EphMRA

keeping members informed and involved

Welcome to the June 2019 News!

The EphMRA Working Groups and Committees are working hard for the members – their outputs are supporting members in their jobs every day. Inside you can read an update from the Forecasting Forum – what topics they are working on right now and the direction of the discussions.

Devices & Diagnostics Group are looking at compiling a list of agencies active in the area – the focus will first be on highlighting member companies who have experience and expertise to offer.

There will be a section in the members' area of the website where the agency details can be found – this should start to become available in June.

Bernadette Rogers
General Manager

generalmanager
@ephmra.org

Researchers with less experience in healthcare?

The Learning & Development Committee is putting a programme together which covers many of the basics – using the online training resources as well as putting a series of webinars together. Look out for an announcement soon.

Contents

Copy Deadline

For September 2019 post conference news - deadline is 7 July

For the December 2019 News - deadline is 15 October

Send to generalmanager@ephmra.org
www.ephmra.org

Get in touch

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

Bernadette Rogers, General Manager
Email: generalmanager@ephmra.org

Keep up to date

EphMRA communicates with members as regularly as practical:

- Send out emails
- Post on our LinkedIn page:
- Use Twitter – follow us:

NEW!
Facebook page – follow us on Facebook and get immediate notifications in your own FB feed

Just like our page – easy and simple.

Find out all the latest news on our Warsaw conference https://www.ephmraconference.org/

About the Board

The management of the Association is undertaken by the Board, which derives its authority from the members, and is responsible for fulfilling the objectives of the Association having regard to the decisions taken by the members at the Annual Meeting.

The Board comprises the following members:

- President
- Vice President
- Past President
- up to 5 regular Board members
- Treasurer and General Manager (non voting)

Up to 5 supplier members may be appointed to the Board. The number of Supplier Members appointed to the Board must not exceed the number of Industry Board members.

Members of the Board for 2018 - 2019 are shown below and on the next page.

Karsten Trautmann
Merck KGaA
Board Industry Member,
President

Thomas Hein
Thermo Fisher Scientific
Board Industry Member,
Past President

Charles Tissier
Treasurer (non voting)

Bernadette Rogers
General Manager (non voting)

Nicola Friend
AstraZeneca
Board Industry Member

Gabi Gross
Thermo Fisher Scientific
Board Industry Member

Richard Hinde
Norgine
Board Industry Member

Xander Raijmakers
Eli Lilly
Board Industry Member

Feel free to contact any Agency Member of the Board -

Fenna Gloggner
Director Strategic Initiatives,
Healthcare Research Worldwide
f.gloggner@hrwhealthcare.com

Richard Head
Director
Research Partnership
richardh@researchpartnership.com

Amr Khalil
Managing Director,
Ripple International
amr.khalil@ripple-international.com

Sarah Phillips
Senior Principal
IQVIA
sarah.phillips@iqvia.com

Anton Richter
CEO
M3 Global Research
Anton.Richter@eu.m3.com

MR Excellence Awards 2019

EphMRA is very pleased to announce the winners of the 2019 MR Excellence Awards.

Winner: 2019 MR Excellence Award: 'Business Impact through Innovation'

sponsored by Adelphi

Interactive Disease Pathways – How Janssen and Cello put the patient experience front and centre.

Stewart West, EMEA Market Research Manager-Immunology Janssen and Gavin Buck, Director Cello Health Insight.

Runner Up: 2019 MR Excellence Award: 'Business Impact through Innovation'

sponsored by Adelphi

Using facial analysis to uncover deeper reactions to pharmaceutical communication materials.

Richard Head, Director at Research Partnership and Sarah Fletcher, EMEA Business Insights Manager at Janssen.

Winner: Future Leaders: MR Excellence Case Study Award

sponsored by AplusA

Using an integrative design to identify opportunities for appropriate, early usage of a pioneering hospital antibiotic.

Daniel Rayner, Associate, Insight Dojo Ltd.

Joint Runners Up: Future Leaders: MR Excellence Case Study Award

sponsored by AplusA

Outlining key learnings from a multi-market, dual phase segmentation study.

Faye Holmes, Senior Research Manager, HRW

Innovative Patient Adherence Research

Clare Murphy, Senior Research Associate, Kjt Group

EphMRA would like to thank those who took the time to make a submission, the judges and our sponsors Adelphi and AplusA.

All those who submitted have been invited to:

- Display their paper on a poster at the conference in Warsaw

and

- Write their paper up for an article in the 2019 post conference news

We will shortly announce how you can find out more about the Award presentations at the conference.

Fieldwork Forum

FMV = Fair Market Value - the Fieldwork Forum is putting together an overview of incentive levels recommended in target countries compared to incentives levels sometimes asked for from clients.

If you are a Data Collection company and would like to add to this review get in touch and we will send you the spreadsheet to complete.
Email - generalmanager@ephmra.org

Devices & Diagnostics Group

Agencies working in the Devices & Diagnostics area - get in touch. EphMRA is putting together profiles of agencies who have a focus on devices and diagnostics. This will be accessible to our member companies. Contact us to make sure your agency is on the list for us to collect details of your expertise.
Email - generalmanager@ephmra.org

Forecasting Forum organised and convened by Erik Holzinger, groupH and Ben Collins, Boehringer Ingelheim

Here's an update on how the Forum came about and what the topics under discussion are.

The Beginnings

The EphMRA Online Forecasting Forum was set up in the second half of 2018 by Erik Holzinger/groupH and Ben Collins/Boehringer Ingelheim to provide a place for industry and agencies to engage and continue discussing topics of interest in areas of Forecasting and Data Analysis throughout the year. The idea followed a lively Forecasting Roundtable event at the 2018 EphMRA Conference in Basel.

Currently 36 individuals from 11 Pharma companies (AZ, Bayer, BI, Celgene, Eisai, J&J, Roche, Sanofi, Pierre Fabre and others) and 5 agencies (Aurum, groupH, JD, Kantar, SKIM) have signed up to the forum with roughly half of all participants joining the 2-monthly 1 hour lunch time TCs on a regular basis.

Objectives and Target Audience

The forum started with the idea of regular, easy-to-access 1 hour online meetings that discuss one or more topics that are of high interest and where comments from different perspectives add VALUE in a broader sense. The discussion so far stayed clear of any potential conflict at franchise or indication level or where member organisations may directly compete with each other.

The online meetings are free (for members), organised as a closed group but accessible by all experienced individuals with a forecasting or data analytics background.

Modus Operandi

From the outset the forum has been working along a set of guidelines that govern the interactions and describe the forum ethos – a modified version of 'Chatham House Rules'.

The 2-monthly 1 hour dial-ins are scheduled for Friday lunchtimes and are chaired by Erik Holzinger or Ben Collins and typically start with an opening statement introducing the topic, which may or may not be supported by potential briefing materials. The discussion aims to reveal real-world experience with methodologies and techniques and we look to challenge, probe and encourage questions and comments from anyone taking part. Adherence to the underlying guidelines encourages an open and honest discussion.

Every meeting is recorded and transcribed and distributed to all participants for reference as part of the offering. In parallel, all members are also signed up to a free and simple SLACK and DropBox space. This allows the sharing of documents, follow-up discussions and easy access to a repository of useful content such as historic and recent publications and papers during 365 days per year.

Towards the end of 2018 the forum researched its own needs, preferences and topics of interest in more detail. A survey covered five simple questions and allowed comments on the proposed draft guidelines from all participants.

Following the survey, the feedback was discussed between organisers and participants individually through 30 minute follow-up video calls. Based on this feedback the guidelines were confirmed unchanged and the idea of a 4 hour face-to-face meet-up hosted by one of the participating Pharma companies was added to the scheduled 2019 activities.

Following an introductory call in November 2018, the forum covered three topics so far: 1. Decision Making Criteria for Early Stage Opportunities, 2. Differential Analysis and 3. The Changing Role of Primary Research in Forecasting.

Future Outlook

We are currently planning for the 1 hour face-to-face Forecasting Roundtable in Warsaw in June during the yearly EphMRA conference and a face-to-face 4 hour meeting in Ingelheim on 11th October. We are considering inviting speakers on selected topics and to tackle forecasting challenges and questions that cannot by solved by any agency or industry player on its own. This face-to-face meet-up is, again, planned as a free event, hosted by an active forum member organisation but limited to a closed group of participants.

We are exploring the feasibility of pulling together a sufficiently large sample of historic market research from a broad range of therapy areas for meta-analysis. We will be looking for insights that will help to improve long term forecast accuracy by understanding known but difficult to quantify uncertainties better such as physician bias and potential overstatement among others.

Potential other ideas for future engagement is to offer ad hoc 15 minute CLINICS for specific questions from member organisations that would benefit from broader input.

If you are interested in joining the group please contact: generalmanager@ephmra.org

Learning & Development Committee

A programme for less experienced colleagues in healthcare market research is being developed by the LDC and will include the following:

A) 3 online trainings along with associated publications

- Introduction to International Pharmaceutical Market Research
- Research Through the Product Life Cycle
- Managing a Research Project

B) Plus a series of Webinars covering:

- Basic Skills: Project and Product Lifecycle
- Secondary Research
- Positioning & Messaging
- Patient Research
- Projective techniques

The programme will start in October 2019 when the membership year starts again. A certificate of completion will be available for each online training and webinar completed.

The programme is free to member companies – no charge at all.

Classification Committee - Add your voice - it matters!

Each year in May the EphMRA/Intellus Classification Committee contacts all Pharma members of both associations to ask for their vote on the proposed changes to the classification structure, for example, new classes. These new classes, if agreed, are then available for use in the following January.

