EphMRA

keeping members informed and involved

Post Conference news

September 2017

Reports from the Amsterdam Conference 2017

Sessions

Updates

Venue

Post Conference News: sponsored by Research Partnership

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EphMRA Meeting on
19 September 2017,
Basel Switzerland

Webinar Back to Basics
11th October 2017

EphMRA one day meeting in UK
27 February 2018

EphMRA Germany Meeting, Berlin
17 April 2018

2018 Conference, Basel
26 - 28 June

Copy Deadline

December 2017 News –
copy deadline is 7 October 2017.
Send to: generalsecretary@ephmra.org
www.ephmra.org

Get in touch

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Welcome to EphMRA

Post Conference news

September 2017

AGM for Full Members

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

Membership:

There are currently 41 Full Members and since last year the Association has gained Alexion Pharma, Vifor Pharma, Debiopharm Group, Danone/Nutricia as members.

However Almiral (budget) and Grifols (change of personnel) are no longer members but it is hoped they will both become member's again.

There are 150 Associate Members over the past 12 months about the same as last year.

Thomas then went on to outline how the June Conference has held relatively well in terms of attendance:

Conference attendance: lower than 2016.

Suppliers: still need to attract more to the event. Members still looking for added value from their membership (lead on ethics and compliance; product classification; conference tailored for pharma: ideas and networking)

Now reviewing the conference format, look and feel.

Following this overview, the Treasurer, Michel Bruguiere Fontenille then updated the Full Members on the Association's financial status and presented the budget for 2017 – 2018. The budget was approved by the Full Members.

Michel announced his retirement as Treasurer from the end of September 2017. The Board would like to thank Michel for his prudent steering of the Association's finances.

AGM for Full Members

Board Members

Those standing for election as Board members are shown below and all were successful in the voting.

The voting in of the new officers for 2017 – 2018 was conducted by Bernadette Rogers, General Manager.

Staying on the Board as Past President Dr. Thomas Hein, Thermo Fisher Scientific ImmunoDiagnostics, Global Director Customer Insight and Strategy

Voted in as President: Karsten Trautmann, Director Global Strategic Insights, Merck KGaA

Elected as Board members:

Richard Hinde
Head of Global Commercial Intelligence, Norgine

Xander Raijmakers
Consultant - Regional-LMR-TA-Operations, Eli Lilly Nederland

Thanks to

Georgina Butcher,
Associate Director Marketing Intelligence, Astellas Pharma Europe who now leaves the Board

After the AGM 3 more candidates have come forward and the voting is being conducted by email over the summer. The results should be announced shortly.

2017 – 2019 Associate Board Members

Lee Gazey

Managing Director,
Flamingo Health
Lee.Gazey@flamingogroup.com
.

Fenna Gloggner

Head of Client Relations
Healthcare Research
Worldwide (HRW)
f.gloggner@hrwhealthcare.com

Richard Head

Director
Research Partnership
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Sarah Phillips

Senior Principal
QuintilesIMS
sarah.phillips@quintilesims.com
.

Anton Richter

Managing Director
M3 Global Research
Anton.Richter@eu.m3.com

EphMRA Thanks.....

On 30 September the 2 year term of office for the Associate Members on the Board will end. Many thanks for your help and support:

Gareth Phillips
Ipsos Healthcare is not standing for re-election and the Board would like to thank Gareth for his time and commitment to the Board over the past few years.

President's Award 2017

Conference Opening: Announcement of the winners of the EphMRA President's Award for Contribution to Pharmaceutical Market Research

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

Both Full and Associate members can make nominations and the Board pharma members then vote.

The award recipient can be from a pharmaceutical company or supplier/agency and will receive the award based upon:

- having made an outstanding/recognisable contribution to EphMRA
- having made an outstanding/recognisable contribution to pharmaceutical market research

Joint-Winners 2017

Richard Head, Research Partnership and Sarah Phillips, QuintilesIMS.
Richard Head, Research Partnership and Sarah Phillips QuintilesIMS receiving their award from Thomas Hein, EphMRA President

Runner-Up 2017

Karen Belantani, Takeda Pharmaceuticals
Karen with Thomas Hein, EphMRA President

2017 Nominations were:

Karen Belentani
Takeda Pharmaceuticals International
Karen has been on the Data & Systems Committee as an active contributor for many years now and is always ready to give advice and input.

Richard Head
Research Partnership
Richard has a wide range of experience and as a long standing supportive Board member he is always happy to volunteer and share his experiences.

Amr Khalil
Ripple International
For many years now Amr has been an active member of the Programme Committee, maintaining this voluntary role whilst also running a boutique market research agency

Xander Raijmakers
Eli Lilly, Netherlands
Xander is enthusiastic about being an active Board member and Ethics Committee member. He is very interested in a range of topics relevant to members and always ready to add his views to the debate.

Sarah Phillips
QuintilesIMS
Sarah continues to be a very active member of EphMRA and her enthusiasm shows through. She remains a supportive Board member and Programme Committee contributor.

Anton Richter
M3 Global Research
Active and enthusiastic Board member and very committed member – always supporting our events. Anton is keen to grow our membership through attracting more data collection companies.

In 2001 EphMRA initiated an award which was first presented at the Athens 2001 conference. This award is arecognition of a person's outstanding contribution topharmaceutical market research.
Previous Winners and Runners Up:

Year	Winner	Runner-Up
2016	Catherine Beauce, Sanofi David Hanlon, Kantar Health (Joint Winners)	Bernd Heinrichs, Gruenenthal
2015	Sarah Phillips, Prescient Healthcare Group and Alexander Rummel, Aurum Research (Joint Winners)	Georgina Butcher, Astellas Pharma Europe Bob Douglas, PSL
2014	Bob Douglas, PSL Group	Georgina Butcher, Astellas Pharma Europe
2013	Stephen Godwin, The Planning Shop international	Bob Douglas, PSL
2012	Jacky Gossage, GSK	Angela Duffy, The Research Partnership
2011	Kurt Ebert, Roche	Bob Douglas, Synovate Healthcare
2010	Rob Haynes, Merck Inc	Roger Brice, Adelphi
2009	Bob Douglas, Synovate Healthcare	Janet Henson
2008	Steve Grundy, Marketing Sciences	Anne Loiselle, Abbott Laboratories
2007	Barbara Ifflaender, Altana Pharma.	François Feig, Merck Serono
2006	Hans-Christer Kahre, AstraZeneca	Barbara Ifflaender, Altana Pharma.
2005	Colin Maitland	Hans-Christer Kahre, AstraZeneca
2004	Isidoro Rossi, Novartis	Dick Beasley
2003	Janet Henson and Bernadette Rogers	Dick Beasley
2002	Allan Bowditch, Martin Hamblin GfK	Rainer Breitfeld
2001	Panos Kontzalis, Novartis	Allan Bowditch, Martin Hamblin GfK

Jack Hayhurst Award

Tom De Ruyck from Insites Consulting wins the JH Award 2017

EphMRA is delighted to announce the winner of the Jack Hayhurst (JH) Award for Best Paper at Conference in June.

Tom De Ruyck from Insites Consulting won the award for his outstanding paper at the conference entitled The memification of insights, so we wish to congratulate him on winning this highly prestigious award.

It was a very closely fought contest for 2nd and 3rd place, so EphMRA is also very pleased to announce that we have joint runners up for this award! Joint runners up are Nick Wain and Hannah Brown from M3 Global Research for their paper entitled Sampling – leveraging compliance to motivate response rates and build confidence in business intelligence and Thomas Laufen from Roche Pharma with Barbara Lang from Point-Blank International for their paper entitled Design thinking in the pharma world. The idea manufactory. Congratulations to our joint winners.

There were 15 papers eligible for the JH Award in 2017 - that is, papers which were presented by speakers which had gone through a rigorous selection process by the Programme Committee in the Autumn 2016 and Spring 2017.

This year, these papers were judged by members of the Programme Committee, who attended all the sessions and used a strict set of criteria to evaluate each paper. These criteria covered the delivery of the presentation itself; the overall value provided by the paper to delegates and an overall score for the presentation. In addition, delegates were asked to rate papers they attended and these scores, along with the post conference evaluations and the judges evaluations were all amalgamated to reach the final decision.

There will be more information about our winners in the December EphMRA News and on the EphMRA website but EphMRA would like to congratulate our winners on their achievement.

Showcasing and championing our industry – Congratulations to 2017's EphMRA Excellence in MR Award winners

It's no secret that you, our EphMRA members, are engaged in a huge range of outstanding and ground-breaking healthcare market research initiatives, studies and projects. The EphMRA's Excellence in MR Awards celebrate exactly that, and with an extremely high level of entry, we spoke to every one of our 2017 winners and category sponsors to bring you the inside track on why and how you can showcase your expertise.

Judged by, and for, members, our award submissions are assessed independently and by colleagues with a range of experience.

So join us, and the EphMRA Board, to take this opportunity to learn more about the stories behind this year's winning inspiring, innovative and trailblazing entries.

Excellence in Customer Insight

Winner: Transforming the terminal cancer patient story through Hidden Depths: Hall & Partners and Boehringer Ingelheim

Di Adams, Partner, Hall & Partners: We're absolutely delighted to win! It's wonderful to be recognised for the innovative work we are doing. Also great to have our client recognised – as without such an open-minded and collaborative partner we wouldn't have got very far!

We were approached by Boehringer Ingelheim with a problem: they were launching a new treatment in oncology, and recognised that in order to build more meaningful relationships with customers and patients they needed to understand them better. Cancer has moved on, it's a different world to how it used to be. The company recognised that it needed to deeply immerse itself in the experience of the patient to better understand – and to be able to reflect – their reality.

The key message really is that in order to form more meaningful relationships with people you need to better understand them. To experience things from the patient, or physician, perspective and consider unconscious as well as conscious influences. In this project, we uncovered a whole new perspective on the patient experience of living with terminal cancer. This is fundamentally shaping the BI teams' focus, both internally and externally, in the form of communications and services.

'Patient centricity' seems to be the raison d'etre for many companies at the moment and this is clearly a noble sentiment. However too often there is insufficient substance behind the aspiration.

This project and award stands out because it is truly leading the BI team on a path towards patient centricity. It provided them with a more holistic understanding of the patients' situation, as we were able to give the patient a voice which spoke directly to the BI team.

Hannah Mann, Hall & Partners collecting the award for Di Adams

Excellence in Collaboration 2017 Award – Sponsored by Adelphi Group

Joint Winners:
Hall & Partners & Sanofi Genzyme
Partnership:
The story of our success

Stuart Cooper, Adelphi with winners, Julie Veyrard, BioMérieux, Marie Bennett, Hall & Partners and Philippe Thiery, Sanofi Genzyme

Marie Bennett, Hall & Partners: During the EphMRA Conference last year, we heard the announcement for the new awards & the great opportunity it represents for work to be recognised within the industry. The Excellence in Collaboration award was ideal given our successful partnership over the years.

Excellence in Collaboration is all about trust, and people behaviours. Our partnership has allowed us to explore new ways for agencies and clients to work together, delivering efficiencies as well as inventive solutions to better address business questions.

We have been able to go beyond the expectations for a MR agency/client collaboration.

Furthermore, it is this kind of collaboration that has reinforced the role and importance of Global MR with Sanofi Genzyme – a presence amongst the brand teams and senior management, perceived as a trusted advisor.

Ultimately, the customer insights and messages are reaching the right people – the brand teams and senior management – and guiding critical decision-making. But what really makes it special is the long-term commitment.

We 'met' in 2011, upon the creation of the MS franchise.

With two brands to launch, at the same time and within the same therapeutic area, we were embarking on unchartered territory... this had never been done before within the Pharma Industry!

An opportunity therefore existed to build a strong relationship, and the shared expertise over the years has led to market research really being a core and valued component of Global Brand Planning and Performance. It has been recognised as a best practice at Sanofi.

We are honoured and proud to win this award; we were up against some tough competition, so it's great to have the recognition that our style of collaboration is well received, and continually heading in the right direction.

If you're thinking of making a submission next year, go for it! Everyone should have the opportunity for their work to be recognised. In addition, these awards help us constantly improve and challenge the way the industry operates - so the stiffer the competition, the higher the standards of the work, resulting in better outputs - a win-win.

Joint Winners: BioMérieux and Last Innovation Partnership: When two very different worlds collide... amazing things can happen!

Julie: We're all very pleased, if a little surprised, to win! It rewards a long relationship between bioMérieux and Last Innovation. We hope sharing our award story will encourage more collaboration between agencies and manufacturers, as the industry continues to grow and embrace insight. Collaboration is vital and we're certainly proof of that.

When I heard last year that EphMRA wanted to create an award for the best collaboration, I immediately thought that the collaboration we had with Philip might be a good candidate for this award.

Philip: Julie and I met in September 2013, long after both companies had started conversations about the mutual benefits of insight and in-vitro diagnostic.

Julie and I approached this collaboration from very different backgrounds and positions, myself market research and sales in FMCG, Julie – from in-vitro diagnostic.

The use of target market insight in the in-vitro diagnostic sector is still relatively new and the focus of our collaboration was molecular biology a highly complex and technical area of in-vitro diagnostic– it regroups, instruments, software and reagents that help lab managers identify pathogens.

Any partnership would require patience, understanding, and above all, a willingness to learn from one another.

I think the key message of our submission is in the title of the award – collaboration. The other one would be to move out of your comfort zone and take some risks, it is a lot of work but it is worth it!

Julie: This was a two way process which needed to be clear in both directions. We were ready to learn from insight but we had to ensure that Philip and his team of moderators were sufficiently trained to be credible in front of our customers and our internal team.

Julie Veyrard, bioMérieux and Philip Last, Last Innovation

Philip: Both sides had to be ready to learn, and looking back Julie made it easier for us, she didn't kill us with technical information and made information and feedback digestible to moderators.

If you're considering entering the awards, I would say creative competition breeds creativity! If you have something different to say that stands out from the crowd, give it your all.

The EphMRA awards and opportunity for winners to speak about our award at the Conference, showcases fresh ideas that might not hit the headlines but which are making a real difference in our day-to-day work.

Excellence in Fieldwork Award - Sponsored by SERMO

Winner:

Campaigns that Move People: Gilead Sciences and HRW
Katy Irving, Research Director, HRW Healthcare

Eva Laparra, SERMO with Tracey Teague, Gilead and Katy Irving, HRW

We're really honoured to receive the inaugural EphMRA award for excellence in fieldwork; the subtle innovation in approaches we took to minimise research bias and effectively engage with a tough-to-recruit population really paid off on this study.

Both HRW and our client from Gilead have a tradition of engaging with EphMRA and attending conferences; so when the awards were announced it seemed like a happy marriage of an industry body we both respect and a recent project that had gone well that happened to meet the award criteria described

Our award winning submission was based on a campaign testing project that was successful because of stimulus design, targeted recruitment, and analysis.

Ultimately it boils down to being both conscientious and creative about every step and decision in the research process; thinking through who the critical target audience would be and what would be the best methodology to actually access and engage with a stigmatised population, thinking through the type of campaign we were trying to assess and how to bring this to life in the research environment, and finally reading between the lines – not taking what respondents say at face value but using behavioural science in the interpretation to give confidence about the best approach.

What made this project special was the teamwork across client, creative agency, MR agency, and fieldwork teams; though the innovation in the approach was important and added value, at each point what made the innovation a success was that every stakeholder bought in to the approaches and championed them internally.

The Excellence in MR awards are absolutely worth entering; it's really fun to reminisce on a successful project, rewarding to be highlighted by your peers across the industry, and great recognition for you as an individual and your company as a whole.

From our Award Sponsors

Of course these awards would not be possible without the kind support of our sponsors. We spoke to Adelphi Group, which kindly sponsored the **Excellence in Collaboration Award** and SERMO who supported the **Excellence in Fieldwork Award,** to find out why:

Alison Geary, Adelphi Group, & Eva Laparra, SERMO:

Alison: Adelphi always aspires to be involved and supportive of EphMRA activities and events that involve topics of importance to our industry. We invest in supporting meetings/panels which strive to define best practice in contemporary issues, build on advanced thinking and the nature of collaboration. This is the basis for us sponsoring any session, and for our own investment in the Adelphi Renaissance Forums which are partners to this type of EphMRA innovation.

Eva: SERMO is very involved with EphMRA and other industry bodies across the globe. We decided to sponsor the award as part of this involvement and our wish to move the industry forward and be a bigger part of it.

Alison: The 'Excellence in Collaboration Award' seemed particularly relevant to Adelphi. We are a multi-perspective group that believes in collaboration both within and across the Adelphi agencies, as well as with outside parties. We recognise that within this ever-increasing, more complex technical access and regulatory environment, the need to collaborate with different bodies across the industry is critical to all decision and development areas

Eva: SERMO is one of the leading data collection agencies in the world, so it made sense for us to be sponsoring the Excellence in Collaboration Award.

Alison: If you are thinking of sponsoring an award next year, support or suggest initiatives and topics you truly believe in.

For further information about entering future awards or sponsorship opportunities, contact generalsecretary@ephmra.org

For further information about all upcoming EphMRA events visit www.ephmra.org

Thanks to the 2017 Conference Sponsors

It's great to see so many companies supporting the conference – why not join them in 2018!

Delegate Bag – sponsor: GLocalMind

GLocal Mind

Delegate Water – sponsor: M3 Global Research

M3 GLOBAL RESEARCH

App banner – sponsor: A+A

A+A PLUS

Wi Fi code – sponsor: Genactis

Genactis

Delegate pad – sponsor: Clarity Pharma

Clarity PHARMA RESEARCH

Badge Lanyard – sponsor: GfK

GfK

Photographer – sponsor: Research Partnership

research partnership

Tuesday 20th June - LDC Workshop 1: Sharpening Your Business Analysis Skills to Meet the Needs of the Product Lifecycle




Speakers:
Nikhil Mehta & Sondra Vander Vaart, Decision Resources Group

Convenors:
Jayne Shufflebotham, Themis Analytics & Alexander Rummel, Aurum Research

Secondary data focus

Nikhil Mehta and Sondra Vander Vaart from Decision Resources Group began their presentation. Nikhil explained there would be a focus on secondary data, research and analysis, looking broadly at business needs and questions along the product lifecycle with a deep-dive on some specifics. The idea was to provide a framework which workshop participants could use in their day-to-day business – and to learn from one another. Secondary research and data analysis serves many functions: it can be more cost-effective than primary research early in the product lifecycle, for instance. Real-world evidence and social media can give you information which you can't get through primary research, and secondary research can also be used after primary to add context. Time and budget are big considerations – but the most important is your business question, because that will really decide you on whether to use primary or secondary. The workshop took eight activities as a framework:

- Market opportunity assessment
- Forecasting
- Product profile assessment
- Market access landscape
- Market segmentation and positioning
- Pricing research
- Messaging development and testing
- Product tracking

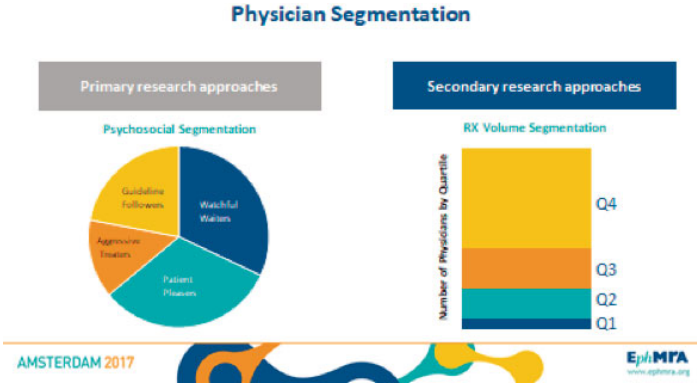
In a group exercise, participants then considered which activities secondary data was most useful for, and what the key business questions should be. Nikhil said that market assessment was perhaps the most common area in which secondary data would be used, looking at such issues as competitive landscape. Understanding this involves questions such as drugs used to treat a particular disease, their clinical profile and so on. You can use a variety of different sources, many of them publicly available. Searching and analysis is crucial here and Nikhil went through several strategies.

