

September 2014

E^{ph}MRA **news**

Post Conference

keeping members informed and involved

Reports from the Brussels Conference...



Thanks to our
conference
sponsors



Contents

AGM for Full Members	3
Associate Member Update	4
2014 Winners	5-6
Jack Hayhurst	6
Conference Sessions 1-8	7-18
Focus on Young Professionals	19-22
Conference Sessions 9-16	24-39
Ethics update	40-41
Final Session	42
Agency Fair	44
Workshops	45-55
Associate Member News	56-58
Call For Papers	59

Diary

16 October 2014
Japan Local Chapter Meeting: Tokyo

20 January 2015
New Year Forum (formerly IMM): Paris

12 March 2015
Germany Local Chapter Meeting: Berlin

23-25 June 2015
Pharmaceutical Market Research Conference: Amsterdam

Copy Deadlines

October 15th 2014 is the deadline for submitting your copy for the December News.

Send to: generalsecretary@ephmra.org

Future 2015 editions:

March News - 15th Jan 2015 / June News - 15th Apr 2015

Get in touch

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EphMRA considers the environment

EphMRA News is now produced only as a digital document, eliminating the environmental impact of print production and distribution.

Board Report

Dear Members

It is a year now since the Strategic Plan was crafted and launched and activities and events are designed and aligned to ensure they meet our objectives.

Here's a reminder as to our key principles:

- **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.

Many thanks EphMRA Board

Bernadette Rogers

General Manager

generalsecretary@ephmra.org



The Executive Board would like to thank the Programme Committee who has steered the papers:

Lee Gazey	Hall & Partners	UK
Caroline Jameson	Healthcare Research Worldwide	USA
Alex West	Instar Research	UK
David Hanlon	Kantar Health	UK
Martin Schlaepfi	Praxis Research	UK
Sarah Phillips	Prescient Market Research	UK
Amr Khalil	Ripple International	UK

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

AGM for Full Members

Thomas Hein, EphMRA President, gave an update to Full Members on the Association's activities over the past 12 months.

Membership

There are currently 38 Full Members, and since last June the Association has gained Biomerieux, Biogen idec, Grifols International, Phonak and Thermo Fischer Scientific.

However 3 Full Members have been lost: Amgen, Actelion and Chugai - mainly due to a change in contact personnel.

There are 176 Associate Members and this figure is steady at around 180 AMs.

Thomas then went on to outline how the June Conference has had a re vamp:

- There is a different look and feel to the conference
- The event is shorter and more time effective
- Ipad innovation - offering paperless approach with new features (post event download)
- Successful F2F training move to Thursday morning - also this has now become a revenue generator - nearly 80 delegates (200 CHF fee each)

In summary Thomas said that:

- Economically been a tough Q1 and Q2 - especially for many AMs. The signs are that the business outlook improving
- Here in Brussels the AM conference attendance is down but FM attendance has held steady
- Strategic Plan implementation - all activities are aligned with the Association's objectives
- Training - webinars over the past 12 months have been very well attended
- Web site - very well received as it has a new look and feel with better navigation



The Treasurer, **Michel Bruguere Fontenille** then updated the Full Members on the Association's financial status and presented the budget for 2014 - 2015. The budget was approved by the Full Members.



The voting in of the new officers for 2014 - 2015 was conducted by **Bernadette Rogers**, General Manager.

Those standing for election as Board members were:



Georgina Butcher, Astellas Pharma Europe:
Associate Director Marketing Intelligence
- current Board Member



Karen Giorgi-Vigo, Shire Pharmaceuticals:
Associate Director Business Insights
- current Board Member



Bernd Heinrichs, Grünenthal:
Head of Global Market Insight Team
- current Board Member



John Shortell, Bayer HealthCare Pharmaceuticals Inc:
Director of Global Market Research
- current Board Member



In addition **Thomas Hein** was standing for re-election as President - Thomas updated the members that he was joining Thermo Fischer Scientific. The Full Members present duly re-elected Thomas Hein to be President

All were voted into office by the Full Members.

EphMRA Thanks...



Kerstin Lilla, Abbott Products Operations AG, Director Global Business Intelligence, Established Pharmaceuticals
Who now leaves the Board in September 2014 - Kerstin had made a great contribution across many areas.



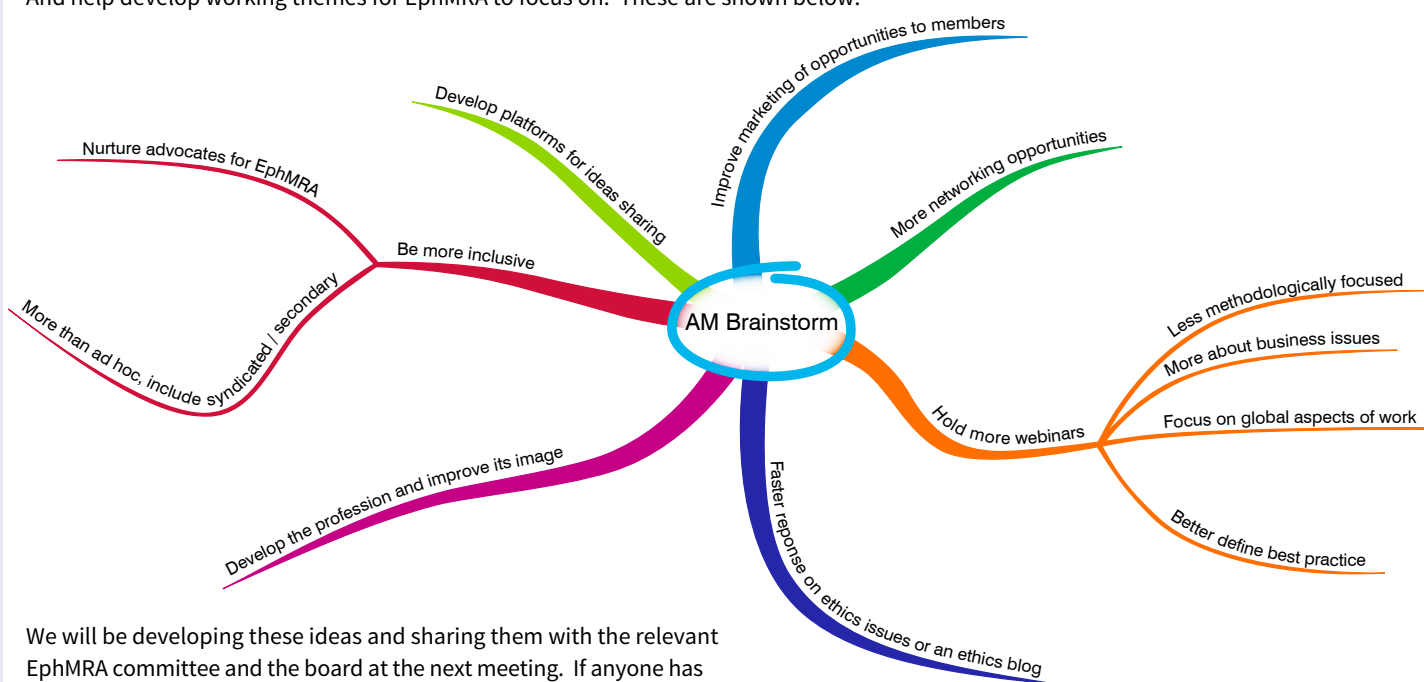
James Rienow, Pfizer who, as a former Board Member, has led an in-depth review of the statutes which will be overhauled and brought up to date.

Associate Member Update



It was great to see so many Associate Members in Brussels at the conference this year, thank you to everyone who came along to the AM meeting and for those who took part in the follow-up calls we held about the conference. There will be a separate update on the outcome of the calls.

At the AM meeting, we asked you all to brainstorm ideas and solutions for EphMRA to more closely meet our strategic objective: The transformation of market researchers from data and information providers to consultants with business understanding. And help develop working themes for EphMRA to focus on. These are shown below:



We will be developing these ideas and sharing them with the relevant EphMRA committee and the board at the next meeting. If anyone has additional ideas, or would like to build on these, please do get in touch.

Please don't hesitate to contact any of us if you have any issues or comments you would like to raise.

We hope everyone has a great final quarter of the year.

Your AM Board representatives who took their seats on 1 October 2013 are:



David Hanlon

Senior Group Director
Kantar Health
David.hanlon@kantarhealth.com



Richard Head

Director
Research Partnership
richardh@researchpartnership.com



Kim Hughes

CEO
THE PLANNING SHOP
international
Kim.hughes@planningshopintl.com



Gareth Phillips

Managing Director UK
and Head of Western
Europe
Ipsos Healthcare
gareth.phillips@ipsos.com



Sarah Phillips

Managing Director
Prescient Market
Research
sphillips@prescientmr.com

Conference Opening and announcement of the winner of the President's Award



Thomas Hein

Thomas Hein, EphMRA President, opened the conference by focusing the delegates on the event objectives:

1. Networking between members, especially experience exchange
2. Stimulate thinking about new ideas for your daily work how you can increase the value and impact of market research for your company
3. Information on regulations and changes in the environment of market research

President's Award

In 2001 EphMRA initiated an award which was first presented at the Athens 2001 conference. This award is a recognition of a person's outstanding contribution to pharmaceutical market research.

The 2014 Nominations were:

Catherine Beaucé, Sanofi

Driving force behind the Data & Systems Committee, working hard for the direct benefits of members.

Georgina Butcher, Astellas Pharma Europe

Strong EphMRA supporter, always full of considered opinions and is both a Board and Ethics Committee member.

Bob Douglas, Instar Research

Long standing Board Member, has really made a difference with AER and consultations with the EMA.

Barbara Lang, Point-Blank International

Outstanding support of the Germany Chapter meetings - she has made a real impact on their success and thus enhanced the image of EphMRA in Germany.

Theresa Ormiston, IMS Health

Excellent management of Classification Committee as Managing Chair and demonstrates fair and diplomatic judgement in harmonising different points of view.

Gary Wield, Genactis

Consummate professional, supporter of EphMRA and contributed over many years to the positive enhancement of pharma MR.

And the winners are:

Bob Douglas, Instar Research - Winner



Bob Douglas (right) with Thomas Hein, President

Georgina Butcher, Astellas Pharma Europe - Runner Up



Theresa Ormiston, IMS Health - 3rd place



Previous Winners and Runners Up

Year	Winner	Runner-Up
2013	Stephen Godwin, The Planning Shop international	Bob Douglas, PSL
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

Jack Hayhurst Award



The Executive Board decided earlier this year that the JH Award for the best conference paper would no longer be judged, and voted for, by the conference delegates but would be panel assessed.

This change has come about due to the increasing complexity of the conference - parallel sessions make for large variations in the number attending various sessions and so it was decided to add standardisation into the voting process and have a panel assess the papers. In Brussels the papers were videoed and each member of the panel below has rated each paper presented according to agreed criteria.

Judging Panel

Thomas Hein - EphMRA President

Bernd Heinrichs - Grunenthal

Michael Bendig - Boehringer Ingelheim

Hilary Worton - Aequus Research

Anna Garofalo - Kantar Health

Gareth Phillips - Ipsos Healthcare

Sarah Phillips - Prescient Market Research

Alex West - Instar Research

Martin Schlaeppi - Praxis Research

The winning paper will be announced in September.

Session 1: Fire From Ice - A view from outside Pharma and healthcare: How to use insight creatively to drive innovation in complex and regulated markets

Speaker: Jeremy Rix, Oko
Chair: Lee Gazey, Hall & Partners

Jeremy Rix presented a view from outside pharma, but based on experience of other complex and highly regulated industry sectors such as banking and finance and science and technology, to talk about the role of creative insight in driving innovation.

Jeremy started by getting us all thinking creatively about how we could make fire out of, amongst other unlikely materials, ice. This metaphor represented the experience of a researcher tasked with the objective of creating a new product or service in a heavily regulated industry - other seemingly impossible task.

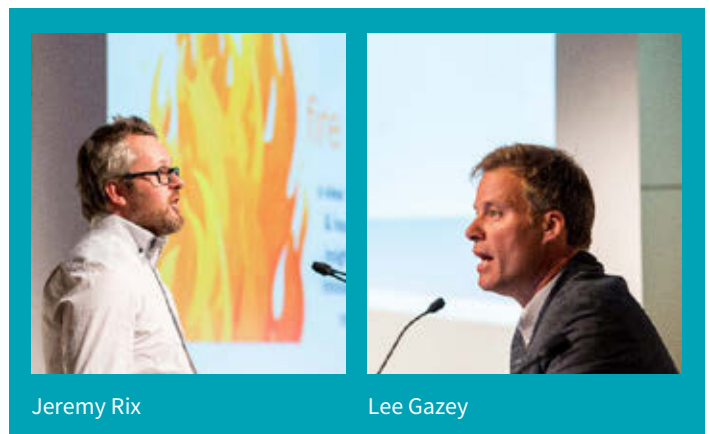
Jeremy then described and illustrated six key principles by which insight can be used to drive innovation in such a situation:



1. Connection:

Jeremy demonstrated, by figuratively plunging us into darkness, how our ancestors might have felt in the days before they learned to create fire. He emphasised that by allowing us to experience the darkness ourselves, we might be better able to empathise with those ancestors. From this he explained that in order to generate innovation it isn't enough to rationally understand a customer problem: in order to spark ideas, you have to experience the problem in order to develop an emotional as well as a rational understanding of the problem you want to solve.

Taking an example from banking, he described how a client found a new, and very different, customer segment by accompanying researchers to in-depth interviews with customers



Jeremy Rix

Lee Gazey

where they were able to form a deeper understanding of what investing meant to different customer types. As a result of this emotional connection with the customer, they were able to develop a successful marketing approach that targeted, not older males focused on the excitement of winning, but younger females who invested in order to nurture and take care of a family.

2. Collaboration:

Jeremy outlined how, before the days of matches, it would have taken collaboration between members of the tribe to make fire. He used this example to set out the principle that collaboration with others serves to reduce the burden for any one individual and also leverages diverse skill-sets which can be used to solve a problem or achieve a goal.

Using an example from the HR sector, he described how a project involving multiple stakeholders (senior management, sales, marketing, legal, insight, technology) as well as industry experts were able to work together via a series of workshops and use those disparate perspectives to debate ideas and challenge each other, resulting in the identification of two specific global opportunities for the business which were not obvious at the outset.

3. Constellations:

Jeremy used this word to describe how connecting seemingly unrelated elements can lead to benefits and potential uses that might not have been apparent initially. In our ancestors' time, this might have involved thinking beyond the clear dangers of fire, to recognise other benefits such as warmth, light and processing food.

This time Jeremy used an example from the food industry where it was necessary to understand information flows across the food chain. Rather than interviewing groups of people to understand the consensus, they spoke to people with very different perspectives in order to understand the disconnects and disagreements. From this they created a map of this “constellation” and looked for points of strong and weak connection, using the strong connections to help to create hypotheses for the weak connections and ultimately identifying two significant gaps in the information flow which could be bridged with a new product or service.

4. Creativity:

Jeremy continued the fire metaphor, describing how our ancestors developed creative uses for fire beyond warmth and light, to encompass diverse applications such as smoking bees from a hive, blacksmithing or water purification. In the business world, creativity allows us to step outside of the day-to-day and cast fresh light on a problem rather than repeating more of the same. He postulated that creativity should be viewed as a competency rather than an ability that only some people possess, and that creativity can be stimulated by lateral thinking techniques and structured to provide specific focus.

Jeremy described how this process was used in the education sector in order to identify new teaching and learning approaches for a “school of the future” project. By running creative, collaborative, workshops with governors, staff and children based on the outputs of previous work (connective interviewing and constellations) they developed more than 170 new ways to implement their new creative curriculum.

5. Commercialisation:

Using the example of a bloomery (used to smelt iron) as an early commercial use of fire, Jeremy reminded us that the key focus of innovation in business is to develop a new income stream or way of doing business by commercialising these insights and ideas.

In the area of science publishing, Jeremy’s example described how the four principles described above were used to generate insights, before developing them into needs-based propositions that fitted the company’s own business structure - effectively developing a business case for the new ideas.

6. Craft:

Jeremy’s final principle centred on craft. In terms of fire, although there is a precise scientific process by which fire is created, there are many different methods by which it can be done in practice, depending on the situation. In the same way, he emphasised that there are many different ways to innovate, and that a broad toolkit and a selection of framework approaches will equip us to encourage innovation, no matter what the circumstances.

His final example was drawn from compliance in banking and finance, where the client’s team was trained to manage innovation projects using a toolkit of different approaches as appropriate to the specific problem or challenge being addressed, but within a structured framework.

And the challenge of making fire from ice? Jeremy solved that seemingly impossible problem by carving a lens from the ice and focusing sunlight on a point to create heat, igniting the fire!



On day two of the conference, we had the chance to sit down with Jeremy and ask any burning (excuse the pun!) questions we may have had after his presentation.

The question that had kept the group awake during the night was whether such an approach could work in our heavily regulated environment? There was a healthy debate as to whether this could happen, with the consensus being that it was likely to be on a company by company basis. What was clear was that it was crucial to be transparent at the outset at what you want to achieve, make sure you include a multi-disciplinary team to get buy in throughout the organisation and also try to ensure you have a senior level sponsor who can ensure that things get down.

Session Chair, Lee Gazey, Hall & Partners, said: “*Jeremy Rix’s presentation ‘Fire from Ice’ was a highly engaging and enjoyable session. Not only did we learn how to make fire from every-day objects (apart from matches!) we also learnt how to embrace and utilise creative innovation in the pharma industry. We saw examples from other highly regulated industries that proved innovation and creativity is possible in any organisation!*”

Written by:

Lee Gazey, Hall & Partners

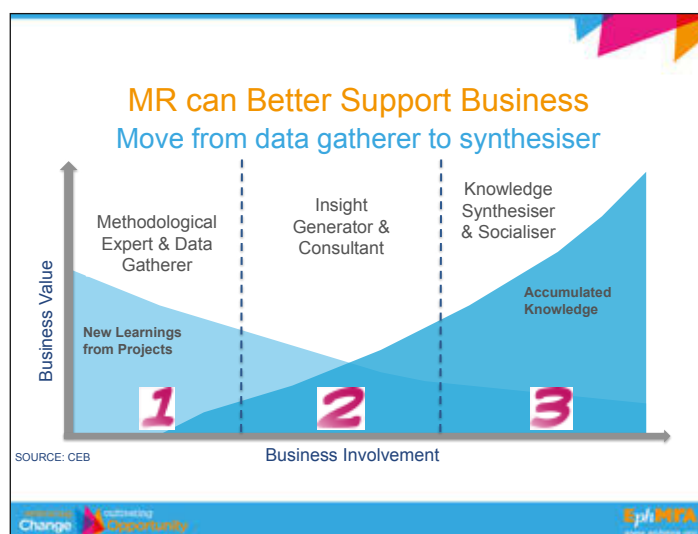
l.gazey@hallandpartners.com

Session 2: Going Bionic, Not Ballistic - Insights from beyond Pharma

Speaker: Denyse Drummond-Dunn, C3 Centricity
 Chair: Sarah Phillips, Prescient Market Research

The second session of the conference continued to draw on insights from beyond the pharmaceutical sector, with Denyse Drummond-Dunn providing the audience with tips from her experience in the FMCG sector for how to have more impact internally with market research. Denyse drew on her time in organisations such as Nestle and Philip Morris to demonstrate to the audience how to move market research to being at the centre of the business.

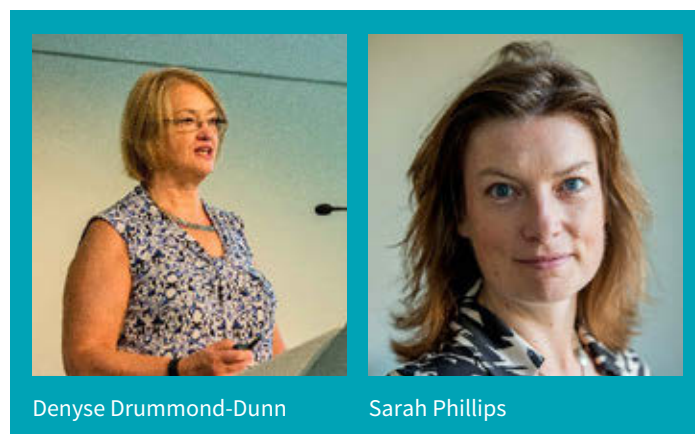
Denyse started by highlighting the now-familiar aspiration of market researchers moving from being data gatherers to acting as consultants, but then took the journey to a further stage of becoming “synthesisers and socialisers”, actively participating in day-to-day business decisions, connecting with colleagues in a more dynamic way and disseminating integrated insights in real time.



The audience were asked to indicate where they felt their organisation currently sat:

- 40% selected option 1 ‘Methodological Expert and Data Gatherer’
- 60% option 2 ‘Insight generator and consultant’

Denyse said that the conference participants were not alone in worrying about the future of market research, she presented the results of a survey showing that whereas most Senior Managers receive their information through email and spreadsheets, their preferred format would be interactive dashboards - providing exactly what they need in a simple form that can be accessed across multiple access points (eg mobile) without overwhelming them with data. Management don’t say that they don’t want **more** data, they want it in the format they want. It is tough being a marketer, they need to prove their worth in terms of budgets and need real time data.



Accessibility:

Denyse suggested that with the rapid increase in external data (such as Big Data), integrated databases provide a cohesive platform by which to manage access to information across the organisation.