If you are a pharmaceutical company with a number of products on the market or in the pipeline, then changes to the classification structure are a vital part of your strategic planning.

Every year a significant proportion of Pharma members do not return their votes.

Why vote?

Pharmaceutical products are grouped into categories in secondary audits according to the EphMRA /Intellus Anatomical Classification System -voting ensures that all companies get a chance to ensure these are the right new classes as they can affect a number of pharmaceutical companies.

How are the new classes created?

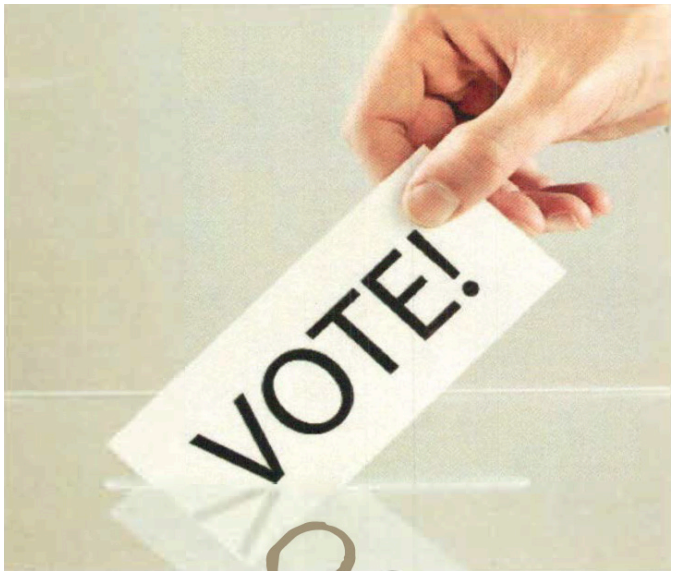
Proposals for new classes are carefully reviewed by the entire Committee. The Committee consults with appropriate involved member companies and sometimes with medical opinion leaders to gain input and refine the initial proposal.

The Committee finalises the proposal and it is sent out to the full EphMRA/Intellus membership for voting in the second quarter of the year.

How does the vote work?

Eligibility:

- Only Full (Pharma) Members of EphMRA or PBIRG may vote.
- Each member company is entitled to one vote. If a company has membership of both EphMRA and PBIRG then one vote is allowed between them.
- A 'company' is defined as a corporate entity. In other words, there is one vote per corporation, regardless of the number of affiliates or subsidiaries (unless any are separate corporate entities).
- Proposals need the approval of a 2/3 majority of the voting companies to be passed.
- If a 2/3 majority is not reached, a second count is made of interested/involved companies.
- If 2/3 of the interested/involved companies approve, the class is approved.



Process:

The vote is completed on line and an email is sent to companies with the relevant link. This method was introduced last year and has proved to be much quicker to complete than previous methods.

You can abstain on individual proposals. This means that you have the flexibility to vote yes or no in an area in which you are involved, and abstain in another area.

What do I have to do as the Pharma company contact for EphMRA/Intellus?

- In advance of the May vote, identify and n;minate(j,e person in your company who will progress internally and then finalise the vote.
- If you wish, you can provide EphMRA with the email address of the nominated person and we can ensure the voting email and information go to both of you.
- Look out for the voting email alert which comes out in May.
- Ensure your company registers its vote.

M3 Global Research Survey Reveals Over 80% of Specialists Agree Doctors Should Have More Flexibility on Deciding When Cannabis-based Products Should Be Prescribed to Patients

Additionally, 90% of Patients Think NHS Should Pay for Cannabis-based Products

Across a series of four questions, M3 Global Research panel members in the UK—including patients, GPs, medical specialists and other healthcare professionals—were surveyed to obtain their opinions on the accessibility of cannabis-based products for medical use. Results revealed that the vast majority of patients are ready for the rules to relax and for the NHS to cover the costs.

The questions respondents were asked included:

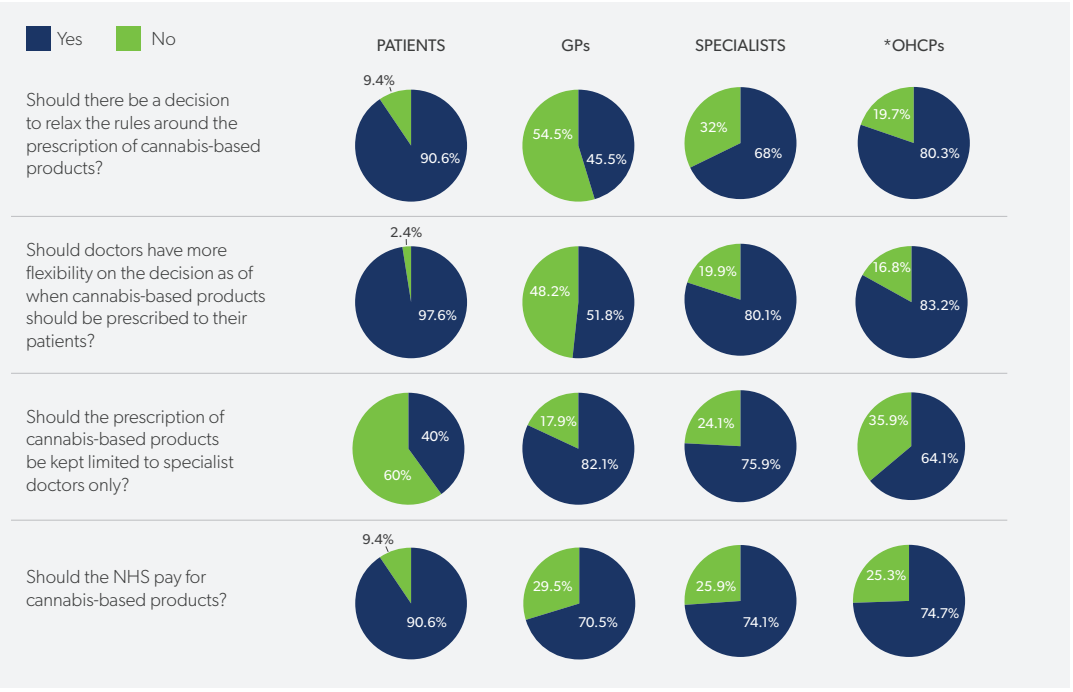
- Should there be a decision to relax the rules around the prescription of cannabis-based products?
- Should doctors have more flexibility on the decision as of when cannabis-based products should be prescribed to their patients?
- Should the prescription of cannabis-based products be kept limited to specialist doctors only?
- Should the NHS pay for cannabis-based products?

The results of our survey are quite interesting, especially when comparing answers from different respondent types, with the patient community being the most eager for the rules around cannabis-based products to be relaxed.

Here are some highlights:

- 80% of specialists agree with relaxing the decision making as of when they can prescribe this type of medication.
- Our patient community agrees with relaxing the rules around the prescription of cannabis-based products and believe the NHS should pay for it.
- However, they are the only surveyed group that thinks that the prescription of cannabis-based products shouldn't be kept limited to specialist doctors only.
- Regarding our healthcare panel, it is worth noting that general practitioners (GPs) seem to be less in favour of relaxing the rules around the prescription of these products and are also the respondents that most agree to keep it limited to specialist doctors.

Here are the detailed results of the survey:



**OHCPs: Other healthcare professionals, such as nurses, dentist, therapists, nutritionists, etc*

Sample size consisting of 85 patients, 112 GPs, 266 medical specialists, and 304 other healthcare professionals (nurses, dentists, technicians etc).

M3 GLOBAL RESEARCH | www.M3GlobalResearch.com

M3 Global Research, part of M3 Inc., provides market research recruitment, data collection, and support services reaching respondents in 248 markets across 70 countries worldwide with a strong emphasis on the healthcare space. Working in highly regulated industries, M3 maintains ISO 26362 and 27001 certifications, providing data collection and project management capabilities covering a broad spectrum of quantitative and qualitative techniques.

psyma

Is the patient's voice always being heard by pharma and biotech companies when developing self-injection devices?

Monica Bach
Senior Consultant, Psyma Health & Care

The priorities between chronic and acute care can vary greatly from having genuine benefits to helping patients and caregivers cope better with their treatment to aesthetics increasingly taking a front seat.

Self-injection devices used in chronic care today cover a wide range of indications from rheumatoid arthritis, osteoarthritis, Crohn's disease, diabetes to bleeding disorders to name a few. And in the end it doesn't matter whether the device was developed for acute or chronic care, the key features which must be established are the same for both – providing optimal treatment and /or alleviating pain with a safe, reliable and intuitive device.

So what's the difference? With functionality and rapid improvement being at the core of acute or emergency treatment, patients self-injecting for chronic conditions are not driven by urgency and as such non-functional criteria are often key triggers in decision-making. Medical device testing research for chronic conditions is interestingly showing preferences for more technological or aesthetically appealing devices even though use is often more complex and the error ratio can be considerably higher, even after several trial runs.

Enhancing the patient experience

And why does this matter? With the focus on patient-centric care today, enhancing the patient experience promotes patient adherence, improves treatment outcome, motivation and ultimately increases product loyalty. Despite other devices being easier to handle, the "good-looking" or "connected" devices are often first choice. And why should they not be? The "aesthetic" and/or "wireless components as part of the selection process when buying a kitchen gadget, a car or furniture are also increasingly becoming key motivational triggers in medical device selection. The user often takes functionality for granted and is even willing to compromise on convenience for a more appealing device.

