modal" way moving forward.

# masterclass reports

## Designing research and choosing methods

Joanna's second presentation looked at research design and methods and emphasised that the explanatory power of the research will depend on the implicit model of thinking underpinning the design. Research design is shaped not only by your own beliefs about people but also by a client's beliefs. The key is to understand what you are doing and why.

While the AIDA model has traditionally shaped marketing thinking, it carries inbuilt assumptions. Other models include:

- Motivation by rewards and punishment. Consciousness doesn't exist in this model.
- A psychodynamic view. Much qualitative research is based on the idea of a battle between the elements of the psyche.
- Influenced by social learning. People take decisions based on others and social factors are more important in decision-making.
- People are biased and inaccurate, with most decisions based on System 1 thinking (i.e. the intuitive mind, automatic mind).
- The humanistic approach, with its emphasis on integration, personal freedom and respect for others.

Joanna's concluding message was that we should build our knowledge from different perspectives and to pick and choose between the different approaches working in a "multi-modal" way.

Questions were then invited from the floor, with the take-away messages being:

- Every researcher cannot be an expert in every research method. Teams constructed to include relevant experts would facilitate a rich mix of skills on a project.
- Social media is used in different ways and does not necessarily lead to a less rich inner life.
- Analytics is moving with the changing use of language but needs to take into account irony, more complex sentence structures and slang.

Anna and Nigel rounded up day 1 by giving delegates a light-hearted live experiment on networking to carry out at the EphMRA evening cocktail party. Each table or team took away 5 different tools to carry out the research: a 5-minute IDI with somebody new, an 'In context' IDI, a phone app, a Twitter feed and a Bulletin Board, with feedback due at the start of day 2. The experiment was also designed to give delegates insight into how it feels to be a respondent!

### Key learnings from day one

- A wealth of new possibilities exists with research tools involving mobile, online and data collection technologies.
- This is likely to lead to a change in role for the researcher of the future - including an obligation to adapt and remain apprised of the new methodologies; when and how to use them and critically, how to interpret their outputs.
- Clients' needs and expectations are changing, with the growth of Big Data partly responsible.
- There is a growing emphasis on speed, 'insight' and 'in the moment'.
- 80% accuracy is all that is needed.
- A wealth of new possibilities exists with research tools involving mobile, online and data collection technologies.

# masterclass reports

## Day two

Before introducing Duncan Ross of Teradata, day 2 of the masterclass began with a brief recap on some of the issues covered so far before leading into a discussion on the live experiment. Delegates had found that:

- Uptake of the various methodologies had not been very widespread. Was this a learning for designing research in the future or a signal that EphMRA cocktail parties over ride our passion for new approaches?!
- The choice of methodology led to quite different format and content of data
  - Prior IDIs gave rich feedback though a tendency to idealise and generalise
  - In the moment IDIs allowed more up to the minute appraisal of behaviour and motivation during the event
  - The phone app yielded shallow but iterative and up to the minute data
  - The bulletin board was able to track individuals' thoughts before during and after the event but depended highly on the commitment and articulacy of the respondent
  - The majority of the audience were not well versed Twitter users!



The conclusions from the exercise were that:

- What you learn depends on when and how you ask the question
- The expertise of the modern researcher is absolutely crucial in terms of conceiving the appropriate mix of tools/ methods available for addressing a brief
- Likewise the expertise of the modern researcher is vital in gleaning and interpreting insights, including understanding the strengths and weaknesses of the content emerging from each method.



# masterclass reports

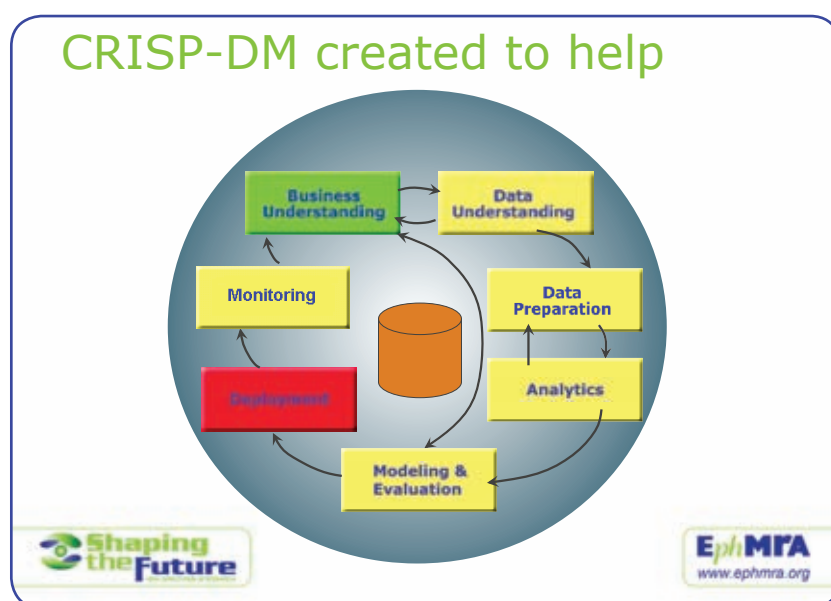
## Big Data - lessons from Data Mining

Duncan Ross has been a Data Miner for almost 20 years and at Teradata he has been responsible for developing analytical solutions across a range of industries. He began his presentation with his definitions of Big Data - the raw material of data science - and of Data Science - a scientific approach to data.

Duncan then moved on to outline the common features of data mining before introducing the cross-industry data mining model which sets out the processes involved.



Duncan Ross



In giving examples of data science analytics including crowdsourcing, location work, gamification and “the quantified self”, Duncan outlined the types of data that can be involved, the types of analysis available and the outputs that can be obtained in each case. He stressed that we can be too good at seeing patterns in data and that awareness of the ‘power of prediction’ is necessary, illustrating this with an example of GP prescribing behaviour in which GPs were influenced by the prescribing habits of those around them.

In drawing together lessons to learn from data mining, Duncan concluded:

- Data takes a long time to prepare (>80% of time) and you need to plan for it well
- Text analytics can lead to misinterpretation
- Look at new sources of data
- Look for software that simplifies the analytical process
- Beware of findings that seem “too obvious”.
- Documentation of data is more important than documentation of your models
- When things go wrong, it is usually the question that was wrong.
- Accuracy isn’t everything - sometimes it’s more a case of getting it right more often than by chance.

Duncan urged delegates to check they are answering the right question and then to spend time thinking about this as it is worth the investment. It is always worth considering “Does this sample look as I expected it to?”

# masterclass reports



Tom Ewing

## Behavioural **economics**

The final presentation of the masterclass came from Tom Ewing of BrainJuicer Labs, who focused on behavioural economics and the idea that “we think much less than we think we think” based on Kahnemann’s System 1 and System 2:

System 1 - Intuitive, Fast, Emotional, Effortless, Automatic

System 2 - Logical Slow, Rule-based, Tiring, Considered

Decision-making is affected by three core areas that influence behaviour:



Environmental:

- Uses primary effects to change behaviour
- Acknowledges System 1 thinking

Social:

- Emphasis on copying and sharing behaviours

Personal:

- Acknowledges that decision-making changes in an emotional state

Tom gave numerous examples from consumer advertising and marketing to illustrate that emotional campaigns (System 1) outperform rational campaigns (System 2) or a combination of the rational and emotional approaches. This type of transformational advertising is being used in increasing numbers of consumer health campaigns.

Tom’s take-away messages were:

- People don’t tend to make decisions rationally and are affected by context and social and personal factors.
- System 1 & 2 thinking affects not just the way we set up research but
  - the way we can brainstorm interventions to effect behavioural change
  - the way we can test the likely impact of behavioural interventions.

## Key learnings from day 2

- We need to be better at data capture and data handling.
- Accuracy isn’t everything.
- We should always be actively looking for and open to new models of behaviour and thinking in order to understand the decision-making process better.
- We need to think differently about our roles as researchers within this changing environment. Can we become the ‘curators’ of information and insight? What new skill sets do we need to develop in order to meet the changing demands of the market?

## Selected quotes from delegates

*“This masterclass has been truly inspirational in reminding me of the many new research possibilities that are out there.”*

*“I will definitely be applying learnings from the consumer world, particularly the use of Bulletin Boards for closed communities.”*

*“I am now thinking about new methodologies as real alternatives to the way I am currently working.”*

# masterclass reports

## Fieldwork challenges and opportunities in Brazil, China and Russia

**Convenors: Carsten Fuhrmann, Boehringer Ingelheim and Alexander Rummel, Aurum Research**

### A little knowledge is a dangerous thing!

Brazil, Russia and China (BRC) are no longer considered “emerging markets” but are now an integral part of pharmaceutical research, included in 1 in 3 proposals received. But what do we as researchers actually know about these markets and how do we judge whether the field researchers we commission have selected the most appropriate stakeholders to sample?

It is all too easy to design studies based on our extensive knowledge of Western Markets, impose it on these new territories and then wonder why the timescales and results are not those anticipated.

On day 1, the session was kicked off by the Convenors collecting the delegates' expectations which ranged from seeking country-specific demographics, understanding the impact of payers and how to target physicians to appreciating the cultural factors likely to impact the timelines for research.

The scene was set by Antony Hughes, MD at Medefield : “The Global perspectives on working with BRC countries - The pitfalls and solutions.”

The BRC markets provide an enticing source of large sample sizes and the opportunity to try out new methodologies but understanding these markets is a pre-requisite to delivering quality results.

An effective proposal requires a comprehension of the factors most likely to impact the study:

- The methodologies that work best and yield the fastest results
- The implications of the local incidence rate on sample size and timely feedback.
- Avoiding extended holiday periods e.g. Chinese New Year

When designing a study consider the relevance of the screening criteria carefully, check the acceptability of the proposed length of interview and never forget to programme in at least a 20% time delay for translations and language overwriting.

When briefing a local field agency avoid language misunderstandings: define the topic clearly; explain fully the key points in the questionnaire. Native translators are needed who are versed in the correct terminology and drug names and bear in mind that simultaneous translator experts in medical vocabulary are rare.

Paul Zhao, Principal of Primary Market Research, IMS Health China with over 16 years of experience in the pharmaceutical industry then shared his wealth of knowledge of the Chinese Healthcare System. His presentation, “How to conduct a successful pharma market research study in China”, was so rich in referenced facts and figures that it may be considered a secondary research source in its own right!

By 2015 China will rise to No.2 in global pharma sales. It is a rapidly developing economy with a population of 1.4 billion of mostly poor people; GDP per capita is 93rd globally, behind Peru. 50% of the population is urban. It is a vast geography of 22 provinces with very uneven economic development which is mirrored by the healthcare infrastructure; rural areas such as Gansu and Tibet lag far behind the top 5 urban areas, such as Shanghai, Beijing or Guangzhou.

## Masterclass Three



*Carsten Fuhrmann*



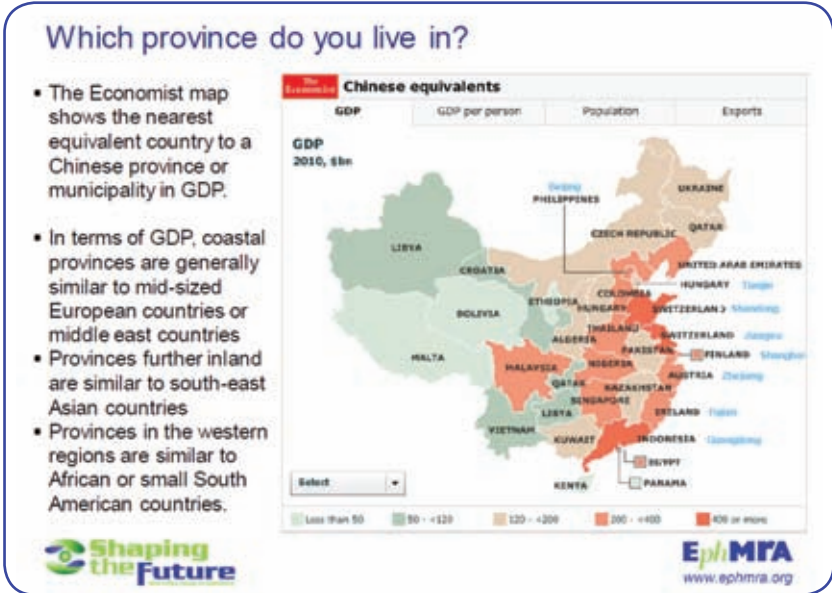
*Alexander Rummel*



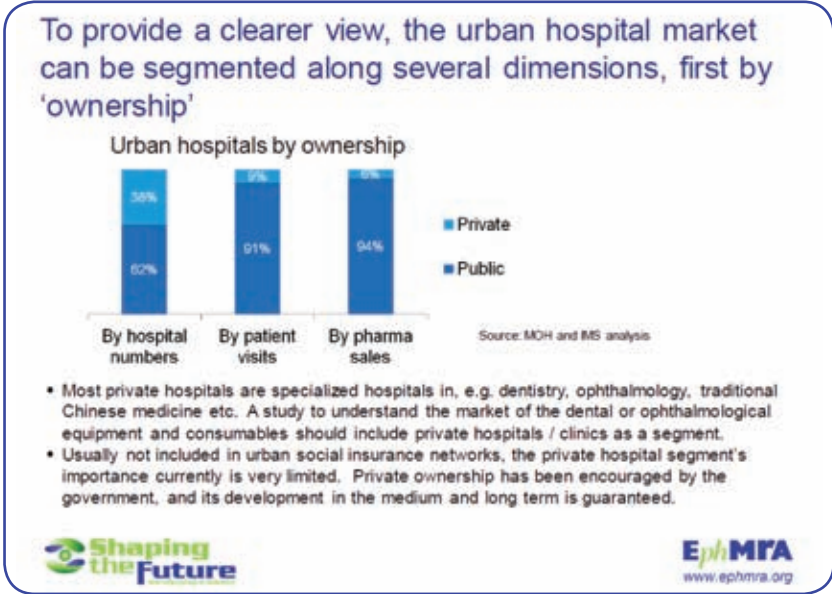
*Antony Hughes*

# masterclass reports

Most market research studies are conducted in urban hospitals. There are 15,000 of these accounting for 60% pharma sales. Research on primary care is often conducted in urban Community Health Centres (CHCs), outpatient clinics or in rural Township Healthcare Centres and village clinics, but there are nearly a million of these to target!



Private hospitals do exist but their importance is very limited unless you are researching their particular speciality- dentistry, ophthalmology or traditional Chinese Medicine.



There are around 1,500 top level or Class 3 hospitals (>600 beds) and have the highest concentration of medical resources and specialities. They are overburdened with patients who flock there for even minor ailments despite government initiatives to encourage them to attend the CHCs. Each hospital tends to have its own clinical strengths e.g. Military Hospital (Beijing) ranks highly in Respiratory, GI, Endocrinology, General Surgery and Orthopaedics whilst Fuwai (Beijing) majors in cardiology and cardiothoracic. There are no General Medicine doctors in either class 2 or 3 hospitals.



# masterclass reports

## Screen out “refresher doctors” and think twice before choosing on-line research

There are more “bosses” than workers in these hospitals with the routine clinical work being undertaken by “refresher doctors” on training from the provinces and with no decision-making power. On-line research is the norm in the developed western market but, despite the wide availability and usage of the internet in China, F2F is likely to remain the methodology of choice for quite some time as it is cheaper, faster and produces higher quality results.

### Ranking of Chinese hospitals by strength in selected key specialties

Specialty	No. 1	No. 2	No.3	No.4	No.5
Cardiology	Fuwai (BJ)	Zhongshan (SH)	Anzhen (BJ)	Guangdong Provincial (GZ)	Shenyang Military (SY)
Respiratory	GZ Medical U. No. 1 (GZ)	Chaoyang (BJ)	Zhongshan (SH)	Union (BJ)	Military General (BJ)
GI	Xijing (Xi'an)	Union (BJ)	Changhai (SH)	Military General (BJ)	Ruijin (SH)
Endocrinology	Union (BJ)	Ruijin (SH)	Military General (BJ)	Shanghai No. 6 (SH)	Xiangya No. 2 (Changsha)
General Surgery	Union (BJ)	Zhongshan (SH)	Ruijin (SH)	Military General (BJ)	Huaxi (Chengdu)
Cardiothoracic S.	Fuwai (BJ)	Anzhen (BJ)	Zhongshan (SH)	Guangdong Provincial (GZ)	SH Children's Med Center (SH)
Orthopaedic S.	Jishuitan (BJ)	Military General (BJ)	Beijing University No. 3 (BJ)	Shanghai No. 6 (SH)	Union (BJ)

BJ: Beijing, SH: Shanghai, GZ (Guangzhou) Source: Hospital Management Research Institute of Fudan University

- It is recommended to recruit senior doctors in those hospitals if KOLs of certain specialties need to be included in a study.



If you are considering including a Patient Diary, avoid the inclusion of adverse events as these will all be deemed “reportable”.

Doctors only have access to patient records at the time of their visit and patient recruitment is usually only undertaken by the physician at that appointment.

There are 3 main Government agencies involved with payments:

1. The State Reform and Development Agency defining drug pricing
2. Chinese “FDA” approving marketing rights for new drugs
3. MOH Reimbursement Bureau establishing both National and Regional reimbursement lists.

For secondary research try <http://www.wangfangdata.com> or <http://www.cma.org.cn>, but be prepared to use your Mandarin skills.

And finally, there are four types of research agencies that can work with you in the field in China. Choose your partner wisely.