Identifying analogues

Then in a breakout exercise, groups were asked to support forecast development for 'Drug ABC', identifying the most suitable analogue to model an adoption curve for the hypothetical product, and to explain their rationale. The only information they had was the target product profile for the drug, and some analogue product summaries. Delegates used various ways of getting to their answers, feeding them back to the group. While there was no right answer, Nikhil explained that having multiple analogues was advisable since it would allow you to model different scenarios – and means you do not have all your eggs in one basket. Understanding analogues' markets is vital – but not all attributes needed equal focus: in this case, safety and dosing were very important. "There are nuances around these factors," he said. To avoid picking the wrong analogue, it was important to do the analysis of attributes (e.g. adoption, uptake, penetration) and think about what drives, say, the adoption. Then look for an analogue where the same factors are driving adoption. Above all, he recommended starting at the disease level to structure your search and to accept that you're never going to find a perfect analogue – which is why, he reiterated, it was important to use several. It was also crucial to understand the analogue's context, document your logic trail and to validate your decision using other methods.

Market segmentation

After a break, Sondra moved the workshop on to principals of market segmentation. She began by talking about healthcare's three main stakeholders: payers, physicians and patients and the secondary data that could be used to segment them. These fell into four data 'buckets': product usage (such as prescriptions or claims data), manufacturer (including sales data, rep visits), policy/organisational (largely relevant for the US) and internet (e.g. social media, conference presentations). The focus of the workshop would be primarily on product usage and internet data. The US and EU are "radically different" markets, Sondra emphasised. US peers are often segmented around their management and restrictiveness. In Europe, on the other hand, different states tend to be compared to one another in order to make decisions about products (for example, the UK is different to Germany, which is in turn distinct from Italy). Sondra then spent more time on physician segmentation, looking at questions such as unmet treatment needs, likely prescribing behaviour, and so on, using primary and secondary data.



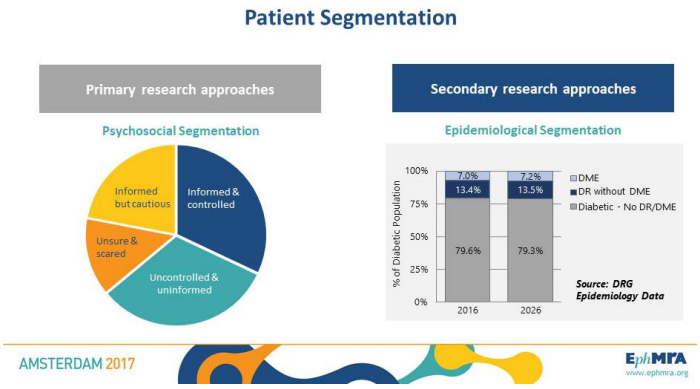
Importance of KOLs

Finding KOLs can be done using secondary data, and the next breakout exercise was to work in small groups to determine which 4-5 KOLs would be best to report on the EU spectrum of work in a given field. Participants had one data sheet containing researcher publications, and another with clinical trial involvement – and they were asked to bear in mind that all were equally relevant. Groups reported back their choices, and Sondra then indicated how complex the process could be, going beyond just looking at lists of publications or clinical trials to come up with a matrix and decide who you want as a KOL. She explained how a variety of elements could be added into this collaboration matrix, taking in researchers and prescribers (and sometimes people who are both) to give you the most appropriate KOL for a particular part of your programme, e.g. a researcher/clinician who is highly connected to other prescribers could be good for regional KOL work, while one who is not might be considered for guideline development.

Patient segmentation

Patients are different again, and their segmentation involved asking quite different key business questions, such as 'What is your psychosocial response to your condition?' or 'How likely are you to try this therapy?'

Secondary sources to achieve this include epidemiological or healthcare claims data, which feed into an understanding of the patient journey. Sondra spent some time looking at healthcare claims data, emphasising that they are records of financial transactions which can be used to answer a number of questions – for instance, what diagnostic tests are used, what types of treatment they receive or what patient characteristics make them more likely to undergo particular procedures. "You can pull out drug names because someone is being billed for those drugs," Sondra pointed out. Since claims data is tied to a financial transaction, it tends to be very accurate. She showed them an example of a patient journey based on such information, then asked delegates to look at the journey of a patient suffering from rheumatoid arthritis: the record showed how the patient was switched between different DMARDS, before moving to a biologic. We don't know whether this is because of side-effects or efficacy, she explained - but it gives a clear idea of how this data can be used to view the patient journey, seeing the patient as he or she moves through the system. There are different caveats, depending on sources, but claims data is widely available. Every claims data set has its quirks, which you must understand (e.g. some fields are filled in well, others not so well), and it is therefore important to be managing expectations in terms of what you can get out of it, Sondra said - some claims data in some countries is weaker than others.



Social media mining

The transactional element is only one part of the patient journey, however – there is also the emotional aspect. Sondra explained how social media, such as Twitter, Facebook, chatrooms or blogs, had become particularly important to see how patients feel about their condition – information that can be mined to build a picture of the patient journey. Patients go online to look up diagnosis, or see why they have been sent for a particular test – they are filling in the gaps in what the doctors are telling them. Social listening can offer manufacturers the kinds of information patients are looking for, and why they are looking for it. Sondra says we should start with where the patient talks and end up with why they are talking about it: this evolution is moving from social listening to social intelligence. For instance, are they expressing disbelief? How can you support them? And how do you tie all these interactions online to the patient journey? Patients relate to each other through the diagnostic journey – you can layer in the emotions they are expressing. There is rich evidence: "It is really astounding what people will put on social media," commented Sondra. From this we can derive many insights, such as their unmet needs, their likes and dislikes, their emotional journey. It can also reveal what not to say to them: for instance, some patients are so fearful of their disease that they don't want to be hearing from pharma companies how deadly it is.

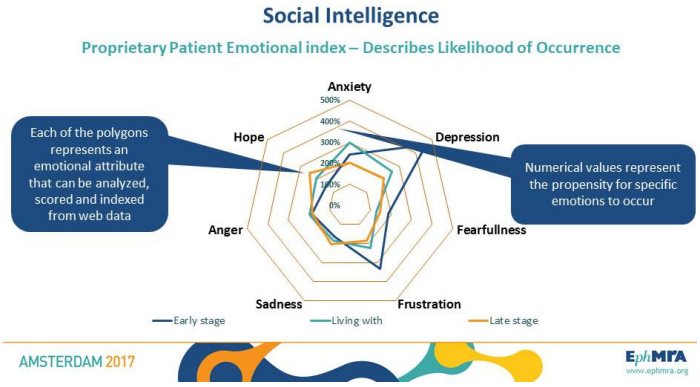
Social intelligence

For social intelligence to work in our favour we need to take three steps:

- Establish a framework
- Mine social media
- Map emotions

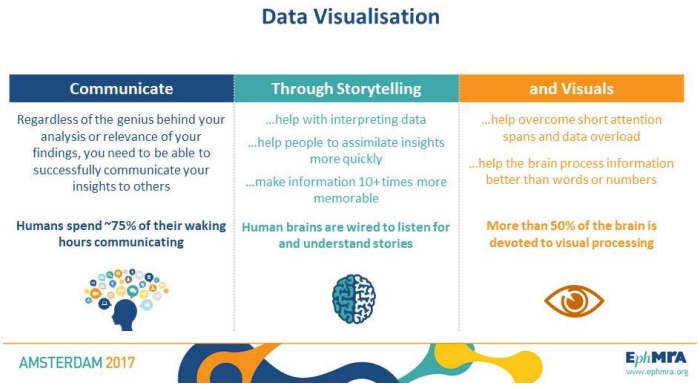
That's what we're looking for in the end – to understand how this relates to the patient journey. Researchers can ensure balance by catching a large number of comments: in fact, Sondra said her company often looks at more than a million – so the breadth and depth is balancing out any bias from extreme responses. When it comes to issues of adverse event reporting and compliance - since you are using patient data - Sondra advised that delegates familiarise themselves with their company's policy on this as well as the law in the country in which they were operating. She then introduced a patient journey exercise, where the patient moved from symptoms ⇨ diagnosis ⇨ treatment ⇨ living with the disease - and asked what the dominant emotion of the patient was at each stage. Social media will tell you, and this information can then be put into a social intelligence algorithm, containing emotional

attributes which can be analysed, scored and indexed, with numerical values representing the propensity for specific emotions to occur. While there are caveats to social media - primarily that the negative tends to be emphasised so there is bias - it is still a rich source of material.



Visualisation strategies

To wrap up the workshop, Nikhil looked at how you should present your data. Regardless of how brilliant your insights are, they need to be communicated successfully: a long report may not necessarily help an internal stakeholder, for example, although text has its place, he said. It depends on your audience. If you structure your data in terms of a story, it helps understanding and engagement – and retention of information. Therefore, you need a message, a narrative, structure and flow. We are wired to look for stories in whatever we see, e.g. your headline could be your key message, Nikhil went on. Tailoring your message to your audience is vital and this is a crucial part of working out what visualisation approach you should select. Research has shown that a combination of bullets and charts is impactful and memorable, for example. There are differences: data comparison is probably best done with bar charts, while a line chart might be better to illustrate changes over time. Either way, you have to understand your message before you start building your visualisation. Colour is one of the easiest things to get wrong. Nikhil suggested that colour would improve data readability – but too many colours (more than five) can make things difficult to read: it would therefore be a mistake to show every category in a table or chart using a different one. He emphasised that you must avoid the temptation of wanting to show everything in your research – instead it is vital to narrow down the most important message and highlight that accordingly. Other key methods of contrast between data points can be helpful: these include using different shaped/sized boxes, or orienting the most significant ones differently (for instance, at an angle compared to the others in a presentation), all of which are based on neuropsychological research into what humans respond to and how you can distinguish between categories to make the most important things stand out.



Tuesday 20th June - LDC Workshop 2:
Patients are a virtue: best practices in patient research





Speakers:
Cor Sibum, Roche NL;
Gaby Siera, Beautiful Lives and
Ana Edelenbosch-Hrisca, SKIM

Convenors:
Marcel Slavenburg, SKIM and
Chetan Taylor,
THE PLANNING SHOP international

Taking patient research to the next level was the aim of this workshop at EphMRA's 2017 conference, which looked at why research with patients is conducted, how this can contribute to an overall business strategy, effective design and the delivery of outputs.

Through reference throughout the workshop to a project carried out by Roche, the agency Beautiful Lives and a melanoma Patients' Association, delegates were able to map out the different stages involved in patient research and gain valuable insights into best practice.

Client Perspective: Strategic need and involvement of stakeholders

The idea for the Roche patient research project was initiated by the Product Manager who was responsible for marketing products for the treatment of melanoma and who wanted to do research with a patient advocacy group. It is important to remember in patient research that there has to be mutual benefit for the patient organisation as well as for the client. In this project, there was a good relationship with the patient advocacy group, even though it did not have much experience of research. There was also real willingness for close cooperation between all three partners to achieve a successful outcome.

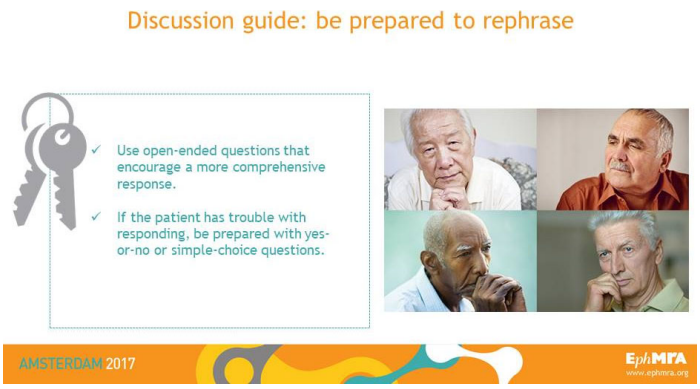
The first stage of the melanoma patient research project involved a kick-off and work session where participants were invited to take part in a self-directed photo task. As well as the patients themselves, care-givers and family members were also interviewed and observed to get their perspectives on the world of the patient.

Researcher perspective: Impact on Study Set-Up, Guide and Stimuli Design

There is often very little connection between the research itself and the patients and it is therefore important to consider the following points when designing your study:

- Keep your target group in mind when deciding on methodology and techniques. It is really important to visualise the group and try to understand what they are able to do. Think about how far you can get with interviewing and what kind of setting you need to make sure that patients feel comfortable about sharing details.
- Try to create a bridge between the study design and the type of respondents. Think about how mobile the patients are and whether a central location would be suitable or not.
- When you are thinking about emotion, consider the potential impact that a central location might have on patients wishing to share insights. When interviews are conducted at home, patients have the authority of what they want to share. Making them feel comfortable creates a good context for a positive interview about emotions and experiences.
- Think about the sensitivity of the research topic and the insights you might get if you only talk to patients or talk to them with a family member or just to the family member Patients can sometimes keep information to themselves so as not to upset their partners but if you conduct an interview with their partner as well, you will get the emotional input from the patient and more of the patient journey process from the partner.
- The choice of a female or a male moderator can have an impact on the outcome of the interview. When a female moderator talks to a male patient, he might not expect that she would know every detail of what a male condition could entail. Whether you use a male or a female moderator, make sure that the patient will still provide you with all of the details.

Compared to physician research where you have a discussion or a warming up of five minutes, we are looking to enter the patient's world and understand their emotions and a short amount of time is not sufficient for this. As a moderator or researcher, the first 15 minutes is the opportunity to link with the patient and to create the context where later on during the discussion, you can discuss sensitive topics without them feeling uncomfortable. Patients with sensitive conditions need sufficient time for storytelling and their wellbeing is paramount.



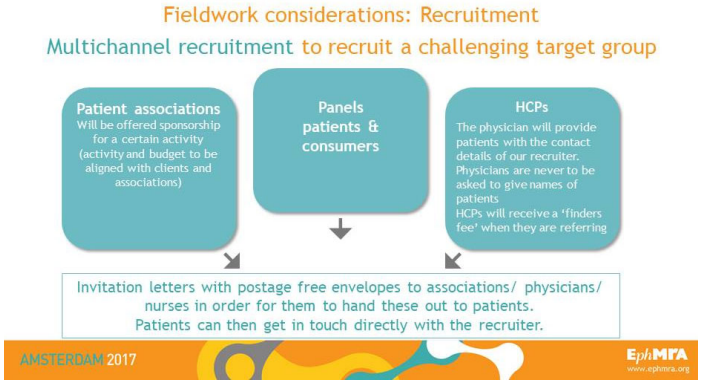
Roche and Beautiful Lives reported a number of key learnings which arose in the course of their research project:

- It is a good idea if possible to make more of the time before you enter patients' houses. In this case, patients were sent a homework task upfront to create images of who they are and the impact of the disease on their daily life. This gives the moderator an opportunity to connect with the patient before entering their house and gives the patient the lead in the interview. Most of the melanoma interviews were conducted in an in-house setting because it provides much more information about what is actually going on. It is a safe environment and you are the guest in their house.
- Psychological aftercare was provided for patients so that when something arose in the interview that they wished to explore further, they had somebody to touch base with.
- The melanoma advocacy group was crucial in recruitment but if you are looking for a specific patient group, bear in mind that some patients don't know what therapy they are having. With this research project, a website was created so that patients were guaranteed anonymity.
- Two hours were allowed for a patient interview although a longer amount of time was sometimes needed.
- Make sure anonymous transcripts are available for clients.
- In this project, the recruitment was done free of charge by the advocacy group because they believed it would bring them value and there were two members of the advocacy group involved at every stage of the process. It is important to consider what the advocacy group will get out of the research and what you can give back to them.

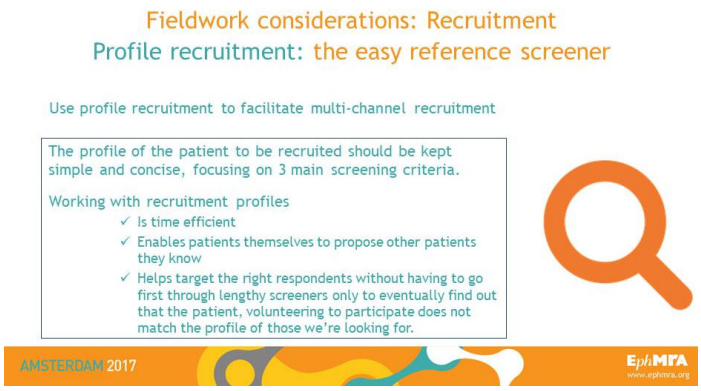
Fieldwork and Patient Perspective: Recruitment, Ethics and Data Collection

There is generally a reason for patients to participate in market research, whether it is to feedback for future patients or sometimes to have somebody value their opinions.

Using multiple channels is the best way to approach recruitment and you can combine different networks to provide support. Panel agencies can be a great way of recruiting and even if there is only one relevant patient, they can often lead you to others. It is essential to have very detailed information to provide to patients/future patients and those unfamiliar with market research may also have many questions about confidentiality.



A lengthy screener will not be useful and it is more useful to work with the patient profile.



It is essential to allow sufficient time for the study. While it is possible to have quick recruitment with certain types of patients, sensitive conditions and vulnerable patients will need more time and this should be factored into the project.

It is also important to be flexible and accommodate changing situations with patients. Rescheduling interviews can lead to a higher drop-out rate and if you are not sure that you can start interviewing on a certain date, don't communicate this to the patient because they will get disappointed and lose trust.

A competent and skilled moderator makes or breaks patient research. Moderators must be capable of showing empathy and being somebody who can be part of the journey in the patient storytelling. While the discussion guide and structure acts as a good basis, every patient has her/his own story which will lead the discussion in different ways. It is therefore important to have a moderator who can identify the right moment to dig deeper and identify certain aspects of certain details. A moderator needs to be able to connect with the patient to create the platform for the discussion to take place. Having a good moderator means that the insights and results you achieve will be in line with your expectations.

Moderators should:

- Use the first moment to connect with the patient wherever the interview takes place. Make them feel at ease and comfortable and tell them they can take as many breaks as possible. Make sure that they do not see that you are pressed for time. A two-hour interview with a break in between is a good guideline.
- Use an approachable communication tone and explain any medical terms used without patronising the patient. Don't jeopardise the research because the patient doesn't understand what you are referring to and avoid medical terms if they are not necessary.
- Manage expectations and make sure that the patient understands what their participation involves, especially what you will be doing with the data. Explain their rights i.e. that they have the right to withdraw from the interview and that the interview is anonymous and will be confidential throughout the whole project. It is important that the patient understands that there are no wrong answers, also that you cannot advise them. If possible, share with them the way that their contribution will add to the overarching research. Patients like to see how their information will be used to help future patients.
- Make sure everybody involved knows whose responsibility it is to manage adverse events. This includes sub-contractors.

With the Roche/Beautiful Lives melanoma project, in-home interviews were conducted and partners/children were also involved where possible. Aftercare was provided for colleagues as well as patients and the moderator talked to a colleague to share their stories.

Bringing research results to life: Engaging deliverables

The cone of learning is an excellent model to use when considering the most effective framework for the presentation of your patient research project to stakeholders.

The cone of learning highlights that if stakeholders are involved in a memorable exercise, the information and outputs are more likely to be remembered for a longer period of time. Simply sending a report will not have that much impact so always make sure that you consider the cone of learning when presenting back results and make sure you are at the lowest part of the pyramid.

In a case study of a day-long patient immersion session held at a central location for an audience of 50 stakeholders:

- People could sniff pepper to experience what it was like to have allergic symptoms.
- The patient journey was presented via a road map by highlighting the different results and touch points per stage of the disease, showing high level results of the patient research. The audience had an opportunity to ask questions based on what they had seen so far.
- A live Skype interview took place involving a patient and a moderator. This interview was done with additional questions received from the audience.
- The segmentation study was presented to the audience who were then sent to different break-out rooms where they studied the different segments. They had to create a dialogue between a physician and a patient while the other people in the audience had to guess which segment they were portraying In addition, video footage of a segment was shown which the stakeholders then had to identify.