And it's not only having a device which is highly clinical in appearance, but also storage including refrigeration to which others in the household or visiting would have access to causes distress for some,. Patients do not want to be reminded or questioned about their condition or treatment in untimely settings.

Designing a device which resonates with a specific target audience and at the same time can be managed efficiently under varying circumstances requires looking outside of a controlled test environment.

In the moment customer experience

To truly understand the ease of handling devices and the triggers for patient preferences, our experiences have shown that empirical testing outside of a controlled setting can provide highly targeted and valuable insights on device design based on real world evidence.

Ethnographic studies in the respondent's home or our immersive PsyDive engagement through custom-online communities in which the administration is filmed and uploaded securely by patients (or their caregivers) provides a more holistic evaluation of the individual steps involved from preparation to cleaning up, injection and waste management. It also allows MedTech companies to zero in on "real life" concerns which do not always present themselves in in-facility interviews. Safeguarding prior to launch that self-injection devices also deliver in a real world setting can avoid costly design changes later on.

Being outside of a controlled environment requires multi-tasking resulting from any number of disruptions in the home (other family members, phone calls, pets, door bell, etc.) which can in many instances lead to mental confusion and/or lack of concentration. In such situations, clumsiness often sets in; patients become fidgety and often frustrated. As a result the prototype scoring best in a controlled environment is not capable of upholding its pole position in a "real life" setting.

IFUs

You would think it can't be so difficult with patients having IFUs to fall back on when unable to remember next steps. User instructions, however, do not always meet the mark in providing the intended support. Some are overly complex, others non-intuitive, while others are just simply poorly written or the font size is illegible to the human eye. And it doesn't end here – what also needs to be factored in is human fallibility. The aversion to instruction manuals resulting from past experience or believing that common sense will get you through is a clear sign that more attention and testing is required. Smart technologies such as QR codes with links to tutorials or videos need to further enrich the patient experience so that the intrinsic motivation which comes with the preferred device translates into error-free administration and better treatment outcomes.

To find out more, please contact:

monica.bach@psyma.com / richard.habis@psyma.com

ABOUT THE PSYMA GROUP

The Psyma Group is an independent, global and custom marketing research provider that offers creative research solutions to the Healthcare, Financial, Automotive, FMCG and B2B industries. With 17 offices located in North America, Latin America, Europe and Asia and nearly 300 research professionals, the Psyma Group has provided global strategic and brand consultancy for more than 60 years.

psyma.com

TENDER ANALYTICS: META ANALYSIS ON WIN/LOSS STUDIES IN MEDICAL CAPITAL EQUIPMENT

J. van de Sande[1], F. Shelley[1], M. Francis[1]

1 – Suazio Consulting, Antwerp, Belgium

INTRODUCTION

Medical Devices (and in particular Medical Capital Equipment) are important tender businesses. Winning or losing a tender can dramatically affect your year end results. However, organizations struggle to capture and combine all the relevant information to drive tender strategy. This leads to sub-optimal strategy and implementation (i.e. only focus on pricing) and repeated tender loss. Competitive intelligence methodologies can be used to understand your historic win/loss, and use these insights to drive tender strategy and grow the win ratio. Over many years, suAzio has conducted numerous win/loss studies using tender post decision interview (PDI) techniques, to gather qualitative and quantitative insights.

METHODOLOGY

In order to give insight into overall important tender trends in Medical Capital Equipment, we have analyzed 11 win/loss projects including 205 tender PDI's in medical capital equipment, ranging from MRI to Ultrasound (Figure 1) in various countries and hospital types. In our sample we included 28% tenders won, 72% tenders lost. In this meta analysis we grouped 15 numerical and coded questions across projects.

RESULTS

Understand the purchase journey

If you want to stay ahead of the competition, it is essential to understand what triggers a purchase of new medical equipment. This helps you align better with customers during their purchase journey. Our interviews indicate the top three triggers are: Improved Product Quality (current is obsolete), Need for New or Enhanced Product Features (new equipment can do more/better) and Increase in Procedure volumes (need for additional equipment) (Figure 2).

50/50 split in influence power

The target audience and influence levels within the tender decision is changing all the time. The physician is always present in the tender decision, however in 70% of cases technician and hospital administration are also sitting at the table. The influence level on final decision is therefore shifted towards a 50/50 split between clinical and non-clinical profiles (Figure 3).

Price is not always the key factor in winning

Yes, price is important. That is the main reason for setting up a tender. However, our grouped analysis shows that respondents mention price as a top reason for winning the tender in less than half of all bids.

Product features are primary factors in 78% of won bids. This can range from product performance and quality, to ergonomics.

In addition, customer service and experience with the winning brand are also important factors as well (Figure 4), which indicates that all company departments can contribute to tender win ratio.

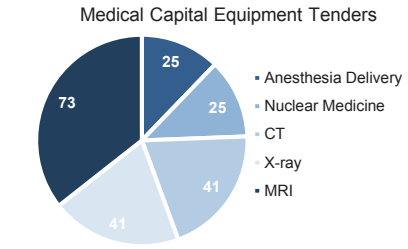


Figure 1. Distribution of tender interviews by medical capital equipment type

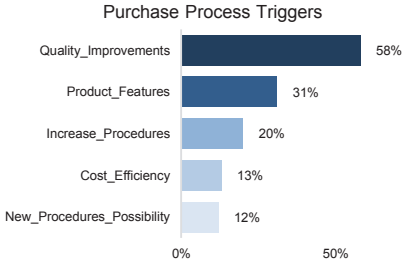


Figure 2. Purchase triggers and % of mentioned by total respondents

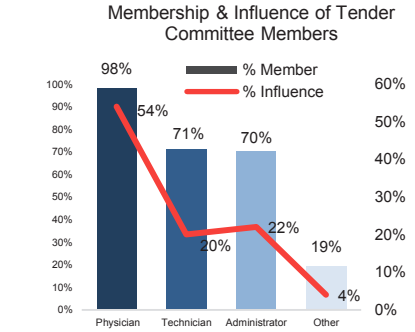


Figure 3. Tender committee membership versus influence power in final purchase decision

Figure 4. Top single reasons for winning a bid in % mentioned by total respondents

CONCLUSIONS

Our sample tender analysis shows interesting key numbers in the tender process, supporting decision making in the medical capital equipment tender business. Based on detailed analysis of win/loss data, companies can better structure their customer buying journey, promotional efforts and key organizational changes.

research partnership

Conducting effective conference research

John Branston
Director, Research Partnership

One arena where the benefits of mobile research have combined to especially good effect is conference research.

With the advent of mobile research, it suddenly became possible to achieve a hugely valuable mix of standardised comparative evaluation, multimedia submissions and in-depth qualitative feedback in rarefied conditions where key target customers are really thinking hard about how the future will play out in an area of medicine. Enabling longitudinal research through the pre- and post-conference phases also allowed for some very clear measurement of congress impact and the effect of individual announcements, booths, company presence etc. on delegates' perceptions.

A mobile research approach gives us a winning combination of robustness and flexibility to address a wide range of research issues around a variety of conference objectives. Pharmaceutical companies often use a conference to announce new clinical trial data and want to get the very first signals from the target audience as to whether/how that data might impact clinical practice. Equally, they may be using conference to launch a new disease awareness campaign, or to present a novel booth, or to showcase new tech; conference research can be fully tailored to gather reactions to any or each of these in detail using daily snap surveys.

In addition to primary research objectives, research among leading prescribers is a great opportunity to get feedback on fundamental issues such as emerging treatment approaches, perceptions of new drug classes etc. Despite the short, individual questionnaire interactions, we have become well-versed at getting in-depth feedback across the full range of issues that matter to the Marketing and Brand teams who work tirelessly for several months to make the conference presence happen.

A tool to measure your performance over time

Conference is also the stage on which companies demonstrate leadership and their commitment to a specific field of medicine. Increasingly, senior management wants to keep a closer eye on how the company is perceived by key prescribers and whether the dollar spend on conference presence has been justified in terms of enhancing this perception. With full control over sample and the ability to compose a sufficient basis for simple quantitative comparisons, mobile conference research delivers squarely to this latter requirement. It also opens up the possibility of a year-on-year, conference-on-conference evaluation so that the impact of companies' and competitors' product pipelines and lifecycles can be studied as they play out on the 'leadership' stage.

With such scrutiny on spending, it is important to know what aspect of conference 'worked' and what did not. And so we are now seeing an evolution of conference research: in addition to looking at single-conference 'issues' piecemeal, there is an increased demand for an ongoing evaluation of company performance and perceptions over time. Major conferences are being used as marker points on the continual pathway to pre-eminence and provide the perfect juncture for both an inward- and outward-looking self-evaluation: What is our position in the minds of our customers? Can we defend our leadership position in the face of new treatment approaches? Of what value is our heritage versus the impact of a new revolutionary product?

These are some of the questions that conference research is now helping to address and it is why pharmaceutical companies are increasingly looking to track KPIs across numerous conferences and throughout the year as well as subsequent years. The comparative evaluation of US versus European meetings/prescribers is of interest, as is the year-on-year measurement of change at a single major meeting. By building conference-specific questions around a core of repeated KPIs, we can simultaneously understand the buzz of an individual meeting, while also contributing insights on the trends in the bigger picture.