Business impact:

Denyse emphasised that we need to approach our outputs from the perspective of the end-user, providing insight in a visually compelling manner that helps Senior Managers to see at a glance what is important in guiding their business decisions. She illustrated this by describing how she reduced 5 million pieces of information to a single metric that was of crucial importance to senior management and which they monitored on a monthly basis.

Consistency:

Denyse argued that the key ingredient to successful business impact was consistent data, with each market providing the same information in the same format using the same definitions. She stressed that NOTHING annoys management more than lines of notes at the bottom of a page explaining all the differences and exceptions to the summary shown!

Denyse's "ABC of information usage" takes market researchers from data gatherers to consultants, but to take the final step towards being "socialisers and synthesizers" may require us to develop or refine some different skills - socialising, synthesising and surprising.

She emphasises the need to interact with the business to enable us to ask the right questions of the data we have collected so diligently. "Socialising" will take us out of the back room and into the lives of our internal clients and external customers so that we have a full understanding of their needs and desires. She underlines the importance of social media as a rich representation of our customers' true feelings to aid this process, despite its perceived lack of representativeness.

The storylining skills required for "Synthesising" were noted, along with the acknowledgment that these skills have been addressed during other EphMRA events.

Denyse added a final element: that of surprise. Denyse encouraged us to surprise our clients with our use of new technology, which contributes towards us becoming "Bionic", with examples including Google Glass, facial emotion imaging, eye-tracking and neuroscience.

The paper ended by returning to the original classification, asking the audience where they needed their business to be:

- 3% selected option 1 'Methodological Expert and Data Gatherer'
- 12% option 2 'Insight generator and consultant'
- 85% option 3 'Knowledge Synthesiser and socialiser'

An overwhelming vote of approval for the approach Denyse had outlined in her paper. She summarised the skills required of a market researcher to achieve this level:

- Project management, methodological expertise and analytical skills
- Intellectual curiosity to generate insights and help the business to solve problems
- Storytelling, communication and influencing skills to transfer this understanding and inspire action

On day 2 of the conference, an *In the Chair* session was hosted with Denyse which enabled the audience to discuss some of the issues raised in her paper in more depth. The first topic discussed was the required skill set for market researchers in light of the need to socialise and synthesise data.



There was a lively discussion with many members of the audience sharing their own company experiences of socialising data. Ultimately Denyse encouraged all of the market research teams in client-side organisations to have more confidence and to believe in their knowledge basis as the human side of the business. As market researchers we have are objective in our view point and used to challenging, if we layer on top of this business acumen and obtain the permission to participate and surprise, then the value of market research is clearer internally. Our objective should be to become trusted advisors to the business.

However, a caveat was raised to this by the audience, that is, the risk of going native and losing our objectivity. Another member of the audience talked about their internal discussions about whether to have market researchers embedded in the brand teams or as a separate unit. There are pros and cons to either approach, it is a challenge for client organisations.

Denyse rounded off the lively audience discussion by sharing her presentation rule of 10:20:30, she exhorted us to aim for:

- 10 slides per deck
- No more than 20 words per slide
- All delivered in 30 minutes

Everyone enjoyed the relaxed nature of the *In the Chair* discussion, which was a new format for this year's conference and many of the audience reported that they had enjoyed the discussion and the sharing of other people's experience.

Session Chair, Sarah Phillips, Prescient Market Research, said:

"Denyse Drummond was one of the really interesting speakers at the conference this year. She has a background working in and for major consumer goods companies and had some great ideas for how to have more impact with research, to stand up and be noticed."

Written by:

Sarah Phillips, Prescient Market Research
sphillips@prescientmr.com

Session 3: Behavioural Economics: Can we really influence patient behaviour or is it just another fad?

Speakers: Di Adams, Hall & Partners and Crawford Hollingworth, The Behavioural Architects
Chair: David Hanlon, Kantar Health

As researchers we all like to see market research in action. Di Adams and Crawford Hollingworth presented a very interesting, insightful and entertaining paper on putting market research theory into practice.

Di and Crawford quite rightly see the business of market research is to explore and understand human behaviour, with the fundamental assumption - the reason to believe in Market Research - is that from this we can influence this behaviour. However, Di and Crawford question whether we are missing a trick if we approach this through the use of traditional research methods?

As an industry it seems we are all now 'on board' with recognising the critical role of patient decisions in determining a treatments success or failure - however we also increasingly recognise that patients are people and people seldom do what you want them to do! (for example take their medication).

Researchers, like Di and Crawford, are becoming increasingly fascinated by the reasons for these often 'irrational' decisions - and the role of the unconscious in individual's decision making. We don't always make sensible or logical decisions. So they asked themselves the question...

"Can we use this understanding to not only better understand patients decision making - but also to actually influence their behaviour... thereby better supporting patients to be more healthy? "

Hence Hall and Partners teamed up with The Behavioural Architects to bring the best of their collective minds together to explore the potential offered using BE frameworks to increase patient compliance in T2D.

Patient adherence and compliance has always been an issue for physicians and Pharma companies alike and is a common reason for sub-optimal product performance. There is, therefore, a need to find new and easy to implement ways of engaging patients, so that they better understand the consequences of their actions on their condition, but also to help them realise the wider implications in relation to their Quality of life, lifestyle and relationships with family and friends.

Their paper presented the findings of a study exploring the impact of insight generated via a behavioural economics (BE) approach on patient engagement with their type 2 diabetes (T2D).

Di Adams opened by setting out the challenge of understanding patients and their (often irrational!) decisions, particularly regarding compliance with medication.

Crawford then showed how Behavioural Economics can provide frameworks and concepts which embrace the seemingly irrational behavioural actions. Unlocking conscious and sub conscious triggers and barriers around the patient behavioural journey.

The study used a three stage approach to explore patient behaviour and identify "behavioural change actions":



Di Adams

Crawford Hollingworth

- 1. Forming behavioural hypotheses via a multi-expert BE workshop,** on the premise that we need to understand behaviour in order to change it. The workshops with academics, doctors, behaviourists, diabetes nurses and other experts generated multiple hypotheses around behavioural triggers and barriers to drug adherence and lifestyle changes. These centred on lack of tangible rewards, lack of positive feedback, consequences affecting the distant future rather than the immediate term as well as lack of will-power. These hypotheses were examined through a BE lens, applying psychology and science to understand why they might be happening. This process led to the identification of 8 relevant biases that help make sense of patients' non-adherent behaviour.
- 2. Developing BE-inspired interventions:** As shown in the chart below, 8 biases were used to inspire the development of 3 actions or interventions that were hypothesised to be likely to "nudge" behaviour into becoming more adherent to treatment.



The three main biases used to form the basis of the research design were:

- Commitment bias** - based on the scientific knowledge that the greater the behavioural commitment, the greater the likelihood of following through on those actions, a “Promise contract” was developed, to be signed by the patient to commit to themselves and also to a family member that they would make the necessary behavioural change. This would address the behavioural insight that rational intentions can easily be ignored under the influence of emotions.
- Visual saliency and priming** - based on the understanding that the easier it is to bring a striking visual to mind, the more impact it can have on behaviour, and also that we are highly susceptible to subconscious influences such as words, smells and images, we can use the visual saliency of a loved one to remind a patient that diabetes affects, not only them, but their loved ones too.
- Chunking and feedback loops** - breaking something down into manageable pieces keeps us motivated and positive feedback helps to establish new habits. Using these principles, we can set appropriate goals and track progress to encourage patients to change via small, achievable steps.

These three elements were incorporated into a simple poster displayed in the patient’s home: a “promise contract” to be signed and on public display, a “sticker chart” (see below) to chunk the steps to adherence and track progress, and also an image of a loved one to encourage the patient to think beyond the consequences for them alone.

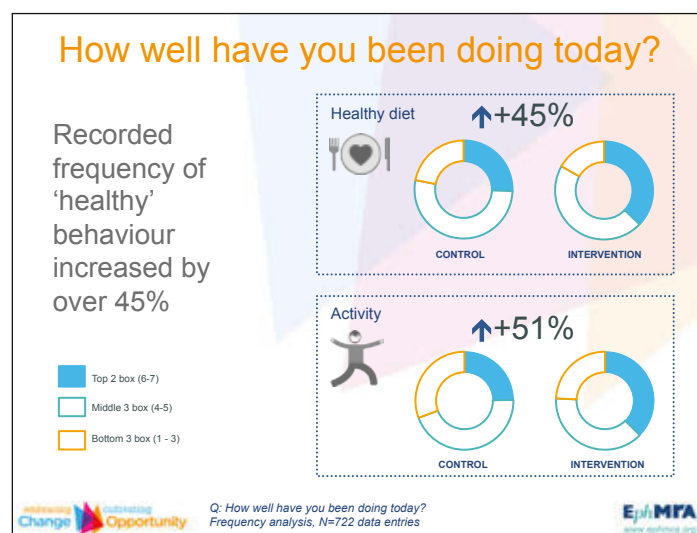


- Experimental study design:** T2D was selected as a good example of a therapy area challenged by poor compliance which in turn leads to health and economic consequences. Addressing the need to minimise interactions which might influence behaviour yet maintain engagement with the study over 30 days, a mobile phone app was used to provide minimum interaction while capturing “real life” responses, but

alternatives were also provided to accommodate participants’ preference. Optional elements such as fun quizzes, raffle prizes and personal encouragement were used to maintain interest in the study.

A two week control period was followed by the introduction of the behavioural intervention, followed by a further 2 week period of observation. Two forms of bias were quickly identified: the respondents who were willing to take part were, by definition, more engaged than those who were not; and the need to record daily behaviour led to an increase in engagement over the control period, making it difficult to show a genuine increase in adherence over the study period.

Despite this, the study showed an improvement of over 45% in terms of healthy behaviours and an increase of 70% in terms of drug compliance.



The simple poster worked! Direct patient feedback showed that the motivations to comply were clearly linked with the behavioural biases identified at the start of the study.

Di and Crawford concluded that using insights from behavioural sciences, and in particular, Behavioural Economics had brought about a clear and significant change in patient behaviour, as the quotes below confirm.

“When I started recording my meds taking, healthy living and activity on the chart, I suddenly realised just how blasé I’d been about my condition and the danger I was putting myself in”

“I didn’t want to have to put down as a failure, so it did make me try that bit harder and this week I lost 4lb... Since doing this survey I have lost 12lb altogether so I’m very pleased!”

Session Chair, David Hanlon, Kantar Health, said: *“Research in action - Di and Crawford provided an extremely interesting practical example of how research can have a positive influence on patient behaviour through the insightful use of behavioural economics”.*

Written by:

David Hanlon, Kantar Health

David.Hanlon@Kantarhealth.com

Session 5: Applying today’s rules of consumer brand building to pharma markets

Speakers: Kim Hughes, The Planning Shop international and Michael Holgate, Brand Genetics

Chair: Caroline Jameson, Healthcare Research Worldwide (HRW)

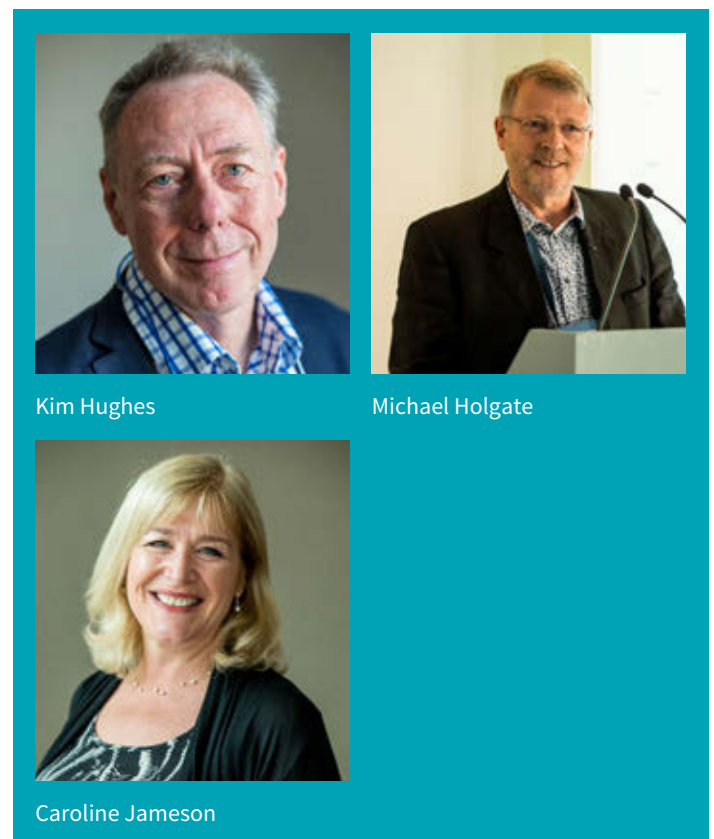
This paper examined three key rules in the development of successful consumer brands and explored how these rules could be adapted to brand-building in the pharmaceutical industry.

Michael suggested that consumers have a cynical distrust of marketing and face a tyranny of choice in most markets, eg the average supermarket now offers c.40,000 products. They buy brands when they have a ‘Job to be done’ [Clayton Christensen], but three rules inform their brand choice?

He proposed the **first rule - “No problem, no opportunity”** - suggesting that without a problem to solve, the consumer’s mind is “closed for business”. Problems create dissonance - and consumers need to escape the discomfort. The problems may be functional (eg a cleaning product), emotional (eg feeling better about yourself) or social (eg a value expression such as “looking cool”). For marketing, “problems” are the gateway into the mind of the consumer and the chance for a brand to deliver against an unmet need.

Using a champagne case study, Michael described the context for Krug - a super-premium brand in the Prestige Cuveé market where there were a variety of “problems” it could address, e.g. as wanting to purchase “the definitive best”.

Kim then examined this first rule in the context of the pharma market, describing the classical process of positioning starting with a SWOT analysis, then developing and testing a positioning before developing the communications brief. He introduced a case study of a BPH product which was an OD version of a BID product. A USP-based approach might lead to a positioning based on improved compliance due to the reduced dosing frequency. However, using a problem-based positioning by exploring clinicians’ perceptions of unmet needs refocused the positioning not on compliance, which



Kim Hughes

Michael Holgate

Caroline Jameson

was considered to be well addressed by current products, but on nocturia and lack of daytime sleepiness. This resulted in product success not only at launch but on into the post-generic stage of the product lifecycle.

Problem based positioning resulted in successful launch and increased total sales



IMPACT OF LAUNCH.....

- Significantly improved market share of franchise
- Maintained 60% sales EU post-generics

From this exploration, Kim concluded that where the consumer rule states “No problem, no opportunity”, in pharma the rule could state “No problem, no brand”.

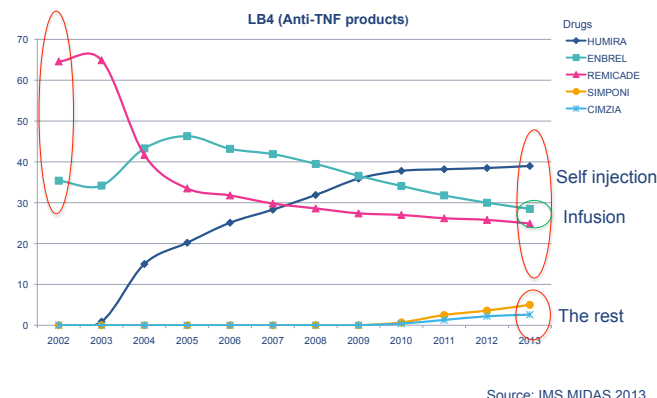
Michael then proposed the **second rule - “One, two or toast”** - suggesting that in the mind of the consumer there is only room for two. When seeking a solution to a problem, the consumer seeks a Plan A; then a Plan B; then their mind is again ‘closed for business’. He illustrated this dynamic by asking the audience to name the first man on the moon; then the second; then the third. The majority of people could name number one and many the number two. No-one named the number three! He suggested that brands therefore need to be the brand leader - or to challenge the brand leader - otherwise look to be the solution to a different problem altogether.

Returning to the Krug example, Michael explained that the brand directors knew that they were failing to compete with the No.1 or No.2 brands. Yet the Krug brand was highly valued by wine experts, with many considering it to be the finest champagne in the world. To understand why, the team explored consumer “values” - a more stable and enduring measure than perceptions or emotions. They mapped champagne values and the No.1 and No.2 champagne brands. Both were clearly positioned on the champagne values map, but Krug’s values were so different, they didn’t even appear on the map. Clearly Krug needed to be repositioned to fit on the champagne map - and in a space not filled by the other 2 super-premium brands.

Kim then examined this rule as applied to the pharma market, where the approach of “one, two then price” was a commonly used approach. Using data from 8 pharma markets including the RA market, Kim showed that the top 2 brands accounted for around half of sales, but that drugs in the “toast” category could still perform profitably in the market.

Kim therefore concluded that rather than “one, two or toast”, in pharma there was room for an amendment to “one, two or segment”.

RA market

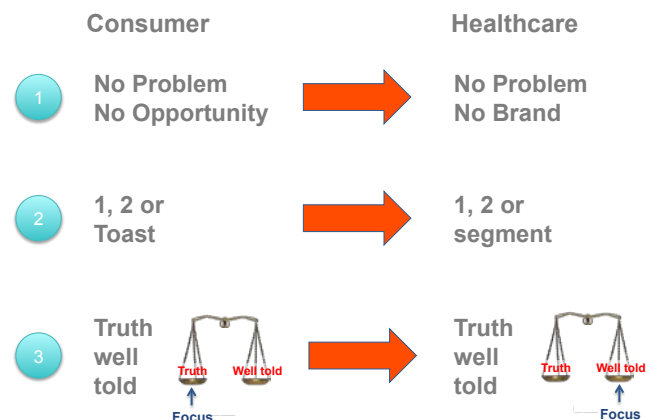


Michael explained the **third rule: “the truth, well told”**, as a basis for positioning as well as advertising. The “truth” could refer to a product, emotion or value, as described in the first rule, and is more powerful if the advantage for your brand is also a disadvantage for the leading brand (eg Avis, who leveraged being second in the market with the strap line: “We try harder”).

For the Krug brand, this meant segmenting the market by targeting consumers who value independence, unconventionality and intellectual curiosity - those who aspired to be “in the know”. For this audience Krug could now compete successfully vs the No.1 brand (too obvious) and the No.2 brand (too bling) supported by the Krug ‘truths’ of discretion, product excellence and the respect it enjoyed from the wine trade and connoisseurs.

Kim used an analysis of pharma advertising to show that 40% of adverts projected a product attribute, whereas only 8% projected a customer benefit, and that 60% focused on a rational message but only 6% on an emotional message. Pharma advertising was focused on “the truth”, whereas consumer advertising tended to be “well told”. Although the pharma industry is required to tell the truth, there are opportunities to improve how we tell the truth well.

What did we find?



Kim summarised the presentation by looking again at the three rules adapted for pharma branding:

- No problem, no brand
- 1, 2 or segment
- The truth WELL TOLD

Using these three rules will help our pharma brands to be compelling, unique and true, ultimately leading to competitive success.

Session Chair, Caroline Jameson, HRW, said: *“Branding in the consumer world as we all know can be a strong driver of consumer*

choice - so no doubt in anyone’s mind that it is key to ‘get it right’ when you are working in the CPG environment. But something that I think many of us have struggled with is how some of the principles can be applied to the very different world of pharma. Kim and Michael’s session brought to life some key principles that apply whatever market we are working in and provided us with some take home messages for us to keep in mind to make sure that our pharma branding is doing the job it should be.”

Written by:

Caroline Jameson, HRW

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Session 6: How better human understanding is the only way forward

Speaker: Craig Scott, Brand Learning
Chair: Martin Schlaeppli, Praxis Research

In his paper, Craig Scott challenged the atmosphere of “doom and gloom” that he has detected in the pharmaceutical market research industry, arguing that in fact pharma market research is well-positioned to help the pharma industry move forward - as long as we embrace the right changes and cultivate the right opportunities.

Craig is of the opinion that the changes we are seeing in pharma have been seen in other industries, and drew on examples from other sectors to illustrate how we, too, can adapt and prosper in an environment where the focus on the consumer is becoming ever more vital for commercial success.



From the outset, Craig encouraged us to accept that “change is the new normal”. The pace of change has increased and the headlines are full of uncertainty, prompting organisations to restructure and



Craig Scott

Martin Schlaeppli

reinvent themselves again and again to keep pace with the change. However, we should view change not as a threat but as an opportunity.

Craig posed a series of questions to the audience to explore how “change-able” we are and encouraged us to begin exercising the “change muscle” within each of us, whether this meant taking a different route to work or using a new methodology in our research projects.

From the consumer and business sectors, Craig cited examples of companies who had failed to change (e.g. Kodak, Blockbuster) and others who, during the same time period, had adapted to the changes and had prospered (e.g. Samsung, Olay, Google). He encapsulated the criteria for success as the ability to understand our customers better than the competitors, and to act upon that learning faster than the competition.

Using examples from retail, Craig reminded us of the significant consolidation that has occurred in other sectors, such as those seen in grocery outlets which have seen multiple consolidations and buy-outs resulting in less than 5 “big name” supermarkets which dominate the market. The typical strategy within supermarkets is to stock the top two brands in a given product category, plus an own-label brand. This approach led to greater competition between the top two brands, who were unable to out-compete each other on marketing spend or advertising spend, so instead they focused on understanding the customer, based on real insight and understanding of the target customer.