The Roche/Beautiful Lives project involved a joint presentation with the patient advocacy group. While some actions were more appropriate for the patient advocacy group, all parties looked at what could be joint activity as well as activity only for Roche and activity only for the advocacy group. The joint work around melanoma awareness has included an awareness movie.

Key take-aways

- Understand who the target group is and what they are feeling when you are creating a research design. This will impact on your deliverables.
- Patient Associations can help in recruitment but they need to have something guaranteed in return so that it is a true collaboration.
- The time and effort put into recruitment may take up the bigger chunk of the entire project, especially if you are looking at patients in various disease stages. Early stage might be easiest although the entry point can be difficult. Healthcare professionals can help you reach these patients.
- The most important thing as a moderator is to show empathy and have time to build a connection.
- Think about how to get close to the moment of truth and how you bring this across in a memorable and dynamic way in your presentation or feedback session.

Tuesday 20th June - LDC Workshop 3:
Skills Workshop – Qualitative
(for researchers with 2-3 years experience)




Speakers:
Ben Lorkin, Hall & Partners and
Jennifer Redfearn, Research Partnership

Convenors:
An-hwa Lee, Research Partnership and
Jana Rueten, M3 Global Research

This workshop at EphMRA's 2017 conference focused on ethnography before moving on to take a detailed look at the use of projective techniques.

Ethnography - What is ethnography?

Ethnography can be thought of as capturing and conveying a person's understanding of their own life. It allows us to observe patients by getting closer to them and gaining a greater knowledge. This information can then be fed back to clients to enable them to understand patients better and develop appropriate strategies to support them.

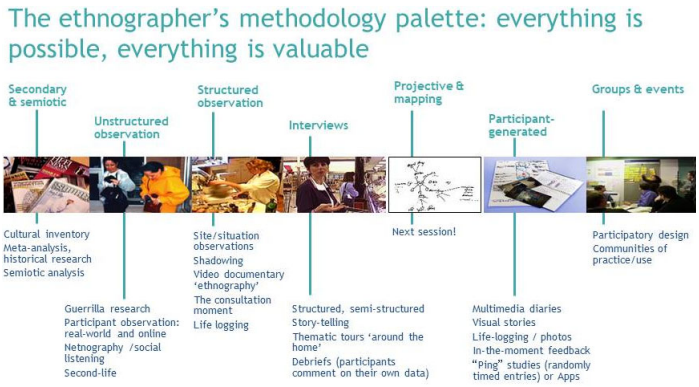
The benefits of ethnography

- You can observe events at the 'moment of truth'.
- You see insights you would never see if you just asked basic questions.
- You can avoid the bias of memory and emotion.
- It reveals insightful behaviour that respondents may not actually be aware of but may be quite important to us as market researchers.
- It helps reveal that patients have quite a distorted view of their own world. They are not necessarily aware of what could be different in their lives.
- It collects information that is private and which patients may not necessarily be willing to reveal in a normal interview.

Challenges to consider with ethnography

- Design is critical for overall success when using ethnography. You need a multi-staged approach to add value, including follow-up interviews.
- Client understanding and buy-in is essential.
- Ethnography is very expensive and there can be the expectation that it will answer all of our questions.
- Ethnography does not provide any sense of context or journey or how typical the events captured are.
- Recruitment is critical and it is key that there is a diversity of different patients who are in a range of settings across different days.

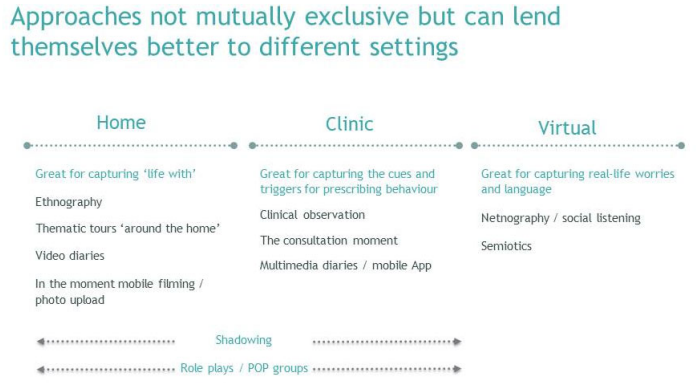
Ethnographic approaches



Typical approaches include:

- Full documentaries where one or two days can be spent videoing patients.
- Video diaries.
- In-person observation.
- Secondary and semiotic analysis that can show what is going on at a country level by looking at culture, what is said, how it is said, what isn't said and where gaps exist.
- Unstructured observation e.g. social listening and netnography.
- Structured observation such as site observation or shadowing.
- Participant-generated, such as web diaries and the use of mobile apps.
- Groups and events which can be co-discovery sessions or co-creation.

The choice of setting can be an influencing factor in deciding which approach to use, with certain settings lending themselves better to some methods more than others. Ultimately, it is all about the approach that best lends itself to the patients we are speaking to.



Looking at the above approaches in more detail, ethnography typically involves spending at least one day following a patient over a 12-hour period. A professional camera crew is able to capture everything that is going on to provide a deep insight into the patient's life. However, this approach can understandably be very expensive and if a patient has a camera crew following them around, it is questionable how reflective this will be of normal life because as soon as you start to observe somebody, you start to bias their behaviour.

With thematic tours around the home, an interviewer and colleague typically conduct an IDI of 60-75 minutes, followed up by the patient taking a walk through their home to talk through their life. This can help to bring the story to life and give more insight, as well as providing the opportunity to explore disconnects between what a patient has said and what they do.

Video diaries can be a very powerful tool and are typically conducted for 7-14 days. They allow us to get a sense of a patient journey and can capture how the patient reacts, what causes this and what are the opportunities for education. It can help encourage participation if conducted after market research because patient buy-in has already been achieved.

In the moment filming and photo upload can be an engaging method for patients, although one of the biggest drawbacks is that you will only get a photo or film of what people decide to take which does not necessarily capture the whole picture of what is really going on.

Clinical observation and consultation moments involve time spent in the doctor's clinic which can include shadowing, observing behind a door or actually being in the clinic to understand the cues and triggers that drive decisions. It can also reveal what is not said i.e. what is missing in the conversation that we would expect to be there and why is it not there.

Multimedia diaries and Apps encourage quick and easy participation by being close to the consultation moment and can perhaps be built into multistage methodologies. They can provide a snapshot of what is going on at the moment of truth as well as large scale data that can be analysed quantitatively, although this doesn't tend to provide detail.

Considerations when making a film

There are many areas to consider throughout the filming process to ensure that the end result meets the client's objectives:

- A strategy should be in place at the start to identify useable footage and give you a clear idea of what you are looking for so that you can code it appropriately.
- Agree what the story is with the client.
- Aim for about 2 minutes overall in length if the film is about a specific theme with 10 minutes as the approximate length for a longer version.
- Be clear you know how the footage will be used and make sure you get the correct permissions at the time of recruitment. There is a much higher possibility with this kind of research that confidentiality will be compromised and identity will be revealed.
- Run the final footage past the participants if possible, particularly if children are involved. Filming in public in the UK involving children cannot take place without appropriate permissions from local authorities.
- Don't offer any opinion or judgement and don't challenge the patient's view of the world. Don't make them think that what they are doing is not correct.

Key learnings summary

- Ethnography offers the opportunity to observe the 'moment of truth' and can provide deep insights into patient behaviour.
- Agree a clear strategy with the client at the outset and remember that ethnography cannot provide any sense of context or patient journey.
- Recruitment is critical to the success of ethnography and there are many potential approaches to consider, depending on the setting.
- Obtain correct permissions at the time of recruitment and be aware that there a strong possibility that confidentiality will be compromised.

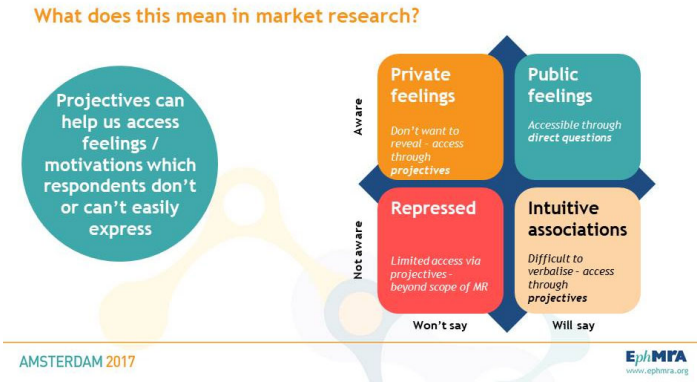
Projective Techniques

Projective techniques are a toolbox of exercises, discussions and different ways of getting your respondent to start talking to you and engaging with you. They are designed to help respondents express their own views and motivations.

It is important to remember that a technique is a means to an end and is not the end in itself. You are always looking for the respondent to explain why they have said what they have said and what it means to them.

What does this mean for market research?

The following Johari window maps out the type of feelings and motivations which respondents do not or cannot easily express.



Public feelings are rational thoughts that a respondent might have or spontaneous information you might be able to access. Direct questioning might reveal them but you might want enabling techniques to help respondents express themselves evocatively.

Private feelings are thoughts that a respondent might be aware of but does not necessarily want to say. This could be because they feel that they are stereotyping or have a socially or politically unacceptable view.

Intuitive associations are things that it is difficult for the respondent to verbalise. This might be for cultural reasons, or it could be something that is intuitive that they don't really know how to express.

Repressed thoughts are feelings and desires that might be troubling to the respondent and an hour-long interview or two-hour focus group will not get to this level. You are also potentially working with thoughts that are not very useful and probably not very ethical.

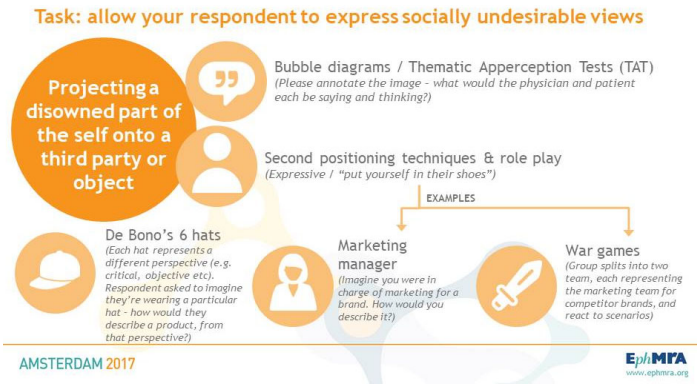
Different types of projective techniques

If your task is to get the respondent to talk with greater fluency, some of the following techniques can help. Whichever one you choose to use, you are aiming to enable permission for the respondent to speak about the different elements of a brand. A good moderator will be able to react quickly and change the technique if necessary to one that respondents will react to better.

Projective techniques include:

- Using **analogy and metaphor** where the moderator picks what will work best for the respondent, such as animals or cars. You want to encourage the respondent to interpret for themselves so that we can understand 'why'.
- **Personification techniques,** such as imagining a brand as a person. If you are looking at a collection of brands and you want to understand an entire market, you might want to do a brand party exercise i.e. how would the competitive brands behave at a party?
- The **obituary technique** is useful if you are talking about a brand with a lot of negative criticism. This technique is a recap of the positive things that the brand has done, but the biggest drawback is that the client might not like you saying that their brand is dead.
- The **school report or appraisal** where as part of the exercise, you have to go through what the strengths and weaknesses are.
- Using **image sort**, the respondent is asked to select a couple of images that best reflect the brand and explain why they think it is a good image for the brand.
- **Word association and completion techniques** can be as simple as a list of words from which the respondent picks two or three that describe the brand. Sentence completion can be extended into a storytelling technique whereby there is a relatively simple scenario based around a particular brand and the respondent is asked to explain how this came to be.
- **Guided imagery** is the most elaborate technique and needs time to be carefully set up. As you ask questions, you want respondents to write notes about what they are seeing, hearing and feeling.

If your task is to get the respondent to express socially unacceptable views, you might want a different type of technique:



How and when to use projective techniques

- Consider objectives and practicalities. You want to make sure you are selecting the right technique to get the information you need. You also need to ensure that the client understands which technique you are using and why and what kind of output they will get.
- Think about the setting the respondents will be in and whether there are any cultural considerations.
- Consider how much time you have. You need to make sure you have enough time to set things up properly and for the respondents to explain why they have given you the answer they have.
- Consider how you are going to get the most out of your respondent.
- Think about where to put projective techniques in the course of your interview. They should be introduced once the respondents have warmed up.

It is important to remember that one of the major reasons why a projective technique fails is because the moderator did not set it up correctly. The respondents should be prepared from the start and the instructions should be clear and concise. The atmosphere in the room should be one of curiosity and playfulness and the moderator should never apologise for the technique.

Key learnings summary

- Projective techniques can help you gain a greater understanding of respondents' feelings and motivations.
- There are many different types of projective techniques and it is important to select one that will enable the respondent to speak about the different elements of a brand.
- Other considerations include the time available, the setting and ensuring that the client fully understands what is involved.
- A good moderator will change the technique if necessary to one that will elicit better responses.

Wednesday 21st June - Opening Plenary:
Changes don't ask for permission, they just turn up.

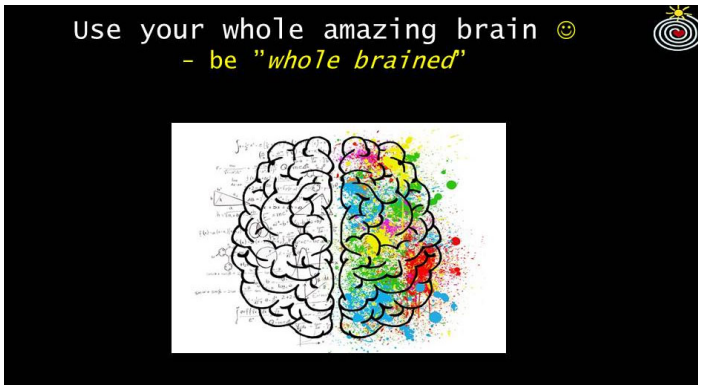
Keynote speaker: Helen Eriksen

Chair: Thomas Hein
EphMRA President and Thermo Fisher Scientific

To open the 2017 Conference, delegates were treated to an exciting keynote session by Helen Eriksen.

Helen is a trained psychologist with an MSc in business psychology. She was a college teacher in the early 80's and has been working on psychological resilience for the last 25 years and her focus on the psychology of change legitimates her as being an adviser on multiple M&A operations.

"Use your whole amazing brain"



As they say in Denmark, which is Helen's native country, your right brain is the one that helps you to "See the wood before the trees", i.e. get the whole picture instead of focusing on details.

Academic research on the topic "evolutionary psychology of the tribe" demonstrates that the 1st part of the brain that was developed in humans, the reptilian brain, is the one that focuses on "survival", a kind of "alarm system" or the "loud voice" that triggers adrenaline rises.

2.5 million years later, other parts of the brain have developed, and the cortex is now the "little voice" that helps to ask the "Whys" and balance out the loud voice.

Helen recommended that **we all become conscious of what we think and how we react.**

When we think, we use our preferential brain and we build new neuronal pathways, which means that we actually expand our brain. This is beneficial to our body, as it produces reward hormones such as serotonin, dopamine and oxytocin, and ultimately it improves our survival!

Helen also emphasised that the "aw of inclusion" reflects the need to have a common strategy within our tribe, to be able to react to "the others". Thus, she recommended that we "DO NOT step out, unless we do/say/mean something really new/different/original".

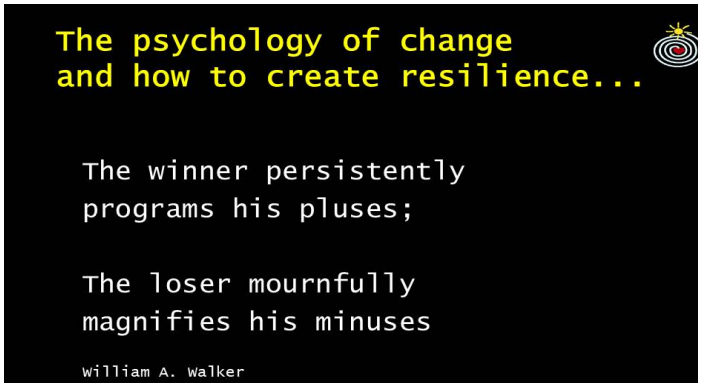
The paradigm shift of change

Based on the observation that in our world the amount of information now doubles each 18 months, Helen pointed out that by 2030 we will find ourselves living with an unlimited amount of changes. Thus, the critical question: "Are we sufficiently resilient to survive this?"

When we find ourselves in a paradigm shift, facing a change, our basic assumptions from the old paradigm are challenged. We are only 5% conscious about what we do and how we react, thus we need to ask ourselves "Why": why am I reacting like that, what could be in it for me...?

Research shows that humans are not "career-driven", they are "purpose-driven": we need to find the meaning of our work.

If you imagine that our brain is a book shelf, with multiple categories (countries I've travelled to, colleagues I've worked with...) and within each of these categories, a series of "Minus-shelves" and "Plus-shelves": the number of books in each type of shelf makes us an optimistic or a pessimistic person.



Our multiple intelligences

Academic work from Howard Gardner demonstrated that humans have different ways of perceiving and acknowledging and has defined 9 types of intelligences:

- The **logical** and **language intelligences** are the ones that are highly stimulated at school;
- The **emotional intelligence,** when stimulated appropriately, creates "serial pathways" which are very effective to stimulate our brain;
- **Social, physical, spatial, musical, naturalistic and existential intelligences** use other types of neural pathways and create a powerful infrastructure.

Helen's research emphasises a 10th type of intelligence: the **intuitive intelligence.** She defined it as "the ability to make constructive decisions from an insufficient amount of information". In her view, it is the only type of intelligence with which we can have an overview on everything, overlook complexity and be able to do forecasting.

The benefits of being whole-brained

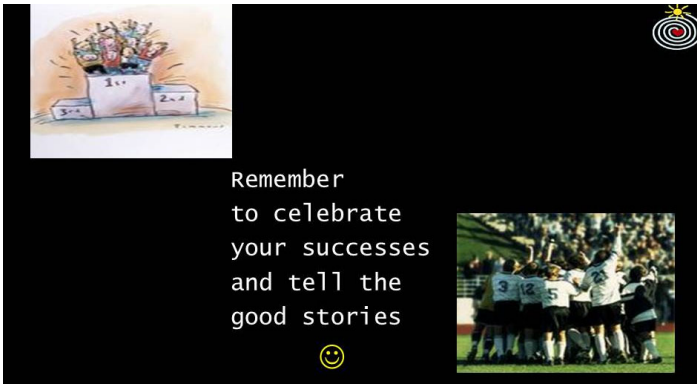
When whole brained, you become more innovative and more empathic. This means that you (and your colleagues!) become easier to be around and to understand.

When whole brained, you become more resilient and robust, and you get a far better overview: new perspectives, increased wellbeing, less stress, production of reward hormones and increased energy levels.

Keep in mind that neuroplasticity means that your brain constantly develops throughout your life: we create new neural pathways when we try something new. After 8-fold repeat, the neural pathways can "fire" and expand your neural highway.

In times of change: 10 things you can do to prevent stress, increase resilience and improve your efficiency

1. Downregulate your "old brain" reactions: ask yourself "can I really die from this change?"
2. Ask yourself: "Where, when and how can I add meaning to my life, also in the way I perceive things?"
3. Take some mindfulness-breathing - moment to moment awareness
4. Stop or reduce multitasking: practice doing one thing at a time
5. Enable the crucial conversations wherever possible and make it culturally legitimate (in your company or in your family) to do so
6. Create resilience through visualisation: imagine how you would like to be and to behave and it will happen!
7. Be aware of the alarm signals from your body, and listen to your "gut feeling" (your second brain)
8. Train your whole brain and navigate intuitively
9. Question yourself (and others!) about why you are doing things, how you react to your own thoughts and feelings and environment
10. Expand your neural highway by exploring new things and making lots of new "movements": it will increase your neuroplasticity, your resilience, your level of empathy and your overview capability and reduce stress!