Tips for conducting effective conference research:

1. **Use the opportunity**
   Large samples of target specialists don't gather often
2. **Plan ahead**
   Agree the study design & survey content in good time
3. **Tailor the research**
   Select metrics that best support conference evaluation
4. **Get the sample right**
   Include a wide-range for a more balanced perspective
5. **Keep it simple**
   Conferences are busy and so are respondents
6. **Make use of multimedia**
   Include audio, photo & video submissions
7. **Compare and contrast**
   Benchmark your performance vs competitors
8. **Frame the future**
   Use vignettes to gauge the likely impact of new data
9. **Track performance across meetings**
   Apply metrics across multiple events, regions & years
10. **Understand performance across franchises**
    Measure cross-organisation to see what's working

To find out more, please contact:
johnb@researchpartnership.com

How to dramatically increase IVF protocol compliance? Interplay between medical culture, physician's communication style and patient's health literacy.

Contextualized in In-Vitro Fertilization (IVF) protocol compliance, our work was designed to help physicians from various medical cultural background to effectively assess patient's health literacy and adjust communication style. We assumed that the effects of communication style, shaped by patient's health literacy and self-efficacy, impact compliance differently in cultures with authoritarian, patient-centered, and mixed communication styles.

The objective of the research study was to develop culture-driven guidance to physicians in the context of IVF, helping physicians to improve patient compliance.

The research was conducted in three countries with different communication style prevalence:

1. Russia - a country with predominantly ***authoritarian*** physician communication style, where provider assumes a paternalistic approach with patient. Clear, straightforward recommendations are provided, no room for discussion is left. Patient should fully trust the expertise of the physician. (Recently, patient-centered approaches have started making their ways into the Russian healthcare market as well. Physicians are still struggling to apply patient-centered communication across their patient population, sticking to tried and tested authoritarian style.)

2. The USA – a country with ***patient-focused*** healthcare system, which has incorporated leading amount of patient-centered techniques. The approach assumes respect for patient preference, emotional support, involvement of family and friends, continuity of care.

3. Germany – a country with ***mixed*** "patient-centered" and "authoritarian" communication style, both a healthcare professional and a patient are viewed as active participants of medical decisions, sharing information and responsibility for choices.

Health literacy refers to the level of knowledge that allows a person to improve their health condition. Such knowledge includes understanding of general health information, medical terms and the national healthcare system as well as the ability to put those into practice. Patients with high health literacy can acquire and use most of the information required (≥ 75%) easily or very easily, patients with medium health literacy can acquire and use some of the information required (75% ≥ 50%) easily or very easily, patients with low health literacy can acquire and use minimal information (< 50%) easily or very easily.

The research design employed a mixed methods approach: we used in-depth interviews with patients who had successfully undergone IVF treatment, and analyzed virtual online health communities of patients from the three countries above (over 1350 posts reviewed and coded). We aimed to confirm hypothesized doctor-patient communication models based on the patients' preferences, health literacy and self-efficacy beliefs.

Our research shows some interesting variations among patients from different (medical) cultural backgrounds. Based on the differences revealed, we have identified three patient types:

Partner

Prevalence: the USA
Communication style: Patient-centered
Health Literacy: High

Most likely to behave:
- Always conduct independent research on treatment
- Choose physician rationally based on success rates and experience
- Able to judge the information about IVF treatment communicated by phytsician or other sources including the media
- Make up their own opinion and gain sufficient information as well as try to understand their physician
- Involved into all kinds of decisions such as choosing the right treatment option, the right time to start the treatment, etc.

What they expect from medical staff:
- Physician to be very open and communicative, act as a partner
- Physician to explain why certain steps within the treatment are taken
- Physician to share multiple information sources (leaflets, websites, support groups)
- Provider to assume multiple, continuous roles - from diagnostician, to surgeon, to doctor who develops and supervises the treatment plan
- Medical staff to be available at any time - 24/7
- Ability to always answer the "why?" question (i.e. Medical staff to recommend activities that are good for patients during the IVF treatment, why certain check-ups are necessary)
- Clinic to provide practical support, e.g. check-up calls

Assistant

Prevalence: Germany
Communication style: Mixed (Authoritarian & Patient-centered)
Health Literacy: High

Most likely to behave:
- Usually conduct independent research on treatment
- Rational aspects are secondary compared to the emotional ones when choosing a physician
- Able to judge the information about IVF treatment communicated by the physician; however, find it difficult to judge if the information in the media is reliable
- Follow their treatment regimen by themselves without any reminders from the clinic
- Even though informed, can choose to be involved or not involved in the decision-making process regarding their IVF

What they expect from medical staff:
- Physician is perceived as an arbitrator, and is expected to be completely honest with patients – even when the news or chances are bad
- Patients expect their treatment to be managed by one physician (currently the patient is assigned to the clinic and not to a physician in Germany)
- Physician expected to be available for communication in case of emergency
- Patients are not in need of assistance from physician e.g. self-completion patient diary provided by physician
- Clinics to recommend activities that are good for patients during the IVF treatment

Student

Prevalence: Russia
Communication style: Authoritarian
Health Literacy: Medium

Most likely to behave:
- Fully rely on physician regarding treatment decisions
- Can't judge the advantages and disadvantages of different treatment options
- Can't judge when a second opinion from another physician may be required
- Usually do not perform independent research on treatment
- When choosing a physician, rational aspects are secondary compared to the emotional ones
- Can't judge if the information about IVF treatment in the media is reliable

What they expect from medical staff:
- Physician is the decision-maker, patients believe that they are not competent to share treatment decisions
- Physician to instruct what kind of check-ups and when they should be done (explanation "why" is not required)
- Physician to provide detailed instructions on administering medication, injections (where to buy, when to administer, how to store etc.)
- Physician to provide support tools to follow the regimen such as a self-completed patient diary
- Patient to be able to seek advice at any time (personal contact with physician)

All the three patient types ("partners", "assistants" and "students") expect their physician to be emotionally involved in the IVF treatment. They emphasise that physician should be supportive and live through the journey with them. They also appreciate if a physician can show empathy. "Assistant" patients especially value honesty. They expect the physician to be honest with them even if their chances of getting pregnant after their IVF are very little. "Student" patients put trust first. As they are not confident enough to make shared decisions, it is critical for them to rely on their physician completely. For "partner" patients, physician's openness is of great importance. If the information offered by the physician to the patient is detailed enough that the patient understands the procedure, she will be able to estimate her chances better.

Culture-driven guidance to physicians practicing the following communication styles

"Authoritarian" communication style:

Since "Student" patients do little to no independent research, the physician is responsible for explaining the patient's various treatment options and alternatives, as well as all the nuances of the treatment clearly. The physician needs to put himself/herself in the patient's shoes. The physician should also encourage the patient to do research on IVF treatment to improve the patient's health literacy. Due to the relatively low health literacy, "student" patients require a lot of assistance from the clinic such as diaries or telephone reminders. It is hard for them to remain compliant to their treatment on their own. "Student" patients are mostly in need of patient websites with the possibility to talk to physicians and psychologists as well as concise information on IVF (e.g. videos).

"Patient-centred" communication styles:

"Partner" patients need a physician to be their partner during the IVF decision-making process. They need steady support from their physician who is always ready to encourage them, give them advice and show empathy. They do not want a physician who tells them what to do. They are interested in various education tools online and in book-format, patient websites and others, where they can look up general information. They prefer to track their personal progress online on a patient website.

Mixed "patient-centred" and "authoritarian" communication styles:

Similarly, "assistant" patients need a supportive partner to make decisions during their IVF treatment. However, the core value here is honesty. The physician should always tell the patient the plain truth and discuss further steps of the treatment. "Assistant" patients are quite self-sufficient; apart from clear instructions on how to proceed on their treatment, they do not need any further assistance from the clinic (e.g. telephone reminders). They welcome various education tools, preferably online or in the clinic.

Our analysis focused on patients' views on the medical culture, communication style and health literacy. The conclusion could be complemented by a physician's perspective. The next stage of this study will be in-depth interviews with fertility specialists to test doctor-patient communication models developed earlier. At this stage, we will analyse patients visit diaries completed by fertility specialists. This will help finalise the comprehensive model of doctor-patient communication based on medical culture, health literacy, communication styles, and assumed patient roles.

Anna Shevalova,
Project Manager
- - -
Bazis Group LLC
Russia

References:
Bo, A., Friis, K., Osborne, R., & Maindal, H. (2014, October 22). National indicators of health literacy: ability to understand health information and to engage actively with healthcare providers - a population-based survey among Danish adults. Retrieved from ncbi: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4286937/
Finbråten, H., Wilde-Larsson, B., Nordström, G., Pettersen, K., Trollvik, A., & Guttersrud, Ø. (2018, June 28). Establishing the HLS-Q12 short version of the European Health Literacy Survey Questionnaire: latent trait analyses applying Rasch modelling and confirmatory factor analysis. Retrieved from NCBI: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6022487/
Fischer, E., C. Otnes, C., & Tuncay Zayer, L. (2007). Pursuing Parenthood: Integrating Cultural and Cognitive Perspectives on Persistent Goal Striving. Journal of Consumer Research, 425-440.
Klein Buller, M., & B. Buller, D. (1987). Physicians' Communication Style and Patient Satisfaction. Journal of Health and Social Behavior, 375-388. Retrieved from ceac.state.gov/CEACStatTracker/Status.aspx?eQs=WwjqOlbeRYzCYubaSQI+RA==
National Institutes of Health. (2018, June 29). Health Literacy. Retrieved from medlineplus.gov: https://medlineplus.gov/healthliteracy.html
van Osch, M., van Dulmen, S., van Vliet, L., & Bensing, J. (2017). Specifying the effects of physician's communication on patients' outcomes: A randomised controlled trial. Patient Education and Counseling, 1482-1489. Retrieved from https://www.sciencedirect.com/science/article/pii/S0738399117301386?via%3Dihub
World Health Organization. (2019). Health promotion. Retrieved from who.int: https://www.who.int/healthpromotion/health-literacy/en/

For any company doing global research, having a good understanding of different regions can be critical for saving researchers from getting lost in translation.