A similar pattern of consolidation has been taking place in the pharmaceutical sector, with 676 takeovers of biotechnology and pharma companies having occurred over the past 3 years and the pace of acquisition activity expected to rise still further. Craig suggests this will recreate the same situation that affected the retail sector - a small number of dominant companies looking for competitive advantage.

Craig shared a case study from the area of smoking cessation, in which the client had no advantage in terms of the statistical data available, so decided to focus on understanding the customer. An in-house discussion of the experiences gained by spending time, one-to-one, with customers led to the emergence of a key insight on which the future marketing strategy was based - focused not on giving up smoking, but on starting a new, healthier, phase of life.

He proposed that the industry should not rely only on traditional market research for our customer understanding, but should supplement it with personal, one-to-one experience of spending time with the customer in order to truly understand their needs.

Craig took a moment to talk about the definitions of “research” and “insight” - stating that research is a hugely valuable ingredient within insight, but that they are not the same thing. He feels this represents an opportunity for research to embrace change, using a combination of both intellectual and emotional perspectives to deliver insight. He believes that, currently, research focuses too much on the rational and needs to embrace the emotional to enable us to fully understand the customer.

“If you want to understand how a lion hunts – don’t go to the zoo, go to the jungle!”

Kevin Roberts
Saatchi & Saatchi CEO



“A desk is a dangerous place to view the world!”

John le Carre



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The role of the irrational in behaviour was articulated via a quote from David Ogilvy: “The trouble with market research is that people don’t think how they feel; they don’t say what they think; and they don’t do what they say”. This led him to raise the topic of behavioural economics, as a more recent addition to our expanding toolbox, and how the study of social and emotional factors on economic decisions can help us to understand the customer better.

Craig also explained how important the delivery of insights is, especially when briefing senior management. Developing the art of “story-telling” should be high on the priority list for researchers - exemplified by a humorous advertisement for French TV channel CANAL+.

Craig then shared some statistics to underline the importance that senior business leaders are placing upon understanding the customer. He proposed that it is market researchers, as “owners” of the customer voice, who are uniquely placed to address that need and add value to the insights required by our senior managers.



“We need to go from insight providers to creative problem solvers, storytellers, disruptive thinkers and visionaries, acting to shape, change and light the way”

Head of Insight

”

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Craig summarised the opportunities for our industry to embrace change, in terms of pursuing customer insight, applying behavioural economics, spending time with customers and developing our own “change muscle”. He concluded that embracing these changes would then allow us to cultivate the opportunity to tell stories, develop consulting skills and ultimately champion customer knowledge.

He concluded by acknowledging that change is difficult - but that not changing is fatal.

Session Chair, Martin Schlaeppli, Praxis Research, said: “Craig Scott brought his considerable experience of brand development to EphMRA and, in his paper, focused on the opportunities he sees for marketing research as we adjust to new realities in our businesses. By referencing examples from across industry sectors as well as suggesting different ways of thinking about insight generation and delivery, he challenged the audience to assess their own degree of ‘changeability’.”

Written by:
Martin Schlaeppli, Praxis Research
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Session 8: Striving for Simplicity: Harder than you think

Speaker: Andrew Vincent, Waves Research

Chair: Alex West, Instar Research

This paper addressed the concept that research can be significantly more compelling when the outputs are distilled, reframed and when the client is put at the centre of the presentation, rather than the data. This paper was brought to life using a case study in the area of diabetes to demonstrate the “Simplicity” principle in practice.

Andrew opened the session by emphasising the point that market research has to deliver in an increasingly distracted and yet more complex environment - shorter debriefs, pressure on them to be delivered more quickly as well as multiple streams of intelligence for businesses to factor into the decision making process. Research deliverables, therefore, need to be more easily digestible and require less effort on behalf of the recipient in order to be able to turn data into action.

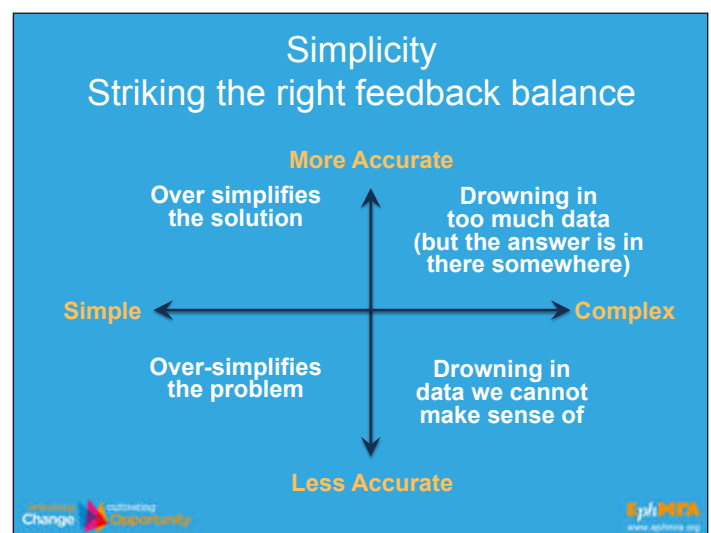
Andrew argued that there is an overarching need to strike the right feedback balance between making debriefs and reports too complex versus too simplistic. The busy executive does not want to be drowned in data but at the same time we should fairly represent our work from what we have found out rather than over simplify it. So, that begs the question of how accurately should we represent what we learn through the market research process we adopt for our projects? We aren't going to show every piece of data or even the results to every question; our role is to summarise these outputs into something meaningful but in doing this we actually make our feedback less accurate - so how do we deal with inaccuracy of feedback?

Andrew's observation is that we appear more comfortable with inaccuracy at the design stage of a research project (e.g. when 100 interviews is less accurate than 200) and at analysis (e.g. when 6 clusters are statistically less accurate than 10); but seem less comfortable with handling inaccuracy of feedback - to what extent therefore should we present back all that we have learned and to what extent should we summarise it?

It is about striking the right feedback balance where we can hit a middle ground, a sweet spot if you like, between an acceptable degree of accuracy versus an appropriate level of complexity to find the point of optimum simplicity. This is the essence of 'Simplicity'!



Andrew Vincent



Andrew went on to outline his 3 steps to achieving simplicity.

- 1. Start with the audience not the data:** Look at the actual decision that needs to be taken and craft the story from the perspective of the audience, not the data. The primary skill required in order to be able to do this effectively is empathy.
- 2. Brevity:** We have to get our message across in less time. As Edward De Bono put it “Shredding, slimming, cutting, trimming”. The primary emphasis here is on strong language skills for effective editing.
- 3. Rethink the message:** Not just in terms of the message being shorter but also simpler. How simple can you make it versus how complex does it have to be? The key skill for this - an ability to be able to reframe!

Putting these principles into practice, Andrew then took us through a case study. This was based on market research conducted for a pharma client who was considering entry into the Type 2 diabetes market place and their desire to find 'unique territory' which they could occupy.

The client already knew that many patients don't take diabetes seriously enough, that poor lifestyle choices continue after diagnosis and compliance is variable.

Qualitative interviews were subsequently conducted with GPs, Nurses and Patients in two EU markets. The research process was therefore much like any other.

In analysing the findings for the presentation, the typical research approach would have been to design the presentation based on all of the findings: the Who? What? Where? When? How? and Why? It is easy to see that such an approach would have yielded mostly old news; reflecting what was already known with the occasional snippets and nuggets - 'Diagnosis could be a relief for some people' and 'Diagnosis can reduce motivations to act / change'.

In adopting the process previously outlined at this point, the client's objective was once again revisited - to find unique territory for their launch positioning. In consideration of the objective, only 'new news' was really likely to be of any relevance and of real interest. So taking a step backwards, less accurately reflecting all that had been learned and placing greater emphasis on new news specifically, the research findings were re-framed.

In so doing the findings clearly revealed a counterintuitive behaviour segment - at a subconscious level, diagnosis helps this segment of people make sense of their past and they feel better as a result - "Now I understand - I am someone who gets diabetes."

So stripping away all the peripheral parts of the story, we can focus on the 'simplicity finding': On diagnosis some diabetes patients articulate positive relief - now I understand why I could never lose weight!

The net effect as far client was concerned was that by recognising this position they could communicate with empathy around it.

In summing up, Andrew provides a number of conclusions that are core to the concept of simplicity:

- Tell the story from end user perspective: User first, data second
- Focus on the new news: Find your nugget. Think about the deliverable from the beginning but don't try to solve the problem until you have all the data
- Once you have the nugget, don't hide it by building a mountain around it

Andrew's concept of simplicity was clear, concise and well delivered and in closing his parting comment was that quintessentially whatever your approach, your clients need to give you enough time to add the value.

Session Chair, Alex West, Instar Research, said: *"Andrew Vincent's paper gave us a really good look at what happens when you put the client at the centre of the presentation not the data! As a seasoned researcher, Andrew is very familiar with the value that research brings when it is placed into context and his concept of "Simplicity" took that to the next level at the conference this year."*

Written by:

Alex West, Instar Research

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Understand this from the human perspective: Consider this respondent

■ Unsuccessfully dieted in 20's when trying to attract that guy at the office

■ "I couldn't do it then; why should I be able to do it now?"

■ Why would medical diagnosis be a stronger motivation (than the hot guy)?



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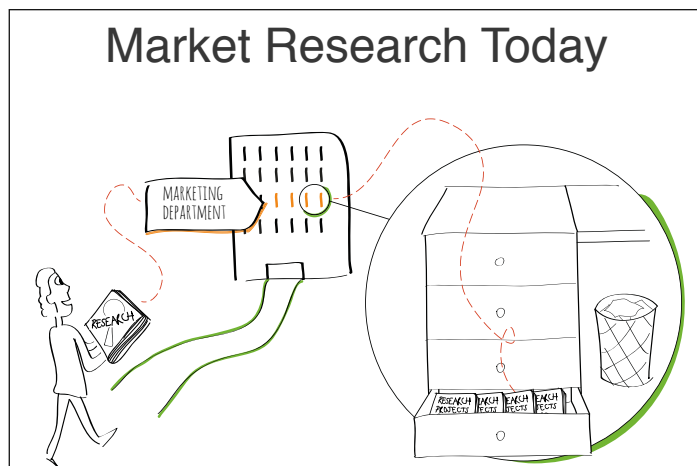
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Focus on Young Professionals: Crafting business impact through creative output formats

Speaker: Mirjam Hagan and co-authored by Rosa Torguet, Point-Blank International
Chair: Stephanie Ludwig, GfK

Mirjam started with the often-heard concern that market research results are often not actionable enough, and the consequent question of “how can we help our clients make best use of our findings?”

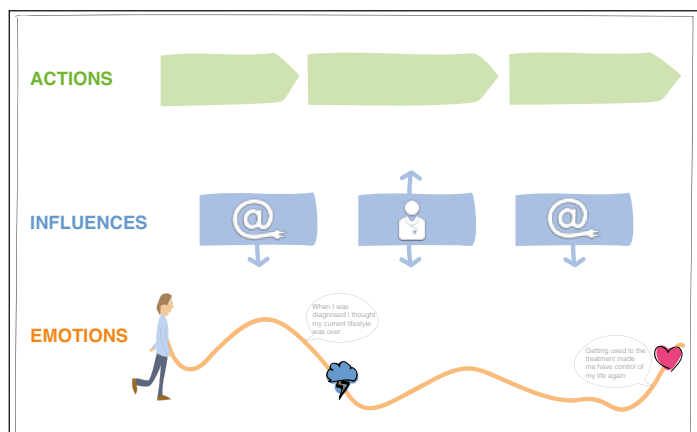


She highlighted the dangers of “death by PowerPoint” and introduced the alternative of an impactful, creative output, where the findings represent the beginning of the insight generation process, rather than the end. These alternative output formats also help to ensure the client really works with them on a daily basis and feels they are tangible.

To illustrate this, two examples were introduced:

1. Experience Maps:

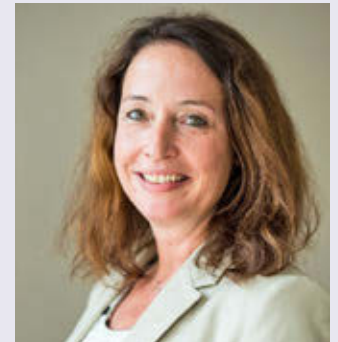
Large posters depicting a visualisation of any given process (e.g. patient journey) and incorporating actions, influences and an emotion curve, annotated to provide tangible examples



extracted from the research findings to provide pertinent details. The experience map acts as an overview from which the audience can immediately identify any opportunities or “pain points”, stimulating discussion within the team about the potential role for their brand within the picture. It shows the “human experience” in a holistic way without reducing complexity, but still remaining easy to get at a glance.



Mirjam Hagan



Stephanie Ludwig

2. Personas:

Originally developed by the IT industry to help understand the average IT user, they have become an acknowledged methodological provider in market research to help describe target customer groups. This output format is often based on qualitative ethnographic research contrasted with some (and to varying extent) statistical data. It is then brought to life with pictures, nick-names and stories to encourage empathy and understanding. Typologies help to encapsulate different target groups, providing a consistent description and helping to predict how each one might respond differently to the brand or campaign.

Applied successfully, these personas often are kept alive long after the project in the companies and clients refer to them using their (nick)name. This helps marketers to shape their decisions to fit the end-users' needs and everyone on the client-side to fully understand at all times who their customer is.



- Tangible target group
- Shared understanding
- Users at the heart of development

Mirjam concluded by emphasising the benefits of these creative approaches:

For clients:

- An emotional, involving picture rather than abstract insights
- A tangible shared platform from which to discuss the insights within the broader team
- A shared platform that allows clients to proceed in different directions, working on different workstreams but having a shared understanding of the experience and customer

For agencies:

- A valuable process through which to fully understand the findings and maximise their business impact
- A creative process that allows during the analytical phases to bring research findings to live
- More fun...!

Mirjam ended by calling upon us all to “just give it a try”!

Stephanie Ludwig, GfK, Session Chair said: *“Mirjam and Rosa introduce us to “experience maps” and “personas” - two fantastic examples on how to create more impactful project outputs. They show how creative visualization is key to transmit complex content and key messages. We will see highly inspiring examples of how to use visualization to bring across findings in a more memorable fashion - allowing us to reach both our stakeholders heads and hearts.”*

Written by:

Stephanie Ludwig, GfK

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Focus on Young Professionals: Genuine people, real love. The art of finding the real match

Speaker: Ana Edelenbosch, SKIM

Chair: Stephanie Ludwig, GfK

The objective of Ana's session was to critically evaluate the way we recruit respondents and see if there is anything that we could do better. She began with the thought-provoking statement that the current recruitment process may have lost sight of its true aim and may benefit from an overhaul to meet the current market needs.

Ana set the current context for recruitment within healthcare research, noting that as communications have developed to the point of constant connectivity, we are now required to provide insights in shorter and shorter timeframes - within weeks rather than within months - in order to remain competitive.

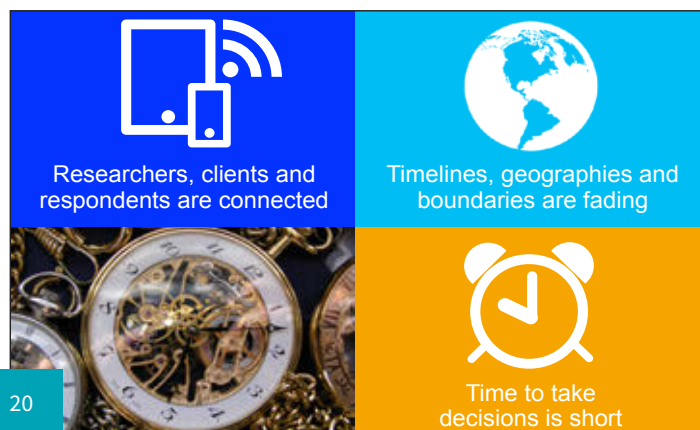
Recruitment timeframes have similarly decreased, but at the same time, recruitment criteria have become more challenging, often leading to high screen-out rates requiring last-minute changes to criteria to be negotiated.

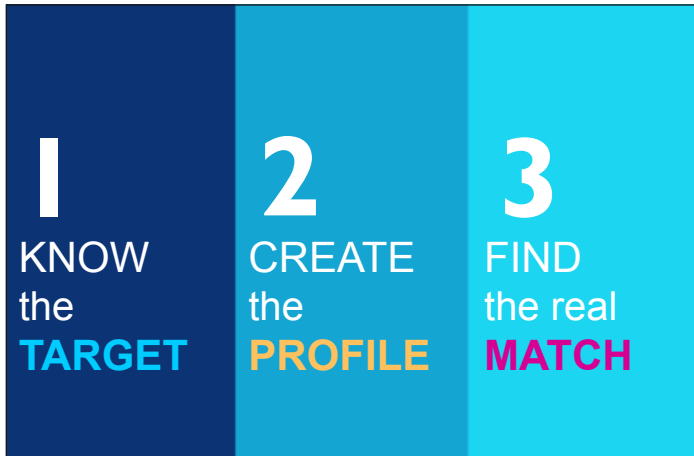


Ana Edelenbosch

Ana evocatively highlighted the challenges of retaining respondent goodwill during a sometimes protracted negotiation process between recruiters and clients where a respondent may initially be rejected before being re-contacted and invited to take part after all.

Ana presented a clear and simple solution, based on the principle of matching profiles, as used by head-hunters and internet dating sites! Applied to respondent recruitment, this would involve providing the recruiter with clear objectives and definitions of the ideal target respondent profile. The recruiter would then match this against their database or source respondents via other channels and, having confirmed that they matched the profile, the recruiter could schedule the interview or even conduct the interview immediately.





Ana then acknowledged a potential concern regarding the potential for respondents or recruiters to apply some “flexibility” to screening criteria in order to secure a recruit. Controversially, Ana asked whether this was a relevant concern: she described an analysis of previous studies in which she had examined respondents’ estimates of patient numbers at both the screening and interview stage and found that both accuracy and consistency were low.

She then described projects conducted using the profile matching approach in which potential respondents were shown the target

respondent profile and asked to self-assess against the criteria in the profile and declare whether or not they were eligible. There were some instances where the potential respondents, having established that they themselves were not eligible, were able to recommend a colleague who did meet the required criteria.

Ana concluded that, in this current climate of decreasing timeframes and increasing demand for quick and accurate insights, the ability to recruit respondents via the profile matching approach could deliver faster and more accurate recruitment in our search for the “perfect match”!

Session Chair, Stephanie Ludwig, GfK, said: *“Ana’s presentation assesses the big challenges we are all facing when it comes to the recruitment and screening of respondents. She provided an excellent outlook on how we can turn this current problem into an asset for the future and how we overcome the hurdles to achieve this. Ana examined a common research topic from a new perspective, challenging our thinking regarding the screening of respondents”.*

Written by:
Caroline Snowden, EphMRA

Focus on Young Professionals: Not pregnant ... and in shape! Contraceptive effect is not the main driver for pill choice anymore?

Speaker: Susanne Brack, GfK SE
Chair: Stephanie Ludwig, GfK

Susanne’s paper outlined how a structured approach can be used to uncover drivers for product choice, using a case study from the area of contraception.

She emphasised the importance of drivers in understanding a current business environment, including all opportunities. But even more important are those underarching motivators when it comes to predicting and unveiling future opportunities, guiding product development to create innovations and maximising the success of existing products via smart positioning and communications.

A detailed understanding of the underlying primary motivators helps to set them into context. Similar models well-known that establish hierarchies of needs are for example Maslow’s need pyramid. All of these models establish context and allow connections, whether the described needs relate to the broad terms of safety, quality of life or more basic needs as freedom. Each of these terms represent a wide range of human motivators, so freedom for example means also



Susanne Brack

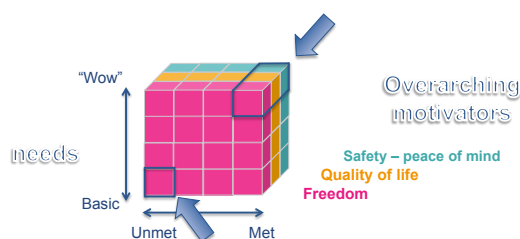
“this product gives me the freedom to do...” or “it frees me up to ...”.

Susanne described drivers as needs which may be met (either fully or partially) or unmet in the current marketplace. She also distinguished between basic needs or category/market entry requirements and “wow” needs which elevate a product beyond the ordinary and ultimately drive product choice.

Susanne brought these three elements together and described the ideal approach to understanding drivers as a combination of examining:

- Basic needs vs “wow” needs
- Met vs unmet needs and to what degree an individual need is met or even unmet
- Overarching drivers or motivators such as safety, quality of life and freedom

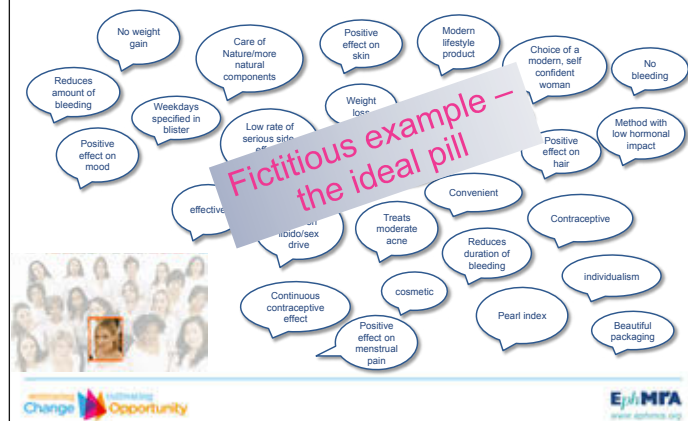
Therefore – the ideal approach is 3 dimensional



She outlined how an undeveloped market may focus on meeting basic unmet needs, but that in evolved markets where the basic needs have already been met by existing products, the focus should be on the “wow” needs that can link to the overarching motivators to offer an optimal benefit bundle. This also means that, once we know the patterns, the comparison of an underdeveloped vs. a developed market allows us to predict how the underdeveloped market is going to develop tomorrow and what its marketplace will be looking for. Susanne explained how the evolution of markets happens in predictable waves we simply need to map with a framework to have access to the inner logic. Applying this thinking it becomes easy to eliminate a “me too” that does not offer competitive advantage - or at least no competitive advantage in the meaning of a “WOW”- benefit.