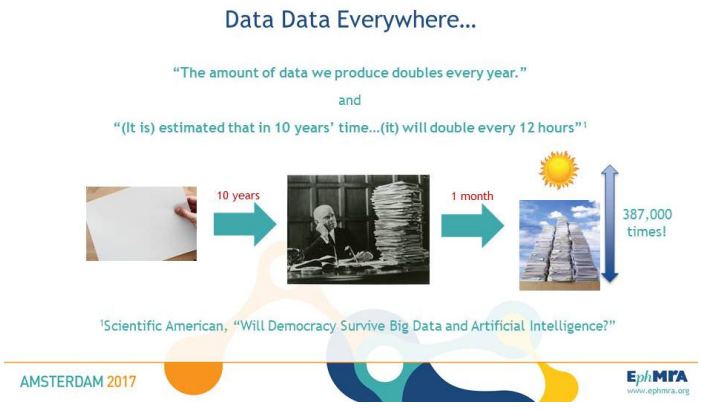
Written by Estelle Sommer & Aline Abravanel, GENACTIS

Wednesday 21st June - Plenary:
Real-World Data De-Mystified

Speaker: Tom Haskell, Kantar Health

Tom Haskell achieved exactly what he promised in his introduction to this paper: to demystify Real World Data (RWD) for those who are mystified, and to provide some clear business applications for those who are not so mystified!

Tom Haskell achieved exactly what he promised in his introduction to this paper: to demystify Real World Data (RWD) for those who are mystified, and to provide some clear business applications for those who are not so mystified!



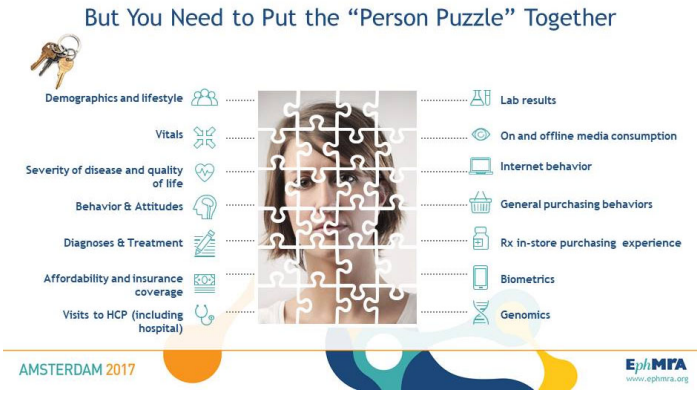
He further illustrated how in healthcare there has been an enormous proliferation of RWD generated by multiple health related devices, gadgets and websites.

However, this explosion of RWD requires new approaches to analytics before we can use it to get better answers, faster and less expensively.

In the past, he reminded us, product success was measured in terms of sales data. Now, with the shift towards patient-centricity, our value metrics focus on how well our drug helps to achieve patient outcomes, with the overall objectives of healthier patients and a happier world.

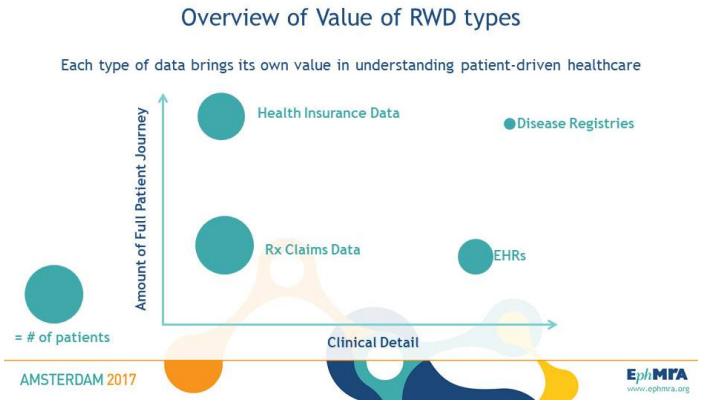
Chair: Amr Khalil, Ripple International

Our key customers are no longer limited to the prescribers, but are focused on the patients themselves. Tom believes that is it important to view our customers as people, not just as patients, understanding their lifestyle, attitudes and behaviours as well as their diagnoses, treatments and lab values.



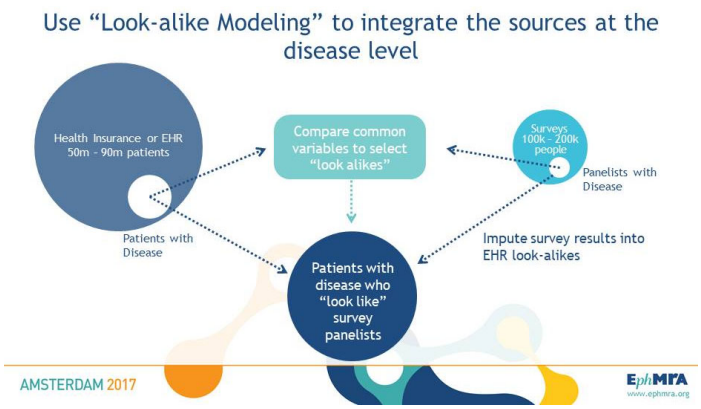
Tom outlined the variety of RWD sources available in healthcare, both structured (such as Electronic Health Records) and unstructured (such as blogs and smart activity trackers). He detailed some of the key sources of clinical RWD, including prescriptions claims data, health

insurance data, Electronic Health Records (EHRs) and disease registries, setting out their advantages and disadvantages and how each varies according to the amount of clinical details, the extent of capture of the full patient journey, the number of patients included and the typical duration of "lag" between the data event and the data availability. He encouraged us to think carefully about looking in the right place for our business insight, selecting the most appropriate source from which to answer our business questions.



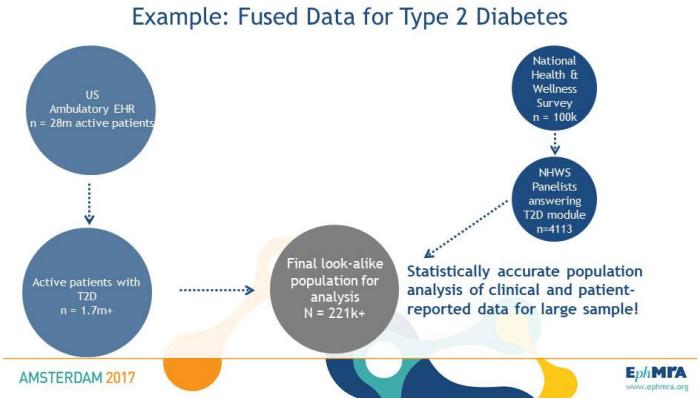
Tom cautions about focusing exclusively on clinical RWD, highlighting the risks of missing half of the picture – namely transforming the patient into a person. He advocates looking also at non-clinical RWD (such as patient-reported surveys), bringing them together as "different lenses on the truth".

Ideally, we would match an individual's clinical data with a patient survey for the same individual; however, this is not realistic for both practical and ethical reasons. Tom puts forward a solution that neatly side-steps the practical issues of interviewing a robust sample of patients and the ethical issues of patient confidentiality: "look-alike modelling".

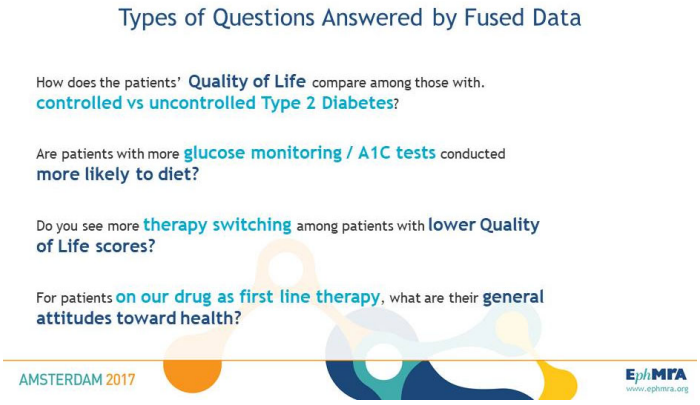


With this approach, Tom explains, we take a clinical dataset and match it against patient-reported survey findings, looking for patients that "look like" one another by matching key attributes, using some overlapping clinical metrics in order to bring the two datasets together. He notes that, as this does not produce data at the individual level, all analyses must be at the group level.

Tom presented an example of "look-alike modelling" in practice. Kantar used a syndicated patient survey which collects a range of information on attitudes, behaviours, characteristics and demographics (in this case, their National Health and Wellness Survey), and a licensed EHR system. Focusing down on Type 2 Diabetes, they were able to look at the two datasets and, using weighted propensity matching, identified 221,000 EHR patients that could be marched to the 4,000 patients in the National Health and Wellness Survey population by comparing clinical and patient-reported metrics in an aggregated and statistically accurate manner.



Fusing these datasets enables us to ask a completely new set of questions, based on the metrics included across both source datasets, such as "how does quality of life (taken from the patient survey) vary with control of T2D (taken from the EHRs)? Are patients who undergo more frequent glucose monitoring more likely to diet? Is there more treatment switching in patients with lower quality of life? What are the general attitudes towards health of the patients taking our drug 1st line? These new questions can help us to achieve the objective set out earlier of understanding our patients as people, focusing on patient outcomes as key metrics of product success.



Tom noted that there are many other types of data sources making their mark, including patient-reported surveys, whether originating from vendor companies or governments, which collect clinical information or health attitudes, and which might include the additional perspective of caregivers. Public social media data is also growing rapidly. Tom notes that this can be challenging to work with as it is unstructured but provides insight on the emotional burden of illness. Wearables and smart medical devices are also making an impact, although he warns that there are many current limitations in terms of accuracy and particularly integration with patient surveys that we still have to overcome before we can use these data sources more meaningfully.

He reiterated the importance of seeing the full person with a given disease, rather than limiting our attention to "Patient X", in order to better understand our patients and disease area and how we can therefore optimise product success and the perspective that RWD can bring to our business questions.

Finally, Tom concluded by outlining that we may still be looking at the same things, but when assessing market share for example we can look not only at share of prescriptions but at patient outcomes. When looking at adherence, we can look not only at prescriptions but at attitudes to understand why patients are non-adherent. When looking at burden of illness, we can look not only at cost but at quality of life and workplace productivity. He reiterated the importance of seeing the full person with a given disease, rather than limiting our attention to "Patient X", in order to better understand our patients and disease area and how we can therefore optimise product success.

Written by: Amr Khalil, Ripple International

Post Conference News - September 2017

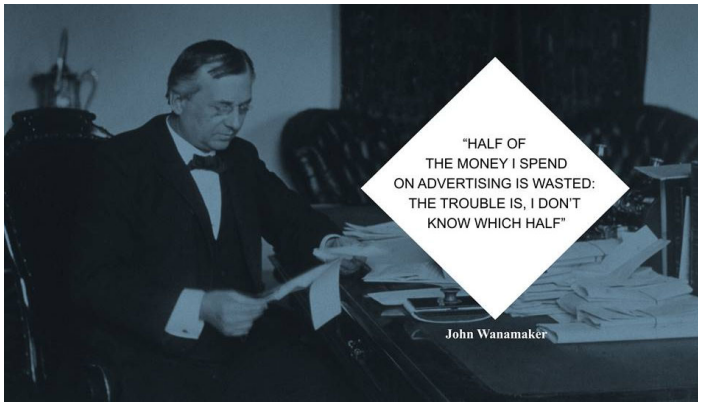
Session 1: The memification of insights

Speaker:
Tom De Ruyck, Insites Consulting

Tom de Ruyck gave us a blueprint for change – today, tomorrow and in the future – to help us increase the value of our market research insights.

Quoting a survey among his FMCG client base and a BCG study among buyers and users of market research on the impact that professional market researchers make on the businesses we work for, Tom opened with some sobering statistics. Only 28% of those surveyed believe they spend enough on research, while respondents said that only 45% of research spend had a true impact on their business.

Tom paraphrased John Wanamaker: 'half of the money we spend on research is wasted – but we don't know which half.' Tom proposed that it is not about the money that is spent, it's how we spend it that is important.



His survey had also shown that research managers wanted to spend less time and money doing the actual research, and more time and money engaging with the business to understand what insights are required, and implementing insights effectively to ensure concrete business impact. In our world of data abundance, the role of the researcher is even more important to provide provocation and inspiration to drive transformation and actions that generate growth. Market researchers can be the change agent – but how do we step up our game to do that?

Chair:
Erik Holzinger, groupH

Tom set out his approach to turning insight into action, today, tomorrow and in the future:

1. Today: Do what you already do today, but do it slightly differently.

Tom encouraged us to create an activation programme around all ad hoc project results to generate growth, using three simple steps – **engage, inspire, activate.** Before the ebrief or workshop, **engage** the audience to get them thinking about the findings. This might be by sharing key statistics or patient quotes that start to trigger questions in the audience's mind, or sharing a 30-second video clip to whet the appetite. A warm-up exercise might take the form of a short quiz about the likely survey results to help them to challenge their current thinking and become curious to hear the findings.

To **inspire** the audience, instead of a 60 minutes slide presentation, Tom advocates spending 20 minutes presenting the key essentials of what the audience needs to know. This then allows 20 minutes for questions exploring the data and understanding the implications, with 20 minutes remaining to move the discussion on towards implementation and action.

Activating the insights continues after the presentation. Reminding people what they heard during the presentation and the actions discussed afterwards could take the form of a simple email – "during the presentation, X, Y and Z were mentioned as the next steps. What is the status of this?" More elaborate activation alternatives could involve physical reminders of the insights to help executives immerse themselves in their customers' world.

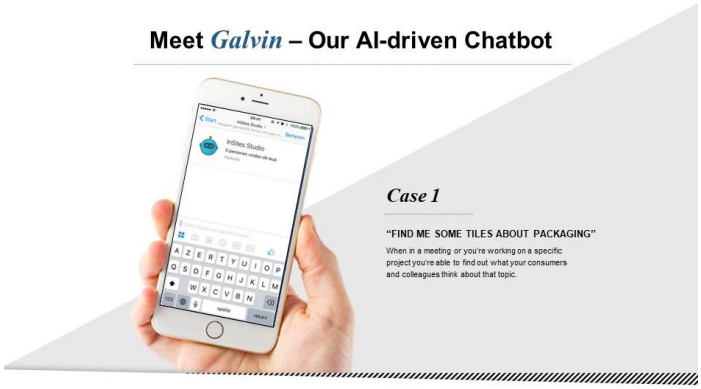
Like any successful marketing strategy, we can use multiple touchpoints, curated insights and 'bite sized'

content to reinforce our message with a series of short, sharp interventions which encourage active engagement with our insights and a learning experience for the audience. From today, we can share our ad hoc research in a different way.

2. Tomorrow: instil knowledge and passion in people and ensure availability of insights

Planning for tomorrow, Tom says, firstly we have to ensure our audience has the **knowledge** (patient insights education) to understand what we're talking about. We need to speak the same language as our clients and help them to recognise insights and how to use them in business decisions. Tom commented that in the companies where he has delivered executive training on insights, the job of the corporate market researcher has become much easier as the people around the table understand the beauty of an insight and immediately know how to apply it.

Secondly, Tom emphasises the importance of ensuring our audience has the **passion** for and **feels close to their human customers/patients.** If they understand the patient's world they can visualise how an insight is going to make a difference to that patient. Patient understanding can be enhanced with "consumer safaris" – going out and talking to real patients – but could also include observation or personal experience to balance practicalities with the benefits of a habitual exercise. Tom recommends digitalising this experience via an online platform where observations can be uploaded and shared with the team for comment. Team leaders review and identify opportunities or threats, with a subsequent brainstorming meeting to work on actions required. This shared platform transforms the individual "consumer safari" into an opportunity for team learning and engagement, culminating in definite action for the business.



Tom then focused on creating the **insight architecture** to enable as many people as possible in the organisation to make use of the insights and to create an **insights flow.** He distinguishes between "mental flow" and "physical flow" of insights, explaining that insights need to be managed so that they can be implemented effectively, reaching the right person at the right moment.

He advocates dividing insights from ad hoc projects into those which need to be reported and used immediately (presented at the debrief and used to make today's decision) and those incidental insights which can inform business strategy (which might be grouped together with insights arising from other projects and sources and discussed at a periodic meeting to create an action plan to inform a bigger strategic issue). He also uses periodic updates to ensure that the patient stays top of mind.

Physical flow of insights is important to avoid insight being lost in a PowerPoint presentation hidden somewhere on a server. Tom encourages us to put in place a suitable insight management system that ensures the insights are available and accessible to those who need them, at the moment that they need them.

Tom also emphasised the importance of installing **habits** around insight, making small changes in behaviour that will have a big and lasting impact. This might be achieved via the interventions already discussed or other approaches such as identifying key action takeaways at the end of every research debrief. This is also called the **memification of insights,** described by Richard Dawkins as the cultural analogue to genes in passing on behaviours, ideas and practices.

3. In the future:

Tom outlined the potential role of AI in the future of insight activation, with an AI **"chatbot"** being able to deliver timely insights based on a database search of multiple sources, with intelligent systems helping us to be proactive rather than reactive in our insight activation.

Whether today, tomorrow or in the future, Tom urged us to step up our game and let insights flow faster and more effectively in our organisations, showcasing researchers as the superheroes of business!

Tom concluded with a summary of his six-point plan to turn insight into action:

Today:

1. Do what you do today, but better:

Tomorrow:

2. Education – make sure people understand the insight language
3. Make sure people feel the passion for the patient
4. Ensure insights can flow (mentally and physically)
5. Install lasting habits around insights Future:
6. Think about the future of insight activation

Written by: Erik Holzinger, groupH

Session 2 – Future Leaders presentations

Paper #1 - Rare Disease market research online communities (MROCs) – a 360° look at this important data collection methodology

Speaker: Jennifer Redfearn, Research Partnership

Jennifer Redfearn presented a fascinating paper showcasing the use of Market Research Online Communities (MROCs) to explore the patient experience in rare diseases, highlighting the practical challenges but also the client benefits of this approach.

Jennifer highlighted the challenges of obtaining an in-depth and meaningful understanding of patients with rare diseases, due primarily to the low prevalence that makes ad hoc patient recruitment so challenging. Using a recent case study, she demonstrated that building a patient panel to participate in a long-term online discussion is an effective option in this situation.

Chair: Tracy Machado, Phoenix Healthcare

This particular disease had a prevalence of less than 6 per 100,000 people, ruling out any possibility of face-to-face discussions. The online approach enabled two communities, each of n=60 patients, to be built across multiple countries using common languages of English (UK, Ireland, Canada) and German (Germany, Austria, Switzerland).

The MROC ran for 12 months, enabling the client to pose a broad range of questions to participants and obtain feedback on a large number of questions, both predetermined and arising during the life of the community, tapping in to new insights from the patient-led discussions.

Recruitment required a combination of approaches, including recruitment from consumer panels, advertising on patient association websites, recruitment through physicians and snowballing via patients already recruited to the community. The duration of the MROC allowed time for some of the recruitment strategies to come to fruition, which would not be the case with a one-off ad hoc study.

Key to the success of the approach was to engage the community participants and maintain that engagement throughout the life of the community. This turned out to be easier than anticipated, due largely to the opportunity for patients to discuss their condition with other sufferers, which made them feel supported and listened to. Additionally, efforts were made to utilise engaging question formats (qualitative and quantitative), from simple rankings and ratings to uploading video and images as well as expressive and descriptive qualitative responses, which helped to provide variety and maintain interest. Jennifer had found that respondents provided a great deal of rich insight on both the practical and emotional experience. For example, one patient posted "My condition makes me feel like a prisoner in my own body. My chains are not made of steel but of pain and frustration and tears of blood".