# masterclass reports

## We will introduce four types of research agencies which can work with you to field a study in China

- The agencies which can field a study for you can be classified into the following four types:
  - **Global full service agencies**
    - Global market research agencies which are active in the pharma research field in China
  - **Local full service agencies**
    - Agencies usually established by former research managers of pharma companies or global healthcare research agencies
  - **Global fieldwork agencies**
    - Global pharma fieldwork agencies which have set up a representative office and / or a local call center in China
  - **Local fieldwork agencies**
    - Dozens of local fieldwork agencies are competing in the pharma research field



Sergey Tumanov

## Russia - a world of a difference **between theory and practice**

Russia is fast becoming the most requested market for new field research proposals and Sergey Tumanov, General Manager, Top of Mind, Russia provided us with an invaluable insight into his home market, highlighting the discrepancies between the official system and reality.

The Russian Federation covers one seventh of the earth's surface and has the 10th largest economy, founded on its oil and gas natural resources. 22% of Russians live in the 13 large cities (> 1 million) and most studies are conducted there.

Life expectancy in Russia is decreasing due mostly to smoking, an unhealthy diet and high alcohol intake. Funding of the healthcare system is through employee derived contributions and employer taxes - the Mandatory Health Insurance Scheme (OMS). In-patient drugs are supplied free but despite this most patients pay out-of-pocket.



# masterclass reports

95% of the 6,545 hospitals are public and linked to Government Departments, 20% of the 15,625 out-patient clinics are private. The key stakeholders are the physicians, the payers and KOLs, the pharmacists and of course the patients themselves.

There are around 716,000 physicians. Over 25% are GPs working only in group practices; they are poorly trained and not interested in pharma. Lung, rheumatology and haematology specialists are relatively rare. There is no central registry of physicians. Females dominate in pharmacy, paediatrics, gynaecology and in general practice and there are no internal medicine specialists in Russia.

## All methodologies can be used in Russia but on-line is problematic and few doctors have office phones

F2F is widespread and high sample numbers are possible if spread regionally. IDIs are the norm for studies involving specialists. Very few hospital doctors have phone access and on-line access at work is still relatively uncommon. Recruitment of physicians is usually achieved via previous off-line studies.

With regards to payers, experience dictates that it is the regional branches of the Ministry of Health that provide the most reliable and realistic input regarding clinical, pricing and purchasing data.

The difference between the theory and the practice in many aspects of the Russian healthcare system can sometimes be stark and no more so than in pharmacy practice. Secret Shopper is an acceptable methodology in Russia and is recommended for pharmacies as it reveals exactly what the pharmacist recommends and sells.

Patient recruitment for high incidence disease is achieved through drugstores and on-line, whilst doctors are key sources for low incidence disease. Early stage disease may be difficult to capture as patients usually self-medicate for some time before visiting a doctor with persisting symptoms. All methodologies can be deployed with patients in Russia but F2F is the most popular and IDIs or TIDIs < 90 minutes are common. There are no legal or ethical constraints.

## “Understand the way Brazil flows and it all becomes so much easier”

Gabriella de Paula Prado, Executive Director, Demanda, Brazil kicked off day 2 in true Brazilian style with a flamboyant video of Brazil highlights before starting her session on “Fieldwork challenges, barriers and opportunities in Brazil”.

Brazil has been included in market surveys for around 10 years now, but many misunderstandings or misplaced assumptions about Brazil have sometimes led to frustrations with field research.

Brazil has undergone dramatic change in the last 10 years. It is now the 7th largest economy; 84% of the population are urban, a new dominant middle class has emerged, unemployment and inflation are low and it has taxes similar to western economies. Minimum wages have increased 282% since 2003 and there is a scarcity of many specialist skills leading to high labour costs in areas such as market research.

The Public Healthcare system, covering 75% of the population, is stretched financially. 37% of the population has no access to drugs and 25% with Private Healthcare cover obtain partial drug reimbursement. Since 2000 the local manufacture and use of Generics has increased such that branded pharma now represents only 30% of the total market.



Gabriella de Paula Prado

# masterclass reports

Secondary data, such as IMS data, may wholly misrepresent the real situation: it records physician prescription details but fails to capture the common practices of unpresented prescriptions, switching and drug purchase without a prescription. Patient diaries and “treatment flow over time” studies are necessary to supplement and sanity check these sources. Similarly, incidence rates in Brazil are often based on American or European forecasts as there is paucity of quality epidemiological available locally.

Brazil has lots of doctors but there is an imbalance in geographic and speciality terms. Doctors tend to go where kudos and salary are highest, they hold multiple jobs across the private and public sector, including being both a GP and a specialist, and stay in post for a long time. GPs play a secondary role with private and Health Insurance patients bypassing them entirely. Most doctors and specialities are located in the cities in the East and South of the country dictating where most research is undertaken.



## Beware of asking a Brazilian doctor for patient referrals

Physicians welcome surveys and representative visits as a source of continuing medical education in their busy lives. They are curious and receptive to new products but have a short attention span; IDIs of 30 minute duration are just about tolerated; TIDIs are perceived as being less important and treated accordingly. Doctors are increasingly a source of patient records but never ask for more than 3 or 5 at a time and never ask them for patient referrals. This is highly unethical without patient authorisation and obtaining that can take a long, long time.

Once you have sourced them, usually through patient associations, referrals from family, and friends as well as agency panels, patients are willing participants with video diaries and bulletin boards working well. However, Brazilians are naturally conservative and care must be taken to avoid mixing genders and very different social classes. And remember, Brazilians only speak Portuguese and they love to talk so interviews will take longer.

## The chance of interviewing a public payer is slight... but pharmacists should be included

Due to the Civil Servant Statute it is only possible to interview retired or discharged Government officials and after their “quarantine” period has lapsed. The only way to get the real picture about pricing and distribution is to speak to purchasers. Pharmacists too, from both the independent and chain sectors, should be included in study samples as they have a great influence at the point of purchase.



# masterclass reports

The Day 2 session was concluded with Nich Guthrie, Director, Forecasting Syndicated Analytics, IMS Health in his session “Secondary data opportunities and pitfalls” reminding us of the importance of secondary data and doing it well before you even consider undertaking primary research as it helps us to pose the correct questions and informs us how accurate the data collected needs to be.



Nich Guthrie

## The outsider looking in perspective on BRC

Major challenges for understanding and interpreting BRC secondary data are:

- Overcoming the language barriers
- Understanding the influence of politics
- Checking the reliability and credibility of the data sources



Many websites and national data sets are now available in English but if translation is needed consider machine translation to initially check the content before investing in a professional translator.

Governments feed into the public domain what they ‘want’ to happen rather than the reality of a situation. Fortunately all the BRC countries do appear to produce reliable statistics on their Government websites. But with regards to checking the reliability of any data it is usually down to having a good network of contacts in that country to judge and approve its sources.

The session was wound up with a Q&A session with the panel of expert presenters and the assessment that the Masterclass had overall met the delegates’ expectations.

## Delegate quotes

*“The Masterclass provided a really useful insight into the general structure of each market. As a field co-ordinator I am often the first port of call and it will good to be able to advise them against seeking GP input from China, for example.”*

Amanda Lancaster, ZS Associates

*“The infrastructure detail and anecdotal information provided, such as pharmacy in practice in Russia, is really insightful and will be invaluable when I deal with a client on a new proposal.”*

Samantha Hope, Prescient Market Research



# masterclass reports

## Workshop One



Peter Cunningham

### How to manage change and **uncertainty in the Pharma industry**

**Convenor: Peter Cunningham, Branding Science**

The workshop was designed to enlighten and inspire around some of the tools and processes that help manage uncertainty and with highly motivated delegates both from the pharmaceutical industry and market research agencies it did just that!

The workshop convenor **Peter Cunningham**, from Branding Science Group, was joined by two expert speakers: **Victor Kara**, Associate Vice President, Digital and Multichannel Marketing, Sanofi PCS Division and **Craig Scott**, Marketing Capability Director from Brand Learning.

This was a highly interactive workshop from the start, with Peter Cunningham inviting all the delegates to share their views on what had changed for them within their companies. The consensus of opinion in the room was crystallised by the comments from one delegate describing the impact of change as needing to “do more with less and faster!”



Victor Kara

### Creating competitive advantage online

At this moment there are 2.5 billion people online and 500,000 new people that will go online for the first time today. These were the staggering figures **Victor Kara** opened his presentation with. To be able to successfully reach this huge audience of potential customers we need to innovate and change the way we are marketing in the digital era. When it comes to creating competitive advantage online, Victor challenged delegates, that first and foremost they must be inspired to think differently and be committed to be part of the digital evolution.

Victor outlined 5 fundamentals that should always be kept in focus when thinking about digital marketing initiatives.



Craig Scott

#### 5 Fundamentals

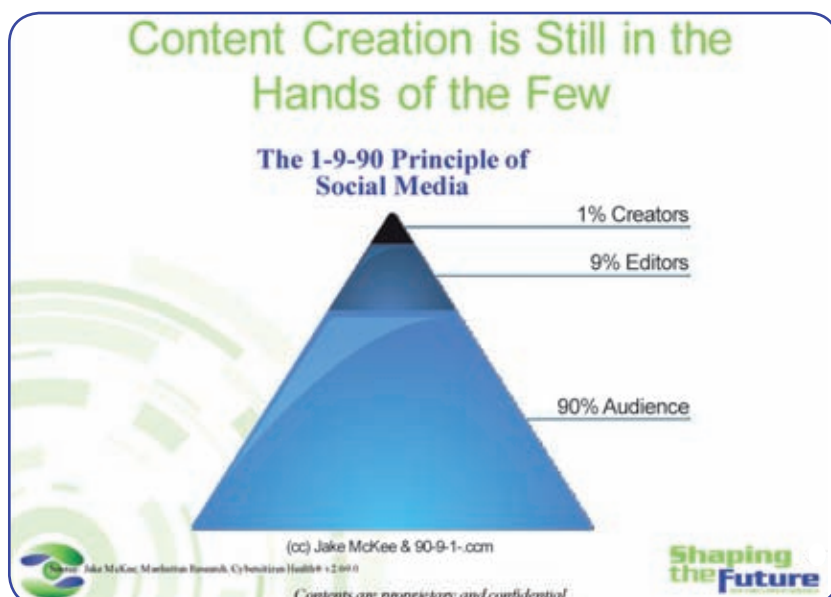
- **Listening - the market**
- **Influencers - the people**
- **Language - the words**
- **Content - the story**
- **Distribution - the network**

The importance of **digital listening** was highlighted by the data that 69% of EU HCPs are members of at least one professional social network, with some physicians communicating openly on networks and forums and even supplying disease area information via their own website. Victor went on to say “So as a marketer within the pharmaceutical company, I have physicians promoting my drug potentially on their websites, what are they saying? How are they saying it? Why are they saying certain things? I want to know the answers to these questions”.

Who is the online audience? Well we already know that patients and physicians are online but regulators are too. The NIH, FDA and CDC issue podcasts, post videos, run multiple blogs and the EMA is tweeting. Victor explained that these regulatory bodies are actively looking at ways to deal with and understand the questions when it comes to digital and there is an opportunity for the pharmaceutical industry to work jointly to define that change.

# masterclass reports

A key theme Victor discussed was that in order to successfully target your audience you have got to find out who the **influencers**, that other people are listening to, are. "It is important to recognise that content creation is still in the hands of the few and these are the 1% that if you identify for your therapy area, market or brand will be the online ambassadors because they will push it to the 9% and this 9% will explode" stated Victor referring to the 1-9-90 pyramid below.



It is well recognised that top pharmaceutical companies are getting very serious about digital marketing, perhaps driven by the earlier change theme of being able to "do more, with less and faster". Specifically there has been a change in pharma's utilisation of social media: to improve market research, expand content through news coverage, optimise reach via controlled channels, and even impacting clinical trials by decreasing costs and targeting more effectively who they reach.

In this area of uncertainty and rapid change Victor shared some lessons from global senior leaders. "Learn how to fail fast" was one example seen as being a positive, to instil confidence and to encourage us to think differently and push in new directions.

*"I believe more than ever that social media cannot just impact, but revolutionize, health"*

Jay Bernhardt, Former Director of National Center for Health Marketing at CDC

## If change is the new normal...how 'change-able' are you?

This was the question **Craig Scott** posed to the delegates and through a series of highly engaging questions, utilising his sophisticated 'Change Able-ometer' (or show of hands), he set out to find out!

Craig stated that there have been 676 acquisitions in the biotech and pharmaceutical industry in the last 3 years and that this rate of acquisition is expected to accelerate. So if change is definitely here to stay, then how are we going to develop our personal 'change-muscle' (as Craig described it) so we are able to cope?

Against the backdrop of changes in the pharmaceutical industry, it may be increasingly difficult to see where the competitive advantage will come from. However, Craig feels "There has never been a better time to be a researcher in pharmaceuticals". Why? Because as market researchers we are best poised to add value to our employers, by understanding our customers better than our competitors and actioning that understanding.

We already have a great toolbox, in the form of our traditional market research approaches, but there is also value in adding in activities and being open to experiment with new techniques e.g. consumer connections or a customer safari. Craig encouraged delegates to take time to meet their customers, not from behind the mirror of a viewing facility but face to face, to experience first-hand what their lives are like.

# masterclass reports

He was also advocating exploring the area of behavioural economics to gain a better understanding of how people make decisions, recognising that 'humans are messy' and don't always make purely rational decisions.

Gaining this profound understanding of customers is what leads us to a business idea that can deliver profitable growth for the business. It is this that can be described as 'insight'. Craig pointed out that there are a number of definitions and it is a term often confused and interchanged with market research. Although research doesn't equal insight, research can be the key ingredient to getting to an insight, which is all about connecting knowledge in a creative way.

Craig shared an inspiring quote from the Head of Insight at Coca-Cola, proposing that this could be a vision of where we want to be in pharma:



Finally, how developed did Craig think the delegates personal 'change-muscles' were? Well according to his 'Change Able-ometer', since quite a number of delegates actively take a different route home from work, we are already enabling ourselves for change!

Peter finished with a big thank to all delegates for their active participation and to both speakers for their stimulating and enlightening presentations.

## Workshop Two



Julie Buis

### Individualised Medicine - opportunities, threats and implications for Market Research

**Convenors: Julie Buis, Aequus Research and Caroline Mathie, The Planning Shop International**

It was an interactive and engaging workshop, organised by EphMRA's Learning & Development Committee (LDC), on the opportunities and challenges of individualised medicine and the implications for market research.

The workshop convenors **Julie Buis** from Aequus Research and **Caroline Mathie** from The Planning Shop International were joined by an expert panel of speakers from pharmaceutical market research agencies - **Kelly Price** of The Planning Shop International and **Jackie Morgan** from Adelphi and real world clinical views from **Dr Clare Vernon**, Consultant Oncologist at Hammersmith Hospital, London and **Dr Janet Allen**, Director of Research at the Cystic Fibrosis Trust, UK.

# masterclass reports

The convenors successfully set the scene by initiating lively debate amongst delegates on what is meant by individualised medicine! There was recognition that this is not a new concept, that physicians already tailor treatment to individual needs of patients. However, what has emerged through new technologies is the possibility of identifying the population or disease subtype most likely to benefit from a particular medicine.

## What does individualised medicine promise us?

Individualised medicine promises us prediction, prevention and treatment targeted to the individual's needs. However this promise may still be some way off being realised. Julie Buis stated that estimates suggest that only 10% of drugs in a pharmaceutical company portfolio currently meet the definition of individualised medicine. Although in the field of oncology there are predictions that this could reach as high as 80 or 100% by 2014. However this prediction was debated during the session by delegates and **Dr Clare Vernon** who thought this might be a bit ambitious.

## What are the challenges?

**Julie Buis** explained that although there are clear benefits in integrating drug and diagnostic development from the perspective of producing a better, safer drug this is often not the case. Why not? Well, first of all the medicine and the diagnostic are often not available at the same time. The separate regulatory regimes mean that most diagnostic tests have in effect been developed retrospectively, rather than developed specifically during drug development. Furthermore there is a need to improve accuracy and demonstrate clinical value of diagnostics. Finally the question of costs and who is going to pay was discussed. Developing and testing suitable diagnostics adds significant additional costs and complexity for pharmaceutical companies which need to be factored in as part of overall drug development programme. There is also uncertainty as to whether healthcare systems will agree to meet diagnostic costs in addition to the treatment costs.

## “Know your enemy, knowledge is power”

Julie also posed some more philosophical and ethical questions that individualised medicine raises and challenges us with. Questions such as: “Do parents have to tell their children what might await them as adults? Do doctors have to tell patients everything they learn and even about the risk of disease for which there are not yet cures?”

## How prepared are physicians?

**Jackie Morgan** also picked up on challenges both from the perspective of the readiness of healthcare infrastructures and also the preparedness of physicians to deal with the different role they are being asked to play i.e. dealing with the practicalities of diagnostic testing as well as potential difficult diagnosis and treatment eligibility decisions. Jackie shared some surprising findings from research conducted with grass roots physicians, highlighting that although physicians expect individualised medicine to be a reality in the very near future, a high majority have had no formal education at medical school or little subsequent training in the area and therefore do not feel equipped to fulfil their new role.