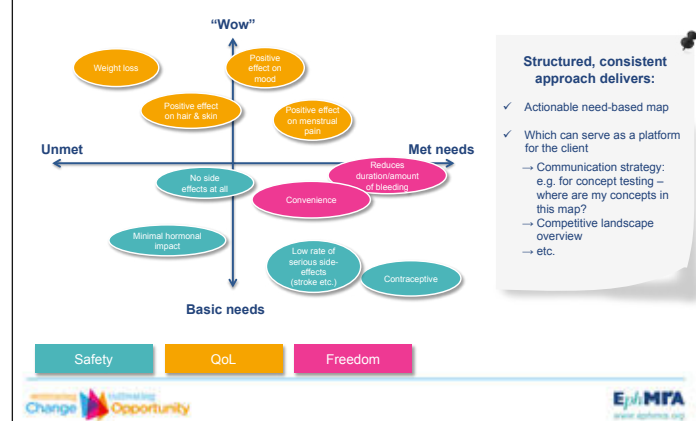
Using a fictitious example of the “ideal pill”, Susanne described how unstructured, one dimensional answers (such as no weight gain, reduced bleeding, positive effect on skin) can be structured and categorised to address the unmet “wow” needs (such as convenience and discreteness) before being bundled together to address the overarching motivators (such as safety and freedom). The oral contraception market is a good example for also the hierarchy of needs: In the 1960s the only “job” of the “pill” was to be contraceptive. Nowadays as many alternatives (not only oral contraceptives, but also patches, implants, injections etc.) fulfill this need at a high given safety profile, many other needs of the women surfaced and have been addressed by pharmaceutical companies: After the basic need of safety and freedom there are gratifying needs such as “makes my skin/hair more beautiful”. An in-depth understanding of these motivators or drivers is needed to fully understand the landscape and to predict what a successful product positioning of the future must be able to deliver.

From unstructured, one dimensional answers



All the drivers in this example were plotted to show a 3-dimensional needs-based map which could be used by the client in multiple ways, for example to develop an appropriate communication strategy or give a competitive landscape overview.

... to a structured, 3 dimensional outcome



Susanne concluded with a summary of the process undertaken to uncover business opportunities, applying a structured approach to identify the main drivers for product choice in terms of needs and overarching motivators. On basis of this understanding we can prioritise and categorise the needs to provide a clear, visual representation of the potential opportunities for product development.

Stephanie Ludwig, GfK, Session Chair said: *“Susanne examines in her presentation the age old question regarding how to best organise “messy” qualitative data to provide clients with an approach to interpreting research outputs in a consistent manner across methodologies and geographies - she showcases a real life example of how to apply such a framework which via its implementation can help position a market research provider as a truly strategic partner within a client organisation.”*

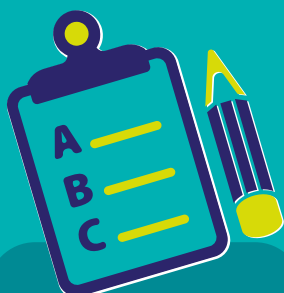
Written by:
Stephanie Ludwig, GfK
 stephanie.ludwig@gfk.com

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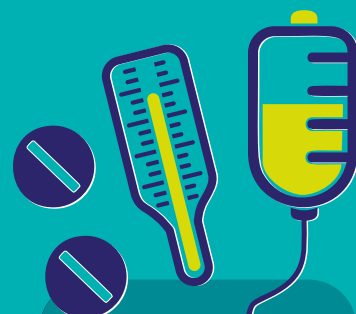
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Session 9: The dawn of the conceptual age and the role of data visualisation

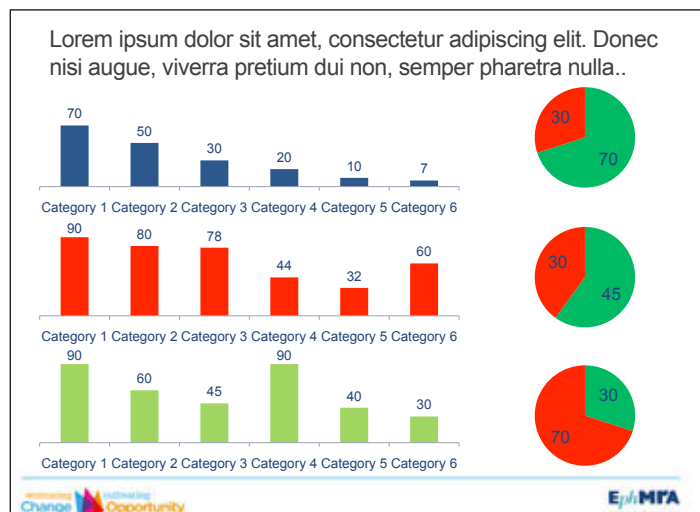
Speakers: Chris Donaldson, Kantar Health and Emma Whitehead, The Guardian
Chair: Caroline Jameson, Healthcare Research Worldwide (HRW)

Why should all studies lead to PowerPoint?

While PowerPoint can be a very effective tool, the days of vast slide decks are numbered; we are over-saturated with endless bar charts, an overuse of bullet points and undiluted text. (Bullet point slides are the least dynamic of all slides, yet they are often used when the most impact is needed).

A change is taking place in data visualisation - 21st century workers no longer have the time (or inclination) to sift through vast quantities of undigested data. What is needed now is clear and digestible analysis and synthesis of data sources: a lasting insight that is fun, memorable and easy to read ... a visual story, bringing in context and narrative, not just pure facts.

In his bestseller, 'A Whole New Mind', leading business guru Daniel H. Pink makes a compelling case for evolution from the Information Age of the 20th Century to the Conceptual Age of the 21st. Pink advocates that qualities of left brain thinking (logic and knowledge) need to be complemented by right brain processes (intuition, empathy and creative thinking).



So what makes an excellent visualisation? This representation of US government spending - The Billion Dollar Gram - has become a modern day benchmark:



The three principles which make this example so successful are:

- The visualisation attracts the audience to engage with the topic, even if it is outside their normal area of interest
- It delivers key insights which are impossible to grasp without the visual
- It delivers meaning without further explanation

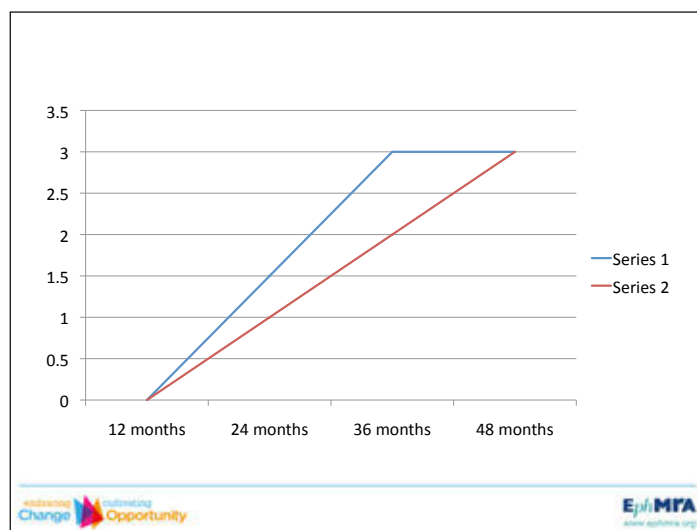
Such powerful use of data visualisation is not new; one of the earliest examples dates back to 1850 when Dr. Snow plotted disease cases on his revolutionary Cholera Map. There was no question about the obvious clustering of cases.

The aesthetic appeal of a visualisation shows how important design can be - if it looks nice then the content will be much easier to absorb. Iconography can make a basic line chart more appealing and more memorable.



Additionally, the employment of rhetorical skills can also reinforce the impact and increase recall.

1. Inflating figures to the point of absurdity,



So Apple is worth even more than the moon? Wow!

2. Reduce figures to human scale - give viewer the capacity to view the data in their own context. Make it personal!

3. Use a Prop - this visual on attitudes to the Islamic headscarf speaks for itself and is always memorable.



4. Make it funny! The Conceptual Age is no longer composed of serious personalities only.

5. Surprise people - take familiar data and view it in an unfamiliar way.



The combination of left brain analytical skills together with right brain design can elevate the presentation into something more than just data delivery. Together, the researcher and the designer make a great team.

Perfecting such high impact visuals does take longer than preparing an ordinary PowerPoint presentation. However, as 21st century workers become more and more accustomed to highly sophisticated graphics and games in their everyday life, stakeholders will increasingly be expecting something different, something more engaging in the delivery of information which results in a drive to action.

Welcome to the Conceptual Age!

Session Chair, Caroline Jameson, HRW, said: *"Chris and Emma provided us with a really interesting and engaging session on data visualisation, really bringing to life how powerful and long lasting it can be when you get it right. It was great to hear about the impact that it can have, not just from our world of healthcare but also in the wider context of the news media environment. I think everyone came away from the session stimulated with ideas as to what could be done differently as soon as they got back to the office!"*

Written by:

Fiona Lake, Engagement Officer for EphMRA

Session 10: Compliance and Ethics - What are the issues facing us in Pharma?

Facilitators: Thomas Hein, EphMRA President; Bob Douglas, Instar Research; Xander Raijmakers, Eli Lilly



Five years ago, as Bob Douglas, EphMRA Ethics Lead, Instar Research, pointed out during the Ethics Update at this year's conference, EphMRA had not even developed a healthcare code of conduct and the Ethics Committee did not exist. There was no need for either. Contrast this with the current situation. Now the Code references more than 16 countries whilst also offering an enquiry service and updates on country legal and ethical developments.

The Ethics and Compliance Committee is working hard to liaise between regulatory authorities, clients and market research and fieldwork agencies. The enquiry service is regularly referred to and, following the workshop on this topic, ably handled by Bob Douglas, Thomas Hein, EphMRA President and Xander Raijmakers, Eli Lilly, the Committee could be even busier. This is the measure of the speed of the growth of this issue.

Within the healthcare industry we have long understood the importance of acting ethically. But the growth of legislation and activity in this area has resulted in regulations being brought in to ensure high standards are set and adhered to. Consequently there has been a proliferation of training to support this and compliance has become a big issue. Therefore, this was a timely opportunity for the two different sides to meet to consider and discuss their diverse standpoints and to debate these two main questions: what issues do you face either from an agency perspective or a pharmaceutical company perspective and what would you like EphMRA to be doing for you in compliance issues that we're facing?

Initially pharma clients and agencies were split into different groups to consider these questions and such a hot potato as compliance might have generated polar opinions. However, the reporting back was open to all with a thoughtful discussion taking place

between all participants, and the results of the workshop were reassuring with an acknowledgement of the difficulty of the situation and a positive, common aim going forward. The main message from both sides was the importance of standardisation and consistency.

The desire from the agency side (welcomed by the pharma clients) was for EphMRA to represent the industry "strongly" with the regulatory authorities. The sterling work already done by the Committee with regard to discussions on standardisation with the EMA and agreements from the EFPIA on the need for disclosure only when the client company is aware of the respondent's identity was recognised and appreciated. Such decisions will release the industry from a vast amount of bureaucracy. However, there is still more work to be done with individual countries, particularly in the light of the privacy impact assessments and the potential conflicts regarding data protection in Germany.



The second point raised on the agency side related to the frequent conflicts over potential legal matters between the agency and pharma client. Many agencies are far too small to have a legal team; they cannot necessarily rely on legal departments or compliance officers to study, assess and implement the ever increasing requirements nor decipher the growing complexity of the Master Service Agreements (MSAs). It would be extremely useful if EphMRA could liaise with pharma clients to come up with a more consistent approach.

And, predictably, the issue of the numerous different trainings that agencies are required to complete was a hot topic of discussion. The sheer numbers of different topics that have to be covered in training are enough of a burden (adverse events, Loi Bertrand, ethics, Sunshine Act etc) but when each client has slightly different requirements the end result is that you are increasing the risk not reducing it and there is even greater confusion.



No one contests the importance of remaining compliant; we are all aware of the strict regulations imposed by the regulatory authorities which, in turn, necessitate pharma clients' training requirements. However, there is a large amount of time involved in keeping up with growing number of requirements and staying compliant oneself, as well as ensuring your recruiters, translators, moderators and analysts are also up to date with training. And the pressure on time leads to increased pressure on the budget, on the project deadlines and on the integrity of the training and reporting. Both agency and clients representatives at this discussion asked EphMRA to help work in conjunction with clients to standardise this training in order to benefit us all. If standardised, the amount of training would be reduced and we could all be more confident that the level of compliance would increase as a result. The pressure on costs and time would also be eased.

The value of the Ethics Committee was recognised but there was a request for a faster turnaround on queries on ethics to keep in line with the restrictive 24 hour response deadline for reporting adverse events, an area on which many of the queries are centred. The recent collaboration with BHBIA (traditionally the stricter partner in terms of compliance) was also warmly welcomed and recognised by all on the agency and client side. However, as clients at the meeting pointed out, pharma companies are often vast in size, made up of many different large departments worldwide with little knowledge of what market research is or by what codes of conduct market researchers are bound, indeed many will never have heard of EphMRA or BHBIA.

Obviously, as the clients admitted, there is room for some internal education regarding market research in the pharma companies. But where EphMRA would make most impact would be in working with regulators, such as the EMA or EFPIA, to get their endorsement in matters relating to compliance and training. Standardised training/approaches to adverse events or reporting incentives etc. which have an endorsement from a regulatory authority that the pharmacovigilance departments of the pharma clients recognise and abide by would really make the PV teams sit up and listen. But they need to be assured that these standardised approaches are strict enough and are being applied consistently and to a high standard across countries - hence the need for endorsement.

Happily, greater communication with and endorsement from regulatory authorities is one of EphMRA's long term goals.

Clients are aware that, with regards to compliance, some are stricter and some are more relaxed and they would welcome EphMRA's involvement in giving them a better sense of what other pharma companies are currently doing in this area. Obviously this is not information that the agencies can provide without breaching confidentiality so EphMRA are in the perfect position to pursue this. Additionally, it would be helpful for EphMRA to keep clients up to date on the diverse regulations applicable in different countries, with all the changing demands of new legislation such as the Loi Anti-Cadeaux and Loi Bertrand in France.



This constructive session was conducted throughout in a spirit of collaboration and no more so than in the closing suggestion from the client side for more detailed briefing on their requirements from the pharma companies to the agencies before the commencement of fieldwork. Many of the requests for EphMRA's help are already ongoing (as outlined by Bob Douglas in his Ethics Update) and with their continued support on those issues already under consideration and on those topics brought up during this session, working with both clients and agencies and the regulatory authorities, one hopes that greater harmonisation on ethics and compliance is possible in the near future.

Written by:

Mark Jeffrey, Research Partnership

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Session 11: Respondent survey engagement - fact or fiction?

Speakers: Amanda Lancaster and Anton Richter, M3 Global Research

Chair: Amr Khalil, Ripple International



Anton introduced the paper by asking how we interact with respondents, how they engage with our surveys, and what are the barriers to engagement and how can we overcome them?

Amanda took a moment to define “engagement” not only in terms of doctors pledging their time, attention and expertise to complete our surveys, but also in terms of having a meaningful relationship with our respondents in order to elicit better data. Currently, engagement is typically measured in terms of response rates, time spent completing an online survey and answer variety as an indicator of the amount of thought involved (vs flat-line speeding through the survey selecting the same box/response for each question without actually thinking about it). Amanda posed the question of whether there are any active steps that we can take at the beginning of the survey in order to engage respondents via survey design?

To explore engagement, M3 conducted a survey amongst their panellists. The 15-minute survey amongst doctors explored what they thought of the surveys they were invited to complete and how they would like to see them evolve. Over 6,500 physicians responded to the survey over the 5 day fieldwork period. Interestingly the majority of respondents to this online survey considered themselves to be “technology-savvy”.

When asked why they thought the pharma industry conducted market research, most respondents cited the objectives of obtaining feedback for new product development and identifying treatment algorithms and pathways. Around half the respondents thought market research is used as a way to tell doctors about new products. Amanda suggested that this expectation may influence the mindset of respondents taking part in surveys.



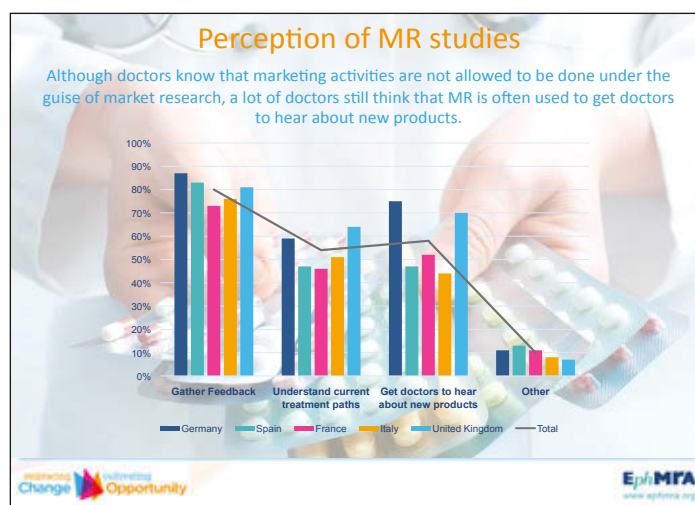
Amanda Lancaster



Anton Richter



Amr Khalil



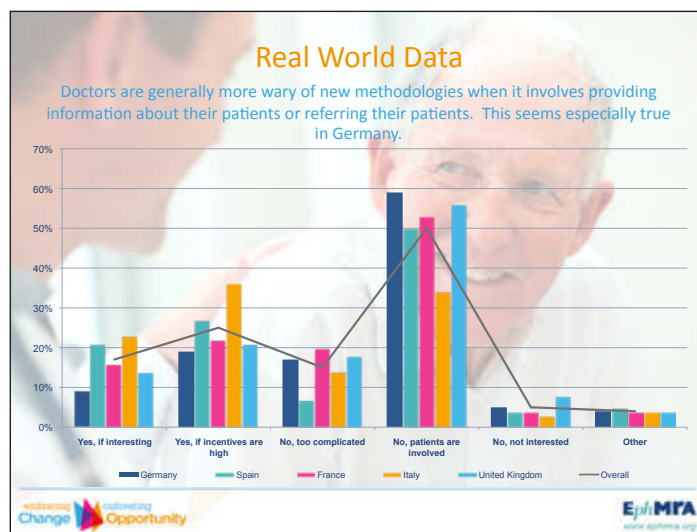
Anton outlined the profile of a “typical” respondent, Dr Alex, and described his fictional journey through a survey from the invitation (offering a good incentive and focusing on his area of expertise), assessing the duration (45 minutes) and trying to work out when he might have time to complete the survey, and then a protracted screening stage at the end of which he does not qualify for the survey, despite this being his area of expertise, and causing him great frustration.

In this scenario, Dr Alex is recontacted a few days later with a simplified screener and this time he qualifies. (Anton notes that less than half of respondents accept a re-invitation to surveys). Dr Alex enjoys the relevant topic and interesting product profile and is able to easily complete the initial questions which are laid in convenient form. However, later in the survey, he encounters a large number of repetitive, table-based questions which are not formatted correctly on his iPad. They take a long time to complete and the survey runs over time, causing him to drop out once again.

Amanda then described a number of ways in which engagement can be affected by survey design. A major cause of drop-out from surveys is overly-long or overly-repetitive questions which can cause respondents to abandon the survey. Another frustration is a lack of comprehensive response options forcing doctors to select an answer that does not accurately reflect their view, or prompting them to disengage from the survey altogether. Amanda noted that the main causes of attrition are actually aspects that the researcher can control.

The M3 survey looked at question types, and Amanda shared the findings that product profiles and fact-based questions are generally most popular with respondents, although older physicians also appreciated the opportunity to express their opinions via open-ended questions. There were also some country-specific differences, such as German respondents enjoying tackling complex questions more than their colleagues in the other countries. Gamification approaches met with divided opinions, with some respondents appreciating the “fun” aspect of such exercises, whereas others found them distracting, confusing or patronising. Progress bars or countdown tools were considered helpful.

Anton highlighted the finding that, within the context of our increased focus on “real world” patient data, a survey focused on linking physicians’ views with patient data was the most likely to be rejected by physicians and represents a significant barrier to conducting the research. Only half the survey was prepared to answer questions involving real patient data, with the result that every effort should be made to maximise engagement of those who are willing to take part.



Incentives were by far the strongest motivator to participate in market research, but Amanda pointed out that participation does not always mean engagement with a survey, and that engagement

can be achieved by encompassing secondary and tertiary motivators which appeal to doctors’ curious and altruistic natures, such as scientific interest or education.