Typically, two questions per week were posted from a pre-agreed list, but there was flexibility to amend the list as required to reflect business needs or to take advantage of topics introduced by the community themselves. Online moderation was also used throughout, to stimulate and engage participants, to assist participants with the mechanics of the community but also to elicit further clarification or insight where necessary.

Clients gained access to a deeper understanding of a wider range of issues than would be possible with traditional one-off research, providing insight into the patient experience and how they interact with healthcare professionals. Deliverables included a quarterly report on the topics discussed during that period, as well as monthly transcripts in English (and local language in the German-speaking markets). Jennifer gave an example output visualising the patient journey, through awareness of initial symptoms and misdiagnosis through to ongoing management, highlighting the challenges and barriers faced by patients, but also the opportunities for the client company to support them. The MROC study was very well-received by the client, who provided feedback that it was "an incredibly insightful and powerful body of work".

Written by: Tracy Machado, Phoenix Healthcare

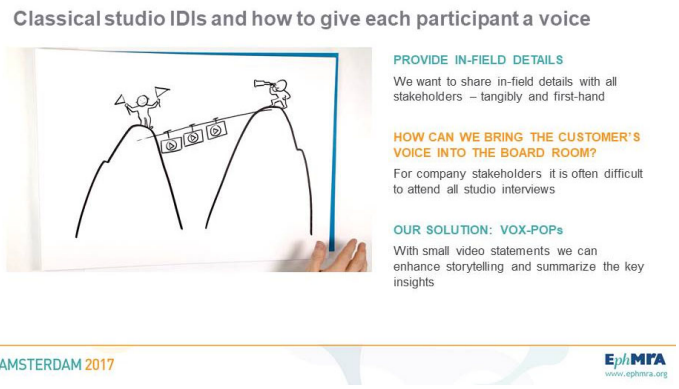
Paper #2 - Beyond Vox Pops
Video as a fully-fledged output format

Speaker: Andreas Machemehl, Point-Blank International

Andreas Machemehl presented an interesting and engaging paper showcasing different ways to use video to bring insights to life and maximise the impact of our debriefs.

Andreas highlighted the importance of market research in bringing company stakeholders closer to their customers, stating that generating empathy is key to reducing the metaphorical distance between company and patient.

However, in practical terms, it is difficult for many stakeholders to immerse themselves, first hand, in research fieldwork, as this invariably means time out of the office, along with the cost implications of the required travel, as well as privacy or data protection considerations which may limit participation. Although video-recording is available in most research studios, Andreas points out that watching full-length interviews is time-consuming and cannot capture the benefit of shared stakeholder participation and immersion in the findings with "in the moment" discussion.



He shared four examples of the use of video to help us deliver insights in a more vivid and tangible way.

1. Classical studio IDIs

When it is impractical for all company stakeholders to view all fieldwork, Vox Pops are an easy way to bring the voice of the respondent directly to the boardrooms of upper management. Using these small statements of customer perceptions can help us to summarise the key insight while enhancing our analytical storytelling. As his video clip showed, the video footage can be edited to provide succinct delivery of insight, with a conclusion integrated at the end to allow the clip to speak for itself when played back after the debrief

2. In-home interviews

For many studies, Andreas advocates the use of in-home interviews, particularly when we need to see patients in their natural, real-life, context. Clearly, the number of observers are limited for in-home interviews, and other practical considerations may mean that company employees are unable to attend. In these cases, video offers a way of immersing stakeholders in their patients' daily lives, helping the insights to become tangible, authentic and to leave a far deeper impression than a written report ever could. In this example, his video clip showed colleagues explaining what "health" means to them and their families at home

3. Re-enactment of key observations

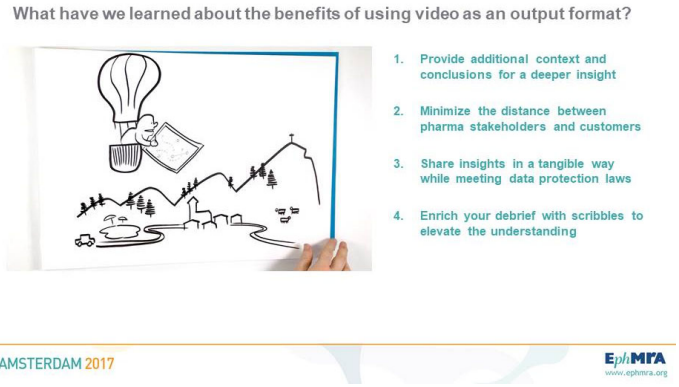
Andreas noted that data protection is very important but often difficult and time-consuming. In situations where respondents are unwilling to give permission for video-recording, video re-enactments can be used to provide the visual context and emphasis of key insights without breaching data protection laws. This is particularly valuable in situations where visualisation is required to enhance understanding, or when we wish to use further options to augment the video clip with comments or slow motion to provide further detail or emphasis.

4. Using professional scribbling illustration to enhance understanding

In Andreas's final example, he demonstrated how complex topics and problems can be depicted in a simple and intuitive way to make them easier for our audience to grasp. Use of professional illustrations with recorded voice-overs enables us to share of key insights whilst maintaining the contextual information and real-time learnings, without breaching data protection laws

Andreas concluded with a summary of the key benefits of using video as an output format:

- Provides additional context and impact for deeper understanding of insights
- Brings the customer closer to the company stakeholders in an impactful and engaging manner
- Provides a solution to data protection restrictions while still sharing insights in a tangible and immediate way
- Elevates understanding of complex topics and problems



Andreas encouraged us to include video in our debriefs to bring insights to life and maximise the impact of our research findings.

Written by: Tracy Machado, Phoenix Healthcare

Post Conference News - September 2017

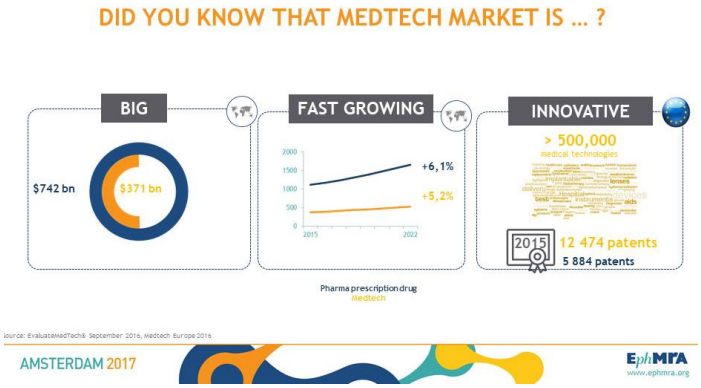
Session 3 – Why should you care more about medtech/diagnostics?

Speakers: Julie Veyrard & Manuel Guzman, bioMérieux

Chair: Sarah Phillips, QuintilesIMS

Julie Veyrard and Manual Guzman presented a fascinating glimpse into the world of MedTech, demonstrating why both agencies and pharma companies should engage with this dynamic and increasingly valuable healthcare market sector.

Julie opened by explaining the background to the presentation. MedTech, she explained, is the less well-known partner in the healthcare arena, with pharma receiving the majority of focus and exposure. Our speakers wanted to introduce delegates to the sector, sharing their experiences and challenges and inviting future collaboration from all delegates.



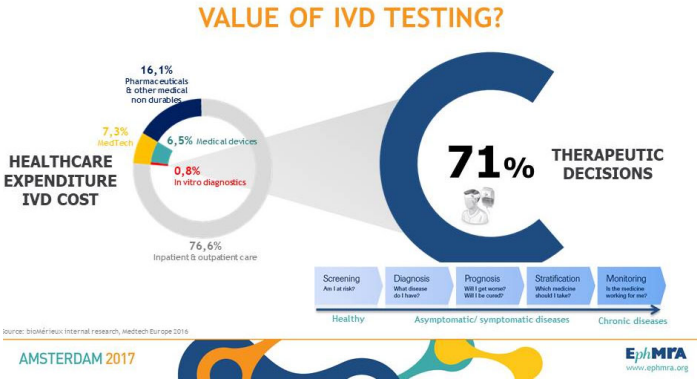
Manuel outlined some market statistics, explaining that MedTech is worth over $370 billion (half as much as pharma) and is growing at the same rate as pharma (5-6%), but is expected to double by 2030. Notably, the MedTech market is highly innovative, encompassing more than 500,000 medical technologies already, and annually accosting for more patent applications than any other sector.

So, what is MedTech? The definition from the MedTech association states that MedTech is "any medical technology used to save lives in individuals suffering from any condition". This rather broad definition can be broken into two segments:

- Medical devices – accounting for 80-90% of the market). Devices range from sticking plasters and latex gloves to highly sophisticated scanners, dental implants and hearing amplifiers
- In Vitro Diagnostics (IVD) – the remaining 10-20%, in which bioMérieux specialises. This strong and dynamic field encompasses tests performed in vitro, whether in laboratories or, increasingly, at the point of care (physicians' offices, pharmacies) and OTC tests performed at home by patients (such as pregnancy tests)

IVD is the largest MedTech segment, but cardiology, ophthalmics, dental and endoscopy also represent high growth areas within medical devices.

Manuel notes that although MedTech accounts for <1% of hospital expenditure, it affects more than 71% of therapeutic decisions, with its influence ranging from screening, diagnosis and prognosis through stratification to monitoring.



Wednesday 21st June

He predicts that this high-value sector will increase due to three key drivers:

1. Ageing population: an ageing population tends to experience more disease and needs to be treated for longer

2. High cost treatments: personalised medicine, not only in oncology but in other therapy areas, make the argument for IVD more powerful

3. Budget constraints: a combination of the points above has led to increased healthcare spend, with IVD considered a lever to bring efficiencies and support sustainability of national healthcare systems in the long term

Julie explained that the environment for Market Research within MedTech was slightly different from that of pharma. She was quick to point out that there are some areas that are easier than in pharma – notably the lower regulatory burden (no current pharmacovigilance requirements!). Some areas, however, are more challenging:

1. Target population

In IVD, the primary customer group is lab managers. This is a small population (e.g. in France there are 222,000 physicians but only 10,000 lab managers), and in decline due to lab consolidation and lack of interest in lab management careers from today's physicians and pharmacists. Just as in pharma, there are sub-specialties within laboratories, meaning that the number of eligible respondents is reduced further

2. Unbranded prescriptions

Unlike pharma, where physicians can generally write a branded prescription, requests for lab tests are unbranded – in fact, most physicians will often be unaware of IVD brands/manufacturers. IVD manufacturers rely on the lab to influence choice of test supplier

3. Technologies

Although pharmaceutical development is clearly complex, requiring extensive R&D, the wide variety of solutions in IVD (i.e. from bacterial culture plates to a fully automated lab including equipment, software and services) brings market research challenges in designing a simple product concept. For example, in conjoint studies there may be a huge range of attributes relevant to customers

4. Market Access, Pricing and Reimbursement

In IVD, the lab is reimbursed for the complete act of testing (instruments, reagents, software, services etc.), with the same reimbursement level no matter who provides the test. The IVD manufacturer is therefore one step removed from the payers, representing just 15% of the cost of the overall test service

5. Market data

Manuel explained that secondary data is important as in pharma, but the range of data sources available is currently insufficient. At bioMérieux, EDMA data is used, providing revenue data for 60-70% of the market, but with no volume, price or market share data, requiring triangulation with other data sources to try to complete the picture.

Our speakers summarised their key messages to delegates:

- IVD is a challenging but rewarding sector in which to work. It is a growing, dynamic market expected to increase in importance as it is used as a lever to bring efficiencies in targeting healthcare interventions and maximising healthcare budgets
- Market research is still new in many areas, with small but increasing budgets. Internal clients are very receptive to market research input and highly engaged with each project, keen to derive maximum value from the insights provided from strategically important research
- Agencies with expertise in this area (or a willingness to learn), particularly with solutions for small sample sizes and secondary data gaps, will find that MedTech companies welcome approaches to form real partnerships
- Pharma companies who experience similar challenges or who can benefit from effective partnerships with MedTech will also find opportunities for collaboration

Written by: Sarah Phillips, QuintilesIMS

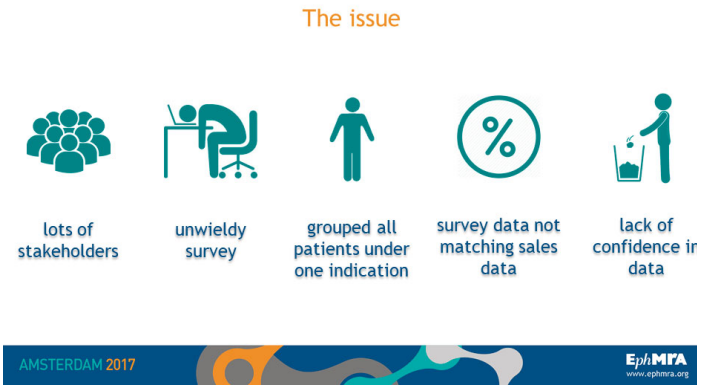
Session 4 – Transforming the typical usage study to track what really matters to marketeers

Speakers: Neil Rees and Karen Stevens, The EarthWorks Insights

Chair: Tracy Machado, Phoenix International

Neil Rees and Karen Stevens, along with their client Stephanie Jagger, Regional Marketing Lead from Takeda who joined via video, encouraged us to challenge our approach to tracking studies, using simple but effective tools to deliver targeted, valuable ATU insights to guide product forecasting.

Neil outlined the pitfalls commonly seen over repeated iterations of tracking research waves, whereby questionnaires that were initially designed to be short and tightly-focused, are augmented with new topics and questions as both stakeholders and product focus changes over time. This dilution process, he explained, can lead to an interview that is too broad and unwieldy, trying to be "all things to all men". As a result, the survey can lose focus, the interview length increases, the response rate is affected and data can be lost which all have an impact on the quality of the responses or the insights.



The EarthWorks Insights paper was based around a case study in oncology, within a challenging therapy area characterised by a small number of highly specialised treating physicians. Karen introduced the case study, explaining that although researching a relatively rare cancer comes with its own challenges, the approach described was applicable to any other brand or therapy area.

Takeda was benefiting from the results of an ATU study to inform their strategic planning, but with an increasing number of stakeholders from both global and local roles, each with different priorities and a desire to make the most of each interview from a limited pool of target prescribers, the tracking research had lost focus. Stephanie then explained that the existing ATU results were, over time, proving a poor match with internal sales data, raising more and more questions from the product team and leading to a loss of confidence in the data. The brand team had noted that the ATU was showing changes in treatment duration which didn't match the sales data. Acutely aware that interview length impacts response rate and quality of response, Stephanie was concerned that there was a consequent potential for loss of insight from the research. Stephanie wanted to review the questionnaire design (which was currently running up to 60 minutes in length) to look at some very specific issues, such as duration of treatment and brand share within some very specific patient types.

Takeda and their communications agency worked with The EarthWorks Insights to take a step back and revisit the ATU design, focusing down on the key success criteria for the ATU study and simultaneously identifying topics that would be better addressed via a separate ad hoc study, enabling them to prioritise the "U" in ATU.

Careful review of the ATU scope and design revealed that the focus on the broad drug indication (rather than the specific area of positioning and use of the product) and the inclusion of non-target respondents (in a bid to achieve a robust sample within this small therapy area) was making it difficult to guide the product growth strategy.

Karen outlined the complete re-think of the ATU approach. Key to success, she explained, was working closely with the client (at regional level and the local operating companies) and their communications agency, to ensure a full understanding of all the issues (strategic and local) and to ensure "buy in" from all stakeholders.

Rather than focusing on the product's broad indication and line of therapy, the questionnaire was redesigned based on how physicians segmented their patients and how they used the product within those segments. Using physician-generated "intention to treat" (ITT) data based on previous treatment and planned future treatment, they developed some very specific patient "buckets" which were validated and refined via pilot TDIs.

The whole questionnaire was reviewed, with screening criteria being refined to provide a simple method of identifying relevant respondents (for example, using key questions about the client's drug to identify physicians who were knowledgeable and genuinely using the product). The questionnaire language and content were honed to focus on key questions relevant to both the marketing team and the respondents, to maintain engagement and response quality. Furthermore, the respondent experience was also reviewed, with gamification included to enhance participation and quality. This process resulted in a customised online survey containing a limited number of pertinent questions (four to five questions for each of the four patient buckets) which would elicit clear and actionable insights.

The new questionnaire was completed by n=400 physicians providing data for n=2000 patients and took 15 to 30 minutes to complete. The outputs were developed in close collaboration with the client to ensure relevance to the internal stakeholders. The presentation focused on targeted and relevant findings. Insights focused on the alignment with brand strategy and identified key opportunities for brand growth across each patient "bucket", providing a solid baseline measure for duration of treatment and brand share against which subsequent waves would track progress and brand strategy.

Stephanie distilled down the key benefits from the client perspective, explaining that the brand team could truly understand their patient segments, going beyond the broad, licensed indication to focus on the different patient types doctors treat. They were therefore able to understand clearly which patients receive which duration of treatment and at what point in the treatment cycle. Their confidence in the data facilitated the development of a targeted growth strategy and drove a change in the forecast model aligned with the brand strategy.

What has this done for the client?

Neil concluded by highlighting the key takeaways from the case study, identifying three key actions for researchers:

1. Be brave! Challenge the norm, even in the face of extensive previous investment, working closely together as agency and pharma to refine and modify the approach to ensure truly actionable results
2. Ensure buy-in from all stakeholders from the outset
3. Present results in a clear, actionable manner for both global and local brand teams, using valid examples to aid engagement and support

Neil reminded us that neither a re-invention of the wheel nor an innovative methodology were necessary: but rather to challenge conventional, accepted thinking, developing a well-designed, carefully tested methodology that will enhance the credibility of market research and how it is used by marketing teams.

Written by: Tracy Machado, Phoenix Healthcare

Session 5 – Hot topics Fieldwork Discussion - What does Digital mean for us as market researchers?



Facilitators: Kerensa Bindoff, Fieldwork International; Eva Laparra, SERMO and Karsten Trautmann, Merck KGaA

Setting the scene

Kerensa Bindoff from Fieldwork International introduced the topic by explaining that increasingly fieldwork agencies are seeing various research specs from clients which they will introduce as a 'digital project' but these take many forms. It was felt that it might be useful to organise the session to see whether a consensus could be reached about what digital means for our industry. Are there challenges around digital? Is there support needed or a position that we come to, together with EphMRA on how we work in this space. Several examples of methodologies were shared with delegates which are described as 'digital' and the group were asked whether they are seeing requests for these methodologies and whether they are seeing other types of requests which are described as 'digital'.

Karsten Trautmann from Merck KGaA shared a little about his background in secondary data and primary competitive intelligence forecasting within rare patients and oncology settings. Karsten set the scene for the group in terms of what he is seeing from a pharma perspective, setting out some questions for the audience to consider. Karsten shared that he is seeing a shift to digital activities. He put a question to the audience. 'Is digital disruption going to become fieldwork disruption?' Is this a move away from pharma companies, market research agencies and fieldwork agencies traditional model, towards new technology businesses who are not aware of the frameworks which have been developed by EphMRA? They are developing services and solutions, testing without experience, within social media for example. Karsten shared a recent experience he had with a Silicon Valley company who develop healthcare apps. They are gathering data for insights and can share this rapidly. But, this raised many questions for him. How are these apps tested? How is the data validated? Do we need to consider this outsider disruption as well as internal disruption? His stakeholders are more impatient; they want fast results and don't want to spend time on data facilitation, so they like the idea of this hoc data, which they don't have to wait for. Stakeholders want to do things quickly. But, he has many other considerations; compliance, drug safety and sometimes government regulatory bodies.