Caroline Mathie

### Definition

*“Individualised medicine is the application of genomic and molecular data to better target the delivery of healthcare, facilitate the discovery and clinical testing of new products and help determine a persons’ predisposition to a particular disease or condition”*



Jackie Morgan



# masterclass reports



Kelly Price

## Orphan diseases the poster child for individualised medicine

The fact that most (~80%) orphan diseases are genetic in origin has resulted in individualised medicine driving significant advances, in terms of understanding which genes have been mutated and enabling drugs to be developed to target these 'rogue' genes as explained by **Caroline Mathie**. This so called approach of 'orphanalisation' of oncology was picked up by **Kelly Price** who outlined how oncology is increasingly being divided and sub divided into smaller and smaller patient groups with specific treatment targets. The forces behind these changes have of course been the improvements in disease understanding that genome mapping and gene sequencing allows but also the incentive structures that have been in place for the development of these oncology or orphan drugs. However the question was posed by the speakers whether we would see a shake up to incentive schemes and further restrictions to those eligible to receive these new drugs.



Dr Clare Vernon

## Personalised medicine in action

The delegates really benefited from hearing the clinicians viewpoint on how the advent of personalised medicine has helped improve patients' journey through cancer treatment. **Dr Clare Vernon** explained "It is so important for patients to have confidence and trust in their treating clinician, to take them through this journey. Having these biomarkers helps me to individualise treatment more than I could before".

Dr Vernon went on to explain that there are also benefits in being able to better plan the treatment journey; to have options down the line to offer which improves the relationship with the patients as well as increasing her job satisfaction! Are there any downsides? Dr Vernon highlighted three: diagnostic tests can take time, potentially delaying treatment initiation; the tests and the treatments are expensive and thirdly targeted therapies don't necessarily mean they are non-toxic.



Dr Janet Allen

We are in, what **Dr Janet Allen** described, "a watershed decade for cystic fibrosis"; where physicians will have a therapeutic toolbox to create individualised combinations of drugs to best suit each patient. This toolbox is already starting to be filled with the recent introduction of a breakthrough drug which targets the root cause of the disease in patients who have that specific gene defect (~4% of all CF patients). With other genotype defined medicines in the pipeline this truly demonstrates personalised medicine in action!

## Personalising market research!

The workshop successfully generated debate around the implications and opportunities for us all as market researchers as individualised medicine continues to advance. Suggestions included the need for an increased role in tracking payer views and behaviours in light of predicted restrictions; increasing focus on patient research as the power of the patient voice increases and in meeting the challenge of recruiting small specific patient populations.

## Selected quotes from delegates

*"Really interesting and thought provoking session"*

*"You've done a great job in educating us in terms of the issues at stake"*

**A big thank you was extended to all the delegates, speakers and guests for an informative and engaging session.**



# conference round up

## Thomas Hein - EphMRA President and Vice President Global Market Research, Bayer Healthcare Pharmaceuticals, Germany

This year's theme "shaping the future" was a call to arms for all of us in the industry to look pro-actively for new directions for market research. Thomas Hein's robust opening speech stirred the audience to recognise that, as market researchers, we can no longer simply deliver basic analysis on WHAT healthcare professionals and patients are doing nor solely rely on their often inconsistent reasons for their actions; we have to use more observational methods to understand the real reasons WHY.

There are limitations to what can be achieved as a result of internal cuts in headcount and budgets in pharma companies and a rise in external regulations, and at the same time market researchers are increasingly required to fulfil the role of strategic partners by delivering in-depth insights to help shape strategy for the future of the pharma industry. We have to be creative in the research we use and also pragmatic that the research might not always be perfect.

We have to network - internally within our own companies to offer a holistic view and become a cohesive group all working towards the same aims and externally with the rest of our industry so we are sensitive to the challenges and opportunities in the pharmaceutical market research world. We also need to have comprehensive knowledge both of the therapeutic areas in which we operate and of all aspects of the brands. With this awareness and these skills come the confidence and motivation to provide the collaborative strategic partnerships we need to develop with our clients to shape the future in these challenging times. Market Researchers have to deliver insights and clear recommendations rather than just information and by this they will become consultants.

## Opening Session



Thomas Hein

## Building a Winning Team

### Daniel Topolski - Author, former rower and rowing coach and BBC TV commentator

**Chair: Martin Schlaeppli, Praxis Research**

Dan Topolski, the famous coach of the Oxford University boat race squad, clearly illustrated the importance of both motivation and of strong, collaborative partnerships within a team to achieve success even when the odds are stacked against you. Dan reflected that there is much common ground between the business environment and that of a rowing team. While in business we work at improving productivity, efficiency, winning deals and increasing profits, the coach of a sports team looks to achieve similar goals with his athletes, winning races rather than deals in Dan's case. As business managers or as coaches we need to stretch each member of the team to fulfil their potential, to teach them new skills, to communicate our requirements and to eliminate mediocrity.

By pursuing these goals we can turn losing teams into winners. Oxford were the perennial losers in the world famous Oxford and Cambridge Boat Race when Dan took over as coach (they had won only 12 races in 60 years). Following his appointment they went on to win 17 out of the next 19 races (including the 1987 race, the year of the infamous "mutiny" when half the crew walked out six weeks before the event). But Dan reckons that 25% of what makes a supreme athlete or a top business manager is motivation; the passion to be the best is what separates winners from losers. And while you can teach endurance, strength and skill in sport, motivation is a different matter because a huge part of it has to come from within the individual. What a coach/manager can do is to create the right conditions in which morale and confidence can flourish and thereby awaken our inner motivation. Sir Steve Redgrave, winner of gold medals for rowing in five consecutive Olympics gave permission for anyone seeing him near a boat to shoot him when he won his fourth gold medal at Atlanta in 1996. Within four months he was back in training; the hunger to win and the desire not to see anyone else succeeding when he knew he was still capable of winning saw him claim gold for a record 5th time four years later at the Sydney Olympics. The measure of the man and his motivation is that he achieved all this while suffering from colitis and diabetes!

## Plenary Session



Daniel Topolski

## conference round up

So how did someone with these debilitating medical conditions, a dyslexic who left school at 15 years of age with only one qualification in woodwork, go on to achieve such extraordinary heights and how can we learn from this in business? Clearly, Redgrave's drive is immense. But it was also his mental discipline that allowed him to set himself increasingly ambitious targets year on year, even when he was already the best there was in his field. He was never complacent; he was prepared to reappraise his achievements continually, always asking himself if he was satisfied with his performance. He was also prepared to make alterations, seeing change not as a threat but as an opportunity. In addition, he had the utmost respect for his opposition. In the same way that Redgrave was only as good as his last race, we in business are judged by our last performance figures and must guard against overconfidence; we must constantly strive to improve, be flexible and adapt to remain on top and always be aware of what our competitors are up to.



Staying at the top of your game takes energy, commitment and courage even when you possess extraordinary drive so how do we create the right conditions for motivation to thrive? When Dan was faced with a demoralised Oxford squad his priority was to rebuild team spirit. From the start he insisted on fair assessment tests, the same gruelling test for everyone with no team member given special dispensation. The resulting performance charts were published regularly and each individual knew exactly where they stood in relation to each other. This created tension but it was absolutely necessary to prove to the individual how good they really were; that all important self belief does not automatically follow from being told repeatedly how much your coach believes in you. You as a coach have to win their confidence first before you can build their confidence and you can do this by setting regular achievable targets. The intermediate success that comes with each realistic task achieved goes a long way to fuel motivation and pride.

And the final piece in building team spirit? You need to give every member of your team a say in setting the targets to encourage them to take shared responsibility for the success of the team. This is every bit as important as building trust and integrity between the coach and the team members and gives the individual the motivation to achieve. Whether a sports coach or a business manager ensure you lead by example by practicing what you preach, ensure you keep in close touch with the team and are able to identify the mood of the group. With genuine team spirit established, with your team confident that they are all valuable and much valued members of the team, you can start to throw greater challenges, make them take risks so that they can shed the inhibitions that fear of failure can bring so that ultimately they can overcome their mistakes and still go on to win. By investing time in carefully building these partnerships both internally and externally you can go on to shape the future together.

**Written by**

**Sue Marrett**, The Research Partnership

[SueM@researchpartnership.com](mailto:SueM@researchpartnership.com)

# conference round up

## Turning the Ocean Liner using a few speedboats and a great navigator


**Speakers:** Marion Wyncoll, **Themis Analytics** and Kathryn Jones, **Novartis Pharmaceutical Corporation**

**Chair:** Martin Schlaepfli, **Praxis Research**

Using the analogy of how it is possible to turn a great ocean liner with a few small boats, Marion's and Kathryn's paper used the roles played by the Captain and the Navigator to describe to the audience how traditional roles have changed and continue to change such that the ship's officers now need to become Explorers.

Senior Management was portrayed as the Captain whilst the Business Intelligence function was described as the Navigator. However, the traditional pharma value chain is all but dead in the water. Whereas, traditionally, the Captain knew what to expect, could see things coming well ahead of time and could effect change albeit slowly, the new Explorer Captain has to tackle the perils of uncharted waters, having to respond much faster to evolving situations and do this in a much stricter regulatory environment.

Historically, the Navigator has helped with tracking progress along the route, updating points on the chart and forecasting a fairly easy route ahead, but that function now faces increased challenge and, in uncharted waters, the Captain may question the value of even having a Navigator. An Explorer is now needed to map the terrain ahead, to respond to the shifting sands and locate and define the obstacles so that a safe course can be recommended.



**The Captain**

- Perils well documented
- Know the course
- Know what's ahead – see things coming years out
- Could change course, but slowly
- Good life

**The Navigator**

- Tracking progress
- Another data point on the chart
- Forecasting the course easy
- Methodical approaches work
- No guess work
- Good life

Shaping the Future  
www.ephmra.org

Marion and Kathryn based the core of their presentation as well as their conclusions on a series of interviews undertaken with a wide range of stakeholders including senior management, marketing management, senior market research professionals and business consultants.

The issues facing the industry were aptly demonstrated with recent news clippings detailing the late-stage development failures experienced by two manufacturers with the consequent financial write downs involved. The theme was expanded using examples of biologic medicines to illustrate how the traditional pharmaceutical molecule that addresses a single disease in very large and identifiable population is being superseded by products that work "systemically" and can therefore address multiple indications - but often in smaller patient populations or rarely occurring orphan diseases.

## Parallel Session One



Marion Wyncoll



Kathryn Jones

# conference round up

Recently released data were quoted showing the attraction of biologic medicines (Source: Evaluate: World Preview June 25 2013):

- The percentage of sales from Biotechs within the global top 100 is set to increase from 39% in 2012 to 51% in 2018
- Orphan drugs are set to be 15.9% of worldwide prescription sales by 2018 (excluding generics)

A critical challenge facing the industry in attempting to access these emerging areas is to discover where and how these opportunities for growth could be identified within the vast array of rare diseases. This led to the second example quoted, that of "Big Data" - especially the availability of electronic health records as potentially, an exciting new source of information. Further press clippings showed that Pharma is beginning to engage in this area but, again, the Captain would require guidance, not from a Navigator but from an Explorer.

The Explorer could be the Market Researcher but, equally, it could be a Management or Business Consultant and the latter are very much moving to the fore. Consultants perceive themselves to focus on the business problem and offer broader solution, one of which may be to include an element from traditional market research methods. In contrast, among leaders of market research companies, there's high agreement that innovative tools and techniques are the cornerstone of their business model. Nevertheless, unlike consulting groups, these leaders report that they're far more open to commoditisation by procurement departments forcing a drive to reduce costs with elements of their work sent off-shore.

Mirroring much of this view, Consultants view of Market Research acknowledged high levels of interviewing skills but noted that MR tends to focus on the tools and techniques rather than the problem and on the delivery of the project rather than the bigger picture.

Viewed through the eyes of Market Researchers, the Consultant is seen to be a different beast and many are wary - are these people a threat or a partner? They have different qualifications, talk a different language and engage with different customers - often at a higher level within the organisation than MR typically reaches.

The differences in approach were the subject of a case study, again based in the area of biologic medicine, with a product having fast track approval in a rare disease and with urgent need of work on multiple aspects of the product launch.

The case study described the elements that MR and Consultancy could provide equally well but, critically, showed the extra perspective that the Consultants provided in terms of setting the deliverables in a broader context. This included:

- The competitor landscape
- The market size
- The financial implications for the brand

It is quite possible that Consultants will try to expand their activities into MR's turf so how is market research going to adapt and react to this? Well, market research has always risen to the challenge of change and even in the last 10 years has embraced a significant number of new approaches - and will continue to do so.

New technologies have been embraced - mobile phones, apps and ethnography for example - whilst a broader suite of techniques are used - online communities, gamification and war-gaming to name a few. Analytics and data delivery have improved with the use of dashboards.



# conference round up

One industry leader summed up the situation succinctly “There will always be market research - they deliver quicker, easier and cheaper answers but how much of that turf Consultants will play in is largely up to market research to define.”

Market Research must stop playing it safe and become Explorers - exploring areas for growth, exploring breakthrough ideas, exploring the real business impact.

Marion and Kathryn concluded their presentation with four key takeaways for Market Research:

1. Be both research savvy and commercially savvy; show your business acumen
2. Frame decisions to be made and what the potential financial implications might be; cost-side or revenue
3. For an RFP think about the financial implications of the results
4. Convert conclusions and recommendations to potential financial values where appropriate.

Session Chair, Martin Schlaeppi, Praxis Research said - “*Marion and Kathryn challenged us to face the realities of how senior management make decisions. Using examples of big data and electronic health records, they contrasted how business intelligence functions currently with how it might function more effectively in the future.*”

## Written by

**Martin Schlaeppi**, Praxis Research

[Martin@praxisresearch.co.uk](mailto:Martin@praxisresearch.co.uk)

## Quality in, quality out - Building value propositions for the medical device business

Megha Kalani, **Philips Healthcare** and Jemma Lampkin, **SKIM**

Chair: **David Hanlon**, Kantar Health

A challenge facing all industries is developing meaningful Value Propositions (VPs) that resonate with customers. A few years ago the team at Philips was struggling with their VP process. The main problems being: the time spent, lack of actionable outcomes, subjective qualitative assessment that lacked clarity, obtaining agreement across the team and the whole process was unnecessarily stressful. In the end, a lot of time and energy was spent developing the value propositions, with little certainty that they would produce the desired action from customers. **It was clear that it was time for a change.**

In the business and consumer worlds, there is no shortage of techniques for assessing new product ideas and concepts. Philips felt the needs of the B2B healthcare market were different; in particular, their target audience tends to be complex and difficult to reach, including niche markets that are committee-driven in terms of their purchasing processes. When frustration with the “old” process was mounting, Philips called in two agencies, SKIM and Junicon, to help develop a new process.

**Philips had one clear goal:** to validate the process and establish a standard that would work across markets, targets and categories, thus helping them to better understand the drivers of success over time. The team began by first dissecting the concepts into their constituents: insights, proposed solutions, benefits, reasons to believe and other needs from the customer perspective. Once these had been determined, the team was then able to devise a simple solution, comprising a description of the product offering that addressed customer needs.

## Parallel Session Two



Megha Kalani



Jemma Lampkin



# conference round up



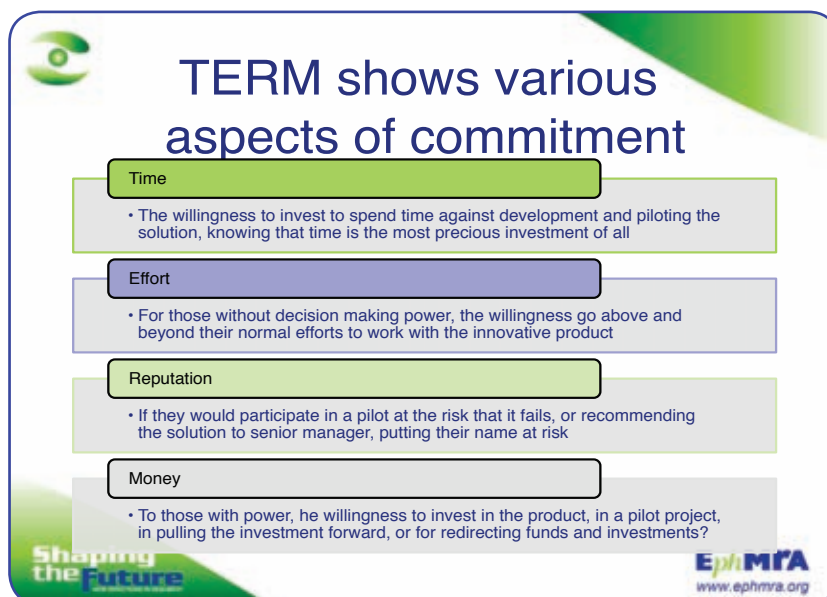
David Hanlon

The second step in the process was to further dissect the offering into customer benefits, which could be either functional or emotional. Lastly, the team examined customers' reasons to believe regarding delivery of the main benefits of the solution, which included technical developments, clinical evidence, brand heritage, etc. Once the individual components were understood, the team could then test which parts helped drive perceptions of value.

One of the problems of the old process that needed addressing was that there was "little certainty that the concepts would actually prompt the desired action from customers."

A key element was, therefore, to ensure the VPs prompted action and were relevant to the appropriate audience. However, what was not clear was how to determine if customers would actually use the proposed solution day-to-day? A simple purchase intent question, as used in consumer research, was considered less meaningful in a healthcare environment.

The approach was to employ a group of "commitment variables", which helped to evaluate whether the product promise is worth the customer's **Time, Effort, Reputation and Money (TERM)**.



- **Time:** Is it worth the customer's time to learn and accept the new concept?
- **Effort:** Will the concept require consumer effort in driving development, launch, or acceptance?
- **Reputation:** Is the concept worth enough to end users in terms of risking their reputations?
- **Money:** What is the monetary value of the concept, and the purchase intent/willingness to recommend the solution?