Latin America is a diverse region, which includes 20 independent countries as well as many other smaller jurisdictions, Spanish and Portuguese being the dominant languages. Its population of over 600 million inhabitants represents 9% of the world population.

The number of physicians living in this region exceeds a million drug prescribers and its healthcare expenditure is estimated to be over 400 billion USD.[1]

Furthermore, if we consider LATAM as a single territory - as it is often simplified externally – this expenditure would make it the 4th largest after the US, China and Japan, and surprisingly larger than certain developed individual markets, such as Germany, the UK or France.

Meanwhile, according to the same data Brazil, which stands globally as the 7th largest market, represents 50% of the LATAM business; and by including Mexico, Colombia, Argentina and Chile, you cover 5/6 of the total regional healthcare expenditure.

In addition to its size, the growth trend is also quite strong. The same WHO data shows a robust increase of healthcare expenditure of almost 7% annually, between the years 2000 and 2016, which resulted in an impressive triplication of this revenue!

Research investment, however, is lagging somewhat behind this trend. The latest ESOMAR Global Market Research report estimates that the LATAM regional shares a mere 3% of global turnover.[2] While there is no reliable data available for healthcare research specifically, our own estimates suggest a similar figure.

Therefore, this inconsistency is probably hiding a large market opportunity and sooner or later market intelligence budgets will align closer, not just to LATAM "future potential", but also to the extent of the actual size of its marketplace.

The good news is that research methods used globally work generally well in LATAM and virtually all targets, such as doctors, nurses, patients or even payers are accessible.

For qualitative projects, generally IDIs or TDIs can be run in a similar fashion as in Europe, although it is advisable to run them in the relevant local languages. Digital qual, such as online communities, is also starting to emerge.

Online research is generally well accepted. Based on our internal data we know that roughly 10% of the doctors in the main markets (i.e. Brazil, Mexico, Colombia and Argentina) have participated in one of our surveys, but the situation can be tricky in smaller markets, such as Chile, Peru or Central America, in which tiny universes imply the need for extensive ad hoc, and even f2f, interviewing.

We recently published "Future of Healthcare in Latin America",[3] a large-scale prospective study showing that physicians are generally tough critics of their own systems in Brazil, Colombia and Mexico, while Argentineans and Chileans showed more moderate views.

The main differences with their US peers are not so much their perceptions of the quality of private clinics or insurance plans (in which the ratings are similar and relatively positive), but rather the assessment of the overall healthcare coverage and, more specifically, in the quality of public hospitals.

According to LATAM doctors the most severe hurdles that patients face, which affect a majority of the population, are:

- Limited access to medicines due to high costs and/or bureaucratic access barriers;
- Lack of approval of drugs that would be the best treatment option;
- Lack of available equipment and materials;
- Limited time available for proper consultation and difficult access to specialists.

Thinking about their prospects, on the bright side, doctors imagine a future positively lead by technological improvement and better informed patients. On the dark side, they envision further restricted access to treatments and that the role of the doctor will be increasingly challenged in the healthcare process. Moreover, they fear they will feel a decline in respect, remuneration and working conditions.

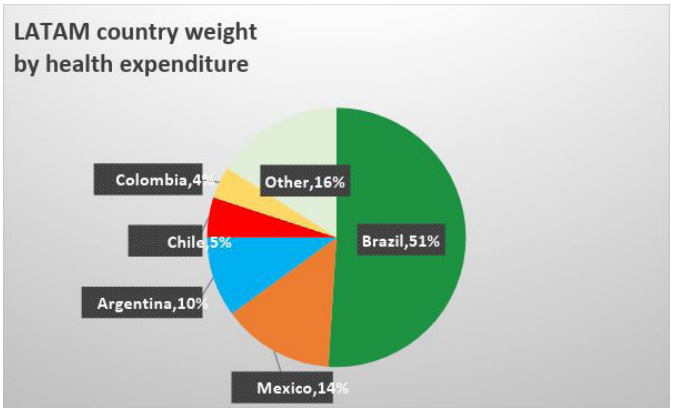
The technologies that doctors anticipate will make the most significant impact in this presumed future are preventive medicines, new vaccines, immunotherapy, usage of genetically adjusted drugs, genetic engineering and biologics.

Thus, while there are definitely some tensions in this diverse region's healthcare landscape, Latin America stands as a solidly growing area with positive prospects for both pharma marketers and researchers. Those who can get a deep understanding of the region - by investing in widely accessible research tools - and provide effective business solutions, will be better prepared to seize these opportunities.

Table 1

Country	Health Expenditure in billions of USD
USA	3,179
China	559
Japan	540
LATIN AMERICA	416
Germany	387
France	284
United Kingdom	258

Table 2



Diego Casaravilla is CEO of Fine Research, an agency specialised in healthcare qual and online data collection, with own operations in Brazil, Mexico, Chile, Colombia, Argentina and Uruguay.

References
1.WHO. (2019). Global Health Expenditure Database. http://apps.who.int/nha/database/ViewData/Indicators/en
2. ESOMAR. (2018). Global Market Research 2018: An ESOMAR Industry Report. Amsterdam: ESOMAR, pp. 10
3. Fine Research. (2018). Future of Healthcare in Latin America. Full report available: https://www.fine-research.com/blog/news

Join us in Warsaw for an outstanding array of speakers and topics to inspire, inform and empower you!

Keynote speakers
We're delighted to announce the first of our keynote speakers, Natalia Cohen. Natalia was part of the first all-female team to row unsupported across the Pacific Ocean, and she'll be sharing valuable insights about leadership, teamwork and mental resilience.

Plenary speakers
Following an outstanding session at our London meeting in February, we are excited to welcome Andrée Bates, CEO of Eularis to the conference this year. Andrée will be sharing her exceptional knowledge and expertise on AI within the pharma industry with delegates. She will explore the 'disruption' that AI is bringing to MR within industry and how this seeming challenge can provide real opportunities to agencies and pharma alike. This session is not to be missed. She will expand and elaborate on her session in London and her session will be followed by an interactive panel discussion so that everyone can get involved in 21discussing this highly topical issue with experts.

Following on from Andrée we will be hearing from our expert plenary speaker, Sarah Rickwood, Vice President, European Thought Leadership in IQVIA.

Sarah has 26 years of experience as a consultant to the pharmaceutical industry and presents to hundreds of pharmaceutical industry clients every year on a wide range of global pharmaceutical industry issues. During our conference, Sarah will present her paper on how to improve product launch performance - 'Driving launch success: less can be more in the right channel mix recipe.'

More Highlights from Day 1 (26 June)

Wide range of speakers and topics
We have been listening to our members and are delighted to offer some outstanding papers on a wide range of topics, from patient centricity to data analytics and innovative approaches. Here are just some of the excellent presentations you can look forward to:

Healthcare systems in Central and Eastern Europe: how to maximise market access in these regions – Lucasz Drzazga, SODA

Driving Treatment Duration: the segmentation you should be doing – Novo Nordisk & Craig Radley, KJT Group, Inc

Quitting smoking is harder than we knew: deep insights from a consumer consulting board – Marianne Fletcher, Pfizer & Magali Geens, InSites Consulting

The SMART way to tap into patient emotions: can novel methodologies help understand patient emotions better and faster? – Thierry Barten, Pfizer & Janneke van den Bent, SKIM

Telling the whole story: using data science to quantify brand health from unstructured responses – Neil Martin, Ipsos MORI

What can 18 patient insights inspire us to think differently about the future? – Mohamed Akrout, F. Hoffman-La Roche & Roberto Cortese, Elma Research

Reinventing healthcare (patient) relationships using AI chatbots – Sharon Paik, Cognitive Consulting and Candace Anderson, Radius Health

Round table discussions

Throughout the conference, there will be a number of round table discussions including Forecasting and Data Analytics, facilitated by Ben Collins, Boehringer Ingelheim and Erik Holzinger, groupH.

There will also be an ethics and GDPR update and a round table discussion covering these important topics.

During these sessions, you will have plenty of opportunities to engage with colleagues and discuss topics of high relevance to our industry.

On day 2 of the conference (27 June) our speakers will be sharing their expertise and insights on a range of topics including trends in our industry and implicit associations/behavioural science.

Here are just some of the excellent presentations you can look forward to on day two:

- Simon Ball (Celgene) and Pamela Walker (Incite) will be presenting their paper "Implicit insight into prescribing in relapsed and refractory Multiple Myeloma" and Tim Dungey (M3 Global Research) and Richard Head (Research Partnership) will present the paper "Agile Research: Buzzword or Game-Changer?"
- Peter Simpson (Segmedica, Inc.) will present "Beyond Behavioural Economics: a fully integrated view of behavioural drivers" and we will hear Sam Hope (Blueprint Partnership) and Lea Kalweit (Bayer AG) present "Rising to the challenge".

Plenary speakers

One of our fantastic plenary speakers on day 2 is the brilliant **Ana Perez of AbbVie**. Ana will be sharing her perspectives on the role that Business Intelligence will play in the future of the industry in her presentation: 'The Promising Future of Business Intelligence within the Pharmaceutical Industry'. This session will include data gathered from 'hot off the press' feedback from colleagues from agency and pharma companies following a short survey soon to be sent out and is a 'not to be missed' session.

This will be followed by a panel discussion where Ana will be joined by Richard Hinde from Norgine and other panel guests. You'll have the opportunity to listen to different perspectives and offer your own insights about which pathway you want to take to achieve this promising future.