The main focus of the fieldwork discussion was to provide a forum where fieldwork agencies could discuss:

- Can we define what is digital for us as market researchers?
- What are the challenges?
- How can we as an industry prepare?
- How can EphMRA support

Wednesday 21st June

Before moving on to the discussions, Eva Laparra from SERMO reminded the groups that EphMRA had included a questionnaire on this topic for all attendees to complete and that the responses will be collated along with the feedback from this session and shared with the Board.

Group discussions

With around 30 delegates attending the session, there was a lot of lively debate, very varied experience and exposure to new digital requests, and many different ideas about how EphMRA might support. The groups were allocated 20 minutes to discuss their topic with each group feeding back on their respective discussions and opening up the discussion to the room. The teams quickly got down to discussing the challenges with a lot of lively debate.

Feedback from the groups

It was suggested that EphMRA should define a set of principles but that is important to consider that we are getting new types of businesses coming into this space with new skillsets. How can we make sure that we can involve these new agencies, technology companies and their expertise?

There was much discussion around defining digital, with comments suggesting that digital often means a change in mind-set and being open to new ideas, such as real-time and interactive. One delegate shared some examples from the marketing world, where as a result of similar debates, there had been a move to develop of new codes to incorporate new digital technologies and the disruptive impact of these. An example was given from the comms world where digital is defined as 'new, iterative and interactive'. This delegate commented that it is easier to look at digital as 'new' as opposed to than traditional. This point of view gained consensus across the groups.

Comments were that it is good to have principles and recommendation frameworks but do we want to put boundaries on digital? The challenge is how do you build a framework which will evolve? There was a consensus from the groups that it is difficult to define digital ourselves because it is evolving. We should think about digital as new as opposed to traditional.

There was some discussion from one delegate who has a comms background and who explained that this debate had occupied a lot of thought for a long time in this sector and it was debated whether we could take some learnings from this and other sectors, as healthcare is a late adopter of these technologies. Within comms, digital is defined in terms of a set of characteristics i.e. interactive platforms, iterative, social, wearables. An example was given that quant research is digital and therefore it is more useful to think about digital in terms of characteristics. The challenge is that it is an exploratory and evolving technology, with one comment was that in 5 years' time we won't be asking 'what is digital?'

The discussion then moved to risk and how we manage this for clients. How do we stay relevant? In answer, it was noted that there are more requests for qualitative than before, with a bigger demand for context to support digital methods and it was felt that there is a risk of fieldwork agencies being undercut as quality and compliance steps are not always followed within technology agencies as they move into the data insight space. There was a consensus that we need to embrace

digital and it's all about how we embrace these new platforms to talk to doctors, so that we are better as an industry and are better informed.

How could EphMRA help?

There were several suggestions as to how EphMRA could help. Comments were that EphMRA could offer guidance and specific touchpoints through Q&A's where new methodologies are trending, as these methodologies impact costs, timing and feasibility. The idea would be that member companies would go to EphMRA to ask for this guidance, especially since we need to be in a position to adapt with these new platforms. It was felt that EphMRA need to work with clients much more to reinforce why these frameworks are important and make all parties aware.

Delegates from Asia, LATAM commented that they do see some requests and work in the digital space, but it feels to them that they are not seeing as much as more developed markets. What is possible in Europe and USA is not yet possible in these markets. However, they commented that in these markets digital is much more advanced within consumer research. Whilst for healthcare it is much more difficult and slower to move forward. EphMRA could make a contribution by encouraging more delegates to attend the conference from the consumer world. It was felt that clients want results which are faster and cheaper and therefore could EphMRA demonstrate what the value is of these new emerging technologies. Other industries are further ahead in the digital world but EphMRA could help members to look at these industries for the advantages of digital. However, there is still the challenge around privacy and compliance, which EphMRA will need to address

In closing, the audience asked what the next steps were going to be, commenting that perhaps some delegates had already decided this, but were not yet ready to share.

Karsten commented that he felt that EphMRA members can spread the word about best practice and endeavour to influence outside providers – in particular the new technology agencies, so that they understand the importance of compliance and frameworks. He commented that this would not require a lot of effort, and can help in the future to raise awareness and bringing in technology agencies would help us to learn with their contribution.

Key take-aways

- Although delegates had varied experience and exposure to new digital methodologies, all had experienced such requests.
- After an initial struggle to define digital, there was a general consensus on a definition for digital.
- Delegates agreed that as an industry we must embrace digital in order to stay relevant.
- Delegates felt that we could learn from technology companies and other industries who had already worked through this debate.
- Delegates all agreed that EphMRA could and should provide support on digital. However, there were a lot of different ideas about what form such support should take.

Written by: Kerensa Bindoff, Fieldwork International

Session 6 – Partnership: the story of our success

Joint winners of the Excellence in Collaboration Award (sponsored by Adelphi Research)

Speakers: Philippe Thiery, Sanofi Genzyme and Hannah Derbyshire, Hall & Partners

Chair: Jo Appleton, Adelphi Research

Prior to the conference, EphMRA announced this paper as the joint winner of the EphMRA Excellence in Collaboration Award and remarked that it explored how a long-term partnership between pharma and agency could enhance the research process for a therapy area.

The partnership between Sanofi Genzyme and Hall & Partners began in 2011. In the years following, the partnership grew from individual projects to a full programme of research in Multiple Sclerosis, planned through yearly reviews focusing on learnings and how they can continually increase efficiency and seek more innovative methods. The key aim of the relationship is to allow Sanofi Genzyme to put the patient at the centre of their MS strategy.

Philippe and Hannah shared two case studies showing how the trust built up between organisations allowed for the uncovering of key insights that would help shape and inform strategy for Sanofi Genzyme.

The first case study addressed the MS patient journey – understanding the 'moments of truth' that emerge for patients throughout their life. It demonstrated how trust in an agency facilitates innovation. Based on the insight needs, the research team recommended a year-long programme deploying multiple methodologies, including a technique that had not been used by Sanofi Genzyme before and one involving co-working with another agency. Convincing Philippe to use the new technique was the first challenge: the Hall & Partners team had to show the benefit it would bring to the research which in turn allowed Philippe to champion the technique to the wider company to gain approval. The speakers reflected that the long term relationship built a higher level of trust between the teams and eased the wider discussion on whether to engage in a previously unused technique to provide insight into the patient's journey.

The second case study explored the transition in relationship from research supplier to a consultancy partner. The challenge was to build a comprehensive yet clear market research road map for the global team that incorporated each of the key business questions for the therapy area. First, Hall & Partners and Sanofi Genzyme brought all stakeholders together to discover what was

known and not known, before expanding this to cover country level programmes. The process identified synergies and overlaps within the local and global remits. Completing this exercise allowed the design of a tailor-made market research plan that supported both global and local strategic imperatives.

Hannah explained the benefits of this relationship to Hall & Partners. The on-going partnership has assisted with resource planning to ensure the required support is in place to meet the business needs. Over time the team's expertise in the therapy grew in turn bringing greater insight to the design and reporting of the programmes. Furthermore, the Hall & Partners team understood in greater detail how Sanofi Genzyme operates, improving compliance process management. Most importantly the agency gained a full picture of the objectives of the research and how the findings were used internally, facilitating the discussion regarding methodological innovation.

For Philippe, the benefits included a faster pace on research turnaround: agency briefing time and background work required for each programme reduced with continuity as the agency knowledge grew. A commitment to a research programme also meant that Hall & Partners & Philippe were free to flexibly introduce a number of different researchers with varying skillsets. When the partnership started, Sanofi Genzyme was challenged to launch two new products into the same market – highlighting a need for efficiency while ensuring that the programme met its objectives both on a global and local level.

The paper highlighted how the shift away from the traditional method of commissioning research on a study by study basis to a long term partnership-based relationship, similar to a communication agency model, brought success to a brand and internal recognition for the novel approach.

Written by:
Nicola Miles, medeConnect Healthcare Insight

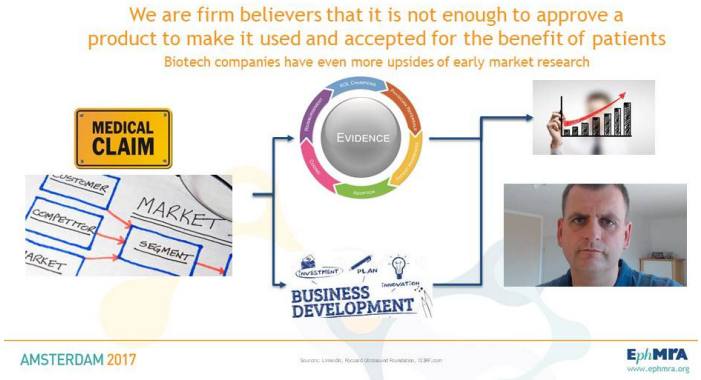
Session 7 – How engaging payers early transformed our clinical development and portfolio planning – a case study

Speakers: Erik Holzinger, groupH & (Bernd Mühlenweg, Nanobiotix)

Chair: Amr Khalil, Ripple International

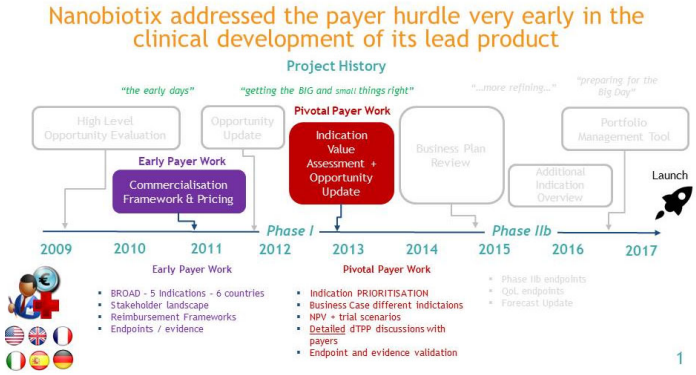
Bernd Mühlenweg and Erik Holzinger presented an illuminating case study demonstrating the transformative value of early engagement with payers in biotechnology, with clear benefits in both Payer acceptance and business development partnerships. (Note: Bernd was unable to attend the conference, so his contribution was on pre-recorded videos throughout the presentation.)

Our speakers assert that regulatory approval is only one of a number of factors that need to be in place ahead of commercial success of a product: to be deemed successful it must support its medical claims through suitable data to doctors and payers. This case study demonstrates the important use of market research to generate evidence for KOLs championing the product, physician referrals or patient awareness programmes leading to more direct product adoption, but crucially also evidence for payer reimbursement. Additionally, for a biotech company seeking investment or business partnerships for an asset, market research and early commercial assessments also have a huge role to play in optimising product positioning and ensuring that the right messages are communicated to investors.



Bernd outlined the context for the case study. Nanobiotix is specialised in developing novel products to treat cancer, using a combination of nanotechnology and biotechnology (nanomedicine). Their lead product, NanoXray, is injected into solid tumours and amplifies the lethal effect of standard radiotherapy via electron emissions from the product's nanoparticles.

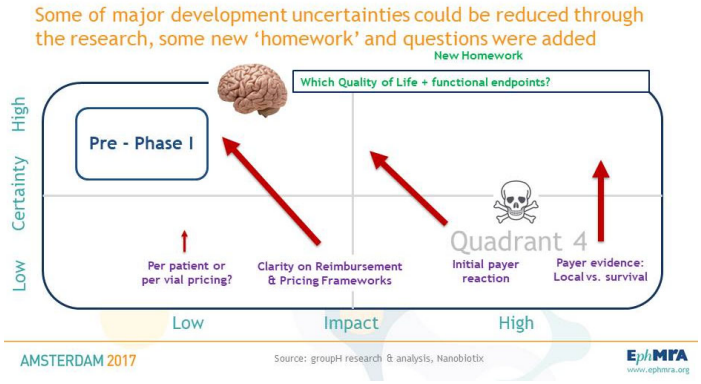
Erik walked us through the case study, which spanned a period of more than 8 years.



The early work focused largely on discussing the data available at the time – a one-page TPP covering the lead indications. The objective was to understand Payer's first reactions and their potential questions as well as understanding from doctors which stakeholders were involved, their respective roles and their decision-making processes. Pricing & Reimbursement frameworks were also explored, to gain a basic understanding.

Payer and physician reactions to the early product concept were positive: the product was considered unique – but as such there were no existing Diagnosis-Related Group codes in place, meaning that Payers

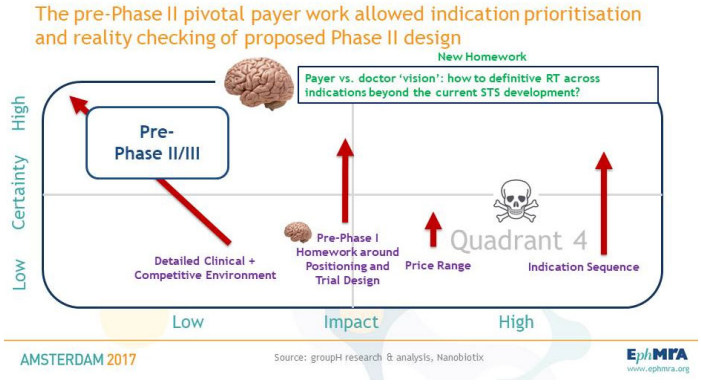
struggled to identify competitor products against which to measure improved outcomes or cost savings. Pricing related topics of interest were raised, e.g. that the dose correlates with a wide range of tumour sizes, so is difficult to cost on a per patient basis.



Payers were seeking ambitious OS endpoints and suggested additional functional endpoints: a potential clinical challenge in the lead indication of locally advanced Soft Tissue Sarcoma (STS). The team also learned that it needed to mature its understanding of reimbursement pathways – for example, per patient or per vial.

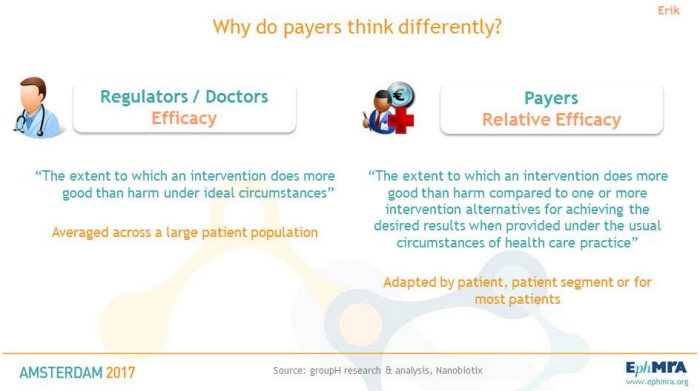
This early Payer feedback was invaluable input for future clinical trial planning as clinical development plans could be aligned with Payer expectations. Starting this alignment at a very early stage enabled Payer expectations to be incorporated into even the early clinical trials. Based on this work, Nanobiotix now separates clinical value and payer value elements when designing clinical trials from the earliest stages – a paradigm shift for a biotech company (where typically the early focus is not orientated towards commercialisation).

Following this initial work, a more comprehensive survey was conducted 2 years later, using a TPP now based on Phase 1 studies which enabled more detailed discussions with Payers and physicians. This time the Payer focus was on more detailed evidence requirements.



This more elaborate research refined or confirmed indication prioritisation, Payer-relevant endpoints and the competitive environment to avoid unwelcome surprises and increased the certainty around price framework and other metrics included in the NPV model. In concrete terms, the research resulted in a clear understanding of possible positioning within STS and clearly identified market entry risks and their mitigation. Further research was initiated to close the data gaps identified and actions taken to address missing pieces of scientific data which Payers and clinicians required.

Bernd highlighted the importance of a clear and solid business case. From an internal (company) perspective, the business case was clear, but external views from Payers and physicians enabled some adaptations to be made regarding product strategy and product potential, with quantitative research results being used to refine NPV models to support optimal clinical trial sequencing for portfolio planning. The robust and streamlined business case not only met management's internal needs but demonstrated product potential, facilitating licensing partnering discussions, notably a major licensing agreement. Erik then outlined some key learnings on how to best engage and communicate with the right Payers at the right time and talk their language.

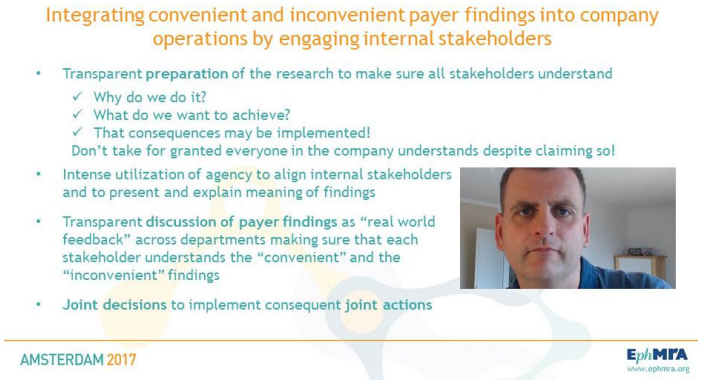


He reviewed the roles of local, regional and national Payers and how they might differ from country to country. He gave us examples of communication pitfalls. For example, "efficacy" is traditionally defined in an absolute way focused on the benefit that an intervention provides. Payers, on the other hand, focus on "relative efficacy" to understand exactly what the difference is from existing therapy and in the context of other available treatments. Despite country differences in Healthcare systems, the Payer focus on "relative efficacy" is the same in all countries.

Engaging, informally, at a much earlier stage than currently done, using briefing packs to facilitate the discussions, allows partnerships to develop between Payers and manufacturers. Quotes from Payers themselves illustrated that Payers value early consultation,

particularly where advanced planning may be required in terms of healthcare provision. Another quote from a German payer highlighted the differences in communication formats between formal and informal payer engagement. HTA bodies typically prefer transparent and early communication and appreciate data that meets their needs, informal payer consultations benefit from timeliness but also from an open and honest attitude of the representative of the manufacturer.

Bernd then outlined how to best integrate payer insights into internal company operations and motivate internal stakeholders.



Finally Erik and Bernd concluded by summarising the lessons learnt and the value of the insights generated by early Payer engagement:

- Internal stakeholder alignment: the research enabled everyone to understand what should be done, why and how, to maximise product success
- Real world feedback: independent Payer input provided a different viewpoint from that of KOLs who are paid consultants – whether their input was a convenient or inconvenient finding
- Streamlining clinical development and commercial success: early Payer input avoids surprises and time-consuming corrective action in clinical development
- Payer vision: actively engaging Payers in developing or changing their own vision for a product facilitates a smoother journey towards product success

Written by: Amr Khalil, Ripple International

Session 8 – When two very different worlds collide... amazing things can happen!

Joint winners of the Excellence in Collaboration Award (sponsored by Adelphi Research)

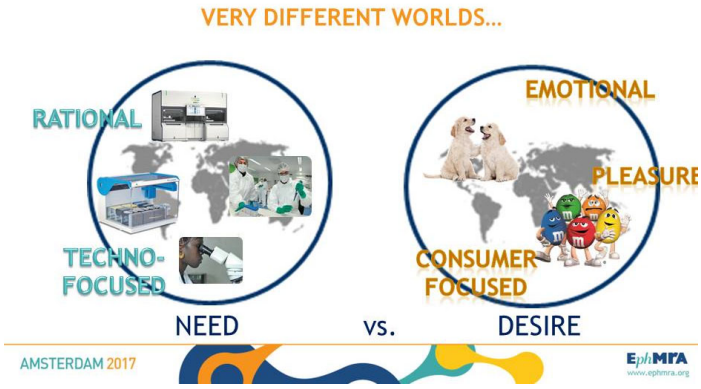
Speakers: Julie Veyrard, bioMérieux and Philip Last, Last Innovation

Chair: Katherine Byrne, Adelphi Real World

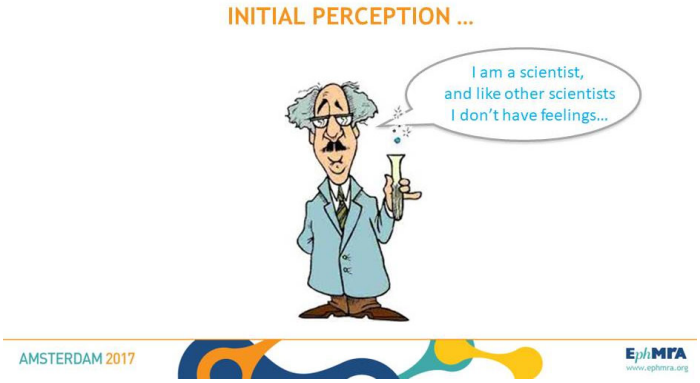
Julie Veyrard, Global Market Research Manager at BioMérieux and Philip Last, owner of Last Innovation, co-presented a commercial love story of how people from very different worlds can work together to create something truly amazing.