**Developing action standards** is an important step in helping measure whether the customer's commitment is "good enough." These represent threshold KPIs which are set in collaboration with the business unit responsible regarding the risk the business is willing to take that the concept is falsely accepted or rejected. For example, should a concept be considered validated if 50% of respondents "commit" to it? Therefore, in order to set realistic action standards, strong collaboration with the business stakeholders is needed.

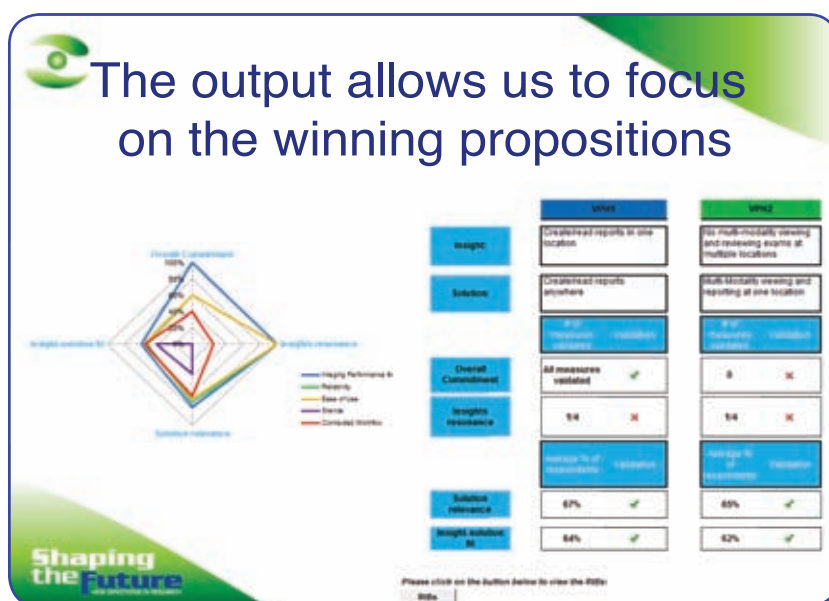
However, it is not easy to ask the business to set expectations by means of action standards. Nevertheless, if successful you can create more commitment for the VPs that are tested, and a positive impact on the quality of materials.

# conference round up

*"It is as if you ask the business to place bets, and if you do, they will pay more attention to the horses in the race".*

The output needs to be focused, allowing the selection of VPs with the highest likelihood of "winning" based on the action standard criteria. The process has now been implemented in various projects, and is sufficiently flexible to be used at all points in the product lifecycle.

Megha and Jemma presented examples of how the process was used in the ultrasound business and how it altered Philip's go to market strategy and the product design. These examples focused on leading edge ultrasound products. Through the value proposition process, they were able to identify issues they had not planned for previously.



One example presented examined an ultrasound product that was still in development. Philips had decided to test some RtBs that were not actually part of the product, to see how they were received. Through the study, the team learned that they had underestimated the importance of certain product attributes. They also learned that the RtBs that weren't currently part of the product configuration were actually those that resonated the most. As a result of the value proposition validation, the R&D team changed the configuration of the ultrasound, adding and removing specific features and thus brought a different device to market than what was planned.

## "Everyone listens when you have quantitative data."

In the past, different stakeholders would come out of the focus groups with different interpretations of what was discussed, making interpretation of the results difficult. However, in providing quantitative data this ensured that all stakeholders interpreted the data in a similar fashion, creating clarity, which made the results actionable. Now, by using this approach one can not only see if something resonates, but also by how much commitment it inspires.

Lastly, one of the key objectives from Philips' perspective was the successful implementation of a new process, which can be difficult when so many stakeholders are involved. Nevertheless, the new VP program was implemented successfully by creating a community/forum which involved the key VP experts and VP managers. By sharing experiences, Philips and SKIM were able to navigate the extended team through the process.

## conference round up

Megha and Jemma then presented another example showing the improvement in the process through Meta-Analysis. This involved the examination of six value proposition validation studies, primarily from the ultrasound business. Many insights and solutions, hundreds of benefits and RtBs were analysed from both established and emerging markets.

In collaboration with value proposition experts they created a code frame and also coded all elements to help identify the key success drivers. Philips and SKIM were then able to use this meta-analysis to bring the results back into the business in an actionable way.

Megha and Jemma summarised by comparing their experiences with the pharmaceutical industry and medical device market research, seeing several parallels. These being:

- Lack of databases for comparison
- Niche and specialty markets -> small samples, complex markets
- Committee driven purchasing processes
- Difficult to reach samples

In summary, in order to get the most out of value proposition research it was felt that the following needed to be kept in mind:

- Dissect your VP into its constituents so you know which part drives value
- Measure commitment via TERM
- Set and test against action standards
- Conduct meta-analyses to continually improve your value proposition processes and create benchmarks.

**Written by**

**David Hanlon**, Kantar Health

[David.Hanlon@KantarHealth.com](mailto:David.Hanlon@KantarHealth.com)

# conference round up

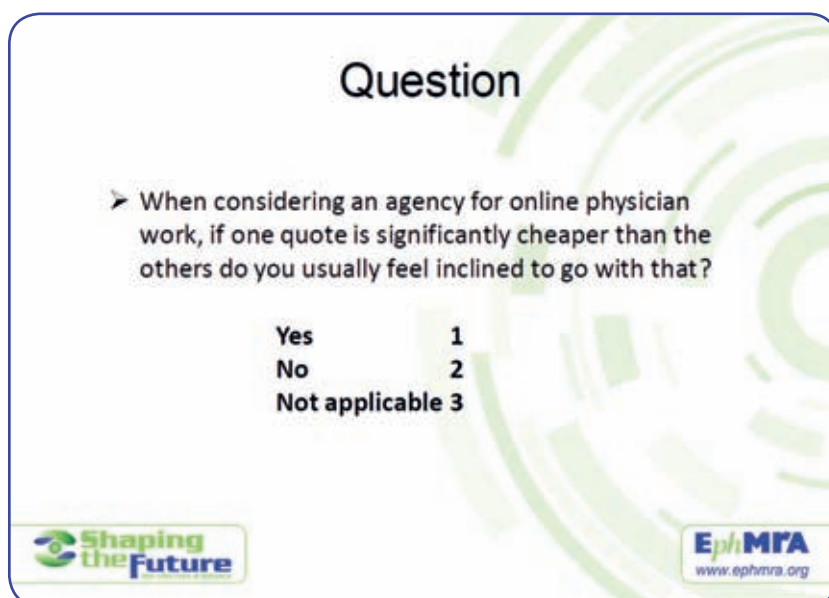
## Debate - **Faster, better, cheaper - evolution or revolution in data collection?**

**Chairs:** Chris Krattiger, GfK and Trevor Acreman, Millward Brown

**Speaker 1** - Allan Bowditch, The Trust Alliance

### **Make sure you have the right foundation in place!**

Allan kicked off this session with a provocative presentation aimed at highlighting some really important issues facing data collection at the moment. Allan's basic premise was that if you don't have good quality data collection then any research findings, conclusions or recommendations could be flawed. Allan highlighted the pressure to drive down costs via the following question:



Excluding the 'not applicables', 51% agreed they were inclined to go with the cheapest quote. Allan then went on to review dangers of this. He suggested that with lower cost, often driven down by procurement teams, came less rigor, lower honoraria for respondents and lower quality control e.g. blacklisting and de-duplication.

After presenting his concerns with always going with the lowest quotation, Allan asked his question again. This time only 35% agreed they would go with the lowest quote in future - suggesting 16% were immediate converts to Allan's point of view!

Finally, Allan outlined 4 key issues which he felt were fundamental to the quality of data and which if not addressed will seriously impact on the value of market research data.

- The need for vigilance in checking and verifying respondents who take part in surveys
- The need for a procedure to exclude those identified as 'problem respondents'
- The need to ensure appropriate remuneration is adopted, since minimizing respondent payments jeopardizes access to an already shrinking customer base
- The need to ensure surveys are engaging for respondents, with sufficient time allocated to the design of the questions

Allan laid down the gauntlet to industry to **get involved!** *"It is no good saying to management after a serious actionable mistake has been made - 'well you made me do it extremely quickly and cheaply, so that was what I did!'"*



Trevor Acreman



Allan Bowditch

# conference round up



Jack Gallagher

## Speaker 2 - Jack Gallagher, Clarity Pharma Research

### Representing the inconvenient: Greatest data collection hurdle

Jack then took up the mantle of issues surrounding data quality by focusing on the critical issue of recruiting a representative sample of the target population. Jack stated that *"unless a survey's objective is to obtain only directional findings, survey commissioners implicitly, if not explicitly, expect the findings to yield accurate inferences beyond a survey's participants to a target population in order to make correct strategic decisions."*

He made the important point that large unrepresentative samples can be as misinforming as small unrepresentative samples, whereas small representative samples can be more informing than large unrepresentative samples. In fact, a probability sample is required to accurately represent the target universe, whereby each physician/element of the target universe must have a known probability of selection.

He cited the two biggest challenges to data collection are when:

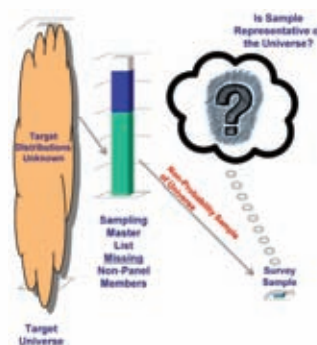
- No master sampling list is available
- Data is collected from a non-probability convenience (panel) sample

Whilst panel members do need to be represented, they should not be over represented.

### A sample cannot accurately represent an unknown universe

The two greatest challenges to data collection in most of the world are illustrated here when:

- First, **no master sampling list** (complete, up-to-date view of the target universe) is available.
- Second, data usually are collected from a **non-probability**, convenience (panel) sample:
  - Not all members of the target universe have a known probability of being selected for the survey.



Shaping the Future

EphMRA  
www.ephmra.org

Jack ended by calling for increased industry-wide efforts to encourage the development of complete and updated master sampling lists of physicians (sampling frame of target universes) in each country served by EphMRA.





# conference round up

## Speaker 3 - Kim-Fredrik Schneider, WorldOne

### O data quality, where art thou?

Kim-Fredrik's presentation also focused on data quality but from a different perspective to that of Allan and Jack. He focused on his observation that fieldwork quality has traditionally been about reducing error and has been the exclusive preserve of Fieldwork and Market Research Agencies. However, he made an appeal for greater involvement and interest in fieldwork which spans both Agencies and Clients, which is geared much more towards how all parties can collaborate to achieve data excellence, rather than just reducing error.

This is a real changing mind set, with parallels to be made with peace and conflict studies, where there is a distinction between 'negative peace' (or the absence of war) and 'positive peace' (or conditions for a healthy society). In our world of market research, Kim-Fredrik suggests that we should be moving away from the scenario of 'Negative Data Quality: The absence of error' to 'Positive Data Quality: The presence of valuable insights'.



Kim-Fredrik Schneider



Indeed, he hinted at a future where better panel profiling could address issues of representativeness and panel retention and even where panelists could become single source data sets with all the benefits of joined up data - making panels much more valuable than simply a source of respondents.

In order to achieve this goal, he suggests that we should start with '3 baby steps' - profiling and targeting, respondent experience feedback loops and sharing results with respondents.

# conference round up



Guy Rolfe

## Speaker 4 - Guy Rolfe, Kantar Operations

### Collecting insights via mobile

Moving into the here and now and taking a look forwards into the future of data collection, Guy focused on collecting data through mobile phones.

The growth in mobile phone use across the world has grown exponentially over the past few years, now reaching the most difficult to access areas of the world. It is the emerging markets in particular where there has been the greatest growth of mobile making possible surveys previously difficult or very expensive.

Mobile allows us to communicate with respondents on their terms - wherever they are any time of day. Indeed, already we have seen up to 30% of traditional online web surveys being started on a mobile device - despite struggling to do a survey designed for a pc screen on a mobile device. Data quality with mobile technology is just as important as with any method of data collection, so we will have to optimize our questionnaires for small screens and re-thinking length - maybe by breaking up into bite size chunks? By making these efforts Guy reported that mobile completion rates with consumers are twice what is typical online - and even sending SMS alerts to HCPs has increased response rate of online surveys by 20% in the first hour of a new survey.

Guy shared with the audience the new opportunities afforded by mobile phone for both patients and HCPs, both in terms of active and passive data collection. We have only just begun to scratch the surface of these opportunities but no doubt there will be many examples of 'better by mobile' e.g. immediacy of diaries or HCP visits as well as 'only possible by mobile'.



So, whilst data collection using mobile phones presents new challenges for the market research industry, it also presents some amazing opportunities for market research as well.

It is an inevitable transition we as an industry have to adopt given consumers have already gone there.

#### Written by

**Trevor Acreman**, Millward Brown

[Trevor.Acreman@millwardbrown.com](mailto:Trevor.Acreman@millwardbrown.com)

# conference round up

## How to open a carton of soup

Esme Holt, **HRW** and Tom Oakley, **Cambridge Design Partnership**

Chair: **Chris Krattiger, GfK**

Opening a carton of soup can be a real challenge, even for the most dextrous of us. We often wonder: why was the package designed that way? Presumably the manufacturer undertook market research to understand marketing and branding questions, but did they conduct usability research to gain insight into the practicalities of using the product?

Many consumer products are launched with considerable usability issues. In the consumer world, malfunctioning packaging is not only bad for users, it is also bad for business. For medical products, it is not just annoying, but it could potentially be dangerous. Regulators are now expecting all medical companies to conduct, and pass, usability studies in order to prove that medical devices have acceptable usability risks.

This means that companies can no longer hide behind the excuse of 'human error': if a product allows a use-related failure to occur, it is now viewed as the designer's fault, not the user's.

Therefore, device developers need to conduct usability studies to inform the design stage (called 'formative' studies by the FDA). Formative studies are used to understand the user profile (age, weight, disabilities etc.), the conditions of use (environment, frequency), the training needs and suchlike. Later in the development programme, one or more 'summative' studies need to be conducted, which prove that the users can use the device as intended, and that any remaining usability risks are acceptable.



A case study illustrated how including both nurses and patients in the study, with both being interviewed separately and then the nurse observing the patients using the device, really changed the outcome of the research to the point that the client made a completely different business decision at the end of the research to that initially expected.

## Parallel Session Three



Esme Holt



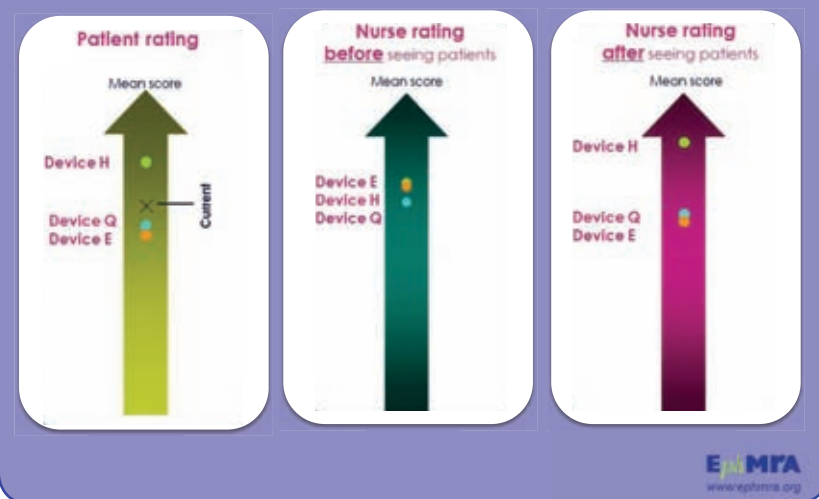
Tom Oakley



Chris Krattiger

# conference round up

## A close call turns into a clear winner



The key takeaway for pharma is to start usability studies early on and test with the appropriate target groups throughout the device development process. Great usability can make products safer, increase adherence, increase user preference, and add to brand value. If that does not persuade you, regulatory authorities now expect a usability engineering process to be demonstrated before they will approve a medical device for launch.

Chris Krattiger (chair of the session) said: *"When the packaging of a consumer product makes it impossible to use or open, it is annoying. When a medical device is difficult to use, it is dangerous. In this paper, Esme and Tom talked about the importance of conducting usability research during the device development process."*

**Written by**

**Chris Krattiger, GfK**

# conference round up

## Relatively Speaking - Keys for Advancing Patient Empowerment in the Future

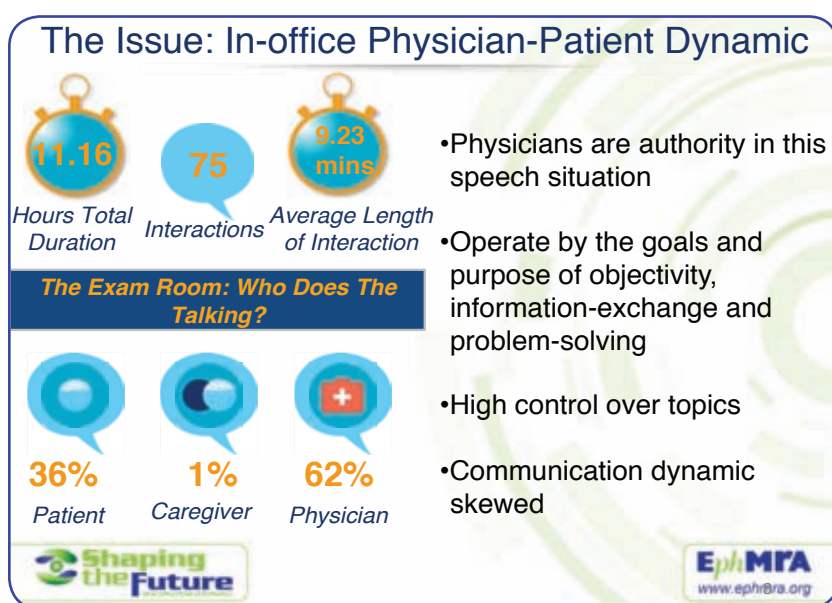
Simon Barnes, **Boehringer Ingelheim** and  
Ketki Gupte, **Verilogue Inc**

Chair: **Caroline Jameson, HRW**

There is a lot of talk about patient empowerment and in some chronic diseases there are no doubts that the patient is playing a more active role in their treatment, but this is not always the case. True empowerment provides real opportunity for Pharma to improve patient outcomes in a variety of ways. How can pharma help hasten the patient empowerment evolution even where DTC advertising cannot be undertaken? Boehringer Ingelheim were faced with this problem when they launched Pradaxa for stroke prevention in Atrial Fibrillation and the 'noise' in the press stimulated patients to request the drug from their HCPs rather than Warfarin - requests which were frequently denied.