Amanda and Anton summarised the insights from the respondent survey in terms of decreasing the risk of disengagement:

- **understand** the context for our survey to ensure it is **relevant** to physicians
- **be honest** about survey length and ensure that this is adjusted for each language
- **be up-front** about the survey requirements, such as needing to refer to patient records or any technical aspects of the survey such as downloading Flash
- **ensure quality** in terms of accurate translations, clear formatting and programming and well-thought out materials

To optimise engagement, Amanda and Anton concluded that we need to:



- **consider the audience** - ensuring that the survey design is easy for our typical respondent to complete
- **be user-friendly** - making it as easy as possible for respondents to take and complete the survey, even involving transfer between multiple devices as respondents begin the survey at their desktop computers and complete it on their smart phones
- **be strategic** - looking at the various tools available to use, such as Gamification, and employing them cleverly and strategically to enhance the respondent experience
- **give back** - not only in terms of incentives, but thinking longer term to retain respondents and build engagement

Session Chair, Amr Khalil, said: “Amanda and Anton’s presentation provided a fascinating insight into the market research journey as experienced through the hearts and minds of respondents. Using real life data generated from a study specifically designed to assess respondent engagement they were able to portray what our respondents really think of the research process and the structure of questionnaires and we typically design”

Written by:

Amr Khalil, Ripple International

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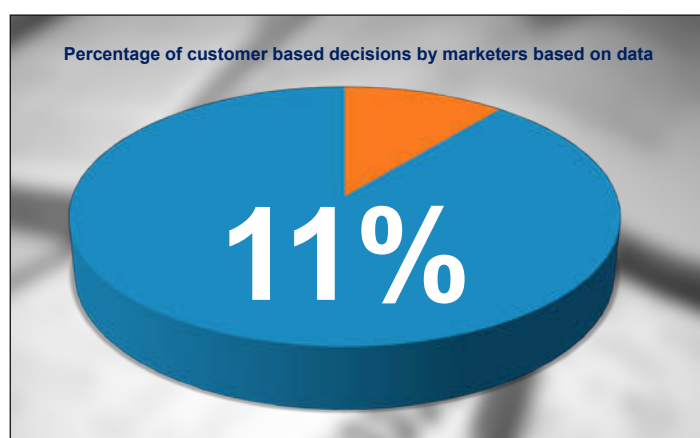
Session 12: 2020 Instant Insights, Solid Solutions

Speaker: Dirk Huisman, SKIM
Chair: David Hanlon, Kantar Health

Based on current trends in insight generation, in 2020, business people will demand immediate insights and instant answers.

Dirk shared the startling statistic that only 11% of customer-related business decisions are guided by data. The remaining 89% of decisions are a result of previous experiences, intuition on the part of marketers or from one-off discussions with customers or colleagues.

And yet we are in the data industry!



Marketers are distracted by large volumes of traditional data, or become frustrated when data arrives too late, or when they have difficulty with the statistical analysis.

Despite this lack of reliance on data, there is growth in the insights industry - but largely from non-traditional sources such as digital media providers and management consultants. Dirk postulated that their success is due to their focus on higher insights tailored to their clients' needs, whether they are Insights managers, Finance or Manufacturing, rather than providing volumes of data that confound and confuse. Other industry sectors have already made this change, and Dirk states that we also need to embrace this change in order to survive.



Dirk then introduced the 5 trends already seen in ICT and fast-moving consumer goods, that he sees converging to shape the future of pharmaceutical Insights in 2020:



1. Speed of insights:

Dirk stated that the 'need for speed' is a key driver on which he would provide the most detail. He highlighted how our expectations of speed have changed over time - we are now accustomed to the instant gratification of the internet search, and similarly we are asked to provide insights in a shorter and shorter timeframe but still retaining the quality of those insights.

Dirk outlined an example of streamlining and reengineering the research process in order to deliver results not in 6 weeks, but in 6 days. Dirk referenced the automobile industry where care production which used to take 12 weeks now takes 46 minutes, without any reduction in the quality of the finished product.

Reducing delivery times for research requires 3 key elements:

- **Trust:** insight providers have to trust their clients to provide the real issue and the full story from the outset in order to identify the exact requirements and deliverables. Clients have to trust their insight providers to use the appropriate expertise to deliver the results. Mutual confidence in the responsibilities on both sides will help to shave valuable days from the timeline - particularly at the project inception stage
- **Optimisation:** agencies need to streamline their processes to standardise how the tools are used (but not WHICH tools are used) to reduce time to data availability but leaving sufficient time for interpretation and distillation into a simple message summarised in 3-5 slides of insight - not data
- **Collaboration:** we can take advantage of the global workplace with different teams working on the same project in different time zones - as long as tools are standardised and people listen and understand each other

Dirk stated that the key differentiating element is the interaction with the client - to succeed it is vital to truly understand what insights they need and then deliver it efficiently. Done correctly, this generates trust for both parties which is the key element for increasing speed. Dirk suggests that for the healthcare industry this might represent one of the most relevant barriers to achieving greater speed of insights.



2. Intertwined streams of information:

Dirk postulated that the insights of 2020 are based on many streams of real information such as sales, shipping, production and net scraping, but combined with streams of information from virtual reality such as online product testing and marketing relations, and that the difference between real and virtual data is fading.

3. 5x5 reality:

Dirk predicted that the future of insights will be characterised by the "5x5 reality", in which the consumer is willing to interact for no longer than 5 minutes and will interact via a 5-inch screen. However, this situation can be used to provide real-time and location specific information - but we will require advanced methodologies to interpret them and generate insights.

4. Rational & emotional behaviour:

Although rational behaviour has historically been thoroughly explored, the ability to capture accurate emotional drivers of behaviour has lagged behind. In 2020, Dirk expects new approaches including observational techniques to enable us to bridge the rational, emotional and contextual drivers of behaviour to form a better understanding of customer choice. This will be one of the biggest changes required and will require a quantum leap in research skills.

5. Customer insights as an "Active Beacon":

Dirk envisages the insights specialist as a networker operating from within the product team, able not only to analyse data but to understand a variety of strategic business issues, therefore acting as a beacon for the specialism but taking collective responsibility for the decisions made. He highlights that this role will require a broader, and different, skill set than at present.



In 2020, Insight provision is likely to be a high level function. The insight specialist is likely to be part of the brand team, influencing strategic goals, rather than part of the market research department. Dirk concluded by stating that "embracing change" is not optional, but essential, and that we should enjoy being part of this changing process.

Session Chair, David Hanlon, Kantar Health, said: *"As ever, Dirk provided an insightful view of the future and the challenges researchers/insight providers are likely to face in a demanding marketplace where speed of decision making will be paramount"*

Written by:

Fiona Lake, Engagement Officer for EphMRA

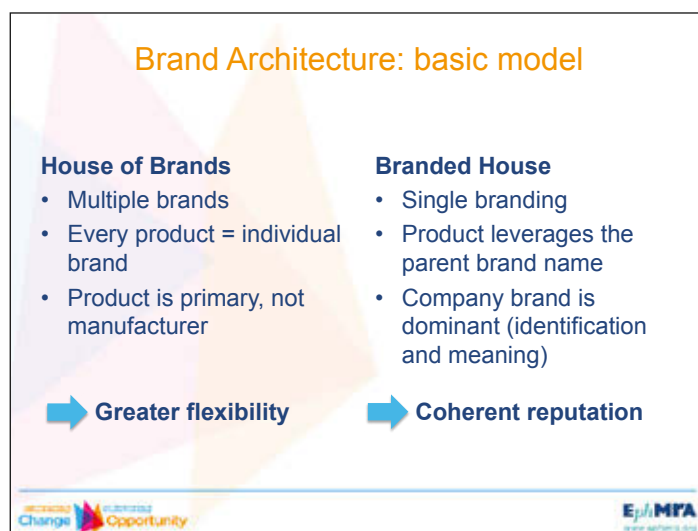
Session 13: Panel and Audience Discussion: Portfolio Branding - Whose job is it anyway?

Speakers: Merry Baskin, Baskin Shark; Lucy Darbey, DDB Remedy; Andy Cawood, Ipsos Healthcare
Chairs: Martin Schlaeppi, Praxis Research and Amr Khalil, Ripple International

If you are in any doubt as to the power of branding, look at the results of a double blind placebo led clinical trial run in 1981. The outcomes are so clear cut and decisive that for over thirty years the conclusions of the study have never been challenged. The study was designed to test the placebo effect and there was no great surprise that placebos were rated better than no treatment at all. However, what was more interesting was that those placebos branded with a well-known and trusted brand name were found to be 30% more effective in pain relief than those placebos masquerading as generics.

With the importance of branding clearly established, the questions that this thought-provoking panel and audience session tackled were what can be learnt from corporate branding from the consumer side, and, representing the voice of the customer as we do, what role should Market Research take on with regard to branding? Getting to hear what the consumers (HCPs and patients) want, and getting to know how the pharma companies are structured, surely market researchers are in an ideal position to provide guidance on how to maximise clients' brands. All three speakers examined the depth to which we can get involved, all referencing the dependence on how the pharma companies are set up in terms of branding whilst also referring to what is happening in the consumer world.

Merry Baskin from the brand planning agency Baskin Shark outlined the difference between portfolio management, the inward facing strategic activity where all brands are clearly defined within the corporation, and brand architecture, the outward facing navigation tool that helps the customer find what they are looking for. She also introduced the different models of brand architecture, where, at the most basic level, companies fall into either being houses of brands or branded houses (with different variants and models within each).



Merry Baskin



Lucy Darbey



Andy Cawood

The consumer world can provide some clear examples of the different branding strategies to which all three speakers alluded to during their talks. As Andy Cawood from Ipsos Healthcare illustrated, Mars represents a good example of a House of Brands, its products independently distinct from each other, understandable in a company with such a wide variety of products through acquisitions ranging from pet care to ready-made sauces to confectionary. House of Brands allow more flexibility.

In contrast, Cadbury's is a Branded House. All its products are clearly related to each other and the parent company in their names. With the company's focus solely on chocolate (until its acquisition by Kraft) it is clear to see how this cohesion came about. While neither model is necessarily better than the other, it is vital for a company to have an explicit philosophy of brand architecture so that they know what their branding strategy is in order to maximise their brands. After all, brands, The Economist believes, "should be the central organising principle of a company, guiding its every decision and every action".

Research helps to identify market segments and needs

	Connoisseurs	Chocaholics	Treaters	Fun seekers	Food adventurers
Decadence					
Energy					
Fills me up					
Fun					
Guilt free pleasure					
For sharing					
Exoticism					

embracing Change

Opportunity

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Choices are made about best fits aligned with commercial priorities

	Connoisseurs	Chocaholics	Treaters	Fun seekers	Food adventurers
Decadence					
Energy					
Fills me up					
Fun					
Guilt free pleasure					
For sharing					
Exoticism					

The house of brands approach

embracing Change

Opportunity

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Many pharma companies fall into the house of brands model. In an industry where there are frequent mergers and acquisitions, this is only to be expected. But how much is this state planned and how much by default as a consequence of buy-outs and line extensions? Companies are finding that they have bought in new brands that do not necessarily fit well into their portfolio. Or they have multiple products in the same therapy area and need to differentiate them. Questions need to be asked as to how the brands relate to the corporate brand; what they derive from the parent brand; what role each brand has in the portfolio and what does it give back. Additionally are the distinct brands and sub-brands sufficiently differentiated and does the consumer understand the differentiation?

The question about whether the brands are being adequately differentiated from each other is a particular issue in pharma. As Lucy Darbey from advertising agency DDB Remedy pointed out very few pharma companies have a dedicated brand portfolio team. They generally work in silos with established brand teams with little communication between the other brand teams within the company and without any cohesive policy; some brands must be open to cannibalisation from others from within the same company, let alone from external competitors.

Some companies, having weighed up their assets and aggravations are openly embracing changes in their corporate brand strategy. Viiv, the joint venture between GSK and Pfizer set up in 2009 for their HIV products, has appeared as a new sub-brand (although it was still a house of brands since it is still Tivicay, not Viiv's Tivicay). GSK and Novartis Vaccines have both tidied up their portfolios by asset swapping while Janssen are working hard to create a sub brand with their Lifescan brand. Bayer Healthcare, as one contributor at the discussion following these three talks pointed out, have sought to provide a more cohesive identity to their consumers by naming their contraceptive products after women's names, Qlaira, Mirena, Angeliq, Diane and Yasmin amongst others.

The presentations sparked interesting discussions on the current models operating in pharma and the role of Market research. Some felt there was little room for corporate branding in pharma, others thought that, while there is not always a strong cohesion between the brands, physicians generally knew which company the brand belonged to since there will always be a corporate logo on the product and others believed that, in order to show their commitment to the therapy area and to guarantee commitment from the physician return, pharma companies would be sensible to link their products more clearly (such as GSK using the -rix suffix for their vaccines portfolio).

Although hailing from agencies representing different parts of the branding/advertising/market research processes all three speakers felt that surely there is a potential role here for market research to look at the strategy of the company as a whole. Traditionally, market researchers have always been good in helping identify market gaps and defining the relative roles, we have helped advise on the positioning, to help make companies aware of which existing brands to keep to stop undervaluing of products, which new brands to push forward where there are gaps in the market without overestimating new products. Andy Cawood highlighted where research is already helping pharma clients to brand their products more successfully by identifying patient and physician typologies, defining brand perceptions and outlining the competition; in other words helping to justify decisions that need to be made.

But now maybe we need to ask whether we should be focusing more on the relationship between the brand and the parent company to help answer even bigger questions. Should we be taking on a more management consultancy role by helping to drive strategy, to influence the strategic direction a company takes in terms of managing their brand portfolio? Or should we be there more, as we have been up to this point, to research the changes that have been made and assess how successful these changes have been? Clearly, just as it is up to the individual pharma company to make the ultimate decision on which direction to take with regard to branding, it is also up to the individual agency as to how far they want to get involved in helping drive that strategy but the prospects for the future are certainly exciting.

Written by:

Mark Jeffrey, Research Partnership

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Session 14: Fieldwork Round Table Discussion - what are the challenges ahead?

Facilitators: Sarah Phillips, Prescient Market Research; Simon Beedell, Research Now and Ben Walton, GfK

Introducing this round table session, Sarah Phillips of Prescient Market Research explained that the ins and outs of fieldwork were perhaps areas which were not generally discussed enough at conference. The aim of this round table was therefore to brainstorm the sorts of actions that EphMRA should take to try to address the things that “a lot of us sit at our desks and complain about”, Sarah said. To do this, delegates were split into two groups to discuss hot fieldwork topics and agree on outcomes, solutions and actions which could possibly feed into different committees, or be the subject of papers at next year’s conference.



Delegates were given four topics as a flavour of the types of issues which come up:

1. The digital future: “I hear this all the time,” said Sarah. “We’re not going to do 40 minute interviews anymore we’re going to do four ten-minute interviews on a mobile - but how do we make that a reality?”
2. Do we owe our respondents more than just an incentive?
3. How do we implement gamification techniques without trivialising the research?
4. Online or quant research is not representative - so should we be doing it?

A lively discussion over 30 minutes or so produced a number of concrete conclusions and threw up several more pertinent questions.



The issues discussed also covered:

- What constitutes a fair incentive, and can we prevent incentive inflation?
- What else can we offer other than money? Can we show the impact of participation in any other way?
- The impact on respondents of interviews running for longer than originally claimed

The group discussed whether EphMRA could consider these areas when re-framing the code of ethics, potentially to include a section about best practice in treating respondents.

The second key action for EphMRA concerned proactive engagement with the authorities on legislation which impacts our ability to conduct market research. EphMRA was considered the ideal figurehead to have this influence, in the same way that PMRS have successfully lobbied the US authorities about the Sunshine Act.

These issues would be raised with the relevant EphMRA committees and discussed at the Board to progress them further.

Session 15: New Questions or No Questions?

Speaker: Paul Edwards, Hall & Partners
Chair: Alex West, Instar Research

No matter what you're thinking about the future, Paul Edwards told delegates, 'it always takes longer than you expect, and is always more impactful than you can ever have imagined'.

Paul comes from a consumer background, where conferences are a-buzz with a number of key topics as delegates debate what lies ahead. Central to their discussions are big data, neuroscience, social media and behavioural economics, he said.

These are both threats and opportunities.



Big data

This means everything - sales data, patient data, patient records. According to Paul, 'there's an immense amount of optimism around all this, that the huge computing power that we've now got will unlock all of the valuable secrets that lie within it'.



Paul Edwards

Alex West

The more data you've got, however, the more spurious correlations you will find.

"There are a lot of dark alleys in a lot of big data", said Paul, stressing that the same data can have completely different meanings.

It may trip us up by showing behaviours that are exactly the same, yet with completely different motivations.

"Ask yourself an important question: is the data actually helping you to a better decision, or is it just giving you more confidence in that decision?" urged Paul.

"Overconfidence in decision-making without improvement in accuracy can lead to some very, very expensive mistakes."

Neuroscience

Like big data, neuroscience promises much but should be treated with caution. It requires very sophisticated statistical analysis, and is open to a great deal of interpretation. There are also one or two issues about convenience, Paul pointed out.

"It's not all that easy to lug an FMRI [functional magnetic resonance imaging] scanner down to the pharmacy to see what people are thinking as they choose. It can also be rather expensive, and you might think there are one or two moral issues around taking up time on FMRI scanners - I certainly do."

There are alternatives, including EEG (Electroencephalography). While it is more portable, however, its scans are of poorer quality, making it harder to analyse the data. Biometric devices such as the Nike Fuel Band are useful in that they not only collect data, but aggregate it.

Also among the new generation of devices is Google Glass. This allows you to collect several different data streams at the same time, relate them, record them, then go back and say "You said you were thinking that, were you really doing that?", said Paul.

Google Glass »

You can actually get some co-discovery and really see what was going in their heads, and how they then post-rationalise what they thought was going on in their heads.

Facial coding is also improving. It uses algorithms to decode facial emotions, choosing between happy, sad, confused, disgusted, surprised, and afraid or combinations of these. As technology improves, so does recognition. Facial coding is useful in that it can be done in a more natural setting, for instance while watching an advert, rather than in a research environment.

Social media

As smart phone penetration goes through the roof, social media is spreading everywhere.

Although there are closed groups, there are also many collection of people with problems - perhaps they are caring for people with certain conditions. There is a fabulously rich source of data here. "Unprompted, that's what's beautiful about it for me. Unprompted discussion of what's important to people. They decide what's important, not us when we write the questionnaire. It's in their own words. There's no interviewer bias, there's not a questionnaire in sight", said Paul.

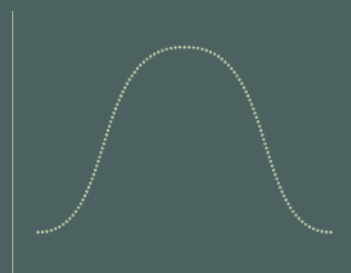
"This is people talking about what they want to talk about, when they want to talk about it - not responding to things they think we want to know. A valuable source of trends and a valuable source of native experience."

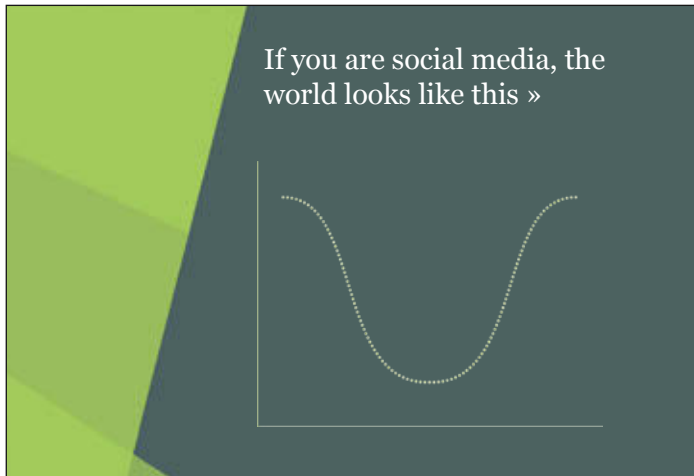
There are, of course, caveats. You don't always know who you're listening to, and what you don't always know is how much influence what somebody is saying is having on other people.

There's an interesting debate about how we measure that, technically and qualitatively.

There's a lot of data to look at. You've got qualitative data in quantitative amounts. So that makes it very hard to handle. Inevitably, you will be sampling from this as well. It's very unlikely you are going to be looking at the whole universe of data.