Furthermore we are delighted to be welcoming **Marie-Claude Gervais from Versiti** and **Shae Eccleston** to speak at the conference. Shae is a cancer patient and has personal insight into how patients from minority ethnic backgrounds can be empowered by the provision of greater access to knowledge and involvement in service design.

Following on with the patient theme, **Nick Leon from Naked Eye Research and Mark Manning from GSK** will also then feature on the programme. They will share how immersive research techniques – specifically video ethnography, amplified by the use of drones and 360 VR experiences – deliver human insights to drive growth and new opportunities for pharma. They first presented on a similar topic at ESOMAR in 2018 but will build on this session for EphMRA in Warsaw.

Panel and audience discussions on Day 2

As well as a lively panel discussion with Ana about the future of business intelligence, you can join other industry-relevant discussions throughout the day. These will focus on some of the trends that our speakers have highlighted in their papers. You'll have the chance to discuss these trends with the speakers and your colleagues and look at the practical implications on your business.

Discussion topics include an experiment conducted by Blueprint Partnership, which sought to identify the natural prioritisations, shortcuts and omissions we make when recalling the past. Sam Hope of Blueprint Partnership and Lea Kalweit from Bayer AG will present the findings of the experiment and will discuss their findings with attendees.

Closing Keynote

Tom Cheesewright, a highly acclaimed Futurist, with extensive media experience, will close the conference on Thursday 27 June with his unique take on where brands are heading and how all marketers will have to adapt to a world of high frequency change. Tom's session is entitled - Change, Choice, Power and Speed: Our High Frequency Future. If your head is spinning with so much change going on in your professional life or you feel you just can't keep up with the pace of change, then this session is for you!

Applied Futurist, Tom will talk about whether change really is happening faster now and what this means for tomorrow's world. He will share his learning from helping some of the world's largest brands to see their future and will explain how all marketers will have to adapt to a world of high frequency change and infinite choice.

Networking

As well as providing excellent insights and discuss industry news our conference gives you the opportunity to meet new people. You will have ample opportunity to network during the conference, catch up with old colleagues and build connections. In addition to this, our venue for this year's conference includes onsite accommodation to allow more time for networking outside the conference hours. You could also extend your stay and take some time to enjoy the fantastic city of Warsaw which offers plenty of cultural and business opportunities.

Conference Workshop

Measuring and demonstrating ROI: Building the business impact of insights

Andrew Cannon, GRBN

Tuesday 25th June 2019 | 12.30pm - 4.30pm
EphMRA Conference, Warsaw

ROI – It's a term that we hear a lot in business and one we are hearing more and more used with reference to Insights and Analytics as budgets are either shrinking or expanding. Corporate researchers' ability to measure and promote the significant ROI they provide to their organisations is critical to their ongoing success. Many Insights departments want to be seen as a "strategic consultant" to the business, yet too often the department can be considered as reactive and functional rather than strategic by its internal clients. That's not necessarily because they are; it's due at least in part to so few departments being bold enough to market the value they provide in terms of ROI to their organisations.

So it's not surprising to learn that a joint GRBN/BCG study conducted in 2017 showed that consumer Insights departments that ARE measuring and reporting the ROI of insights are more likely to be seen as strategic business partners, with growing resources, more discretionary budget and a seat at the decision-making table. Insights has the *opportunity* to become the rocket fuel that drives the increasingly consumer-centric decision making environment. We just need to get better at measuring and communicating the ROI of what we do. Against this backdrop EphMRA is pleased to announce that Andrew Cannon, Executive Director of the Global Research Business Network (GRBN), will be delivering this workshop at the 2019 EphMRA Conference in Warsaw.

Read on to find out why you should attend.

On the day

The workshop will be interactive and include round table discussions on concerns, issues and needs. The focus will be on:

- **Discussing the results of the BCG analysis completed prior to the workshop.**
- **Learning the different dimensions of the GRBN framework.**
- **Learning how to get started with measuring your own ROI and demonstrating your business impact.**

Discovering key findings and insights from the latest research-on-research and best practices. In addition EphMRA is pleased to include in the workshop a copy of the GRBN ROI Invest in Insights Handbook.

Our Learning and Development Committee (LDC) have been reviewing all the feedback received from delegates at the conference and other EphMRA events about topics of interest for further training and the committee is delighted to be offering 2 workshops at the conference in June on topics which we hope will interest and inspire delegates.

In 2019, EphMRA is offering 2 workshops on completely different topics. Both will be run by fantastic professional speakers, so it will be very difficult to choose which one to attend!

Both workshops will last 4 hours - 12.30 - 16.30 on Tuesday 25th June, with a light lunch being provided at 12.00 for attendees.

Conference Workshop

Increase your impact and influence with Richard Newman

Tuesday 25th June 2019 | 12.30pm - 4.30pm
EphMRA Conference, Warsaw

We are very excited to announce that Richard Newman from BodyTalk will be returning to run a workshop at the 2019 EphMRA Conference. Learn how to speak with more authority and impact, and have a greater influence at work by attending this 4 hour workshop at the 2019 EphMRA Conference in Warsaw.

Workshop objectives

Designed for you to gain a dynamic and persuasive communication style, this workshop will prepare you for those all important meetings, giving you the confidence you need to make a greater impact.

Who should attend

This workshop is aimed at anyone who wants to increase their personal impact at work. Whether you need to improve your pitching, make compelling presentations, or improve day-to-day communication.

What you will learn

You will leave with a more dynamic and persuasive communication style, be able to speak with more authority and impact, and have greater influence at work.

On the day

The interactive workshop will include:

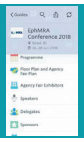
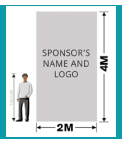
- **Presence, Gravitas and Influence** - gain advanced speaking techniques that allow you to increase your influence at work in all types of situations.
- **Powerful Scripting** - discover the essential elements that all effective business stories must have in order to captivate your audience.
- **Personal Practice and Coaching** - apply everything you have learned to an upcoming event, with an opportunity to practice and gain feedback from your colleagues.

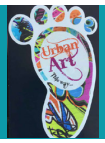
Decide how you will apply everything you have learned in the coming weeks, so that you gain lasting value from the session.

2019 EphMRA Conference Sponsorship Opportunities

25-27 June, Warsaw

Sponsorship Opportunities Available

- **Conference App** 
- **Branded Mobile charging station** 
- **Branded Social media wall** 
- **Large branded sticker on the front window** 
- **Branded 4m x 2m banners in the main plenary/ Agency Fair room (3 remaining)** 

- **Large footprint floor stickers** 
- **Digital Signage - Tuesday and Thursday available** 
- **A5 pad** 
- **Large branded sticker on the front revolving door** 

Sponsorship Opportunities - SOLD!

- **Reusable water bottle and water stations** SOLD! M3 Global Research 
- **Delegate badge** SOLD! IGV Marktforschung GmbH 
- **Delegate badge lanyard** SOLD! Ipsos Healthcare 
- **Registration desk and lecturns** SOLD! SurveyHealthcare (SHC) 
- **Delegate bag** SOLD! GLocalMind 
- **2m x 4m banner in the Agency Fair/Plenary room** 1 SOLD! Segmedica 

- **Photographer** SOLD! Research Partnership 

- **A5 pad** SOLD! Ripple International (multiple sponsors allowed) 
- **Conference Centre WiFi password** SOLD! AplusA Research 

- **Digital Signage - Wednesday** SOLD! Genactis 

Please contact Caroline Snowdon at events@ephmra.org for more details about any item.
Go to the EphMRA Conference website for a downloadable pdf about all the items which can be sponsored - https://www.ephmraconference.org/sponsorship/

2019 Conference Steering Committee

Our Steering Committee comprises of the following people from Agencies and Industry side and EphMRA wishes to thank all of them for all their hard work in advance and during the conference

Carolyn Chamberlain
Managing Director
Instar Europe

Letizia Leprini
Customer Business Insights
Bayer Pharmaceutical Division

Mike Pepp
Account Director
Blueprint Partnership

Xierong Liu
Director
Ipsos MORI

Vicky Burke
Director of Client Services
Fieldwork International

Erik Holzinger
Founder & Director
groupH

Katy Irving
Research Director, Behavioural
Economist, and Head of Innovation HRW

Sarah Phillips
Senior Principal, IQVIA Real World
Insights

Dennis Engelke
Director, Business Analysis & Insight
Jazz Pharmaceuticals

Viv Farr
Managing Director
Narrative Health

Tracy Machado
Director
Phoenix Healthcare

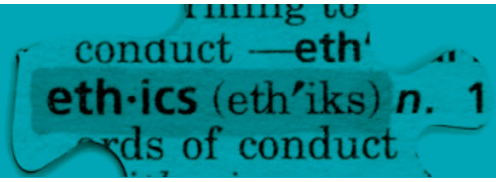
Amr Khalil
Managing Director
Ripple International

2019 Conference - Venue:

Having held our annual conferences over the past few years in conference centres, where delegates have to stay in local hotels, we are for 2019 returning to a venue where you can enjoy the conference and stay on site overnight. This means minimal travel and an even greater opportunity to network with colleagues beyond the conference hours. Warsaw is a unique venue, offering wonderful cultural sites, as well as great business opportunities.

Our venue for the 2019 conference is:
The Hilton Warsaw Hotel and Convention Centre,
Grzybowska 63, Warsaw, 00-844, Poland

Ethics Update



Code Consultation opened until 15 March 2019 – thanks for all the input received

EphMRA is dedicated to continuously developing the Code of Conduct. Members provide us with a lot of comments and feedback on the Code, which is very welcome, as it helps us with this development.