BioMérieux is a 50-year old multinational in-vitro diagnostic company, manufacturing instruments reagents and software used in medical labs. In contrast, Last Innovation is a consumer-focused marketing company, with a strong background in FMCG marketing.

Julie outlined that BioMérieux is a very technically focused business, with a range of customers who are focussed on 'science' and who need to be shown the value of BioMérieux's solutions in a tangible way. Philip's company, on the other hand, has a strong focus within FMCG marketing, where it is "consumer rather than customer, less rational, more about desire and pleasure than performance."



The collaboration challenged a fundamental belief of BioMérieux. We were brought into the heart of that as Julie joked "lab managers are very strange people, because they don't have feelings. They are scientists, they don't have feelings." Joking aside, BioMérieux had previously viewed their customers as emotionless in their professional life, focused only on process and outcome, believing that "our customers are 100% rational when acquiring new solutions".



Fired up by a desire to make a change, bioMérieux set about a new marketing process, to change this internal perception and bring a culture of building strong brands through insights, "It was a real culture change; we were not used to gather insights, or to use insights. We had a challenge to find a new partner, with strong knowledge on insight and storytelling."

Philip added that "Last Innovation was interested to find new legs, particularly in healthcare." It seemed like the perfect proposal, as Julie described, "Both sides, we were ready to move out of our comfort zones. But we both took risks, in fact, in doing that." The teams boldly jumped into the collaboration, open to sharing their expertise and knowledge.

The first and most urgent need identified by Julie, "was to ensure Philip had enough training to be credible in front of our customers, also, in front of our internal teams." Philip and team had to understand the complex and super technical world of molecular biology - an immense challenge! And, particularly important as the insight research was conducted across a global geography: Europe, America and India.

It was time for some intense training, learning a new language with the help of a heavy glossary; luckily the Last Innovation team were dedicated and diligent students. Philip smiles, "Julie was particularly helpful was in making the difference between what was really important and what was nice to have, which meant we didn't get bogged down in a lot of scientific detail."

Healthcare and technical knowledge in hand, Last Innovation set to work in understanding the specifics of the project: the complexity of Immunocompromised testing (IC) when compared to HIV or Hepatitis. IC testing lends itself to being time-consuming and stressful for all involved. How could IC be made simpler? What would make an impact to the various stakeholders: lab technicians, patients, healthcare professionals?

The research found that lab technicians have very strong feelings and values around their work, examples include, "I like science – want to do something beneficial for society, [...] knowing that you've made a difference – to patients and to their families" and "I LOVE diagnosis and clinical research, being a biologist is very creative". This was a shock to the BioMérieux team, to hear such words as 'love' and 'creative' from people they had assumed were focused only on process and outcome.

Julie recalls – "All of this really took us out of comfort zone, out of what we were used to... it had a real impact in fact." Julie and the team needed help to explore this new world, an unfamiliar territory of personal values and emotions. Last Innovation built an easy to follow insight model, which worked on putting into context the truth for lab managers, who were the core target, and then identifying the intention and motivation behind that.

Philip details their approach: "We had a number of insights, we worked them together into this storytelling model. Finishing up with a nice descriptor of what the emotional benefits might be for the target. It gives a nice story that brings it together, and helped the team at BioMérieux become more confident, thinking about more emotional stories and not being where a lot of market is currently, in thinking only about the rational and performance.

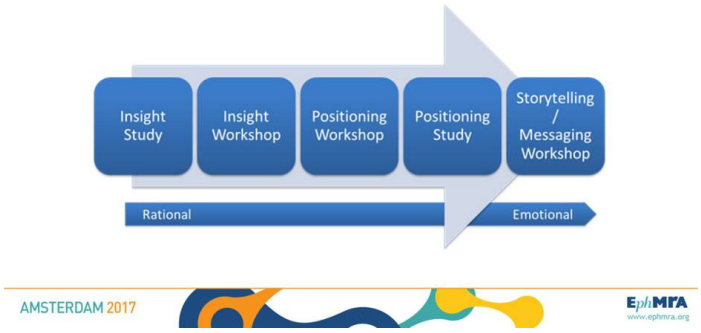
It's every researcher's dream to hear that the research had a real impact, and it really was the case here. Julie talks of the change, "We realise that our original value proposition, around automation, it was not strong enough to trigger the interest of our customers. From this repositioning, it became a change in the strategy. We realise that with automation, we were not differentiating enough from competition. The value proposition was moved from automation to transplant testing. Transplant testing is an area which is really easy for emotion; it can touch a lot of people. So it was a real change!"

This pivotal piece of research inspired a 5-step consultancy project to digest and develop the insight through workshops and evolve a positioning strategy through storytelling; creating a clear and emotive message that would resonate with the human side of their customers.

Led by Philip, the collaborating teams began to weave a story that moved from issue to solution, encompassing the rational facts and emotional drivers, "from one global insight study, we went through a whole list of steps with

the team, adding value along the way: insight workshops, we've seen some of the storytelling side of that; having made a decision to move into the transplant area, that meant a new frame of reference to think about and therefore, a piece of positioning to be done, and a research study to be done as well, behind that. Having got to that point we went one step further, preparing and delivering workshops on storytelling and messaging [working with three teams internally]."

FROM 1 INSIGHT STUDY TO A 5-STEP CONSULTANCY PROJECT ...



A marker of success is that this case is an example that is used in marketing training in BioMérieux, and the approach is now used for other brands. Julie shares, "we are showing this example to our internal people as it shows the steps you have to follow to build a strong emotional brand in our b2b context of in-vitro diagnostics."

Three powerful videos came out of the process: the most emotional featuring actual transplant patients; a more humorous one, what people think I do vs what I actually do; and one more technical, on the instruments used.

The first is used in consultation one-to-one or with small groups, and latter two in congresses.

So, what made this collaborative project a success? Julie is candid in sharing, "In fact, we established from the start a very strong working relationship and frank communication." And from their presence on stage, it's clear they also both share determination, openness and a great sense of humour. Perhaps universal markers of success in any relationship.

WHY IT WORKED ...

Written by: Charu Parmar, GLocalmind

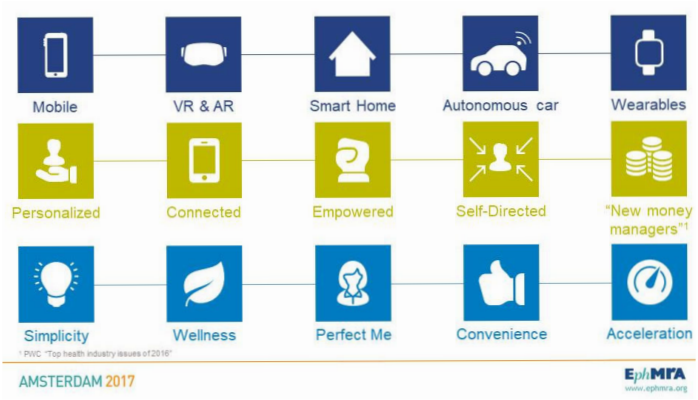
Session 9 – Informing 'beyond the pill' innovation: a research roadmap to success

Speaker: Justin Edge, GfK

Chair: Carolyn Chamberlain, Adelphi Research

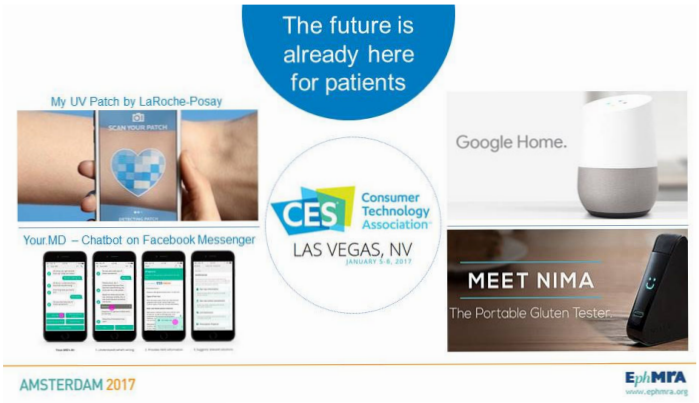
Justin Edge presented an interesting vision of innovation "beyond the pill", taking us on a whistle-stop tour of the technologies and approaches appearing on the horizon and how we, as market researchers (both pharma and agency), can use predictive research initiatives to help to steer our internal and external clients into the future.

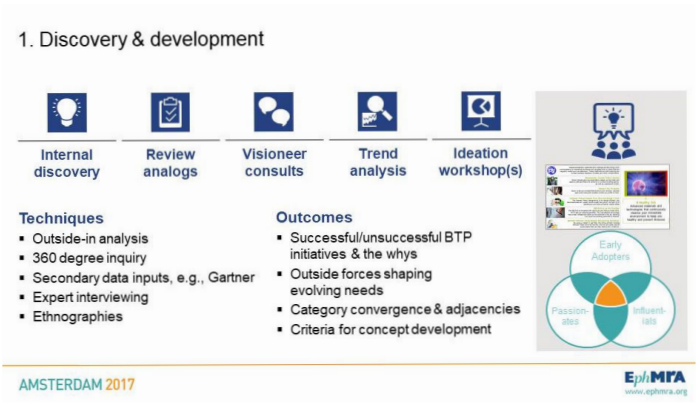
Justin first set the scene by outlining the changing ecosystem that's enabling "beyond the pill" (referred to BTP) innovations. He explained that this is more than a buzzword, but a phenomenon enabled by a convergence of external forces, including economic and societal trends, shifts in consumer attitudes and values, changes in how we live, shop and consume things and technological advances. Today's consumer, he says, expect healthcare to be personalised, connected, empowered and self-directed, with a shift from viewing healthcare as treating disease or illness to viewing it as optimising wellness.



He urges us to look beyond our industry to see where the future lies. He suggests that an App is no longer enough in a world where YouTube is the second largest search engine and virtual digital assistants such as Amazon Echo and Google Home are enabling us to speak at 150 words a minute rather than type at 40 words a minute when seeking information. The explosion in health and fitness wearables is currently used by only 17% to monitor a health condition, but experts believe that we are at an inflection point in the transition from lifestyle health to medical metrics. The MIT Tech Review reports on companies harnessing voice patterns via smartphone to identify risks or diagnose conditions such as PTSD or heart disease. Perhaps, he says, the future is already here.

The portable gluten tester, NIMA, can tell us within 30 seconds whether our restraint meal contains allergens. DTC lab testing has been revolutionised by offerings such as 23 and Me. Direct care interventions include Propeller, which meters and monitors doses used in asthma. Retail pharmacies have been disrupted by Boots CVS walk-in clinics. For biopharma too, BTP innovations are changing how we treat and manage certain conditions, such as integrating monitoring and management systems for diabetes (Onduo from Sanofi and Verily). New players in the arena may not know about drug development, but may be experts in harnessing the power of data.





Different actors in the space, says Justin, are all looking for something different, whether a patient looking for on-demand care, Payers looking to risk-share and bend cost-curves, Providers looking for cost-effective interventions or Pharma companies looking to embrace technology to maintain product differentiation.

So, asks Justin, how do we as researchers play a role in advancing innovation?

To support BTP innovations, we need 'anticipatory' research – a powerful fusion of insight and foresight which together forms product strategy. The research blueprint needs to evolve from the needs of the slow-moving drug development process and become non-linear, iterative and agile.

Justin outlines five key stages during which market research can help to shape BTP innovations:

1. Discovery and development:

To understand the evolving landscape and white space for BTP, we need to embrace internal discovery to benchmark our ambitions; examine analogues from within and beyond pharma to understand what has and hasn't worked; speak to visionaries about the future, not physicians and patients about the past or KOLs and Payers about the present; and trend analysis to understand the world that our future customers will inhabit.

2. Concept ideation and refinement:

Ideation workshops will help us to explore potential approaches. Justin advocates a shift from clinical trials driving our concepts in pharma, to co-creation approaches with customers and rapid screening to identify a shortlist of the most viable concepts measured on the basis of their breakthrough power rather than traditional uptake metrics

3. Value assessment:

Justin suggests that before any concepts are developed, it is critical to identify how the technology or service will be paid for and by whom. Using pricing databases, expert interviewing, advisory boards, even prediction markets in addition to our more familiar fixed choice techniques (such as conjoint) will all be part of the assessment.

The outcomes will tell us not only whether the concept is viable, but which value messages and evidence we will need to bring to payer negotiations.

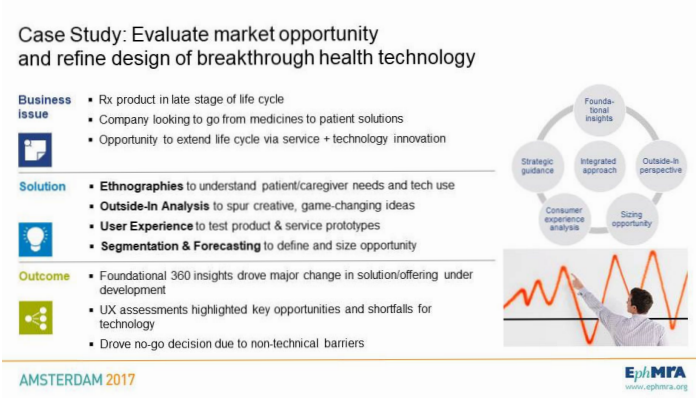
4. Prototyping:

Justin emphasises the importance of testing all concepts with the customer via user experience testing. To refine a concept, we need to understand how customers are going to interface with the technology (whether digital, service or a combination). He notes that Human Factors departments have been doing this for years, but are rarely integrated with pharma market research departments. Formative testing will identify what can go wrong, with validation testing being required for regulatory approval. Here, our existing ethnography expertise will play a role, in combination with observation within a simulated treatment environment, perhaps using neuroscience to measure the customer interface.

5. Impact framework:

Justin notes that launching a concept at conferences is not enough. We need to track how our initiatives are being rolled out. Are physicians recommending them? Are patients using them? Early feedback can be used to course-correct if required, and plays to our strengths in the market research industry. We might use mobile "in the moment" interfaces, or digital pop-ups and social media to explore ease of use and engagement. These metrics can also be used to assess strategic trust and value perceptions at a corporate level.

Justin concluded by outlining a case study drawing together many of these approaches to illustrate how market research supported the assessment a BTP innovation, reminding us that successful research sometimes dictates product failure.



He left us with some practical tips on how to avoid the "fad" of BTP, encouraging us to challenge the project objectives, be open to failure and to get out of the "pharma slow lane", embracing a combination or traditional and cutting-edge approaches to help our clients to steer into the future "beyond the pill".

Written by: Carolyn Chamberlain, Adelphi Research

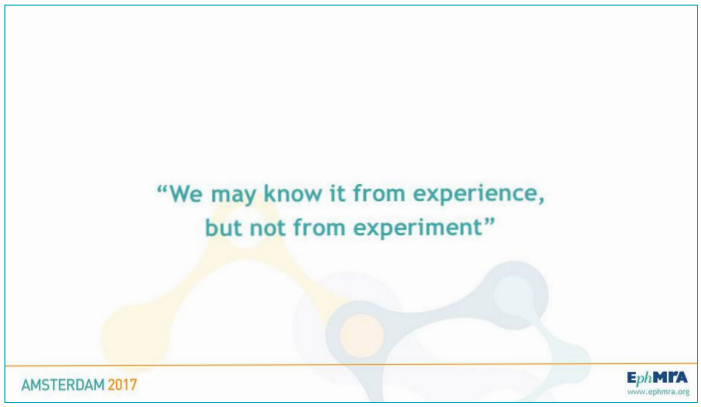
Session 10 – Taking advantage of survey bias in forecasting research

Speakers: Ryuhei Ishikawa, Astellas Pharma and Ryusuke Shinozaki, SSRI

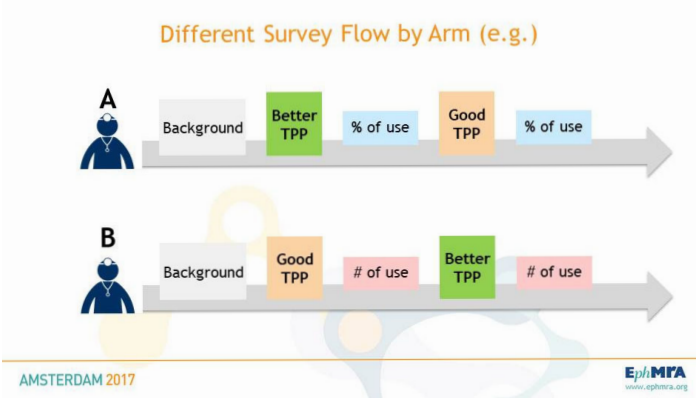
Chair: Erik Holzinger, groupH

Ryuhei and Ryusuke presented an interesting paper exploring specific survey response biases commonly seen when evaluating multiple Target Product Profiles (TPPs) for forecasting purposes. Their interest in this area was piqued after listening to discussion on the topic at EphMRA 2015, which led to extensive discussions within Astellas regarding survey instruments and their inherent biases.

Our speakers noted that in the consumer world, there is considerable academic evidence available on the subject of "one-off occasion" decision-making and the survey biases inherent in the surveys that seek to predict future buying decisions. By contrast, there was little evidence available for prescriber decisions in healthcare, where one physician may make treatment decisions for multiple patients/occasions. Our speakers decided to take their own experiences of survey biases and conduct an experiment to measure them objectively, to clarify their impact on estimates of preference share generated from market research.



The experiment described in this paper explored the impact of order bias when presenting multiple TPPs and also the impact on brand share estimation if answering in terms of actual patient numbers vs percentages. As secondary objectives, the experiment also looked at differences across therapy areas and geographies, as well as 5-point vs 7-point scales and responses for segments vs total patient populations.



Survey design

	Survey 1	Survey 2	Survey 3
Target Condition	Alzheimer's disease	Alzheimer's disease	Rheumatoid arthritis
Sample size	**n=664** (8 arms) 80+ per arm	**n=472** (4 arms) 110+ x 4 arms	**n=276** (4 arms) 60+ x 4 arms
Geography	Japan	United States	Japan

- All arms are controlled by speciality (i.e. all arms within a survey have the same speciality breakdown).

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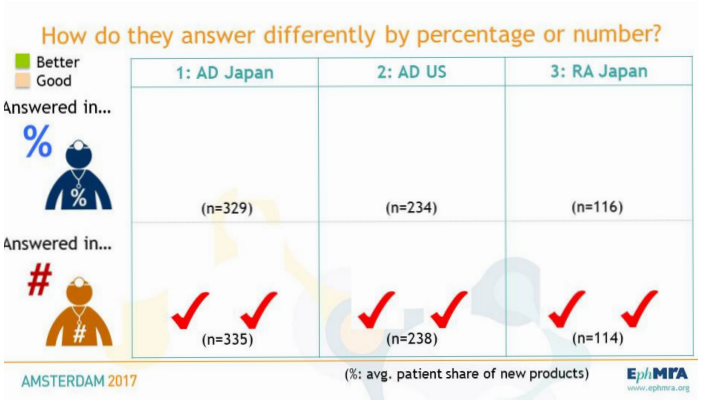
Three sets of web surveys were conducted in Japan and the USA, covering the Rheumatoid Arthritis and Alzheimer's disease therapy areas. Respondents were divided into different arms to investigate the impact of the variables under scrutiny, resulting in between 4 and 8 arms of between 60 and 110 respondents, balanced by specialty.