If you are a market researcher, the world looks like this »

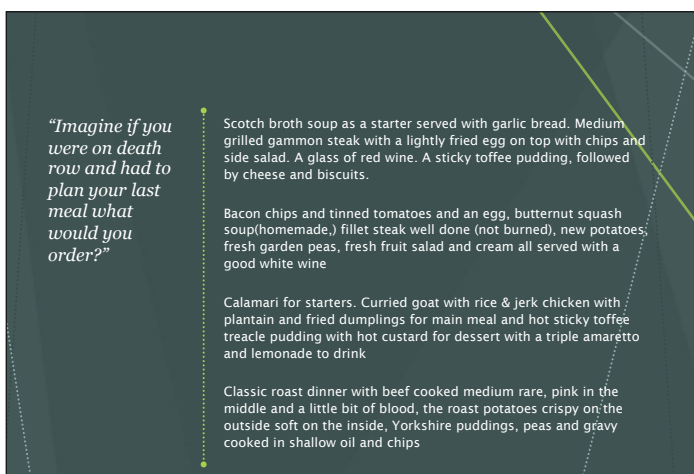
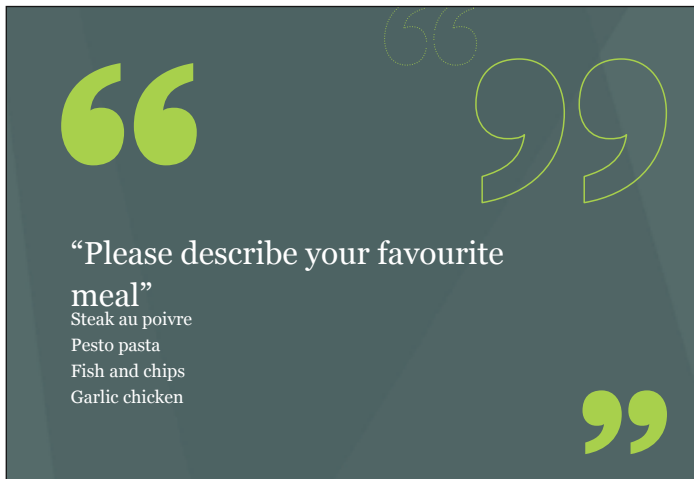




Behavioural economics

We assume rationality in the way we ask people questions, and the way we understand their answers. Context is therefore crucial to everything that we do.

You may have heard about implicit system one and two. System one is effortless, fast, subconscious, the way you change gear in your car. System two is effortful, rule-following, self-aware - it's the way you used to change gear when you first learned how to drive, when you really had to think about it. That's the difference.



Most of our questionnaires tend to be written in a way that evoke system two responses. We can get around this in a number of ways, one of which is with we call an implicit response. It's about timing how quickly people answer. The longer people take to answer, the more they are accessing their system two in some way.

Another way to get around the over-reliance on system two is by disguising our intent. This might mean using 'gamification', for example, making questionnaires a bit more interesting by adding animation.

Paul suggested taking this approach a step further. “What if we went completely from the other direction, and used games to collect data? So you actually have games that are interesting in their own right, or even have prizes, but you are collecting data.”

In conclusion

Leonardo da Vinci said ‘go some distance away, because the work appears smaller, more of it can be taken in at a glance, and the lack of harmony and proportion is rapidly seen’. And that's it in a nutshell.

“Research is becoming more like this difficult picture. We need to put all the bits together. We can't just take one bit and assume that's going to give us the answer”, said Paul. “We have to view and understand it as a whole. We need to become aggregators, curators and integrators. We've got to synthesise all of those data sources together and we've got to make a coherent narrative.”

There's a lot of information out there, stressed Paul.

“I always say ‘you can eat an elephant as long as you only eat a spoonful at a time’. There is certainly more than understanding the research or the questionnaire. You've got to put all of the evidence together as a big piece, then stand away, stand back and make sure that you're looking at it all.”

Paul's top tips

1. Big data is not the answer to everything
2. What matters to people matters in what they choose. It is not always evident to them
3. Answers are more important than questions
4. Understanding depends on cultural context
5. We often choose on autopilot
6. We want what they're having
7. All choices have a context
8. Don't try to boil the ocean
9. Get out into the world
10. Good information can come from many places
11. Feel free to change your mind as you learn more

Session Chair, Alex West, Instar Research, said: “*Paul Edwards jump started the thought process at this year's conference by questioning the real value of the traditional question when looking for answers in light of the myriad of other available sources of research. As access to other data streams becomes more readily available, Paul gave some very useful top tips for the future.*”

Session 16: Moving from Product Centric to Customer Centric - A Healthcare Case Study in the Healthcare Arena

Speakers: Asif Javed, Optimal Strategix Group Ltd and Joe Schneider, BD (Becton Dickinson)
Chair: Thomas Hein, EphMRA President

Asif Javed, CEO Europe of Optimal Strategix Group, and Joe Schneider, Senior Director for Global Business Intelligence and Insights at leading global medical technology group BD (Becton, Dickinson and Company), presented an illuminating case study on moving from a product-centric view of the world to one which is more customer-focused. BD's approach, as a traditional science and engineering company, had always been to focus on the product and sell in the same way to as many customers as possible. But in an increasingly competitive market they were finding it difficult to differentiate their brands and meet the needs of an increasingly diverse customer base - and this resulted in a slowdown in the growth of core products and challenges to the success of some of their newer launches.

New leadership at the company drove the desire to change and move forward, shifting from this product-centric view of the world to one which is more customer-centric. "This requires developing a strategy to align the products and services of a company to the wants and needs of its most valuable customers," Asif explained. "The most important word here is 'valuable' because it is about creating profits for the long term. And with this type of approach, not all customers are created equal - in other words, not all customers deserve your best efforts."

Joe said: "It's about understanding that customers are an asset to our company and asking how we can utilise that asset to get value and for us and them at the same time."



Asif Javed

BD faced difficulties familiar to many life sciences companies: price pressure, a number of similar brands on the market, personalised interventions, more awareness of the patient - and most importantly increased pressure in the value-chain in terms of the value being created and how that should be reimbursed. Insight is important here in enabling firms to better understand their opportunities for differentiation and positioning and really making hard choices: for customer centricity to work, the presenters suggested, you need to build a fact base from which you can understand the market and on which you can base your decisions.

This includes identifying who you should target, with what - and even why you should do it. Historically within BD it was about the 'what' - the focus was on the product, the product, the product. Now this drive towards customer-centricity meant choices had to be made around which particular areas needed greater focus and represented the best opportunities for BD. But this is not something you can change overnight - it required bringing together a cross-functional group including marketing, sales, human resources, R&D and engineering to say: "We need to challenge the way we do business for the long-term benefit of our company".

BD could not become what Asif called 'hyper-customised': that is, it could not move to having a handful of customers to whom it individually tailored messages, value propositions and even offerings - such as with Airbus and Boeing where there are only so many people who can buy an A380: you know who they are, you deal with them on a one-on-one basis and are very integrated with their business. But BD could create this 'happy medium' using segmentation: examining the key decision-making processes everyone goes through, providing a crystallised, simplified view of how customers are different yet still similar. "We needed to refresh

BD Issues Similar to Healthcare Market Challenges

INCREASED COMPETITION

- Too many brands
- Less costly competitors
- New, emerging competitors
- Global landscape

ACCELERATING PATIENT FOCUS

- Increased information
- Personalized Interventions
- Smart Devices (information & treatment compliance)

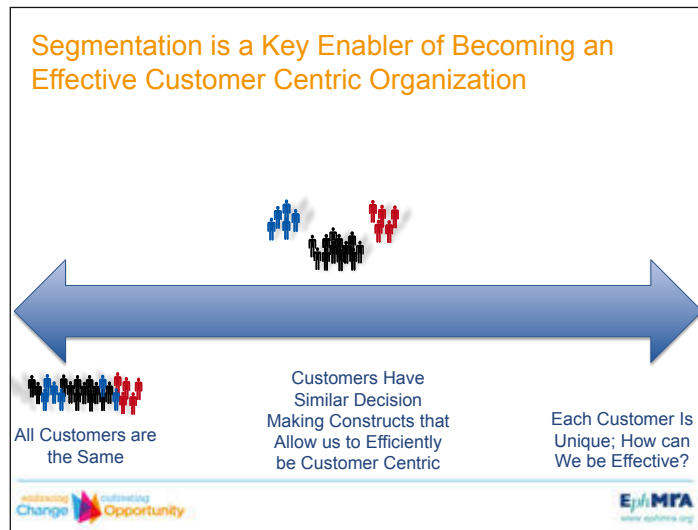
CHANGING VALUE CHAIN

- "Fixed Reimbursements"
- New influencers and decision makers
- Increase of data without increase in insights

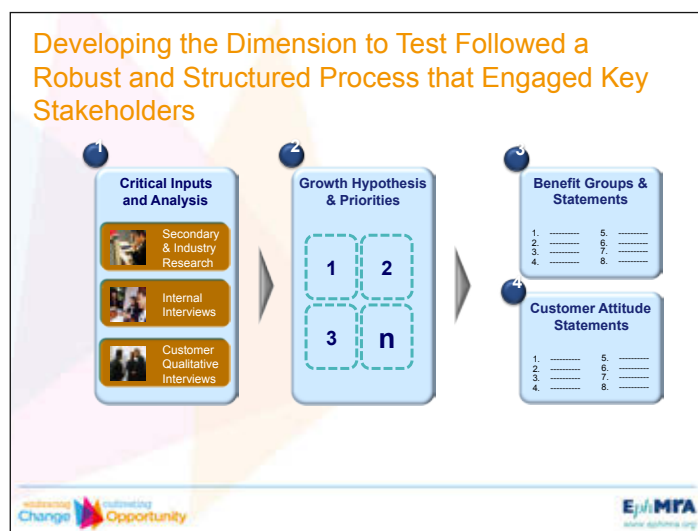
IMPLICATIONS FOR LIFE SCIENCES FIRMS

- New Basis of Value
- Differentiation, Positioning, and Customer Insights are keys to growth
- Analytics and insights become foundational to growth
- Customer Centricity now vital

our perspective on the market place but segmentation was the key,” said Joe. “Gone are the days when treating all customers the same is going to resonate so well that we continue to grow and to hold price and be profitable.”



Respondents were segmented based upon the key benefits that drive their preferences. Joe suggested that the only truly asymmetric approach is to think about an outcomes-based segmentation which allows you to say one group of customers seeks innovation to help develop a product, while another might only be focused on improving their disease area, while a third is purely thinking about the costs they pay to manage their disease, for instance. Having that clear distinction on how purchasing decisions drive the outcomes they are trying to achieve allows you to look at customers from a different perspective, he added.



The past fact-base of the company was used to inform its future fact-base as part of a robust test that included interviews with key internal stakeholders to understand where they felt the firm's challenges and opportunities lay, and which concluded with qualitative interviews with customers. At each step, findings were discussed and feedback sought with decision-makers in a bid to ensure that, once the customer-centric plans began to be implemented, people became agents for change. The agency

developed various growth hypotheses which were tested by the needs or outcomes they could deliver in a trade-off exercise, such as which benefits are the most important for each segment in driving purchase decisions - for example, the ability for patients to prevent infection or to shorten their hospital stays.

Optimal Strategix Group used the proprietary adaptive approach ASEMAP, which provided solid data at an individual respondent level and offered understanding of more of the decision-making process, both emotional and functional. It also gave them the ability to handle a larger number of decision elements. Using this data to drive change allowed the agency to come up with ideas that were distinct and actionable - but more importantly were real to people.

From the data, sales people were able to understand why a particular client would never buy a certain product, for example, and R&D people got a deeper understanding of why products were not resonating with them. The impact was felt across all parts of BD that touch customers: the company is now able to align four different sales organisations, get them under one single CRM system, one sales training approach and one unified sales process. BD also streamlined its sales process and improved the velocity of its sales funnel, helping in turn to reduce both costs to sell and costs to serve customers. This enabled the marketing function to refine messages across the key products and solutions the firm offers in order to focus on few key segments that matter. It also elevated marketing in an organisation which is driven by engineering and R&D, demonstrating that it adds value as a partner. And from an R&D perspective, BD has been able to align its product portfolio to the needs of key customer segments in the marketplace. “It’s been a very productive engagement over the last two years,” commented Joe.

Key learnings

- Gain team alignment through workshops and interviews: over-communicate and gain input from the cross-functional team whenever you can
- Always think about how your recommendations are going to be implemented
- Test all the different options, taking the time to speak to individuals and explore their ideas
- Don’t let methodology limitations drive your project - look for new and creative solutions

Session Chair, Thomas Hein, EphMRA President, said: “*Most pharmaceutical companies still have a very product focused approach with the customer in mind, but BD, as a Global Medical Device Company, demonstrated how to become more customer centric and how to put the customer as the primary focus. Market Research played a significant role in this change of marketing strategy in the company; being responsible for the segmentation of customers and defining which customer segments on which to focus in the future. It is a good example of how market research can go far beyond delivering just information on the customers and how it can have a major impact on the strategy of the company.*”

Ethics update

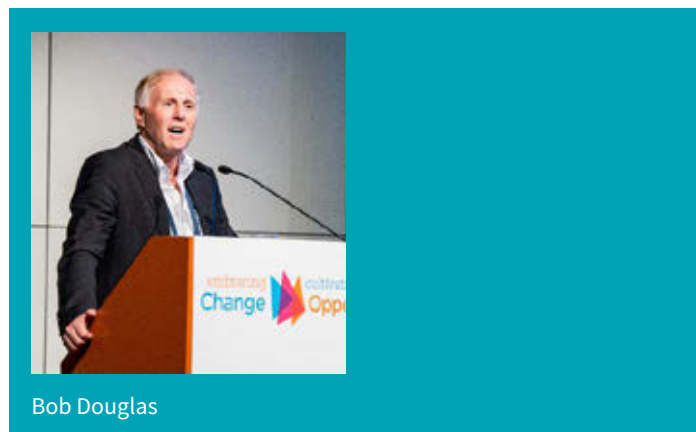
Speaker: Bob Douglas, EphMRA Ethics Lead and Instar Research

To update delegates on what EphMRA has been doing in the field of ethics over the last 12 months, the association's ethics lead Bob Douglas, from Instar Research, walked through some of the highlights. Among these was that the EphMRA Code of Conduct now includes references for 16 countries, including new entries Korea, Brazil and the Netherlands - and that the updated Code for 2014 contains a whole new, detailed section covering mobile phone research and the differences between market research, patient support programmes and non-interventional studies. "We're increasingly getting asked questions about market research and ethics approval, particularly in the context of patient records studies," Bob explained. The updated Code therefore sets out to summarise the differences so as to help members avoid delays in approval through the various clinical processes.

From September, a more structured review process for Code updates is being introduced, giving EphMRA members four weeks to have their say on what gaps they would like to see filled in the 2015 edition. Comments will be reviewed between October and the end of the year, with the aim of publishing the new version of the Code early in 2015. Bob said that members would also have noticed that EphMRA's website has been refreshed, making it easier to navigate, with access to Code material signposted and key sections highlighted.



Part of the drive for this was that some of the questions which are routinely asked via the website are already in the Code, but people have some difficulty referencing them sometimes: this should now be easier. EphMRA is no longer publishing print copies of the Code, but updates are regularly available online. If



members have queries, the best way to get fast turnaround for them is to use the enquiry service on the website, which now contains more information on the incentives allowed in different countries and references to data protection agencies in key markets, as well as a range of frequently asked questions (FAQs). In short, it is always worth looking at the EphMRA website in the first instance.



On the website there are 25 FAQs alone on the Loi Bertrand and the Loi Anti Cadeaux in France, Bob said - and this led him on to discussing some of the other hot topics affecting market research: perhaps unsurprisingly, transparency and disclosure had been the biggest one in terms of compliance over last 12 months and would remain so over the next year. EphMRA has been in good contact with EFPIA on this because they are producing a disclosure and transparency code that references all pharma promotional activities including market research. In fact, this is one of the key relationships that EphMRA is developing, with the association invited to an important meeting in Brussels with EFPIA earlier this year. “It was a fascinating insight into promotional practice and what should be covered,” Bob said, adding that EphMRA is very much seen by EFPIA now as a partner, with EFPIA referring to EphMRA on queries about how market research issues affect the EFPIA Code.

And this closeness has led to what he called a “fantastic achievement”: in EFPIA’s draft Code, which is due to come into force in 2016, it is made crystal clear that market research is exempt from disclosure. Bob reiterated this to delegates because it is such an important point - and received spontaneous applause from those in the room. The one caveat to this is that the pharma company sponsoring a study cannot be aware of the identity of the physician, but it is still a major step forward. The hope is that once the EFPIA Code is in force, EphMRA can revisit the situation in France because

there will then be a Europe-wide Code which says something different to what is happening there.

New Training initiatives

- **Development of a combined EphMRA\BHBIA competency test**
 - Pilot underway
 - Initial response has been encouraging
 - Will be reviewed in January
- **Two webinars completed this year:**
 - Joint webinar with ESOMAR, 'Healthcare Market Research, what you need to know'
 - 'Ethical considerations for non market researchers'
- **A separate training module for AER is under development**

Bob moved on to talk about new training initiatives, including a combined EphMRA/BHBIA competency test which is being piloted after members questioned the point of doing both separately. The initial response has been encouraging and it will be reviewed in January. EphMRA has also completed two webinars completed this year: a joint one with ESOMAR entitled 'Healthcare Market Research, what you need to know', and another called 'Ethical considerations for non-market researchers.' A separate training module for adverse events reporting is also being developed after EphMRA members suggested they wanted a specific module.

Liaison with other associations is crucial to the future, Bob went on, because EphMRA needs to be making its voice heard and influencing people, associations and authorities before decisions are made - on legal issues, for instance, so we are not on the back foot trying to interpret legislation which has not been made with market research in mind. In this regard, EphMRA's relationship with the EMA, which involved meetings with them and input into their pharmacovigilance guidelines, is very important. EphMRA is also trying to strengthen

ties with other local market research organisations such as ADM in Germany, Syntec and ASOCs in France, with the BHBIA on training and more recently with CASRO. The latter started with work on adverse events reporting and is stepping up to other issues.

Bob said they want to collaborate so we have a common front, not just in North America but around the world. As to the next 12 months, apart from the upcoming Code update, EphMRA will be making explicit guidelines on research ethics approval and around product and device testing, and Bob said that country extensions for India, Australia and Canada are also planned. The idea of introducing a quality kite mark of adherence to EphMRA's Code of Conduct is being mooted too, and a proposal on this is with EphMRA's executive board. Finally, Bob announced that he was standing down from his position as ethics lead and that Georgina Butcher, Astellas Pharma Europe and Ian Barker, Ipsos Healthcare would become joint chairs of the Ethics Committee in his place. "Going forward I have every faith that the business and Code is in good hands," concluded Bob.



Wrapping the meeting up, EphMRA President Thomas Hein praised Bob's "outstanding job" in leading the Ethics Committee.

Final Session: State of the Industry Debate (SOTI)

At the end of the conference a panel debate took place.

The results presented were key points from the survey undertaken by the Forward Thinking Group. Panellists debating the implications for our industry were:

Thomas Hein,
EphMRA President

Karen Giorgi-Vigo,
Shire Pharmaceuticals

Kim Hughes,
The Planning Shop
international

David Hanlon,
Kantar Health

A separate summary of the results will be issued in due course by the Forward Thinking Group.





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Workshop 1: Lifecycle Management for mature brands and the implications for market research

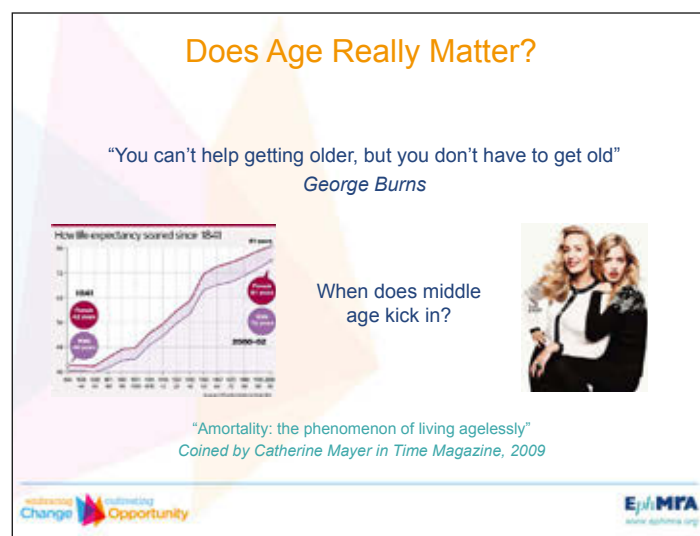
Speaker: Neal Hansen, Align Strategy

Convenor: Dorothy Parker, fastforward Research, Learning & Development Committee

The role that market research can play in maximising the returns from mature brands was the focus for Neal Hansen's morning of presentations, interactive sessions and discussions.

Living in the World of Mature Brands

The concept of ageing in pharma is changing, as the time between getting approval and when your first patent expires in a major market is getting shorter. This means that the product lifecycle now needs to be looked at differently. It is not just the time between when a product is launched and the US patent expires but is how we evolve in growth markets, how we emerge and how we convert between an exclusive product lifecycle to a multisourced product lifecycle.



The concept of 'mature' therefore also needs to change. We have moved from where 'old was defunct' in the 1990s through to a period where 'old was generic' into today's world where 'established is gold'. In fact, very few companies today use the terminology 'mature brands' and instead use 'established', 'cornerstone' or 'foundation'. When 'old was defunct', we were launching new products which are the ones that are now 'established'. With many pharma companies, 70% to 80% of the volume that they sell is made up of established products which therefore have a much greater impact.

Mature brands are more valuable for reasons that are based on:

- Payer needs:**

Payers are cost-conscious and look for value for money with proven benefits. Payers are also real world outcome-led and tend to not to be innovators, hence their reliance on established brands.