To enable the Ethics Committee to be able to give the comments received due consideration we are opening the Code Consultation period. In preparation for the 2019 update all members were invited to submit comments until 15th March 2019.

The Code update is now being aligned with the membership year and will no longer be launched in January, but in October.

This is the only period when you can submit your comments, as immediately after this, we will be working on a revised and updated Code of Conduct.

The Ethics Committee have reviewed your feedback and will take it in to account as far as is practical and appropriate within the updated Code.

EphMRA
www.ephmra.org

EphMRA GERMANY MEETING REPORT
26 March 2019

Highlights from the 8th EphMRA Germany Meeting

Inside:

Contents

Convenors:


Yvonne Engler, Bayer AG


Katja Birke, Produkt + Markt


Johanna Glaser, Point Blank Research & Consultancy


Janine Ruhl, Sanofi

The views expressed by those quoted in this report do not necessarily represent the views of EphMRA.

EXECUTIVE SUMMARY OF KEY TAKE AWAY MESSAGES

Hidden in plain sight: translating knowledge to meaning

- Analysing existing market research results using an approach based around behavioural economics can yield deep insights without great additional cost.
- Results obtained through this approach can contradict the initial market research.
- This approach can provide greater strategic clarity and enable patterns to be more clearly recognised.

Matters related to GDPR

- Think of the role of the data protector as protecting human rights i.e. the right to freedom and the right to privacy.
- It is necessary to consider who has which rights and which duties under a joint controlling contract.
- If stating the name of the pharma company is going to be an impairment or lead to bias if given before the interview, it can be given afterwards.

Moviemento - the power of video

- Video can enable data to be presented in a faster and more memorable way that resonates more effectively with audiences.
- Via smartphones, it is now possible to compile clips and ideas easily.
- Video can offer a much more customer centric approach than 'flat' data on a page.

From gamification to creating an immersive experience

- Gamification offers an alternative and dynamic method of providing greater engagement with respondents in online surveys.
- Although it is not suitable in every situation, there are some areas where gamification is a particularly good fit, such as when assessing post-launch communication materials.
- Using gamification does not trivialise the subject matter and can prompt gut reactions from participants.

World Café session

- The World Cafe session was a first for EphMRA but was a very popular part of the day.
- The session provided the opportunity for attendees to discuss the learnings from each session with colleagues and also with the speaker, so that their questions were addressed.
- There were great outputs from the session which both attendees and EphMRA could take away and use on a practical level.

HIDDEN IN PLAIN SIGHT: TRANSLATING KNOWLEDGE TO MEANING

In the first presentation of the day, Fenna Gloggner of HRW introduced a technique that is enabling new insights to be developed from existing results and strategies, illustrated by a case study from Bayer Pharma.

Although projects usually generate a large amount of information, there is often a limited amount of time to communicate many of the details and findings because of the need to focus on the objectives. Identifying deep insights easily and without great additional cost can help us to maximise existing information and provide greater value for the customer.

Case study

Bayer Pharma already had considerable information about its contraceptive products, but there was a feeling that something was missing. Furthermore, there was a discrepancy between the positive feedback obtained from market research and actual market numbers, so the team wanted to look for a new approach to see what it could do differently. Three specific criteria needed to be fulfilled:

- The approach should be new and different from anything before.
- TIt should be a reliable measure and not a gimmick.
- TIt should ideally be low cost.

Bayer contacted the shift team at HRW which is an internal group of practising market researchers who also have an additional focus on behavioural economics and psychology. The team offers a shift insight review to enable customers to look at existing insights and newly analyse them to look at what else is in the information and what has not yet been processed and analysed. In this case, the information available from Bayer included more than 500 pages of qualitative and quantitative market research as well as original data and video and audio recordings with doctors.

The shift process is relatively simple. Colleagues in the shift team are identified who have the best professional expertise and the most appropriate experience. They go through all the material to see what they can identify and draw out. The team members participating in the project then meet for a half-day workshop to see what each member has discovered in order to look for similarities and robustness.

Following this, everybody reviews the findings before meeting for a shorter session to consolidate and structure the results. The last step is a discussion with the customer to introduce what has been discovered. The client's perspective is brought into this as well so that a holistic view is generated from the inside and the outside. From this, the final result is developed which is passed on to the client.

With Bayer, a lot of new insights were generated including where the shift analysis and the market research results were in direct contrast. For example, the doctors were open to a particular type of contraception but the deep analysis showed that there were emotional and non-rational prejudices against it. In presenting the various possibilities, choice was influenced and it became clear that doctors dominated discussions with patients. Questions were often closed and patients were in a much weaker position with an information deficit.

Conclusion

This type of behavioural-based approach brings a number of benefits that can strengthen your case for using it, including:

- It is cost-efficient, with additional costs being relatively low.
- It provides strategic clarity and it can enable patterns to be more clearly recognised.
- It is easy to understand and communicate to customers.
- It can overcome bias seen in initial market research.
- It can uncover unconscious patterns through using an expert team of behavioural scientists and NLP specialists.

In HRW's work with Bayer Pharma, the feedback from the customer was very positive and the project was found to be 100% successful from a market research perspective.

MATTERS RELATED TO GDPR

In this session, Michael Stockmann, Consultant in Data Protection and Gerrit Burghardt, Searchlight Pharma Partner, took a closer look at various areas including the role of the data protector, the rights of data subjects, joint controlling contracts and target lists. The session was followed by an interactive audience and panel discussion.

The role of the data protector

It is important to think of the role of the data protector as protecting human rights, above all the right to freedom and the right to privacy. The GDPR is based on the Charter of Europe and aims to protect human rights i.e. your right to your data. The justified interest of the company has to be balanced out with human rights so that personal data is utilised in an economic way.

In pharma, we have a justified interest to have data because, for example, we want to talk to the doctor to invite them to conferences and carry out market research. However, we have to inform the doctor and tell him/her what we are going to do with the data, how we are going to protect the data and the purpose for which we need it. If we need to do statistical analysis or market research, we have to inform the doctor again.

Rights of data subjects

It should always be possible for a doctor or patient to object and have the data deleted. It is also important to:

- Consider the purpose of the data.
- Minimise the amount needed.
- Inform the doctor/patient of the data source and the categories of data needed.

It is possible to pass data on to an agency with justified interest, approval and consent, all of which should be documented.

Joint controlling contracts

Data protection, including the nature of the relationship between the company and the agency, needs to be factored in when a pharma company issues a contract to an agency. This could be a joint controlling contract. It is necessary to consider who has which rights and which duties as part of such a contract. With a joint controlling contract, the agency uses the data and can do something for themselves with the data. The drawback for a joint controlling contract is that you are therefore legally vulnerable. The controller is the person who is handing out the task i.e. the company and this cannot be changed to the agency.

Joint controllers are those who together control either the purposes of the data and define them or the purposes of joint processing. The criteria to consider include:

- Who made the major contribution in defining the methodology?
- Who selects the respondents?
- Whose major questions are asked to the respondents?
- Who determines the amount of the incentive?

The parties who are in joint control have to sign an agreement and the respondents need to be informed about the essential terms of this agreement. This includes information about who the joint controllers are, how the joint control is broken down and who the contact is in the joint relationship. If one of the joint controllers uses a processor, there is no duty of approval of this processor by the other controller. For every misconduct of the processor, the client is liable.

The identity of the respondent must remain anonymous, as opposed to the commissioning pharma company. The respondent must also be informed about certain contractual requirements of the pharma company such as adverse event reporting.

Target lists

Within one month, the pharma company has to inform everybody about what it is doing with the contact data. It is good practice at this point to state who the probable receivers of the contact data will be i.e. independent market research agencies. Under GDPR, all the names on the list have to be contacted to explain that you have got their data. The target list must be bigger than the envisaged sample size and may contain hundreds of names. As a full-service agency, it might be possible to say that calling all of these people to say that you have their data will represent a disproportionate amount of work. Under certain circumstances, you can use this argument and pass the list on to the field agency which can use the same argument of disproportionality. If this is documented in a credible way, only sufficient people for the sample size need to be contacted. All of this information must be shared by the field agency in the recruitment meeting. If the field agency simply gives the name of the caller, the purpose and a link to the home page where all the other information is stated, the time taken for the telephone call will be reduced. Consent needs to be obtained in the call for different types of processing.

There are three different points where it might make sense to state the name of the pharma company:

- As the controller.
- As the receiver of personal data.
- As a source.

If stating the name of the pharma company is going to be a serious impairment to the answers and lead to bias, it can be given after the interview. If respondents are asked beforehand if this approach can be used for methodological reasons and the respondent says yes, informal consent is then provided.

Michael and Gerrit's session was followed by an interactive discussion with delegates about these highly important topics. There was a great deal of interest and engagement in these discussions, with valuable contributions from ADM, who were in attendance at the meeting.

MOVIEMENTO - THE POWER OF VIDEO

Barbara Lang of Point Blank Research & Consultancy gave delegates an insight into the possibilities offered by the use of video in market research and the presentation of results.

Video as a format is gaining importance all the time in our private spaces and professional work, especially in the presentation of data so that it can be absorbed and implemented effectively. In particular:

- One third of the time we are online every day is spent by watching videos.
- One third of respondents prefer videos when consuming information.
- 83% of all information is consumed by the eye.
- After three days, the memory of a video is six times stronger than with text or graphs.
- Only 20 per cent of the text messages on a website are read.

As our brain can process images much faster than words, video can be a much more effective way of presenting results.