The 3 tenets of patient empowerment are understood to be knowledge, understanding and action which are derived quite simply from the steps that can be taken towards empowering patients; providing them with knowledge about their condition and their treatment, ensuring that they understand this knowledge and that this in turn propels them to action to assume a role in managing their condition. However, two key hurdles to patient empowerment are seen to be how physicians speak to patients, and patients limited role in managing their condition.

Whilst pharmaceutical companies are playing an active role in educating patients (and carers) in a bid to help with their empowerment, there is still more that can be done to help with the understanding and move to being active in managing their condition. One key element that needed more understanding was the role that HCPs played, especially in the way that they talked to patients during their consultations and the subsequent perceptions that patients have of their role in the management of their condition (action).



Simon and Ketki took us through some of the findings from the physician - patient dialogue analysis, which were brought to life using some audio clips from real patient and HCP conversations in consultations about Atrial Fibrillation, and showed that in fact, patients are not as empowered as we might imagine and HCPs dominate the discussion in terms of time.

## Parallel Session Four



Simon Barnes



Ketki Gupte



Caroline Jameson



## conference round up

The types of questions that HCPs use (closed) also do not lend themselves to getting the patients to open up about their condition and their treatment and as such the HCP does not get a true picture of the impact of either on the patient. Added to this patients seemed not to want to 'disappoint' the HCP and so would minimise any issues they were facing meaning that their physician didn't get a true picture of the patients actual experience on that medication and therefore no 'need' to change the treatment. However, analysis of dialogue between HCPs and patients indicated that HCPs are receptive when patients express effects of treatment on quality of life (QOL) - it just doesn't happen that often. Caregivers, however, whilst not present in many consultations, are more willing to challenge the HCP than the patient themselves.

The study showed that a lack of knowledge and understanding of their condition and treatment also meant that patients were not remembering all the details of the stroke risk discussion from the diagnosis consultation and this in turn led to a limited understanding of the risk that they were under and how best to manage their condition.

The key conclusion that Simon and Ketki shared was that better communication is vital for patient empowerment as with this comes a greater understanding of the condition and the treatment. The QOL discussion between patient and HCP is of great importance, both in helping the physician to better understand the impact on the patient's life, guide the physician in terms of what the patient needs and help the patient see the benefits that changes in their management / treatment might bring; ultimately bringing about greater adherence and improved outcomes. In addition, involving various stakeholders, such as caregivers, in treatment management was also seen to aid patient empowerment.

### Conclusion: Better communication key to Patient Empowerment

- Knowledge: Arm patients with more/better information



- Understanding: Highlight to MDs that increased communication leads to greater adherence and improved outcomes

- Action: Demonstrate Quality of Life as an impetus for patients to act



What did Boehringer Ingelheim do with this new found knowledge? This greater understanding of the patient - physician dialogue fed in to the brand communication strategy. A new campaign using different language was developed and more emotive communication techniques were used to engage the customers. In addition to this patient support programmes that incorporated patient-friendly language were developed.

#### Written by

**Caroline Jameson**, HRW

[C.Jameson@hrwhealthcare.com](mailto:C.Jameson@hrwhealthcare.com)

# conference round up

## ★ Jack Hayhurst Award - Best conference Paper ★

### Elevating Market Research by maximising ROI - “Return on Insights”

Peter Dorff, **AstraZeneca Pharmaceuticals** and  
Charu Chaturvedi, **Affinnova Inc**

Chair: **Martin Schlaeppli, Praxis Research**

In their paper Charu and Peter explore the seemingly insurmountable problem of how to address all the possible combinations of headline, strap line, visual, clinical data, benefit statements and so on, that make up a product promotional piece.

When seeking to develop new promotional content or, indeed, to refine or refresh existing materials, traditional market research programmes tend to go through a series of stages - identifying the opportunity; exploring various elements of promotion; selecting the ‘strongest’ ideas and then finally, refining the ideas prior to launch - much of this involves iterative processes with diverse target audiences.

The exploratory phase typically generates a large number of possible options for each component but, inevitably, the team then faces up to the realisation that there is not sufficient time, resource or budget to examine all of the possibilities - especially when the various permutations and combinations are considered.

A process of whittling the possible components down to a manageable number usually follows and typically involves internal team members only rather than including customers. The key question is, how do we know the internal team has picked the ‘best’ ideas from all those possible? The answer is, we don’t!

However, by applying principles of drug discovery to pharma promotion, there ARE ways to ensure that a far broader range of ideas are developed and tested. In drug discovery the more compounds that are screened, the better the chances of success - approaching one million might typically be screened and a 0.04% hit rate for generating promising leads is considered successful. The important point is that no one selects which compounds to take forward - each and every one is tested against the target.

The analogy for market researchers is to explore and generate as many ideas as possible. Tools that aid in collaboration can help to foster greater idea generation, especially among geographically diverse teams. Progress **all** these generated ideas to have your target select the “the best of the best.” Rather than leaving potentially good ideas out of consideration set, include all possibilities.

## Parallel Session Five



*Peter Dorff*



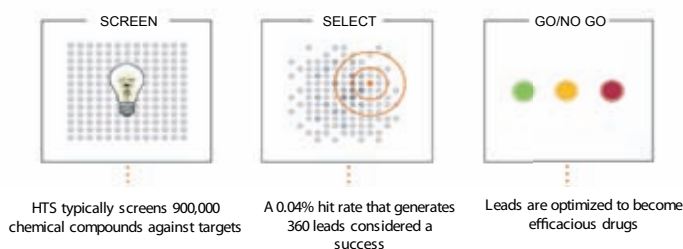
*Charu Chaturvedi*



*Martin Schlaeppli*

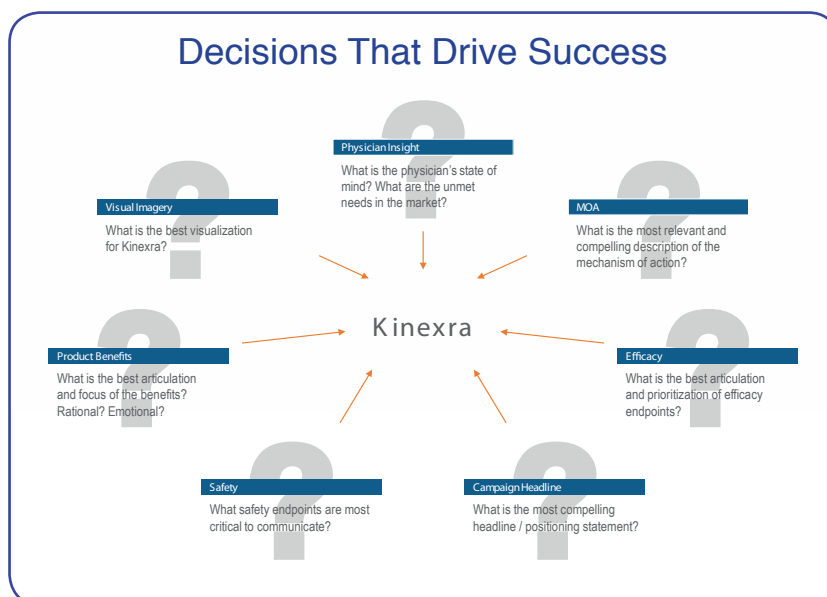
### Applying Drug Discovery to Drug Marketing

Drug Discovery involves screening millions of compounds to identify a handful of leads



# conference round up

Using a case study in the Alzheimer's space, Peter and Charu describe how collaborative technology has been used to enable cross-functional teams to work together to contribute ideas; build on ideas in a more efficient and effective way than round the clock conference calls and meetings. A brand had experienced disappointing launch uptake, was facing new competition but had new clinical data that presented an opportunity to change direction however the team were grappling with a number of questions.



This has enabled ALL stakeholders (in whatever geography/job function) to contribute to the development and testing of many more ideas than could have been possible using conventional methods. In the example quoted the team (internal and agency) derived 11 possible insights to communicate but also 9 headlines, 8 visuals... in total 64 variants were generated which led to the potential for more than 18 million unique concepts.

Once this exploration stage has been completed, technology enabled research using evolutionary algorithms allows customers to have their say online. By completing a small number of choice tasks in an interview lasting approximately 20 minutes, respondent selections drive the evolution of the concepts or combinations of ideas/messages in REAL TIME.

Using Darwinian precepts where preferred variants evolve whilst rejected ones die off (though can be dropped back in as a "random jump"), clusters of preferred concepts are mapped and, within each cluster, the top concept - the one that best represents the cluster - can be identified. Moreover, underlying each cluster is the segment that evolved it: not predefined by behavioural or demographic information but on natural segmentations in the market.

A small number of 'winning' concepts emerge for review by marketing - in the example quoted, the AZ team were presented with three top concepts which were not necessarily ones they would have chosen themselves! The next step for the team, and for best decision making, is to benchmark the concepts, in other words, how do the best of the best compare to what else you are considering or what else is in the market?

Charu and Peter explain how this is undertaken using a 2-dimensional approach involving both monadic testing (the industry standard but increasingly seen by clients to produce noisy and inconsistent results) and discrete choice (a more realistic way to gain intensity of appeal).

# conference round up

## Robust Measurement: Two Dimensional Intent

Delivers two dimensions of concept appeal, each with a unique insight — together they tell a more holistic story

### •Monadic prescriber/purchase intent

- The industry standard for measuring concept breadth of appeal
- Enables comparability between studies
- Good indicator of appeal generation in a non-comparative context (e.g., in advertising)

### •Discrete choice utilities

- Increasingly popular methodology for measuring intensity of appeal
- Good indicator of appeal generation within a comparative context (e.g., on physician sample closet shelf)
- Enables competitive appeal analytics

2D Prescriber Intent



Using the two “scores” the results are mapped to X and Y axes such that the ‘top concepts’ can be directly compared to other test ideas and existing competitor concepts showing which combinations of features resonate most with target customers.

And the value of this? MUCH better performance. Any new or innovative approach in market research should be assessed to determine whether there is systematic improvement to the outcomes delivered. Using evolutionary algorithms and the real time optimization approach, the last 100 studies completed were examined and it was found that, on average, the concepts produced from the customer centric optimisation approach performed 60% better than those derived from traditional means. A win:win and definite ROI - return on insights.

In conclusion Peter and Charu noted that MR must adapt to the complex challenges ahead in order to deliver better outcomes to the organisation and that elevating the toolbox is one way to achieve this. In the field of optimising promotion, market research can now:

- Expand the range of possibilities and test more ideas
- Engage the customer earlier in the process and keep them involved throughout
- Optimise multiple inputs simultaneously thereby developing a more cohesive story

Session Chair, Martin Schlaeppi, Praxis Research said - “Charu and Peter have addressed the complexities encountered in managing the multiple components of a promotional story. The pair outlined a fascinating new approach to optimising brand positioning and messaging by the application of principles used in drug discovery.”

### Written by

**Martin Schlaeppi**, Praxis Research

[Martin@praxisresearch.co.uk](mailto:Martin@praxisresearch.co.uk)

# conference round up

## Parallel Session Six

Jackie Ilaqua, **Ipsos Healthcare and**  
John Shortell, **Bayer Healthcare Pharmaceuticals Inc**

### Innovation in rich understanding of the patient journey

Chair: Anne Loiselle, EQ Healthcare



Jackie Ilaqua



John Shortell



Anne Loiselle

Understanding the details of the patient journey for a specific condition is fundamental for marketers as it helps shape a brand's marketing strategy and tactics. Mapping the patient journey has therefore become a foundational task for healthcare market researchers. However, the process is more and more complex, with the role of the prescribing physician being eroded by the increasing roles of other stakeholders such as third party payers, other HCPs, patients themselves and regulators. Other realities such as changing guidelines, restriction of treatment availability and complex decision making processes make mapping of the patient journey a truly challenging market research mission.



In this paper, John Shortell from Bayer Healthcare and Jackie Ilaqua from Ipsos Healthcare demonstrated how integrating syndicated or secondary research with multi-stakeholder custom qualitative research helps to provide better and richer insights into patient journey mapping.

To set the scene, John reviewed some of the available secondary sources that pharmaceutical companies can have access to and their specific roles. He went over the type of information one could yield from secondary reports such as Decision Resources, from syndicated data such as those offered by IMS, Adelphi and Ipsos, and from epidemiology resources such as Globocan. He talked of internal challenges where it is sometimes difficult to know if someone else or another entity within the pharmaceutical company might already have access to the sought-after report.

The two speakers explained how syndicated offerings are essential in providing a good framework to a complex patient flow mapping, using oncology as an example. These services capture critical information such as the full treatment regimen, the diagnosis patterns, the treatment algorithms, information about switching, the role of surgeries, etc. But used alone, syndicated information does have some flaws and weaknesses. For instance, syndicated data is not enough to truly understand the role of each stakeholder in the treatment and diagnosis or the flow of patients from initial symptoms through diagnosis and treatment follow-up. Their conclusion is that whilst syndicated data provides critical insight, questions still remain.

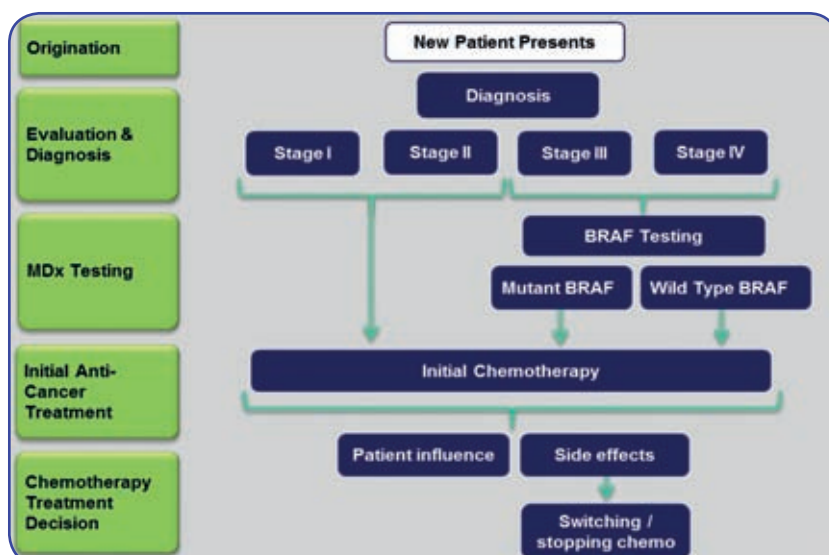


# conference round up

Jackie explained how a multi-stakeholder qualitative approach can help complete the picture of the patient journey, by filling the gaps such as an understanding of where / why / when the process begins (i.e. how the patient came to seek help) and the specific role of each specialty. In fact, the combination of syndicated oncology monitor data with multi-stakeholder qualitative research yields multiple deliverables, including transactional mapping, market leakage, stakeholder variance and targeted segmentation. Specifically, Jackie explained that the multi-stakeholder research can provide insights into:

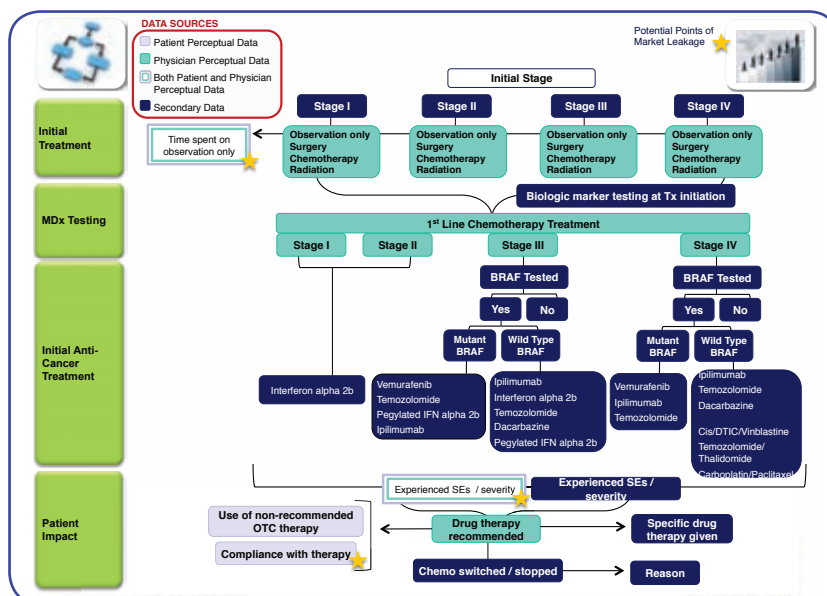
- Understanding where the process begins
  - Does the patient perceive a problem and seek help?
  - What HCP is the typical initial point of contact?
- Determining the typical diagnosis approach
  - What are the key specialties involved in diagnosis?
  - Is it a team approach?
  - How long does the process take?
- Evaluating the referral process
  - Are patients referred for diagnosis and/or treatment decisions?
  - At what point are different specialties involved?
  - What does each specialty perceive their role to be?
- Assessing considerations in the treatment decision
  - How involved is the patient in the treatment decision?
  - Are all treatment options - including new ones - discussed?
  - What impact does insurance / cost of treatment have?
- Gauging how patients move through different treatment modalities
  - What is the typical initial treatment?
  - In what circumstances is a 'watch and wait' approach taken?
  - When is chemotherapy treatment initiated?
- Understanding the patient impact
  - What is the impact on patient QoL?
  - How do patients perceive the occurrence / severity of SEs?
  - Are patients compliant with supportive care?
  - Do they take non-recommended OTC drugs?