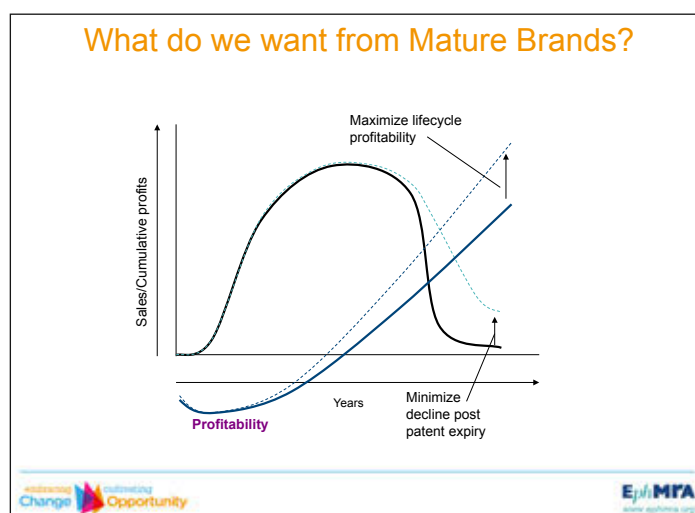
- Growth:**

Pharma is in a state of recognising that it is not going to get the topline growth it needs from established markets so there is a focus on alternative markets that often have very different patent and regulatory situations. Product lifecycles look very different in these situations because copies may have been launched onto the market. What we may call a mature brand because it is facing a US patent expiry is in many ways a growth brand for these countries.

- Biologic revolution:**

More mature products will be biologic in five or so years' time. There is potential for non-substitution and different ways in which the brand can stay alive for much longer.

Ultimately, what we want from mature brands is to minimise decline and to maximise lifecycle profitability as well as to generate as much cash as possible from the products you already have. The challenge to market research is to support the rejuvenation of mature brands so that we can get more out of them.



Key learnings

- We should know more about the customers of mature brands and the products than anything else in the portfolio
- We need to focus on transient competitive advantage and looking for where the next opportunity might be
- To make mature brand strategy work, you have to understand what is going on in the market and if you just look internally, you will be restricted as to the pool of tactics that you can work on
- Product maturity is a transition phase. This takes the challenge of market research to a new level i.e. getting under the skin of real differentiators that will make a valuable difference

Key challenges of working with mature brands

The morning's first breakout session involved identifying external (market and competitor) challenges of working with mature brands and internal (company and product) challenges. A lively discussion followed, with feedback including:

External challenges:

- The impact of current guidelines and changes. There are newer standards for therapy so mature brands might not be the gold standard anymore
- Cost and price pressure on prescribers to use generic brands
- The competition by generic companies/brands in terms of cost and discount; also new products within the same class or therapy area with better efficacy or outcomes
- Generics copying clinical data that was researched with the originator and claiming this for their products

Internal challenges:

- Internal buy-in within a company and challenging the mindsets of stakeholders, as companies often focus resource and investment on new brands. Obtaining commitment and budgets can be challenging
- The need for an active lifecycle and brand management strategy. Good lifecycle management is knowing how, where, when and who to invest in
- Senior management apathy. There can be a perception that you can't do that much with mature brands
- Many clinical organisations feel that a job is done when a product is launched and within the first five years, after which the product is considered to be dead



Key learnings

- Copies can pose challenges including price and value perception
- 'Youthful' competition can come into the market with better data
- Mature brands are not necessarily well looked after internally and not optimised with sufficient budget, manpower, resource and focus

Lifecycle Management for Mature Brands

Neal then moved on to looking at how pharma is addressing the challenges of mature brands and the tactical toolkit that is helping some companies make mature brands work better.



Neal started by looking at defending share. Physicians often like to use older heritage brands for new patients because they know how they will respond. It is also important to remain competitive at initiation and look at ways to simplify treatment.

Brand defence is about minimising the risk of switch and controlling the proportion of patients who are going to be switched off.



To do this effectively, you need to understand the drivers of behaviour in the market and it is also important to explore the differences between 'similar' formulations to support the maintenance of patients on key brands.

Neal also looked at brand defence in terms of tailoring the portfolio to specific patients and sub-populations. Understanding where sections of the market can be carved out in some or all geographies can become very significant for mature brands whose longevity is perceived as valuable. Although new products come out with clinical data that mature brands cannot compete with, mature brands have real world experience that can be of more interest to payers. It is also important to seek out and work with existing data cohorts that can provide supportive evidence for the value of older products.

Finding new patients can be achieved through moving products earlier into treatment or finding particular patient populations and the same rationale can be used for targeting risk-averse patients by identifying parts of the market where your experience and heritage works.

It is also important to recognise the power of diversity and that optimising your portfolio to meet different treatment situations can create tailored solutions for potential growth markets. Neal outlined a number of other factors that can drive success for mature brands, including a better understanding of how best to sell a portfolio, identifying markets that have a greater longevity and gaining a better understanding of market dynamics, particularly knowledge of generics companies.

Key learnings:

- The earlier you start to manage the transition before patent expiry, the better. Established brand teams try to drive involvement 5 to 7 years before a patent ends
- Creativity is essential i.e. how we can we best meet the needs of mature brands
- Exploiting brand heritage and user confidence can be a success factor in ensuring clinical relevance
- Exploiting ways to support brand differentiation can be critical
- It is important to tailor lifecycle management strategies to support the needs of future markets

Choosing the right tactics for a mature brand

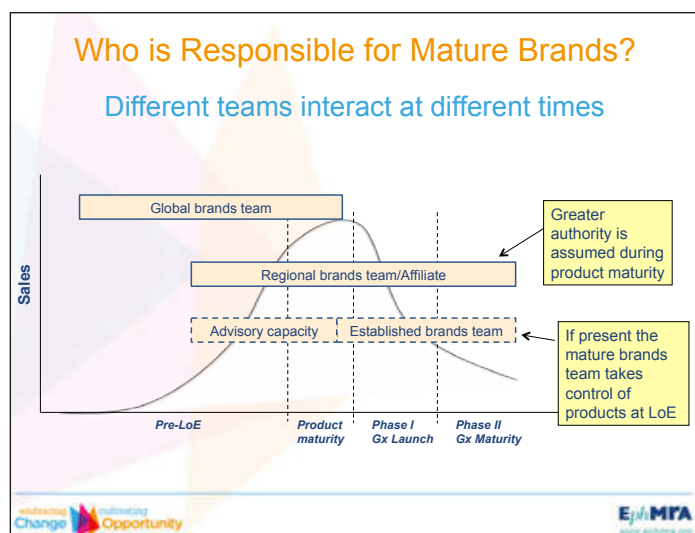
The second breakout session involved delegates reviewing a strategic plan for mature brand "Supergluc" and assessing its strengths and weaknesses in preparation for patent expiry.

Key learnings

- Don't just think traditionally - think about what the market could be like in the future
- Understand the needs and challenges in the market rather than just devising ideas based on what you are able to do
- Start to understand what you are trying to achieve and if you have the right information on which you can base this before you begin to develop and prioritise the options you have

Making Lifecycle Management work for Mature Brands

In his final presentation, Neal introduced the key challenges facing mature brands as focus, investment and scope, with further challenges posed by different teams interacting at different times and holding responsibility for the brand. Different organisational structures can also influence the success of lifecycle management for mature brands, with the evolution of true established brand teams being the model that many companies are trying to move towards. These teams are fully integrated and have a goal of proactive management involving product management, business development, logistics and clinical support. However, this model can risk being seen purely as an isolated cash-generating business unit in companies. The ideal scenario is a true established brand team that has interaction with therapeutic teams where mature brands sit as part of the therapeutic portfolio. It is therefore critical to establish a process that can bring together the right stakeholders with the right decision-makers.





What is the role of market research in Late Lifecycle Management and when is it important?

Market research can have a significant impact throughout LLCM, working in conjunction with the brand team.

1. Preparation, involving understanding what the risk is to the portfolio and gaining a realistic view of what will happen when the patent expires. It also involves thinking about what is going on in the competitive world and which markets we can cluster together. The challenge is to put a good business case together for a mature brand strategy.
2. Creation, involving considering what we want to do with the mature brand within the context of the brand portfolio, the role it should play and what we want it to achieve. This stage includes building a developmental and cluster strategy with the goal of having a LLCM in place five years before patent expiry.
3. Review, involving revising, evolving and changing the strategy as required, led by business intelligence. If this is carried out effectively, funding does not tail off or end because early opportunities for meaningful growth are identified.
4. Action, involving looking at local elements that can help us refocus what we are doing by pulling together intelligence internally and understanding where the gaps are.

Key overall learnings

- The biggest factor shaping lifecycle management is not generic substitution but therapeutic substitution.
- We need to learn how to deal with the challenges of mature brands earlier and more effectively.
- The challenge of a brand portfolio is selecting which brands are worth doing something with and trying to identify where meaningful advantages can be gained.
- If market research is seen as helping where pharma is going, it becomes a much more valuable tool for lifecycle management. Market research has to be ready to respond at the time that pharma companies are ready to invest.



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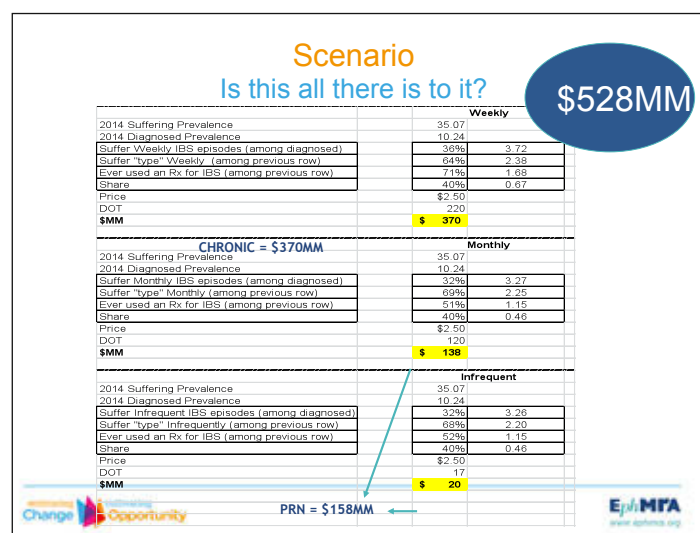


Workshop 2: Licensing opportunity assessment - how to conduct market research quickly and effectively in order to help guide strategic decisions

Convenors: Rich Kaminsky, Boehringer Ingelheim, Learning & Development Committee and Kurt Kessler, ZS Associates

Rich Kaminsky, Boehringer Ingelheim: The business context

Developing and launching a drug involves significant cost and risk. There's where inLicensing comes in. It allows companies not only to mitigate the cost, but to partner with other companies for scale and possibly expertise, said Rich Kaminsky.



Analysis at a high level can be as straightforward as carrying out basic epidemiology (epi) modelling and running the numbers to get a valuation. This is not always sufficient, he said.

"I'd suggest that something's missing. It rarely works this way and there are some complicating factors. If it were as simple as this you probably wouldn't be sitting here right now."

You have to think about the other issues that can drive or repel adoption:

- Who are the customers? Is it just the physician? It rarely is at this point
- Anticipate future competitors. You need to know what may launch or at least be available at the approximate time of your introduction or during your own product's life cycle
- Know the history of this particular area, and what competitors have done. What are the analogues of success or failure in this market?

You also have to accept that different geographical areas will have different uptake curves, and will be looking for different things in your products.



Rich Kaminsky

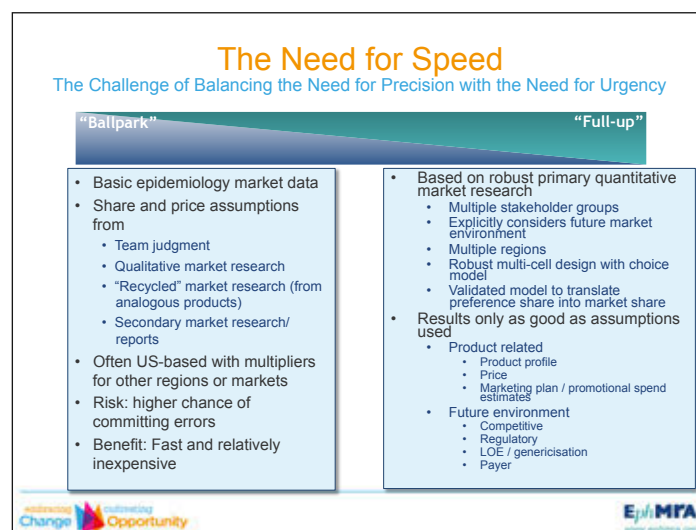


Kurt Kessler

It is also important to be aware of internal factors. What is your company good at, what is it not good at? That can certainly affect how well you might be able to compete.

The order of entry is paramount, as we see new innovations come down the pipeline. Often they arrive simultaneously from different pipes. Being first to market is a major advantage, so one of the challenges is how quickly you can complete your clinical trials, Rich stressed.

The need for speed must be balanced with precision, however. There is no point being first to market if your haste has cost you accuracy, and you've ended up making a poor decision that will hit both your pocket and your credibility.



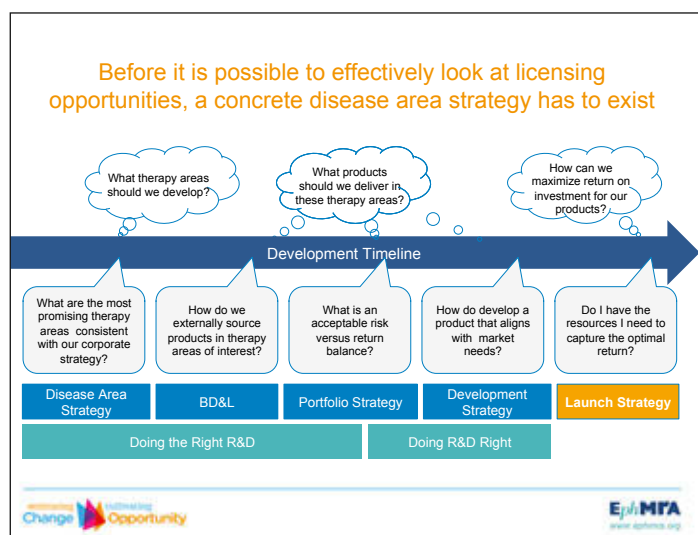
Kurt Kessler, ZS Associates: the Deliverables

A concrete disease area strategy must exist before it is possible to look at licensing opportunities, said Kurt Kessler.

Three simple questions drive everything that surrounds its creation:

1. What therapy areas should we be in? Which ones should we develop?
2. Within those therapy areas, which products should we deliver?
3. How do we then maximise their value at launch?

A good disease area strategy will highlight why a company wants to be in this area, what its strengths and weaknesses are, and how this therapy area relates to the existing portfolio, identifying any gaps and balancing risk and return.



It is then possible to engage in activity that might fill those gaps, said Kurt. At this stage, it's worth considering the situation from the other side of the table, he added, by thinking 'we have an asset, and who might be a good partner to take this away from us?'

Kurt suggested boiling down the disease area strategy into three areas: the total universe of available pipeline molecules; molecules that fit commercial needs and portfolio strategy; and candidate molecules - those with the best opportunity for commercial success.

Licensing teams will be looking for different deliverables for each of these areas. This is where market research can help. You can start by identifying a short list of assets, then evaluate them. You won't have the resources to undergo a deep evaluation, so you need to prioritise what you want to go after.

This is where you have to make some tough decisions, and to screen things out, in order to make the most of your resources.

When negotiating, Kurt stressed, it is important to have both the tools to build a licensing deal and the ammunition needed to make it a favourable one. The latter might include a summary of what you bring to the table in non-monetary terms.

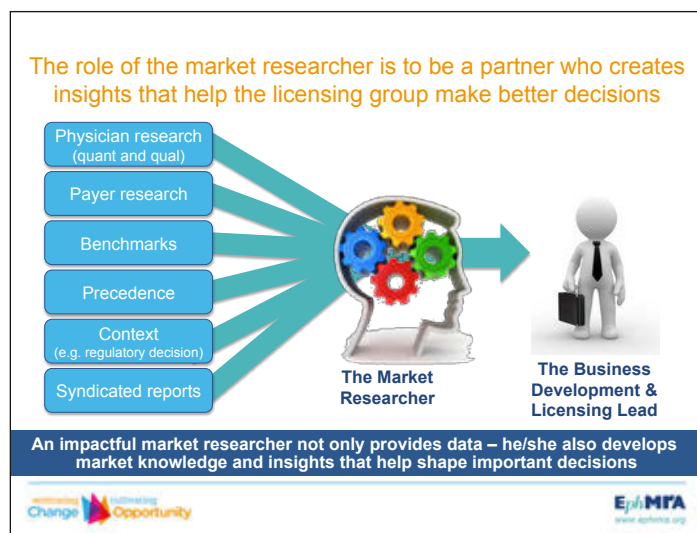


Once you have a very short list - ideally with just one, primary, asset - it's time to work out a deal structure, carry out risk assessments and consider the non-monetary value of the deal.

This might include, for instance, time limitations, whereby you name a date by which you want to have regulatory approval.

As with other elements of the licensing process, production of deliverables requires achieving a good balance between speed and analytical rigour.

Competitors are also looking for good licensing partners - hesitation may cost you a great opportunity. On the other hand, haste and a lack of analytical rigour may lead you into a bad investment.



Jean-Olivier Marty, Instar Research: Data sources

Time is of the essence when carrying out market research, said Jean-Olivier. Other crucial factors include the deliverables, geographical coverage, market size and condition (both now and at the time of launch), customers, and the product profile.

Before going out to find external data, a potentially costly process, given the time constraints, it's worth checking what is already available internally. This will save time as well as money.

Choice of external sources will vary according to how much time you have. They range from basic epidemiology data to full-scale, bespoke, epi projects, with syndicated epi reports representing a happy medium, in terms of cost.

Similarly, the picture you build of current and future market conditions will be more or less detailed according to your time and budget constraints. At the fast, cheap end of the scale is sales data. At the other end is primary research (which of course may already exist within your organisation). This can include qualitative interviews, key opinion leader interviews and quantitative market landscape research.

Having a solid product profile is essential, said Jean-Olivier, adding that ensuring this has enough, appropriate, information is the responsibility of the market researchers. Its format should allow for the gathering of feedback from physicians.

Gaps in the product profile can be addressed through the use of secondary intelligence databases, which ensure the inclusion of the right endpoints, or through primary research, which would typically include KOL interviews.

Jean-Olivier highlighted a number of important considerations for the market research stages of licensing:

- You need to communicate with the business development and forecasting teams in order to understand and manage their expectations
- It is crucial to mitigate the results you get, rather than taking at face value what you get from a patient allocation exercise
- It is worth remembering that market research could feed into other elements, such as pricing or the level of commercial spend needed
- Standardise where possible. It may even be possible to develop a template for much of your research. Have familiar metrics - they will become easy to use
- Challenge the typical timelines. You might find there is time to gather some robust quantitative data. That's better than not having any at all

Jean-Olivier Marty, Instar Research: Market access issues

If we think about the specifics of the licensing system, what is the main variable that makes it different? It's time, according to Jean-Olivier.



Jean-Olivier Marty

With a very limited amount of time you have to be able to consolidate intelligence that will allow the payer to give you information that will enable you to make an informed decision on pricing, by providing:

- An evaluation of the market size
- Information on the unmet need and burden of the disease
- A comprehensive case as to the product's clinical benefits
- An understanding of the future landscape
- An evaluation of the budget impact of the product.

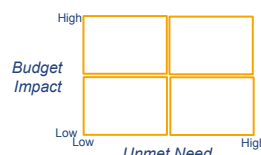
Market Access/ Payer Research – What Are We Trying to Achieve?

As per any access/ pricing research the key objective is to gain an understanding of:

What price could we get for this product?

- In order to get the most accurate feedback from payers, we must provide relevant information:

- What is the level of clinical unmet need?
- What is the cost of the condition to the healthcare system?



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There is also the 'small' matter of speaking to payers.

You don't have multiple attempts at it - you only have one shot. This means that you need to speak to the right people. Doing so means choosing according to:

- Geographical coverage - what are your priority markets?
- National or local payer environment - this depends on the product in question
- Actual decision makers

"I strongly believe it's a mistake to use the same product profile for payers as for healthcare professionals. Clinical features are important, but to payers they are just one part of the puzzle", said Jean-Olivier.

Build a visual aid for the payer, with the key information they need:

- Market size
- Unmet need and disease burden
- Clinical benefits of the product
- Future landscape
- Budget impact (direct and indirect costs)

Think about access and pricing as soon as the process starts. It can't be an afterthought, said Jean-Olivier.

Key market research questions (size, history, potential) need to feed into the payer process. You need to have at least partial answers before talking to payers.

Crucially, Jean-Olivier told the audience, "All the general pricing considerations do still have to be evaluated (for instance, rebates in the US), regardless of how much of a rush you are in."

Daniel Schmidt, ZS Associates: Forecasting

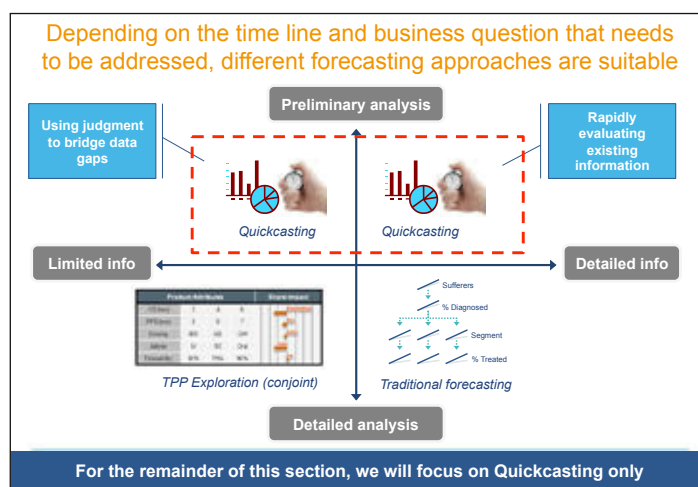
The approach taken to forecasting will vary depending to the time and data available, Daniel Schmidt told the audience.