Giving life to respondents' voices

Video can enable us to present the experiences of respondents in a realistic and authentic way via cuts and compilations of their most important statements. By adopting a more customer centric approach, we can bring vivid impressions and experiences into the meeting room. In other words, we leave our perspective as market researchers to look at the perspective of those affected.

Presenting results in a vibrant way

Video presents many opportunities for communicating interesting insights in a vivid and memorable way. The smartphone has of course revolutionised what can be achieved and the speed with which ideas can be captured. For example, a two-minute film can be completed relatively quickly within 60 to 90 minutes and this length can work well within a workshop. This kind of idea development can also be shown in a Boardroom to test whether it fits the corporate strategy, rather than having an abstract idea on a sheet of paper.

Needless to say, Barbara's session included a number of videos to illustrate her enthusiasm for video as a medium for enhancing the outputs from research projects.

Conclusion

- Video can show insights gained in the field and this kind of authenticity is important for a customer centric approach.
- Video can help us to develop ideas in a tangible way.
- Video can enable us to present results in a lively, snappy and more memorable manner for 2 to 4 minutes.

FROM GAMIFICATION TO CREATING AN IMMERSIVE EXPERIENCE

In the final presentation of the day, Anna Dnes of The Planning Shop and Annalena Lahav of Bayer Pharma AG explored how gamification can be a dynamic method of successfully engaging respondents.

Why gamification?

Traditional online surveys can often be long and repetitive for respondents, creating a high level of discontinuation. Furthermore, the results often validate existing knowledge and do not generate new findings. The qualitative approach using interviews in central locations can also have major drawbacks as it is relatively expensive and has a life cycle.

Gamification offers an alternative approach to engaging respondents successfully through dynamic participation in online surveys.

Case studies

The first case study presented involved a product that has been on the market for 1-2 years. The team wanted to have a way of optimising research through understanding the prescription decision and so an online survey was carried out in which the questions turned into games. In the first exercise, the respondents were asked to give a prescription story which told the success of the product. They began various sentences and the answers were anchored in a real prescription situation. The doctors could think of the last patient they had seen and therefore their thoughts and approaches would not be superficial. This enabled the identification of new psychological barriers which were connected to the patient.

The second exercise was a ranking exercise. The doctors marked green boxes for everything that worked well and red boxes for everything that did not work well. They also marked with stars everything that worked well and put in a bin everything that didn't. This provided a detailed assessment of every individual page. A revision of the stimuli was put forward by the doctors and this provided qual findings with a quant sample.

In the third exercise, the respondents were asked to prioritise the pages to give the main messages. The

respondents were put into a hot air balloon which fell quickly from the sky when it became too heavy. They then had 90 seconds to throw out the pages starting with the page which was least important to them. This approach meant that every page was prioritised. The time pressure forced a gut feeling that was different from the considered and reflected answers usually given. The older messages were ranked more important for the doctors and this was an important pointer for the team.

It was particularly interesting to see how added value could be created to what was already known. The respondents showed a lower dropout rate and two thirds of respondents answered bonus questions voluntarily and in great detail. The feedback showed that the doctors were motivated and had to concentrate. It was totally different and fun for them but the seriousness of the survey was not compromised.

The results showed not just a validation of existing knowledge but also gave instructive and honest answers. There was also a robust sample which was otherwise known just from the quant approach. The link from qual insights to the robust sample on the customer side made it easier to address high prioritisation and what needed to be changed. It enforced a gut feeling and gave great added value.

The second case study presented involved a product that had been in the market for a few years. The team wanted to test new messages and what could be optimised. In this case, every question in the online survey was a game but additionally, all the games were subordinated to a major theme that was linked through a plot or story like a video game. This created something like a virtual experience for the doctors. The theme of the survey was "I'm a Doctor, Get Me Out of All This" and was loosely based on the similarly-named reality television show. The doctor was in a jungle on a lonely island and had to fulfil a few (market research) tasks to collect some crystals in order to be rescued. Crystals could also be collected for the elephant race to the water hole. The survey aimed to understand prescription decisions based on how different product brands are perceived. Every elephant was a different brand and the respondents had to rank the elephants crossing the finishing line and give the reasons why. This enabled the perceptions of the product brands to be seen and to what extent the sales folder influenced this at the beginning and end of the survey. We saw that a different elephant in the end crossed the finishing line first.

A third game in this survey involved escaping the crocodiles on the bridge. The doctor stood on a bridge and was suddenly surrounded by crocodiles. To escape, the doctor had to decide which of the crocodiles were the biggest ones and had to negotiate to escape them. Every crocodile represented a barrier to prescription. By choosing the most important crocodiles, the prescription barriers were prioritised.

Of the doctors who participated in the survey, 75 per cent answered the bonus question. They found it more interesting to answer a question in this playful format. It inspired them to think harder and did not compromise the seriousness of the situation. Significantly, the findings went beyond what was known and provided very honest and instructive answers. Having the qual insights and the conscious sample helped the team to sell the results and their implementation.

Conclusion

- Gamification provides a very valuable alternative approach to test post-launch communication materials. It cannot be applied to all situations but there are some situations where it is a particularly good fit. It works well in the post-launch stage where there are no radical problematic areas to be addressed.
- The materials must be seen by themselves as part of the survey.
- The costly qualitative approach does not pay off anymore.
- The playful setting of tasks creates stronger involvement and motivation and therefore higher value answers.
- New qualitative findings can be obtained by not just asking closed questions.
- The doctors responded to different ways of thinking and gave gut feelings via quick responses.
- It is important to adapt the theme of the survey according to the area of medicine and any sensitivities around this.

WORLD CAFÉ SESSION

This session was facilitated by the meeting convenors and by the speakers from the day.

The World Cafe Session was a brand new concept for EphMRA, the convening group and many of the attendees and whilst there may have been some scepticism that this was 'yet another' way of conducting round table discussions, the room was buzzing throughout the session and the feedback at the end was extremely positive.

The format of the session encouraged attendees to mix with other attendees on one of 5 different tables in the room, with each table having a focus for discussion. Tables were given a short time to discuss pre-prepared questions and then at the end of the time allocated, were moved to the next table until they had 'visited' all 5 tables.

Each of the 3 speakers 'hosted' a table, to enable attendees to talk about the learnings that they had gained from that speaker's session and to ask questions of the speaker in a more relaxed setting than in front of the whole meeting. There was also a table discussing the future of the pharma MR industry and another discussing future topics of interest for future EphMRA meetings in Germany.

Following such positive feedback from attendees, EphMRA will definitely consider running this type of session at future meetings in Germany and beyond.

Hear what some of our delegates said about the Chapter meeting in Berlin on 26 March 2019

Agency Attendee

"Very useful & productive meeting as always. Brilliant forum for discussing industry issues such as GDPR and for learning about innovative research approaches"

Gerrit Burghardt, SearchLight Pharma

"Great and useful event as always! The sessions on GDPR really gave you a good feel for where our community stands right now, what the concerns and challenges are, and that many of us are facing the same challenges. Excellent platform to connect! Perfect mix of actual regulatory and methodologies-related topics"

Pysma, Krish Guckenberger

"It was a lovely meeting. We had the opportunity to exchange knowledge and experiences on various issues. And, it is also very impressive to see the close collaboration between the industry and the agencies in these meetings. Keep it up."

It was great to welcome ADM to the meeting –

ADM Managing Director Bettina Klumpe and Hannah Knox were invited to attend this year's EphMRA Germany Chapter Meeting. Apart from the dominant topic of the GDPR, the agenda also included lectures dealing with gamification and the use of video imagery in pharmaceutical and healthcare market research. In a world café session, the topics and examples presented were discussed in smaller groups.

Do you need to measure online impact of your activities? CLARITY™, 7i Group's specialised offering measures the online impact of commercial or scientific messaging. Contact us for a free trial. http://7i-group.com

Research Partnership publishes new patient Living with Rheumatoid Arthritis (EU, Japan & Canada) 2019 reports. These reports can be purchased as a package or individually.

SKIM introduces Price Explorer™ for quick pricing decisions on new products, concepts or categories. With this affordable new pricing solution, pharma marketers can determine optimal pricing in 5-10 days.

Ashfield Insights, the specialist primary and secondary research team within Ashfield welcomes Alison Abel (Associate Research Director), Shaan Bassi (Research Manager) and Laura Williams (Senior Researcher) to the growing team.

Basis hires Georgie Cooper to lead its European Health Practice, following US success. Basis are a global insights agency who excel at sense-making and storytelling to inspire brand action for clients.

Hall & Partners have created a new role; 'Global Head of People and Culture' to support its continued transformation into a strategic brand consultancy led by former Partner, Sue Klinck.

Stephen Potts has joined Elma Research as Managing Director in the UK. With 25 years' experience in healthcare market research, Stephen will help bring our innovative approaches to International clients.

Spring 2019 sees several changes at HRW, with Caroline Jameson (Founding Director) passing her role as Global MD to Christine Dalzell, and Jo McDonald (Director, pictured) joining the Executive Board.

In a much-deserved promotion, Isabella Osekavage is now a Project Director at KeyQuest Health, the global qualitative fieldwork experts. Based in New Jersey, Izzy always earns excellent client feedback.

Adept Field Solutions continues to expand! Recently joining the team are; Emily Stanford, a graduate in Psychology and English, along with Josie Cruz, an experienced project director with LatAm expertise.

EphMRA

CONTACT US

EphMRA, Streicher & Brotschin Treuhand AG
Gartenstrasse 101, 4052 Basel, Switzerland
generalmanager@ephmra.org