To make the case, Jackie presented a case study on the mapping of the patient journey in melanoma. She showed the audience how a mapping based on syndicated oncology data can be enhanced and provide more than just "patient flows" when enriched with perceptions gained from qualitative research. She began by showing the mapping that syndicated information alone provided.



# conference round up

She went on to show how the addition of the qualitative perceptual findings had enriched the mapping.



Their conclusion was that a combined custom and syndicated approach provides commercially-meaningful research, richer data (the “why” not just the “what”) and more accurate understanding of the market dynamics. It also has the benefit of being modular (ability to add other stakeholders when necessary) and refreshable (when / if market dynamics change). The deliverables of this combined approach are business-oriented and support “what-if” scenario planning and business decision-making.

## Written by

Anne Loiseau, EQ Healthcare

[Anne.Loiseau@eqhealthcare.com](mailto:Anne.Loiseau@eqhealthcare.com)

## Poster Session

Author Presented



Katy Irving

## Poster 1 - Katy Irving, HRW

### Measuring and challenging adherence

Chair: Christophe Van der Linden, suAzio Consulting

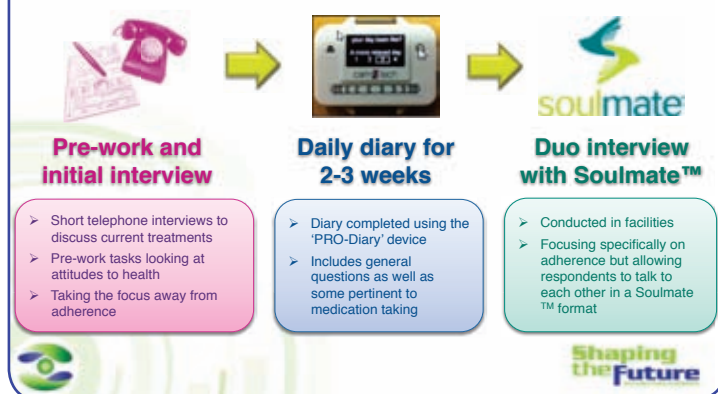
The key premise of this presentation is that adherence costs pharma companies **billions** each year and results in increased healthcare costs and poor healthcare outcomes for patients. Therefore, it is of major importance to our industry that we understand why patients behave the way they do.

So how do we do research patients in a way which will provide **real** insights into patient behaviour, so that we can really understand why patients do not take their medication in the prescribed way?

Katy outlined an in-house case study which simultaneously tracked medication, whilst also assessing the practical and psychological factors that drive this behaviour. The approach included cross-sectional and longitudinal approaches, as well as quantitative and qualitative techniques, to enable data comparison and verification to overcome memory fallibility. The interviews were executed using a ‘patient interviews patient’ approach, reducing the moderator bias in this sensitive topic. Katy described a striking example, where a patient missed almost twice as many doses as he reported using the pro-diary device.

# conference round up

## Case study: a multi-method approach in diabetes



Christophe Van der Linden

And the key findings?

- Non-adherence is reported in direct questioning, but may be underestimated
- Mood impacts adherence, so better mood = better adherence

Katy concluded with some sound 'Do's' and 'Don'ts' for researching adherence:

- **Don't** just ask about adherence in qualitative interviews
- **Do** recognise the importance of context
- **Do** use multi faceted approaches, as they get much closer to reality



## When it comes to adherence, our approach must be multi-faceted like the issue



### Written by

Christophe Van der Linden, suAzio Consulting

C.VanderLinden@suazio.com

# conference round up



Kristina DiPietrantonio



Caroline Jameson

## Poster 2 - Kristina DiPietrantonio, ITG Market Research

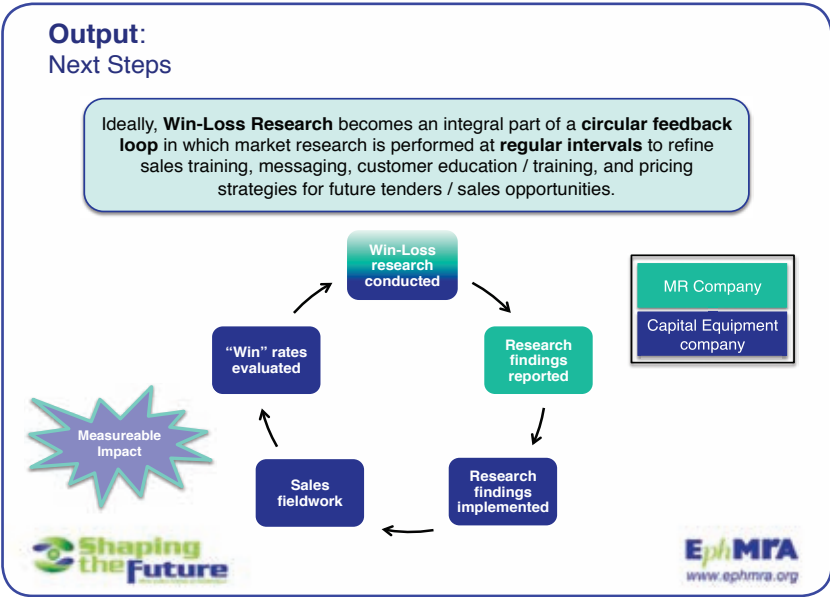
### Win-Loss: optimising “win” rates in the medical device industry

Chair: Caroline Jameson, HRW

Capital equipment manufacturers face different challenges to Pharma companies in terms of the factors that influence their customers purchasing decisions, with consideration being given to such things as high upfront cost, long life cycle, service/maintenance costs, daily case capacity, previous experience, and financing (lease, loan, etc.). Essentially, purchasing decisions for capital equipment are overall much more binary in nature than in pharma.

Win-loss research is commonly conducted for capital equipment companies to enable them to assess their performance and increase their “win” rates in the future and, ideally should be both forwards and backwards looking. Generally the methodology is qualitative to capture ‘new’ perceptions, reasons, processes, etc. In addition, given the small universe sizes it is often only possible to obtain a qualitative sample. However, when the universe size is larger a qual - quant approach can be taken providing greater legitimacy. Kristina points out that it is important for these companies to understand both the wins **and** losses in order to gain a complete picture of the market, so the sample should include both. By including ‘wins’ too companies can identify which product features are compelling to customers in different settings and what messaging works and should be emphasised.

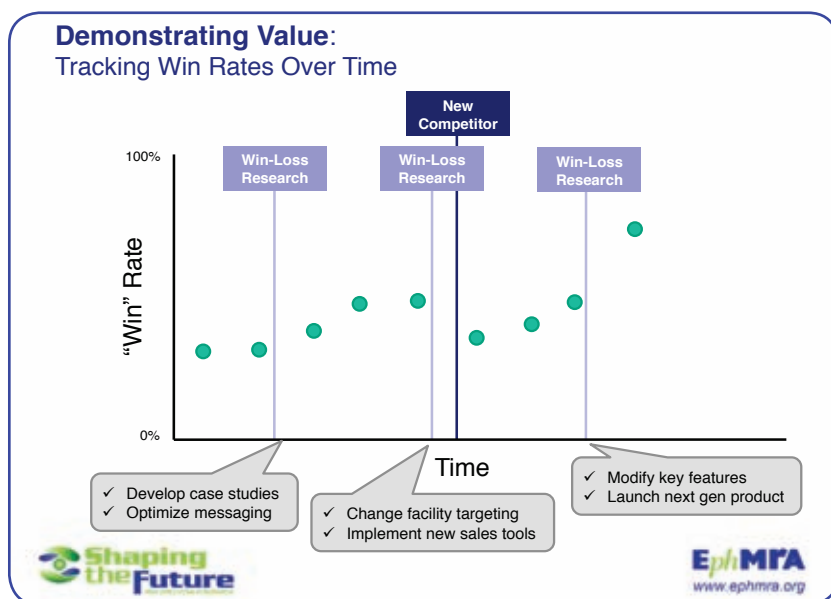
The research is designed to capture a number of elements such as previous brand utilisation and perceptions, purchasing process and players, decision making drivers, satisfaction with selected brand and future purchasing decisions. Ideally, Win-Loss Research becomes an integral part of a circular feedback loop in which market research is performed at regular intervals to refine sales training, messaging, customer education / training, and pricing strategies for future tenders / sales opportunities.



The output from this research process helps to identify and prioritise decision-making drivers, gauge satisfaction with purchased product, assess the impact of the product, evaluate Sales Team effectiveness and thereby provide guidance on optimising messaging / targeting, streamlining the sales / tender process, developing new claims / proof points and informing next generation product development which should ultimately help to drive higher win rates.

# conference round up

Indeed, repeating the market research process at key points in time - e.g. if a new competitor joins the market or sales take a dip, can pay dividends, showing an increase in "wins" as a result of the insights gained.



Written by

Caroline Jameson, HRW

C.Jameson@praxisresearch.co.uk

**Poster 3** - Nick Ellis, **Ipsos Healthcare**, Laura Hunt, **fastforward research** and Jennifer Curtis, **ZS Associates**

## Meet the EphMRA Mid Level Group

Chair: Christophe Van der Linden, suAzio Consulting

Do you know what the EphMRA Mid Level group does? Did you know it existed? If not, this presentation provided the answers! Of the approximately 100 attendees, one third knew the existence of the mid level group, but most of them did not know its purpose.



## Mid-Level Group Convenors

Jennifer Curtis  
Associate Consultant



ZS

Nicholas Ellis  
Associate Director



Ipsos

Laura Hunt  
Associate Director



fastforward research

Shaping the Future

EphMRA  
www.ephmra.org

Shaping the Future  
NEW DIRECTIONS IN RESEARCH

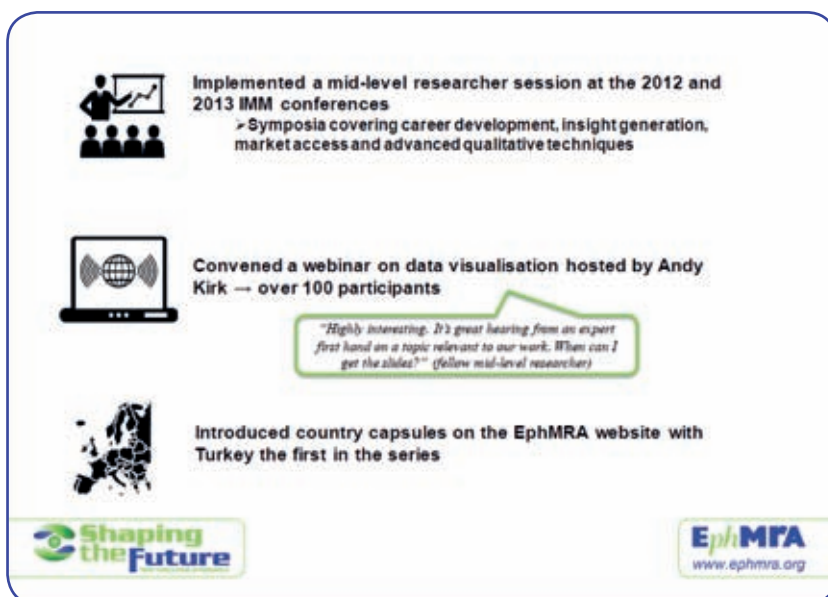


## conference round up

The group is convened by 3 enthusiastic and motivated researchers - Jennifer Curtis, ZS Associates, Nick Ellis, Ipsos Healthcare and Laura Hunt, fastforward research and they were keen to explain what the group is doing, as well as their aspirations for the future.

The vision of the group is 'to establish a unique forum that facilitates professional development, knowledge sharing and networking for mid level Pharma researchers and long term engagement with EphMRA'.

The proposed plan of action for the group was then outlined in an ambitious set of goals which will provide a valuable forum for aspiring researchers. These goals included tailored training and a repository of resources for mid level researchers on the EphMRA website, to name but a few. They have not been idle! They have already actively implemented a mid level researcher session at the 2012 and 2013 IMM and convened a webinar with over 100 participants.



**Implemented a mid-level researcher session at the 2012 and 2013 IMM conferences**  
 > Symposia covering career development, insight generation, market access and advanced qualitative techniques

**Convened a webinar on data visualisation hosted by Andy Kirk — over 100 participants**

*"Highly interesting. It's great hearing from an expert first hand on a topic relevant to our work. When can I get the slides?" (fellow mid-level researcher)*

**Introduced country capsules on the EphMRA website with Turkey the first in the series**

**Shaping the Future**

**EphMRA**  
 www.ephmra.org

And what of the future? The group have clear goals to enhance their offerings to mid level researchers, such as developing mentoring capabilities and enhancing networking. At the same time they invited other mid level researchers (5-8 years of experience) to join their group, particularly those from industry since the current group is comprised of agency representatives only. They also asked the mostly senior audience to support their mid level colleagues by helping supporting them through mentoring and networking opportunities.

### Written by

**Christophe Van der Linden**, suAzio Consulting

[C.VanderLinden@suazio.com](mailto:C.VanderLinden@suazio.com)

# conference round up

## T-detailing: Is tablet selling killing the art of communication?

Lee Gazey and Di Adams, Hall & Partners

Chair: Trevor Acreman, Millward Brown

Technology is part of our lives, whether we like it or not and the emergence of tablets provides both opportunities and challenges to the art of communication - both personally and professionally. But are tablets really killing the art of communication in selling to HCPs? This is precisely what Lee and Di addressed in their thought provoking presentation.

All major pharma companies use this technology to detail their customers, so how do companies ensure that their messages are being effectively conveyed?

Using a case study of both qualitative and quantitative research conducted with physicians, clients and digital agencies, this was explored in depth. For a start, the findings showed that digital is pretty much everywhere with 81% of EU doctors owning a smartphone and 26% of EU doctors owning an iPad. There is a perception that 'everyone is doing it' and indeed 1 in 3 visits from sales reps now involves digital selling. Doctors associate tablets with words such as 'modern', 'new' and 'innovative' but worryingly tablet selling is seldom currently seen as 'effective', 'helpful' or 'engaging'. The research also showed that physicians only have a slight preference for digital detailing over paper. But most worrying for pharmaceutical companies investing in digital selling is, that from the physician's perspective, there would appear to be little difference perceived between digital detailing and conventional paper detailing.

### On the surface responses to t-detailing paints a positive picture

	Physicians expressed how they felt following a recent e-detail	If the same information was presented on paper
Knowledgeable about the product	81%	No difference
Related well to the rep	73%	No difference
Interested in finding out more	61%	No difference
Encouraged to follow-up with the rep	55%	No difference
Encouraged to try the product	54%	No difference
Keen to share knowledge with peers	46%	No difference

*Why is t-detailing not achieving more?*



All data from a Hall & Partners study amongst primary and secondary care doctors in USA & UK, 2012; n=200.



## Parallel Session Seven



Lee Gazey



Di Adams

But why is digital detailing not achieving more, when it offers so much more scope than paper detailing?

# conference round up

Feedback from physicians indicates that digital detailing could be much more engaging and interactive.



This is mirrored by both client and agency personnel.



So what is holding back the obvious opportunities for digital detailing? Lee and Di provided some valuable insights:

- Constraints of the familiar - i.e. offline detailing is 'what we know and trust'
  - this may require a systematic re-think on how we approach and develop communications
- Concern with letting the customer lead the conversation and how well the rep can respond
  - it's time for our industry to re-evaluate how it wants to engage with customers and are we really ready to hand over control?
- The amount of data that can be collected for true closed loop marketing can be overwhelming and systems are not yet in place to understand the data collected
  - there is a need to prioritise what data will be most meaningful i.e. what will impact on what you do and how you interact with your customers

# conference round up

They suggest that there are 3 key areas where t-detailing can add value above and beyond the offline experience. These are

1. Encouraging dynamic discussion and interaction
2. Facilitating more customer-focused calls
3. Ultimately establishing long term relationships that evolve with changing customer needs

Without going overboard, Lee and Di suggested some practical solutions to improve the experience for physicians - e.g. giving the customer control, gamification and personalisation etc. Indeed, a few small changes can **really** add value beyond the offline experience if a few simple rules are applied.