Daniel Schmidt

Time permitting, companies will usually take a very traditional approach, he said, with lots of research and maybe some conjoined studies. This will tease out the different aspects of the TPP, allowing them to build scenarios around expected fluctuations.

If they have less time, they will carry out 'quickcasting'. This means that instead of spending two or three months on forecasting, they will carry out the same process in three to four weeks. While it does not promise the same rigour, quickcasting does give sufficient insight to make critical business decisions.



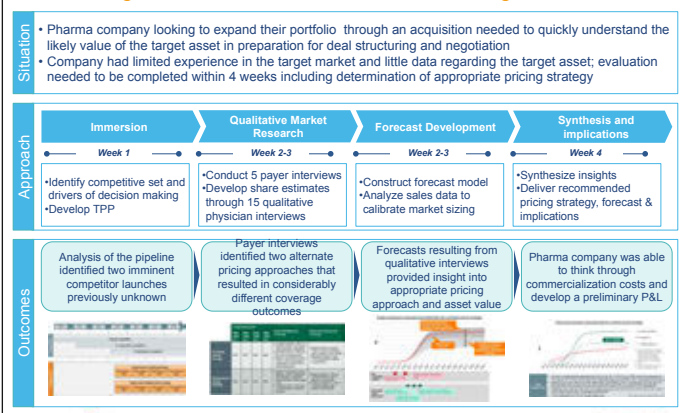
With quickcasting, companies still need to consider the same elements, such as market share and size, pricing and market access, but the way they go about it is very different.

"In a traditional forecasting approach, we would try to do a lot of data analytics, maybe even epidemiology modelling to map out how we are expecting the market to develop over time", said Daniel.

"When we come to product share, it's a similar situation, where you have to be pragmatic. Instead of your conjoined study you will have qualitative market research, where you have some with key opinion leaders, some with the actual practitioners."

To be effective, quickcasting must identify the decisions that need to be made. It should show understanding of key market levers, said Daniel, and be able to quickly deploy the techniques needed to investigate these. Above all, perhaps, it should allow those using it to quickly define opportunities for decision-making by senior leadership.

Quickcasting helped identify considerable barriers to adoption of target asset ahead of the start of deal negotiations



Top tips for forecasting:

- **Don't rely on point estimates:** given uncertainty around future market developments, it is crucial to understand and be transparent about possible upsides and downsides
- **Understand the context of the brand and implications on scenarios:** investigate the context of the opportunity in terms of the regulatory situation, competitor pipelines, and other topics, so you understand which scenarios need to be explored when assessing the values of a drug

A good opportunity at the wrong price is a bad opportunity: the deal structure can make the opportunity more or less attractive. Research recent deals so you can provide guidance on ways to structure the deal that can help increase value and reduce risk.



Workshop 3: Digital Ethnography - how this new methodology can be used to gain potentially greater insight, particularly with patients, and how this methodology compares with more traditional methodologies

Convenors: Alexander Rummel, Aurum Research, Learning & Development Committee and Siamack Salari, JourneyHQ Ltd and EthOS Labs

A three-and-a-half hour workshop on digital ethnography, convened by Alexander Rummel from Aurum Research and Siamack Salari of Journey HQ and EthOS Labs, gave over 40 delegates at the EphMRA conference the chance to put themselves into the hot seat by coming up with topline solutions in a testing exercise using the techniques. Before that, Peter Dann from Journey HQ kicked the session off by walking the audience through what ethnography is - and isn't - and offering them an overview of the different methods available to researchers. Pure ethnography, he explained, is about observing people. "Most digital ethnography is not ethnographic research," Peter said. "Perhaps the best way of putting it is that it is the use of ethnographic techniques in market research, directing people to a task, making it simpler, quicker and cheaper and perhaps more effective. But as soon as you direct people you are not doing ethnography."

'Traditional' research or ethnographic research?

Traditional

- Asks questions
- Analyses response
- Helps respondents articulate thoughts
- Depends on moderated interaction

Ethnographic

- Observes
- Analyses behaviour
- Helps respondents identify/explain behaviour
- Depends on un-moderated observation

Traditional research puts people into a time and place which is convenient for the researchers and clients, with research outputs therefore based on recalled behaviour - but ethnographic techniques can capture events and respondents' reactions when and where they happen. The advantage to researchers and clients of this is that they receive opinions in the moment, before they are modified by context. Researchers are trained to elicit answers - designing questionnaires, moderating focus groups and so on - but that is not what ethnographers do: they sit back and observe. Ethnographic research is about people explaining what they do or walking us through their behaviour. In short, the researcher lets people live and simply behave. No matter how good our research techniques



Alexander Rummel



Siamack Salari



Chris Jones



Peter Dann

are, people still modify their responses: they are trying to be helpful rather than trying to scupper the research machine but ethnographic research helps get over that. But you have to be aware that, because it is research and not pure ethnography, people will moderate their responses, Peter pointed out. They are still doing things 'properly', conforming to social norms and consciously repeating patterns of recall. However, there is a big advantage with using digital ethnography for pharma research: intimacy. People have a very intimate relationship with their smartphone - it's the tool they use to have the most intimate conversations, it has your life in it, in terms of photos, personal data and so on, and consequently people are happy talking to their phone. So the rise of digital technology has made the act of recording behaviour both less intrusive and simpler: nobody bats an eyelid if you take a picture with a smart phone and also the researcher does not then have to spend hours in an edit suite going through everything - he or she can simply sit at a computer and do it.

Ask questions – but carefully

- When designing the project
 - Set tasks not behaviour
 - Frame activity with consumer occasions and timings, not yours
 - Don't reveal the whole research plan upfront
 - Always ask 'am I influencing behaviour?'
- When analysing response/moderating
 - Ask for explanations not motivations
 - Explore how representative
 - And listen out for what isn't said/what's post-rationalised

To avoid the weaknesses of mobile ethnography research, it is important to ask questions carefully. Try to direct people to tasks, Peter said, rather than asking them why they're doing something - and always ask yourself - "Am I influencing their behaviour?" When you are engaging with respondents, ask for explanations rather than motivations. "There's a big difference," Peter said. "Tell me what you were doing rather than why did you do x and y." Researchers also have to listen out for what's not being said: the behaviour that happens around an event can also be very important. Finally, Peter came to what he said was the hardest thing for researchers to do when using digital ethnography: to embrace the unexpected rather than dreading it. Market researchers tend to dismiss the people who do not complete our surveys, for instance - but he insisted we have to change our mindset with digital ethnography. If their lives don't correspond to what we were expecting to hear then that isn't because they've been poorly recruited or because the researcher has got things wrong. Instead clients may have to ask: "Have I understood correctly the world my brands live in?" Researchers and clients need to agree in advance what fixed points you want to touch on in the research - but everyone must be ready for responses which do not fit with expectations. In short, engaging stakeholders is powerful but they must be briefed in advance and warned of the possible consequences of following real people.

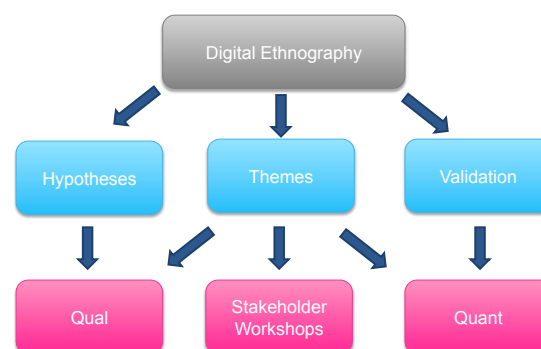
Wild Apples vs Orchard Apples



To use an analogy, digital ethnography allows researchers to get their hands on many varieties of wild apples rather than restricting their attention to a few orchard apples. But to be successful, this means you need to have a Plan B - and

also Plans C, D and E, suggested Peter - agreeing the essentials but being open to what could happen around them. Traditional market research relies on an existing structure to pose questions around a set topic but ethnographic research can observe behaviour without predetermining it: this means it is great when people are not aware of their own behaviour, or when they struggle to remember or are bound by accepted patterns of behaviour. It is also useful when clients' understanding of their customers' behaviour is vague or even non-existent.

Work alongside other methods



Digital ethnography is also "brilliant" for working alongside other methods, suggested Peter. For example, if we have hypotheses you need qualitative research, if you need validation then quantitative is probably the way to go and if you are looking at themes then you might need to do some workshops before you get going - but each of those three strands is massively enhanced by having digital ethnography at the heart of it. Digital blurs boundaries between qual and quant, between ethnography, observation and task recording and even across platforms. Mobile apps and smartphones are really easy to use for researchers and respondents and are therefore a great way of getting a lot of different data. Digital ethnography in pharma and healthcare is at its best when looking into real lives, understanding people's health issues in the context of their whole lifestyle rather than just collecting data. By exploring a patient's behaviour around medication and managing a condition it is not just logging information but seeing how it fits in with their lives, taking the researcher's and client's agenda out of the equation while tracking clinical journeys and outcomes from an individual's perspective.



Hands-on Digital Ethnography Session

Your chance to practice!



EphMRA delegates were then invited by Chris Jones of Brainjuicer to try some hands-on digital ethnography, with a fictional brief to explore how type 2 diabetes sufferers with busy work and/or family lives manage their condition - with particular reference to the impact on shopping, cooking and other activities and comparing behaviour between those on medication and those managing their diabetes through lifestyle and diet. The sample was 12 respondents who had been recruited for a two-week study: there were three busy professionals managing their condition with medication and three without medication, and six housewives or househusbands also split equally between those taking drugs and those getting by with diet and lifestyle modifications. The medication was a course of drugs prescribed by a medical professional to manage their diabetes but excluded patients who were required to inject insulin. For 50 minutes, delegates in groups of four or five looked at raw data on apps - material including videos, audio, text and pictures - and were directed in particular to six people who had been posting. The time pressure was that the 'client' would be phoning to get an update on how their research was going, so each group would have two minutes to share topline findings from what they looked at.



After some lively discussion, the various groups fed back their thoughts. Interestingly, some wanted more profile information about the people they were looking at, such as their socio-economic context - but Chris warned that this could be too restrictive an approach. "We need to understand how they see living their lives with diabetes," he explained. "The brief is about understanding their lifestyle - not about looking at their lifestyle through the prism of medication in that lifestyle. This is a safari into their lives, it is not about creating a grid overlay." Stakeholders have to be engaged

in the process: this exercise was about the client phoning to say: 'Tell me now' but stories unfurl over time and patience is required so there is no rushing to making snap judgements or finding pat answers. With digital ethnography, a theory which seems persuasive on day 3 can get rubbished by day 5, Chris said. The process might take up to six weeks, including recruitment, with development of the activity guide running concurrently.



Researchers always have to build in time for a workshop which key stakeholders should attend. Hypotheses are being formed and re-formed throughout, and these create a framework for the analysis and workshop. Finally, for the method to work, it has to be centred on peoples' lives, not on a corporate agenda. Researchers very rarely have the time in focus groups for discussions to go off-piste so we tend to get answers to the questions we have asked. But digital ethnography is, above all, about getting answers to questions you didn't know existed. People have messy lives which do not necessarily conform to our version of events. Siamack wrapped up this informative and intense workshop with some thoughts on the future of digital ethnography. "It's never fixed, it's constantly moving," he explained. "You discover when you build your first app that you never stop building it, you keep an eye on how many features you can add that will be useful to people."

Among his key points were, again, the importance of collaboration: clients need to be actively involved in the digital ethnography process, looking at the same content and agreeing or disagreeing with researchers. He suggested that digital ethnography means the the boundaries between quant and qual might become more blurred, as there is increasingly no restriction on how many participants we can put into our research. But he said there were aspects of research that digital ethnography had taken away. He missed the opportunity to stand in someone's kitchen and let the camera roll, for instance, because he knew that this is a way of getting insight that you simply could never get in any other way. But things are moving on apace: tools being worked on now are going to remove the researcher effect altogether, or at least as far as it is possible to do so. This means that in future researchers will be able to access "incredibly rich" content, he predicted.

One of the key learnings from this workshop was that ethnographic methods, through observation of real behaviour, generate different and sometimes richer insights than other research methods. Added to which, digital technology has made the act of recording behaviour both less intrusive and simpler, thus allowing for quicker ethnographic data collection and analysis compared to face to face ethnographic research in the field. To sum up, this workshop demonstrated that digital ethnography is excellent in conjunction with other more traditional methods to enrich our understanding of behaviour and attitudes.

People News



Healthcare fieldwork specialists Fieldwork International have brought in Paul Elsey as its new Client Services Director. His role will see him responsible for leading business development across the company.



Matt Campion Joins Schlesinger Associates. Schlesinger has appointed Matt Campion as an EVP with a remit to develop the company's quantitative client portfolio in healthcare. Campion joins Schlesinger from WorldOne.



ITG Market Research welcomes Jacob Maso, Vice President, to their growing global healthcare team. He joins us with 15 years of moderating and consulting experience and a focus on oncology.



Produkt + Markt Healthcare welcomes Katja Behnisch as Research Manager to their growing team. After 13 years at Eumara Katja brings a lot of expertise in both international projects and qualitative research.



HRW is delighted to announce two new appointments to their growing directorial team - Alun Davies who has joined us from Shire and Andrew Bajorek, previously at Branding Science.



STRATEGA POLAND is pleased to announce that Izabela Remba is now Director, Qualitative Operations heading Healthcare Qualitative Services in Poland including the new Focus Vision ready viewing facility in Warsaw.



Indagohealth welcomes Sofia Mello who joined us as Business Consultant. She will contribute to strength our services with complementary skills and synergistic experience gained from her 17 years within industry.



42 market research announces the promotion of Karen Olshanskiy to Market Research Manager. He will be responsible for project management; customer relationship development; and new business support.



Aniko Cseledi has joined healthcare fieldwork specialists KeyQuest Health, boosting their audit team which now conducts sales rep ethnography in 16 different countries.

Services News



In recognition of our expanding international Healthcare business, Millward Brown are recruiting a spectrum of Healthcare roles to our Bloomsbury offices in London - helping facilitate our servicing to key clients.



The next wave of MarketSense social research initiative, GRaSS (GReen and Sustainable Strategies), will tackle the issue of consumer trust to pharmaceuticals... Chase the results on our website in October!



Kantar Health introduces PINNAKLE™, an integrated, holistic brand marketing solution that helps pharmaceutical companies maximize commercial success for their medicines by finding their unrealized brand opportunity. info@kantarahhealth.com



The GKA Knowledge Works utilises our panel of expert thought leaders and KOLs - for fast access to KOLs or to find out more, email us at clientservices@gilliankenny.com



Hall & Partners is excited to announce the launch of Oncology Now: blending a human narrative with clinical understanding to help create leading Oncology brands. Read the report on our website.



"Living with Diabetes" patient report now available. The report provides an extensive understanding of the needs, attitudes and behaviours of patients living with Type 2 Diabetes. Find out more researchpartnership.com/diabetes



SUCCESTRACK™ LAUNCH program allows you to gauge how well your product launch met your planned marketing objectives thereby enabling you to take the appropriate, corrective measures as early as possible.



ANTERIO Inc., and Hankook Research are proud to announce the formation of a joint venture to provide online research with HCPs in Korea, expanding coverage to Japan, China, and Korea.



Building on our messaging research expertise, we are helping clients develop counter-messages for their brands to minimize generic erosion after patent expiry.



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Company News



Following a sustained period of growth, Adept Field Solutions has relocated to larger offices in Kingston upon Thames. Adept has also recently launched a new website - please visit at www.adeptfield.com



As part of its continued expansion, Incite is pleased to announce the opening of an office in Shanghai, adding to existing offices in London, New York and Singapore.



Branding Science is delighted to announce our new office in Singapore. For information on research in Asia-Pacific, please contact Axel Rousseau (axel.rousseau@branding-science.com)



fastforward research are delighted to announce the launch of our new website. Take a look at our innovative qualitative expertise and explore our latest articles, company news and features. Click: www.fastforwardresearch.com



Bazis Group has launched the new web-site. The new web-site is a follow up step to the company's rebranding. We cordially invite everyone to visit us at www.bazisgroup.com



Complete Clarity is expanding! We opened our new US office in New York in August led by Ken O'Flaherty and John Denton.

CALL FOR PAPERS

Submission Deadline - 15 September 2014

We are all striving for excellence and delivery of best practices in healthcare market research and the EphMRA 2015 conference will reflect this aspiration. Looking both within our industry and beyond, we want to see where we can draw inspiration in order to deliver this gold standard.



For 2015 we are looking for papers on a whole range of topics. There are no restrictions on the subject you can submit a paper on but it needs to be forward thinking in approach and provide delegates with new information which will help them in their role as market researchers. We are very open to your ideas, so please do not feel constrained.

To help you get inspired, our Programme Committee have developed some overall themes for consideration, with some suggestions for possible topics within these themes. Some are provocative, others less so but we want you to use these as a springboard to develop your own ideas and thoughts.



1. Digital

- Digital gives us lots of data but few insights!
- Digital - the way forward or a slippery slope?
- Mobile will be the predominant platform for data collection by 2020 - or will it?
- Forget 40 minute surveys, the future will be about 4 x 10 minute surveys collected by mobile
- Big data, big deal!
- Can MR keep up with technology - or should it?
- We are making the same mistakes with new technologies as we did when research first went online - will we ever learn?
- Increasing respondent engagement has to include both technology and survey design

2. Multi-source data

- The future is multi-source data
- How can triangulating data sources best meet the needs of (ultra) orphan diseases



3. Changing role of market research/new methodologies

- How can we turn research into action?
- Are new methodologies a different name but the same old game?
- Are we at risk of trying to be innovative for innovation's sake?
- Being a good market researcher is no longer enough
- The skills required today to succeed in market research are different to those of yesterday

4. Fieldwork

- Just how many physicians actually participate in market research?
- Does the limited number of viewing facilities restrict the accessible respondent pool?
- Do on-line focus groups really work as well as face to face sessions?
- How can we re-engage with 'lost' respondents?
- Is the typical online responder a member of multiple panels and in it only for the money?



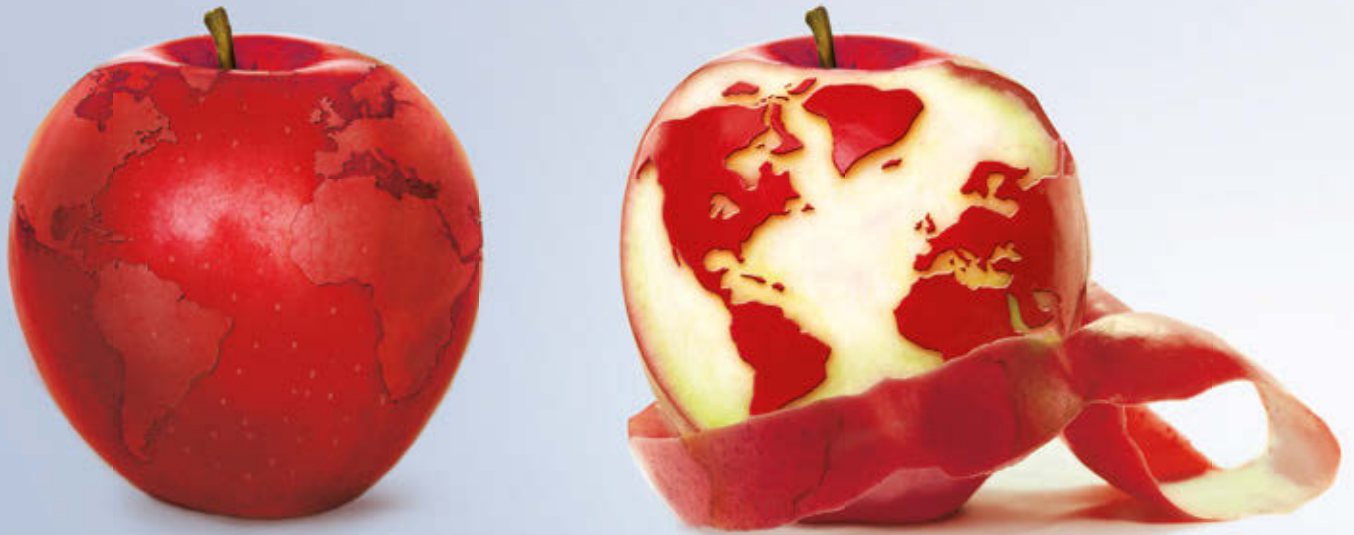
What are we looking for?

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- Show how real value can be added to company decisions
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- Offer solutions and recommendations based on the problem addressed
- Demonstrate how a specific process, technique or approach can impact on the business
- Be appropriate to an international audience of multi-national researchers

It is assumed that all presenters have ensured that permission has been obtained from clients or other third parties to present the information (this includes, music, drawings, visuals etc.) contained in the paper and/or the final presentation. The presenters will indemnify EphMRA and will ensure that EphMRA is not held liable for any claims from clients or other third parties incurred by the author's failure to obtain permission to use information. The authors should also be sure there is no infringement upon the copyright, right of use or any other right of intellectual property under any circumstances.

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