## ...and t-detailing should follow some golden rules



1. *Development of a campaign should start by asking how can I best engage with my customers?*
2. *Decide what constitutes 'success' and then work out how you're going to measure it*
3. *Think about how e-detail fits into your overall communications strategy*
4. *Tailor your campaign to your customers, not just your brand*
5. *Tear up the paper detail aid*



If we start with these rules and are truly open to engaging with customers in the way they would like, just think what the future could hold...

### Written by

**Trevor Acreman**, Millward Brown

[Trevor.Acreman@Millwardbrown.com](mailto:Trevor.Acreman@Millwardbrown.com)

# conference round up

## Parallel Session Eight



David Smith



Dimitrios Tsourougiannis



Alex West

### Customer insight: Time to start again and this time make a massive difference

David Smith, **DVL Smith** and Dimitrios Tsourougiannis, **Astellas Pharma Europe**

Chair: **Alex West, Instar**

David and Dimitrios's paper provided a look into the future of market research to suggest that we must enhance its value to internal and external customers. In a highly competitive market place, market research is facing a period of both great opportunity and challenge.

Using illustrations from the way in which Astellas use customer insight to drive growth and profitability, Dimitrios and David outlined 3 areas where customer insight professionals must take their skills to the next level:

- Becoming panorama analysts who can operate as the 'wide angle lens' of the organisation - people who can maximise the value of existing data, join everything up and see the big picture
- Becoming insight 'intrapreneurs' - remembering that insights are not 'found' but 'created' through data-rich thinking and intelligent dialogue with key stakeholders
- Being great business storytellers - getting over the message with impact

David opened this session by framing the 'the challenge', in that customer insight professionals need to provide winning solutions that will create business growth. The market researcher of the future must therefore embrace a new skill set and look to transition themselves from the classic market researcher to the 'trusted business advisor'.

The business advisor role will need to be more business focussed as well as problem driven and be able to frame decisions that will both influence and persuade. As of consequence, the market researcher will need to establish ways in which this skill set can be built into their capabilities and learning programmes.



### Summary: The business consultancy skill set



**Problem crystalliser**



**Wide angle lens**



**Customer Insight Detective**



**'Insight Intrapreneur'**



**Business storyteller**



**Business advisor**

Shaping  
the Future

**EphMRA**  
www.ephmra.org



# conference round up

David and Dimitrios then went on to discuss each of 6 skills they regard as key to better business consultancy.

## 1. The Problem Crystalliser

You have to be able to 'nail the problem', however, the issue is now a little more complex. Getting to the true problem has become more of a challenge given that we know a lot more about the cognitive biases that influence the way in which stakeholders present a problem.

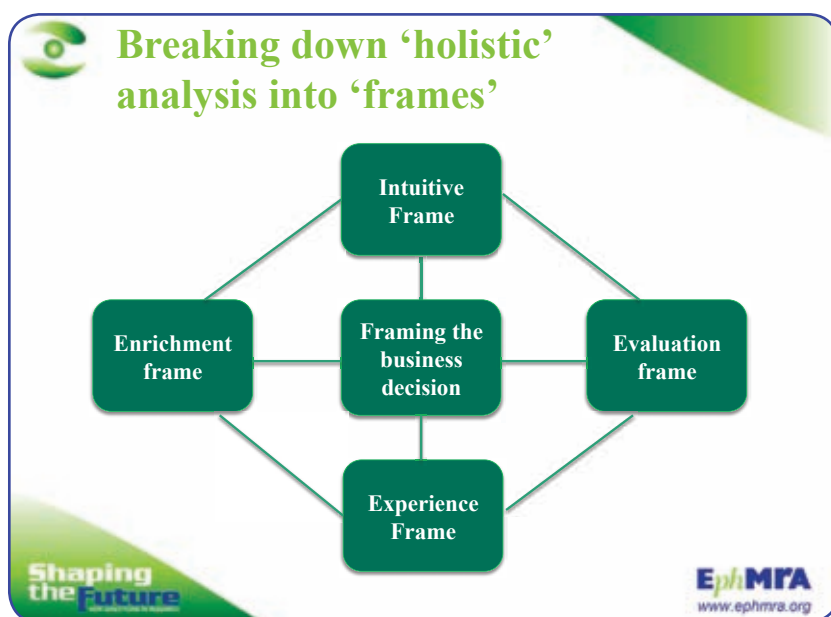
The customer insight professional needs to be able to ask 'killer questions'. Those questions that will help add context, clarify the situation and ultimately crystallise the problem.

## 2. The wide angled lens

Dimitrios went on to say that at any given time, we will have an array of data at our fingertips - online drug lists, clinical trial data as well as a variety of CRM and BI tools.

The customer insight professional needs to be able to see the big picture, we need to be able to join up the evidence and offer advice based on what we know. Being able to identify the underlying trends that contribute to big picture is therefore key - be the 'panorama thinker'.

In order to do so effectively, David argued that we need to be able to frame the business decision, to organise multiple, imperfect, datasets into a dedicated learning system. In addition, we need to develop tools to evaluate the robustness of the integrated data to help us become the wide angled lens required.



## 3. The customer insight detective

The customer insight environment needs a 'leaner', faster approach to problem solving via fast, improvised and pragmatic approaches to problem solving. This is needed to plug the gaps that may exist in existing data.

By 'lean' we mean the ability to be able to identify the most critical underlying assumptions that underpin an idea and setting up a highly focussed hypothesis that we can then validate. The value the customer insight professional brings is by knowing which customer insight techniques to adopt to plug the information gaps.

# conference round up

## 4. The Insight 'intrapreneur'

It is a recognised fact that insights need to be created. They emerge from entering into conversations with key stakeholders and critically examining the content that arises. Any potential insight therefore needs to be examined in a number of ways: its credibility and resonance; its likely impact on the business; its power to change behaviours and ease of deliverability in the organisation.

## 5. Be a business storyteller

Using a narrative can be a compelling way to tap into the decision makers emotions and make the message resonate. The customer insight professional has a broader role in terms of influencing and persuading rather than just merely presenting.

David outlined a number of points to consider when constructing a compelling story. Develop a crystal clear message, identify a unifying theme, build the architecture to your story and use imaginative storytelling techniques to get over the detail. In addition, make sure the story flows towards framing the decision choices.

## 6. Trusted business advisor

The final are discussed by David and Dimitrios focussed on being able to offer what is considered to be an internal, evidence based consultancy service to senior management.

The customer insight professional has to demonstrate a 'make it happen mindset', take personal responsibility for ensuring that the appropriate action is taken based on the insights presented.

In summary, David and Dimitrios presented a framework of questions that those involved in the delivery of business intelligence should be encouraged to ask ourselves and act upon accordingly. Consideration should also be given to incorporating these as part of a formal skills development programme.



### Ask yourself the following questions . . . and act

- Am I the *wide angle lens*: an *outside-in* thinker?
- Do I always creatively add value?
- Do I act on the difference between genuine '*complexity*' and '*confusion*'?
- Have I tested everything to destruction and eliminated *loose, woolly, 'fudged'* thinking?
- Have I communicated as *memorably* and *concisely* and with as much *clarity* as possible?
- Do I always take lots of *fast, multiple, simultaneous* action to achieve key outcomes?
- Am I an *energy radiator*, not an *energy drain*?

Shaping  
the future

EphMRA  
www.ephmra.org

Written by

Alex West, Instar

[Alex.West@instarresearch.com](mailto:Alex.West@instarresearch.com)

# conference round up

## Market Research Offshoring Experience: 'Driving Miss Daisy' or Driving Me Crazy?

Thomas Hein, **EphMRA President and Bayer Healthcare** and Sheetal Ranganathan, **Evalueserve**

**Chair: Martin Schlaeppli, Praxis Research**

Dr Thomas Hein of Bayer Healthcare and Sheetal Ranganathan from Evalueserve presented both customer and supplier perspectives on their Market Research offshoring collaboration. Parallels were drawn with the Oscar-winning film 'Driving Miss Daisy', where a working partnership overcomes initial resistance; growing and maturing over time and transcending cultural differences.

While there are already plenty of papers available on the technicalities of offshoring, this paper shared the experiences of real-life collaboration, outlining the ways in which offshoring can be beneficial for all stakeholders: encouraging out-of-the box thinking, broadening horizons and imbibing a greater willingness to embrace change.

Offshoring is not simply about saving costs and time. Bayer Healthcare Pharmaceuticals Global Market Research began offshoring specific Market Research tasks in 2010 in order to manage head-count restrictions. More straightforward tasks were offshored so that in-house staff would have more time to deliver timely insights and higher-level consultancy projects. With so much data now available, there is simply not enough time or budget for HQ staff to analyse everything.

Managers initially posed questions about the wisdom of offshoring Market Research - would it be seamless, flexible and of high enough quality? Would there be sufficient motivation and engagement from co-workers? Who would be in the driving seat?

## Parallel Session Nine



Thomas Hein



Sheetal Ranganathan

### What to expect when offshoring: Questions on Rol and integration

**Will this be a commercially viable solution?**

- Will it help manage headcount freeze without loading too much cost ?

**Will it be seamless, flexible, and of high quality?**

- What if skill requirement changes in the middle of the year?
- What if workload fluctuates?

**Will it be accepted by co-workers?**

- What will ensure high motivation and engagement levels of co-workers?



By starting with simple tasks such as the preparation of PowerPoint slide sets and simple analytics, the offshore team were brought up to speed and allowed the opportunity to demonstrate high quality results. Once confidence was gained on all sides, pace could be accelerated and more complex tasks such as competitive intelligence and forecasting support could successfully be offshored. Now the offshore team is tasked with complex research and analytics projects along with driving the automation of all standard reports.



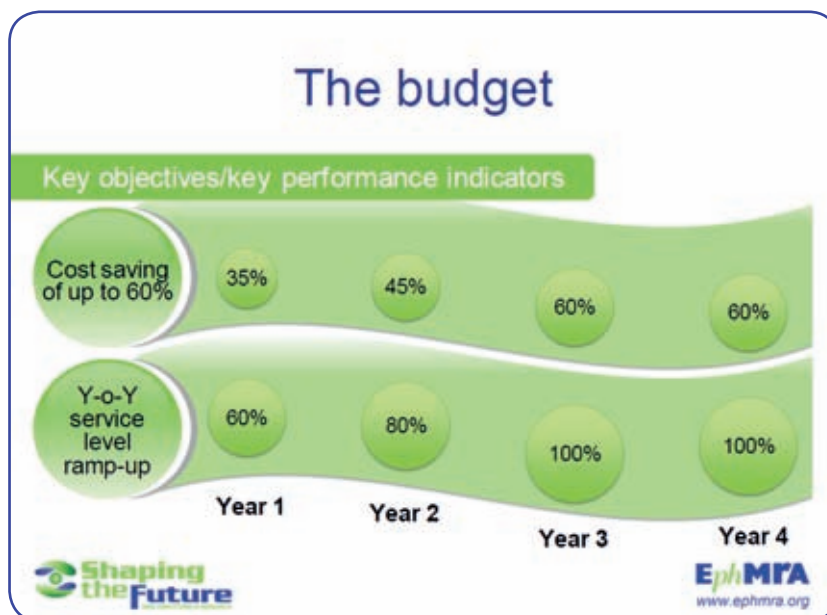
## conference round up

The key tips for offshoring success were defined by Bayer Healthcare Pharmaceuticals Global Market Research and Evalueserve are as follows:

- Map the route: start simply and build up
- Keep an eye on the speed limit: track the pace, manage expectations
- Decide when the time is right to accelerate - keep it exciting!
- Ensure a smooth ride - compatible IT systems, integration of teams, transition management
- Prepare for emergencies - contingency and governance plans
- Get everyone on board - involve procurement at the outset, encourage team bonding
- Check the safety gear - data confidentiality, quality of delivery and Service Level Agreements adherence
- Track the milestones - regular auditing, measurable KPIs
- Enjoy the journey - encourage participative decision-making and promote a 'let's make it work' mindset

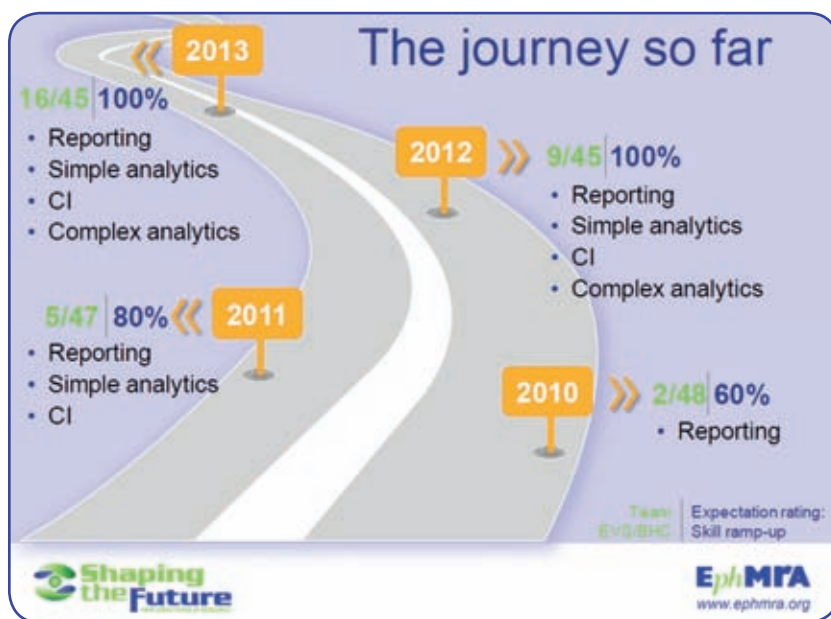
Bayer Healthcare and Evalueserve obviously enjoy an excellent cooperation and mutual respect. Bayer employees regard Evalueserve co-workers as part of the team and do not feel threatened that their own jobs will become obsolete. The Global Market Research department in Bayer Healthcare Pharmaceuticals has remained firmly in the driving seat, even though Evalueserve is trusted with sending out reports directly to users.

Key objectives and performance indicators have been met and the headcount in Bayer Healthcare Pharmaceuticals Global Market Research has remained stable, with co-workers engaged in more stimulating consultancy work. Cost-savings of 60% have been achieved by year 4.



Overall, the Bayer-Evalueserve offshoring journey has evidently been a positive experience and has reinforced a hugely effective Market Research function, with 30 percent of the team and tasks located offshore. Offshoring has actually helped future-proof the department and may even result in an increase in headcount in Global Market Research at HQ in coming years.

# conference round up



Dr Hein remarked that it is far better to sit in the driver's seat and actively steer, rather than risk the department being offshored in its entirety.

In Bayer Healthcare Pharmaceuticals, the Global Market Research department has set an example of how offshoring can be used to best advantage, tapping into the global talent pool, engaging with well-educated, highly motivated colleagues and broadening cultural horizons. A key success factor has been Evalueserve's deep understanding of Bayer Healthcare's business and a strong alignment of working principles. Any roadblocks are cleared by frequent 'working together' sessions and timely and candid feedback exchange.

When working as one cohesive team in a people partnership, offshoring can really take you places!

## Written by

Fiona Lake, EphMRA

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



## get in touch

If you  
have any  
enquiries

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

Bernadette Rogers, General Manager

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

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

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

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



# conference round up

## Parallel Session Ten



Barbara Lang



Sarah Phillips

### Future value based on market research: Going further - going together

Barbara Lang, **Point Blank International** and  
Petra Leiding, **AstraZeneca**

**Chair: Sarah Phillips, Prescient Market Research**

This paper opened with a challenge to the audience, to change their mind-set in terms of how they deliver market research. Stop behaving like service providers! The way to do this, which Barbara and Petra outlined in a case study, is to work more collaboratively as a partnership.

Barbara showed how in an environment where more compelling insights are required, using standard briefings and having traditional roles will not deliver the insights required. There is a real unmet need in our industry to inspire new insights and new ideas.

Petra joined the discussion via a video recording to explain how she and Barbara had worked together to develop a cross-functional workshop during the research process, not waiting until the end, but once some of the fieldwork had been completed. This workshop was run in a classic research manner, using sticky notes to enable participants to provide an individual, as well as a group view. The critical success factor for the session was to have the involvement of all of Petra's internal stakeholders; discussing objectives, refining the questions and challenging the sample size for the rest of the study.

#### How did the workshop impact our research process?

##### We had all stakeholders on board and worked **together**:

- Market research, sales, marketing, market access, medical ... and everybody was actively engaged

Transfer into new campaign and messages ...

Discussion of outcome and development of new hypotheses

**Together**

Discussion and ideation for marketing strategies

Discussion of impact on methodology ... and agreement on new research design / sample etc.

**Shaping the Future**

**EphMRA**  
www.ephmra.org

This approach enabled the AstraZeneca team to make decisions at a critical stage in the research process. They were able to discuss the preliminary outcome of their original hypotheses and develop more for testing. They started transferring the initial insights into a new campaign and message approach and were able to discuss how the marketing strategy should be revised. Ultimately this all had an impact on the design and approach for the final element of the research, which could then be adapted to meet the revised need.

# conference round up

The approach which was taken on this study not only enabled the research to flexibly meet the needs of the internal stakeholders, but it also reinforced the fact that everyone was working together as one team. This was not a relationship of a client and supplier, but of partners in meeting the strategic need. Barbara and Petra had developed a number of theses to provide advice on making this model of collaboration work in other situations.

## 1. Stay open-minded

During the set-up of a research study we should focus less on sticking to the research outline and the execution, instead we should be prepared for unexpected. Throughout the fieldwork process we should be flexible enough to develop new hypotheses as the research unfolds and we should be nimble enough to adapt our study design as a result.

## 2. Allow for flexibility

A classic market research study will define the number of interviews up front and stick to the agreed number. A more collaborative approach would be to react to the outcome of interviews. This means that stimuli should be re-worked during the fieldwork, if necessary, and the sample size and methodology adjusted to meet the revised objectives.

## 3. Facilitate an integrative analysis

The expectation of a traditional market research presentation is high, but often it is developed by the agency acting alone. They have limited knowledge into the brand and market conditions, and are often unable to develop their thinking beyond their market research expertise. In Barbara and Petra's collaborative model, all client stakeholders participate in the workshop and development of theses. This maximises the output by integrating all perspectives and expertise. The objective is to focus on the content, not the delivery mechanism and to convey the results with confidence and high strategic impact.

## 4. What is the role of the researcher?

From the pharmaceutical company side; classically, it is about data delivery, being reactive and being an internal service provider. This mind-set should be changed to consider the client side researcher as a moderator whose role is to get the cross-functional team on board. They should manage the meetings as a moderator, manage their team's expectations and be more than an internal service.

For the agency; traditionally, they stick to the brief and conduct fieldwork in line with the proposal. This means they are a service provider. To become an advisory partner, they need to challenge the client team, be persuasive and effective and be open to engage with other expertise.

Barbara explained the reason why to change the approach and mind-set of the way we work results in deeper insights and a greater ability to discover the unexpected. In closing, she encouraged the audience to consider their role and act more like an investigator and academic researcher. We should consider how we work to allow more flexibility, open-mindedness and curiosity. Finally, we should re-evaluate the division of labour in the industry, working together to maximise insights.

### Written by

**Sarah Phillips**, Prescient Market Research  
[sphillips@prescientmr.com](mailto:sphillips@prescientmr.com)

# conference round up



Sarah Phillips



Alex West



Georgina Butcher

## Debate - The future is bright, the future is market research?

**Chairs: Sarah Phillips, Prescient Market Research and Alex West, Instar**

The final session of the conference brought together some of the key themes of the previous days' discussions to challenge the hypothesis as to whether as an industry we are in a good place to move forward.

The scene was set by the session chairs, Sarah Phillips and Alex West, who highlighted that every year we have an optimistic conference title, and we talk confidently about new ways of working, new methodologies and new approaches. However, we do this with a backdrop of an industry under pressure, with reduced budgets and headcount, increasing cost pressures on drugs, and an environment where we can access data faster, quicker and cheaper. Are we really on the right path to a brighter future?

## Paper 1 - Georgina Butcher, Astellas Pharma Europe

The first speaker, Georgina opened her paper talking about the progress which has been made in market research since the inception of EphMRA over 50 years ago. She gave a whirlwind tour, decade by decade pointing out key achievements, such as the development, by EphMRA, of the Anatomical Classification of Pharmaceutical Products (ATC) to enable a robust analysis of therapeutic markets. In the 1980s, as the role of market research in pharma was growing, EphMRA launched the New Form Code (NFC), to simplify classification of different dosage forms in audits.

Georgina also touched on some of the developments which have had more of a mixed impact. While initially the adoption of the web has led to a considerable change in the way we work and the collection of data. However, while the advent of email was considered liberating, it could now be considered more of a burden.

The discussion then turned to the situation we face today, as the economic downturn has resulted in the squeezing of research budgets, and ultimately the prioritisation of activities. This has led to a reduction in head count on the pharma company side, having to do more with less resource.

Running in parallel to these reductions are increases in burdens, for instance in terms of regulatory requirements, particularly with regard to safety and compliance. Now, we are also in the age of multi-stakeholders, so research design has become more complicated.

Georgina outlined three possible future scenarios for research:

- The Dependables - doing as we have done before, paying lip service to the changes in our industry and fire-fighting our projects. This is not a solutions orientated world.
- The Changeling - being led towards changes to adapt the way we work, for instance through off-shoring of analysis, and adoption of technology. This would be led by non-research experts, for instance IT analysts, consultancies and market access agencies
- The Future Makers - where market research as we know it is removed altogether. Data exchange interfaces enable more direct exchanges and development focuses on support and expert systems to provide knowledge. Market research and agencies will be diminished and replaced by solution and knowledge experts.

Georgina asked the audience to vote on which they thought was the most likely scenario for our industry. **The majority opted for The Changeling scenario.**

# conference round up

## Paper 2 - Stuart Cooper, Adelphi Group

Stuart opened his paper with a provocative statement, that while we had seen some great methodology papers at the conference and these are vital to research, the future importance of market research within our fast evolving ecosystem is not about methodology, it's about our contribution to smart business decisions.

He then provided the context for his hypothesis, that the world is evolving dramatically and things are now both more global and more unstable than before. This disruption is about huge political and economic shifts but it's more about people and disruption, and creates more and diverse decision hubs.

Every day we see headlines of jobs being cut and people moving location. He used the current examples of major people movements; AstraZeneca's move from the North of England to London, Cambridge and Shanghai; and of Bayer from Berlin to Beijing. Meanwhile new emerging and biopharma companies were moving into re-instigated bioscience parks created by these movements. He also touched on Novartis' movements basing some of their research teams in India, and talked about how the focus towards Asia should also influence the way we think. He used recent HSBC promotions illustrating how people with different cultures and outlooks can interpret things in very different ways, hence a different type of global culture.



Stuart Cooper

### The world will look different



Shaping  
the Future

EphMRA  
www.ephmra.org

Stuart continued with his theme of movement and change by relating it to new partnerships in the pharmaceutical industry, in particular in the area of personalised medicine. He also exhorted the audience not to forget about the physician; in an age of increasing patient education and empowerment, Stuart predicted a renaissance of the physician, as a well informed advisor and decision influencer. Indeed within the industry the importance of the science and medical positioning makes these increasingly important customers for research and opinion.

He closed his paper by asserting that there are still opportunities for creative solutions; as researchers we are informed, we have access to all these world movements and opinions and can interpret findings from differing ecosystems. We can be the explorers and navigators through this complex and changing world. In summary the future for researchers is to be the ultimate kaleidoscope for informed consulting and advice.

Shaping  
the Future  
NEW DIRECTIONS IN RESEARCH

# conference round up



Gary Johnson

## Paper 3 - Gary Johnson, Inpharmation

The third paper in the series focused on the issue of Market Access, and how market research needs to be the guardian of good research practice. Gary opened his paper by asking whether it was true that payers had really increased in power over the past decades, as this is what we have all been talking about.

Gary showed evidence to support his view that while payers have been effective at controlling costs for some products, they are willing to pay premiums for and grant access to genuinely innovative products. However, the increasing role of market access, Gary purports, poses a threat to market research, as payer/market access is often seen as distinct from 'standard' market research. Respondents are often perceived to be difficult to survey and the techniques used in 'standard' market research are often perceived not to work. This is an illusion!

Gary argues that these payers/market access respondents are often not hard to interview and the tried and trusted market research techniques used with other types of respondent are just as valid with these people. Indeed, they are certainly better than poorly conducted qualitative research that is conducted by so called market access 'consultants'.

Gary laid down the gauntlet for market research to conclude his presentation. He argues that market researchers have an important role to play in improving the quality of payer and market access research and we need to assert our role guardians of high quality research. We have the skills as researchers to address current bad practice in sampling theory and the techniques we use.

The future is bright...

The conference closed with a panel debate on the issues raised, discussing issues such as the perceived value of market research internally, procurement pressures, and how non-pharmaceutical researchers can easily get things wrong from a pharmacovigilance perspective.

### Written by

**Sarah Phillips**, Prescient Market Research

[sphillips@prescientmr.com](mailto:sphillips@prescientmr.com)

**Copy  
deadline**

**EphMRA**  
December 2013

**NEWS**

keeping members informed and involved

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

Other News  
Copy Deadlines:

**News Published**  
March 2014  
June 2014

**Copy Deadline**  
15th January 2014  
15th April 2014



## Professional Standards Group: Code of Conduct Update

### Bob Douglas, PSL Group, EphMRA Ethics Lead

*EphMRA's Ethics Lead, Bob Douglas, gave an overview of new updates to the Code of Conduct, as well as outlining new initiatives from other EphMRA working groups.*

The Code of Conduct has had several important updates in the last 12 months, said Bob. "In addition to the inclusion of Korea for the first time, new guidance on the use of apps in market research and addressing issues around patient recruitment in France, the EphMRA Code of Conduct is now fully compliant with European legislation around pharmacovigilance."

Adverse event reporting has been a very big issues this year, he said. "Our guidelines have changed considerably so I urge you to review the relevant section of the Code. The update was in response to new Good PV Practices guidance from the European Medicines Agency, following legislative changes that came out of leftfield last year and included market research for the first time."

Since the new publication of the new EMA guidance, EphMRA has established stronger links with the Agency, said Bob. "Although we tried to open a dialogue with the EMA at the time of the changes, we failed, however, we have now established an excellent dialogue. We were invited to a workshop attended by a wide range of stakeholders to discuss the implementation of the PV legislation and were able to present information on a number of topics, especially the danger of bundling market research together with patient support programmes. The workshop was a significant breakthrough; we now have a voice and will be involved in any future discussions."

The new Code is now available online, he said. "We are no longer sending out paper versions of the Code. This is for two reasons; firstly, the cost, but more importantly, the need to keep the Code constantly updated. The electronic version allows us to make amends quickly and easily, and we are also working to make the document more signposted." Bob pointed to two support documents for the Code. "We have developed a short description of the Code, that covers what it's all about, why we have a Code and its guiding principles, to act as a reminder. The second is a spotlight on the Professional Standards Group, with an overview of its work."

Bob went on to highlight the work of the Compliance Network, made up of Compliance Officers in Associate Member companies who meet by telecon to discuss issues impacting the execution of market research. "The outputs of this group have been impressive, including incentives summaries by country. They are currently working on a review of data protection agencies by country, which will be released, and are then planning to move on to the difference in stimulus material by country."

The enquiries service of EphMRA has received 120 queries in the last 12 months, all of which were dealt with speedily. "It is a very important service to members as we simply cannot include every detail in the Code of Conduct itself. The enquiries also serve as valuable feedback to identify where we need to update the Code. I also wanted to remind members that free training on the Code is available and has been undertaken by 260 people in the last 12 months. To bolster this, we also ran an adverse event reporting webinar earlier this year, which we believe was attended by 200+ people and was very topical."



Bob Douglas





# agency fair

## Agency Fair

Over 55 exhibitors participated in the agency fair which took place over 2 days.



## a big thank you to...

EphMRA wishes to thank the 2013 Conference Sponsors for their generous support:



A+A  
Sole Sponsor: Delegate Pen



Research Now  
Sole Sponsor: Conference Lunches



GfK HealthCare  
Sole Sponsor: Conference Delegate Bags



SGR International  
Sole Sponsor: Conference Pad



The Planning Shop international  
Sole Sponsor: Conference Signage



Vitaris Research Consultancy  
Sole Sponsor: Coffee Breaks



Toluna  
Sole Sponsor: Evening Event

## thanks to...

# the Programme Committee

### 2013 Programme Committee who steered the papers

<b>Trevor Acreman</b>	Millward Brown	UK
<b>Chris Krattiger</b>	GfK Healthcare	Switzerland
<b>Sarah Phillips</b>	Prescient Market Research	UK
<b>David Hanlon</b>	Kantar Health	UK
<b>Martin Schlaeppli</b>	Praxis Research	UK
<b>Christophe Van der Linden</b>	suAzio	Belgium
<b>Alex West</b>	Instar	UK
<b>Anne Loiselle</b>	EQ Healthcare	Canada

The Committee is supported by Bernadette Rogers (General Manager) and Caroline Snowdon (Events Manager).



*Bernadette Rogers*



*Caroline Snowdon*



# Join EphMRA

## What's included in your membership

Just some of the benefits on offer when you become a Full (pharma) or Associate (supplier) member...

### Members Forums

- 1 - separate sessions for peer to peer discussions and networking.

- 2 Reduced registration fees for the annual conferences

- 3 Interim Members Meeting (IMM) usually held in January each year  
- a free one day meeting for members

- 4 Up to 4 Local Chapter Meetings per year  
- free attendance to these one day events for members

### Webinars

- 5 - free registration to member webinars (recent webinars include Data Visualisation, Adverse Event Reporting, Optimising Insights from Digital Channels)

- 6 Code of Conduct online Competency Test  
- free test and certification to members

- 7 Code of Conduct online Training Modules  
- free registration for members

- 8 Code of Conduct  
- free access to the Code Query Service

### Publications: Free to members

- 9 - Managing a Research Project and Research through the Product Lifecycle; Open Data, How to Reference Data, Longitudinal Patient Data, Guide to using Promotional Data.





## associate members news

### People News

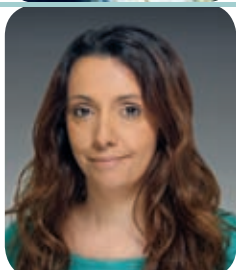
KJT Group, Inc. is pleased to announce the continued growth of its global operations with the hiring of Nicola Guerra, PhD, MSc as the Director of European Practice in its Amsterdam office.



Prescient Market Research is delighted to welcome Samantha Hope as an Associate Director to their growing research team.



Neringa Apolianskaite has joined KeyQuest Health's audit team, which now conducts audits in 16 different countries and expects to be in 20+ in the next 6 months.



Adept Field Solutions welcomes Sallena Shah to their growing project management team. Sallena joins from M3, and previously All Global, bringing significant qualitative healthcare fieldwork experience.



Eelke Roos promoted to Senior Project Manager and has moved to SKIM London after 2 years at SKIM New York. Eelke started in 2009 at SKIM's Global HQ in Rotterdam.



Claudia Orozco has joined ESR as Manager, Region LATAM. Its wide and international market research experience in Pharma qualitative, quantitative and online services strengthen the Team across Mexico and LATAM.



GIM, Gesellschaft für Innovative Marktforschung, is delighted welcoming back Dr. Barbara Lang rejoining office Berlin as Unit Director Healthcare & FMCG. Barbara supports GIM with healthcare expertise and ethnographic experience.



# associate members news

## People News



ITG Market Research is delighted to welcome interns Jamie Ciocon to our US office and Pedro Rodrigues to our UK office this summer.



RONIN welcomes Abhishek Goel as their Technical DP Manager operating from their central London office. Abhishek brings a wealth of technical experience to RONIN, previously working with Research Now.



Daniel Sterzi joins Kantar Health Spain as International Project Manager. With this appointment, Kantar Health consolidates its leadership in Market Insights and Consulting services and strengthens its international department.



Incite is delighted to announce the appointment of Dr Pamela Walker to head up its Health practice. Pamela brings with her a wealth of knowledge from both consulting and market research.



HRW are delighted to announce the appointment of Jane Egberts as Research Director. Jane will be joining the team at their London office and brings 16 years of research experience.



Medi-Pragma strengthens its Quantitative Research Department by welcoming Davide Lubian - PHD in Methodologies of Social Sciences - who has a noteworthy background in other important agencies (GfK). [www.medipragma.it](http://www.medipragma.it)



More growth at Elma Research! Simone Mattavelli joined our team as Quantitative Research Assistant. He will be part of the quantitative research team in our headquarters in Milan.



---

## associate members news

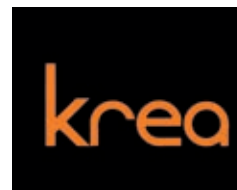
---

### Services News

Millward Brown Launches BrandZ 2013  
This year's brand equity study, available free through Millward Brown, includes over 60 brands in oncology, psychiatry, neurology and ophthalmology, with results available from September.



Krea launches "mobile" panel of physicians.  
www.krea.in, the largest Indian Healthcare panel provides fieldwork across methodologies: Online, Mobile, CATI, F2F. Ask@Krea.in  
The Specialist for India Healthcare data collection.



Silver Fern's unique research platform NOW available for groups. Sense-it already brings a new dimension to qualitative research, capturing instinctive reactions to stimulus material in telephone interviews and IDIs.



Ifop now offers healthcare research through ad-hoc online communities. Our unique approach elicits rich responses and provides insights that support brand positioning and development of patient engagement tools.



Bazis Group launched the panel of haematologists for optimization of online projects with this target in Russia. Company has been realizing panel surveys with haematologists over 3 years.



Responding to client's needs to better align with patients, SGR launches its SGR communities department in partnership with VCCI. Contact Izabel, SGR global head of Communities & Lifecycle teams (i.alixfreret@lifecycle.it).



# associate members news



InSites Consulting renewed its website!  
Check out the GET INSPIRED section for  
inspiring cases with iconic brands, presentations &  
events. Read about online research  
communities in our NEW book.  
<http://www.insites-consulting.com/>

## Company News



Instar is pleased to announce the release of fresh  
and innovative webpage. It introduces Instar's new  
brands: SoundBoards, OnTopic and Oncology.  
Visit us at [www.instarresearch.com](http://www.instarresearch.com) to learn more.



The Trust Alliance is delighted to announce that  
Fieldwork International has joined the alliance.  
This takes the total number of companies  
committed to Trust Alliance "best practice"  
procedures to seven.

**EphMRA News  
is produced with  
the environment  
in mind**



[www.carbonbalancedpaper.com](http://www.carbonbalancedpaper.com)  
CBP00017411511125011



## advertise with EphMRA

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

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

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

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

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

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

Alternatively, just contact

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

Pharmaceutical  
Market Research  
Conference

2014



# embracing Change

# cultivating Opportunity

Brussels

24-26 June 2014

Submission deadline 16 September 2013



**EphMRA**  
European Pharmaceutical Market Research Association