In each arm, all respondents evaluated two TPPs: one defined as "good" (better than current Standard of Care) and another that was "better" (superior to the "good" TPP), each using specific measures appropriate for each indication. This design reflected a widely-used approach in forecasting research where pharma companies commonly test alternative performance levels and their impact on predicted brand share. To explore the order bias, half of the respondents saw the "good" TPP followed by the "better" TPP, with the other respondents evaluating the TPPs in the reverse order.

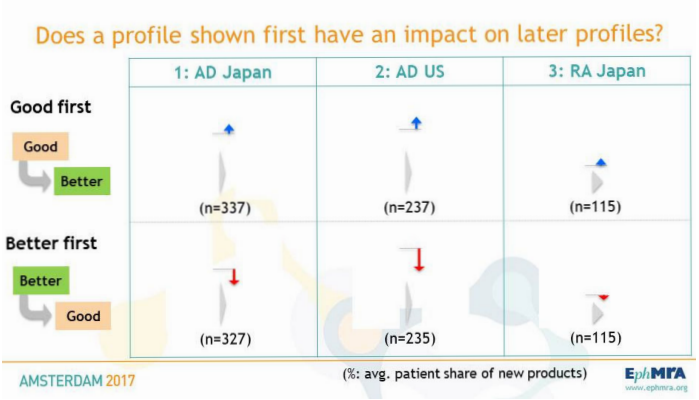
To explore the impact on brand share estimates of responses given in actual patient numbers vs percentages, experimental arms were divided between these two groups.

Our speakers then shared their findings relating to the TPP order bias and response units (actual vs percentage).

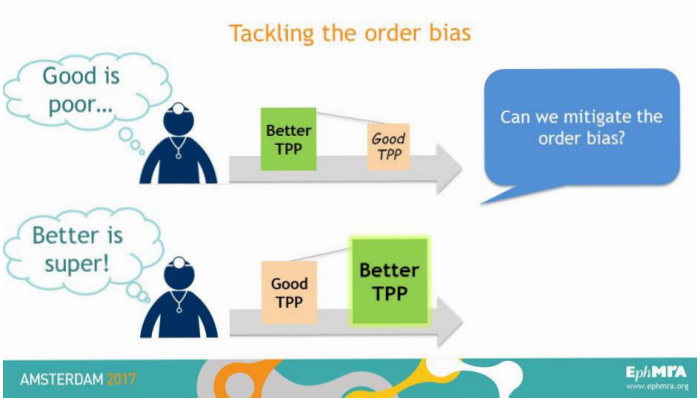


The experiment showed that there was only a modest difference between reported brand shares for the first TPP presented, whether that was the "good" or "better" TPP. However, following the "anchoring" of the first TPP presented, when respondents were presented with the second TPP, they tended to exaggerate the differences between the first and second TPPs presented, resulting in the "good" TPP being judged more harshly and the "better" TPP being judged more favourably when presented second than when the same TPP was presented first.

Intrigued by this finding, and wanting to ascertain if this order bias could be mitigated, our speakers conducted a follow-up experiment. After a two-week interval, they asked respondents to complete the same survey, but with the reversed TPP order of presentation. They found that the TPP shown first was given very similar share in both survey waves. They concluded that the two-week break mitigated the anchoring effect of the first presentation. However, the TPP shown second still elicited the exaggerated responses seen in the original survey.



The paper then addressed the impact of answering in percentage terms Vs actual patient numbers. The experiment showed that those who answered in numbers gave higher brand shares than those answering in percentages. This finding was consistent across therapy areas (Alzheimer's disease and Rheumatoid Arthritis) and geographies (Japan and the USA). Our speakers hypothesised that this could be influenced also by the number of patients managed by each respondent, so they looked more carefully at the results and cross-analysed by patient caseload. They found that if a respondent managed only a small number of patients, they were more likely to over-estimate share than if they have a large number of patients.



Our speakers concluded their paper by reviewing the key findings of their experiment:

- Order bias emphasises the difference between the first and second profiles. Placing a weaker profile second would yield an even more conservative estimate of the product, placing a better profile second would result in an even more positive estimate.
- A time break of 2 weeks between profiles mitigates the order bias or, if this seems not feasible or practical, it appears reasonable to present respondents

proportionally with TPPs in different orders during a single wave of research, to discuss only one TPP at a time to avoid an anchoring effect altogether or to apply inflation or deflation factors to second profiles presented

- Answering in actual numbers elicits higher brand shares than answering in percentage terms. The presenters suggested that further understanding of this bias could be used to control over-estimation in surveys

During the post presentation Q&A session, the presenters hypothesised that the findings are likely to apply also to patient and payer respondents, although they note that more work would be required to validate that. Asked how a potential follow-up project on further minimising survey bias among physicians could look like, the presenters proposed to analyse how different TPP formats and designs could influence the responses from interviewees.

Written by: Erik Holzinger, groupH

Ethics Update

Speaker: Georgina Butcher, Astellas Pharma Europe

EphMRA's Code of Conduct underpins a lot of what we do as market researchers, began **Georgina Butcher of Astellas Pharma Europe** and EphMRA's Ethics Committee. Where are we today? The Code covers the international healthcare market research, both primary and secondary – and the exciting thing is, she went on, in the updated Code as of January 2017, we have 20 countries included, with Canada joining this year. Big changes include: EphMRA has updated terminology: for instance, rather than respondent we now say 'market research subject'. It's not sexy but a more useful term. We have also expanded the definition of market research, giving more clarity around secondary, along with further guidance on the need for transparency and data minimisation. The update covers changes in Denmark, France, Germany, Netherlands and Sweden, and includes new guidelines on screening questions, quality control and information to be communicated at recruitment. The next update is in October, which means there will be two in 2017, to align it with EphMRA's financial year and to tie the updates more into annual membership and training requirements. There are more resources for members, e.g. an adverse events checklist, plus information on record keeping and reporting, on both the client and agency side.

General Data Protection Regulation

Last May, the European data protection regulation was updated, allowing a two-year implementation period at local level. The General Data Protection Regulation (GDPR) is a single pan-European data protection law which takes effect in May 2018 – less than a year away. Some of its articles are being left to national interpretation, and some countries are further ahead of the game than others, although not that far, explained Georgina. We're expecting to see more movement at a national level in the next few months, she stated. The new law applies to the processing of personal data by EU-based organisations and by non-EU based organisations which offer goods or services within the EU - or which are involved in monitoring the behaviour of individuals in the EU. "It will have a big impact globally, not just EU-specific," Georgina warned. "It's a game changer." There is work to do, although this shouldn't stifle innovation – but we must be prepared, she added. EphMRA will, of course, provide updates. There are three basic concepts underpinning the new legislation: transparency, accountability and privacy by design:

- Transparency – strengthening individuals' rights over their data. You have to make people aware of their rights, with explicit informed consent from recruitment onwards.

- **Accountability** will also be strengthened – organisations must demonstrate that they are complying, with an auditable trail: this means detailed records of collection and processing of data, on the client and agency side, e.g. creating a data breach notification process.
- **Privacy by design and default** – this must be built in at the start. Researchers have to be thinking about limiting the personal data collected, not just gathering everything, e.g. is it relevant? Do we need it? We have to be very careful about the transfer of personal data across borders – but also within companies themselves, Georgina said. Retaining and storing personal data can only be done when it's essential. Access to it must be limited.

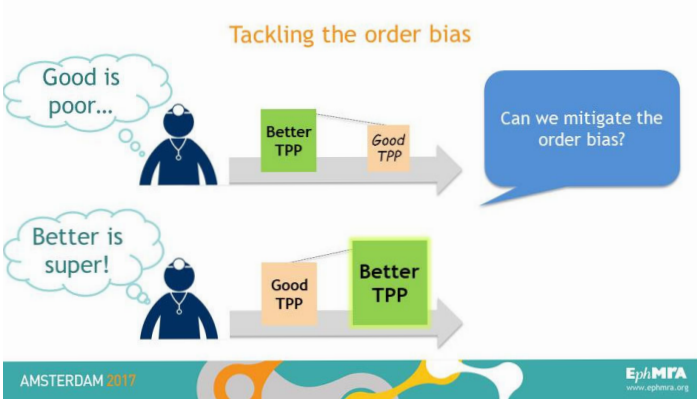
EphMRA has provided updates on what GDPR means – the clock is ticking. But the Ethics Committee is going to give members more in the coming months on important issues such as consent, appointing a Data Protection Officer, risk assessments and so on. In the longer term we'll be looking at how this impacts the market research process, Georgina continued. But this will give you something you can start to work with now: "We will provide information and guidance when we have a clear idea: we're not just putting things out there when it is anecdotal or hearsay – it has to be something substantive for us to put together guidance and frameworks which can actually be used."

EU-US Privacy Shield framework

Georgina then gave a brief update on the EU-US Privacy Shield framework (which replaced the Safe Harbor Agreement) which may be challenged in European courts because of concerns over its robustness. Since August 2016 US companies have been able to certify their compliance with the framework, which is designed to protect the privacy rights of EEA citizens when their personal data is transferred to the US. US organisations apply to the US Department of Commerce to join the Privacy Shield via a self-certification process. Companies are still able to use data subject consent.

Adverse events reporting

Turning to adverse events reporting, Georgina said that since the European Medicines Agency's Module VI guidance on pharmacovigilance was issued, the BHBIA and ABPI picked up on the fact that the current practice of asking patients to provide their HCP details is not providing adequate information for pharmacovigilance purposes. This means UK guidelines will be reviewed later this year since the practice was considered to fall short of the requirements outlined in Module VI itself. The revision, which will affect the UK industry's adverse events reporting guidelines, suggests that when an adverse event is cited directly by a consumer or patient during market research, they will be asked for consent to forward their contact data - plus to send the adverse event details to the marketing authorisation holder's pharmacovigilance team for follow-up. That team will then have to decide which to investigate. There are sensitive issues here – not least the data protection implications of processing personal data in terms of consent, privacy notices and the secure transfer and storage of data. EphMRA is currently considering adopting this change within the guidance – nothing has been decided yet but will be for the October Code update. Georgina emphasised that, while it is UK organisations which have identified the issue, this isn't just a UK problem – it is Europe-wide.



Conclusion

Compliance demands are all around us: it's not just in healthcare but in all of our lives, a drive for greater transparency. Georgina reiterated that it is our job as researchers and data analysts to balance the increasing need for security with the need to provide insight and innovation. It's a global healthcare issue which we must be aware of, she concluded. There will be greater penalties for non-compliance – we must be mindful of this in everything we do. Above all, as an industry we need to demonstrate good leadership.

Plenary – Soapbox session
Soapbox #1 - Managing the reputation of the pharma industry

Speaker:
Hannah Mann, Hall & Partners

Chair:
Katy Irving, HRW

Hannah Mann used her Soapbox session to tackle issue of the reputation of the pharma industry. Triggered by a chance conversation with a friend, she was prompted to consider WHAT people think about the pharma industry, WHY they think this, and HOW we can change attitudes.

It's a scenario that many of us may have experienced: Hannah was having dinner conversation with a friend which turns into a discussion about the ethics and greed of pharmaceutical companies. Hannah's friend has Type 1 Diabetes, and is angry. "I have to take this medication – I have no choice – and they make a profit out of me", he said. He also felt that drug prices are too high, excluding people in certain parts of the world from accessing them, and that some patients were using their own initiative to improve their diabetes devices because of a lack of innovation from pharma companies.

Was this an isolated case, or reflective of a broader opinion?

Hannah knew that if it wasn't for the pharma industry, her friend wouldn't be alive today. She was also fully aware of the costs of bringing medicines to market, which are reflected in the price of marketed drugs. Those of us working in pharma know that the industry changes lives for the better and constantly strives for innovation, she said, but she wanted to know what the perception was externally.

Showing investigation in both the public domain and via a survey conducted by Hall & Partners amongst 18-34 year olds, she confirmed the negative public perceptions of our industry, which focused on pharma's reputation for corruption, poor ethics, exploitation and greed.

Why were these perceptions rife? Hannah suspects that this is driven by untruths that crowd out the good news, and which are fuelled by social media, made even more impactful because of the disconnect between pharma's reputation and young people's values of clean living, holistic health and a fair and equal society.

So, asked Hannah, how can we fight back? She urges us to work together to raise the profile of the good work that goes on in the industry, from donating time and skills to success stories such as vaccines and HIV treatments. We could fight fire with facts by providing our advocates with correct information to counter public misinformation. She also suggests that corporate communications, rather than focusing purely on patients or science, should also incorporate a "human side". We could, she suggested, be more transparent with our data in order to build public trust. Finally, but most importantly, we should re-state our industry purpose to shift the focus from improving profits to improving lives.

Soapbox #2 – Unlocking the power, strength and value of blending real world evidence and primary insights

Speakers: Carolyn Chamberlain, Adelphi Research and Katherine Byrne, Adelphi Real World

Adelphi Research's Soapbox session focused on the value of blending real world evidence with primary insights.

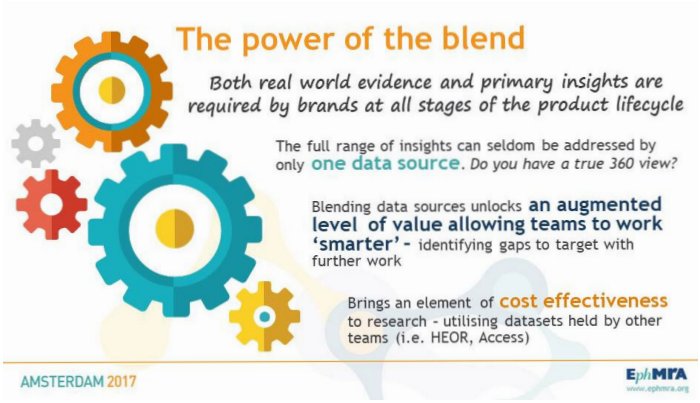
Using an interactive exercise, Katherine quickly demonstrated the diversity of our own delegate population. She asked delegates to raise their hands to demonstrate their preferences and identified differences in everything from professional focus to chocolate preferences! She asserts that it is this blend, and the resulting variations in thinking, that results in a strong market research industry driving healthcare forwards.

She encouraged us to think about data in the same way. Data is needed at all stages of the product lifecycle, but our clients struggle to find one data source that answers all of the questions and needs that they have. Within companies, countries and teams, multiple data sources are used in the absence of a single, blended dataset that provides what they need to work smarter and more cost-effectively.

However, Katherine asserts that this Holy Grail is achievable. Real World Data, she reminds us, if robust and representative, measuring what physicians actually do (not what they think they do or predict that they will do in the future). These characteristics make it invaluable in answering a plethora of business questions, from epidemiology and market landscaping to forecast modelling and U&A.

Carolyn lays out the case for augmenting real world data with primary insights, highlighting the depth of understanding that it brings to our stakeholders in terms of perceptions, rationale and opinion, providing us with the "why's, when's and how's" to fully understand the market context, enabling us to see through our customers' eyes as well as market scanning and evaluating brand performance.

Our speakers advocate aligning real world evidence with primary insight, to develop one integrated data source combining the robustness of real world data with the insights from primary research to give a complete picture of the market, underpinned by credible, robust, opinion-based research.



Blending these two data sources together into integrated insights, they argue, provides clients with a 360-degree view of their market context; with real world data providing incidence, prevalence, prescribing, forecasting and patient journeys, and primary research providing the 'whys'; understanding brand positioning and performance, seeing through respondents eyes, and understanding messaging performance. Therefore linking the two and providing one consistent data source for multiple uses across organisations eliminates many of the questions arising from mis-matched data and enabling cost-efficiencies whist delivering complete granularity and insight.

This blend of reality and opinion, they declare, is the future of business intelligence!

Soapbox #3 – Using BLT to get more out of BE

Speaker: Marion Gannon, Jigsaw Research

Marion Gannon's Soapbox session provided us with three different routes for developing practical recommendations for influencing behaviour, bringing Behavioural Economics from theory into practice.

Marion noted that a lot of the discussion around Behavioural Economics tends to focus on the theory. Although fascinating, this can leave our clients with a feeling of "so what?", and a lack of clarity in terms of how to apply decision theory to influence healthy behaviours in patients and public alike.

Jigsaw has focused on three different approaches to help us turn the theory into practical actions, depending on market dynamics, customer characteristics and the nature of the behaviours that we are trying to encourage, and these follow the mnemonic 'BLT'

1. Bypass via choice architecture:

Using Rory Sutherland's term, Marion argues we are all 'choice architects'. By restricting how we present choices to our customers or end-users, we can influence their decisions and outcomes. Marion used an example of a classic nudge approach, whereby the donut-loving Homer Simpson was encouraged to select healthy fruit at the convenience store by making it more easily available than the less healthy option. A government health agency campaign in the UK proved very successful in doing the same thing in a real-world setting, and the same principle applies to other choice situations, such as opting-out rather than opting-in, and upselling.

2. Leverage or create the bias:

Marion asserts that if you can understand the biases that your customers are experiencing, you can use them to drive decisions towards the outcomes you would like to encourage. Using techniques to leverage loss aversion or fear of missing out can be seen everywhere from travel websites (incorporating a countdown clock for deal expiration, last few places remaining etc) to EphMRA's own "Early Bird" fee structure.

3. Tackle the bias head on:

Marion highlighted the influence of system 1 thinking on behaviour, and the need to break the habit of inertia in order to encourage new behaviours. She shared the example of a UK supermarket which had recognised this inertia in its customers and tackled it directly, by encouraging shoppers to "try something different today". Small changes involving using ingredients in a different way, such as adding a sauce to their chili or adding cheese to a pudding, had a dramatic impact on revenue.

Marion concluded that if we are aware of the biases that our customers face, we can use it to encourage desirable behaviours and outcomes. She also cautioned us to be aware of our own biases to ensure that we maintain our open and objective professionalism.

Soapbox sessions written by Katy Irving, HRW

Thursday 22nd June - Session 12 - A multi-disciplinary research to guide multiple myeloma patient support efforts of Takeda

Speakers: Nienke Feenstra, Takeda and Eszter Kun, Szinapszis Market Research and Consulting

Chair: Jill Wilson, Optimal Strategix Group

Nienka Feenstra and Eszter Kun showcased a multi-disciplinary, patient-centric research approach to the development of an engagement programme for multiple myeloma (MM) patients in Hungary.

Takeda had successfully developed a new oral proteasome inhibitor for the treatment of patients with relapsed and/or refractory multiple myeloma. As they entered the Hungarian MM market, Takeda were determined to put the patient at the centre of their efforts. They perceived they had a responsibility to address the broad range of unmet needs of MM patients through the patient support programme, beyond simply adherence for their drug.

Takeda recognised there was a plethora of passionate stakeholders involved in the treatment of MM in Hungary however they often lacked an overview of the management process, with significant differences in knowledge in different parts of the country. By involving haematologists and patient associations, Takeda hoped to understand each stakeholders' involvement along the patient journey; identify the appropriate communicate channels at each stage, build relationships with external stakeholders to facilitate a better understanding of the patient journey and help shape the patient programme.

Rather than looking at the likely benefits of their new drug and building a patient programme around them, Takeda wanted to start with patient needs and then identify which could be translated into benefits for patients, haematologists and Takeda.

Szinapszis was able to address this business need through focussing the research on understanding the impact of MM on patients' quality of life, experience of symptoms, treatments and healthcare practitioners and identify which interventions would improve their quality of life.

A multi-phased approach was undertaken in the development of the programme including advisory boards, ethnography in the patients' homes and an on-line patient community.

Phase 1 was an advisory board meeting with haematologists, representatives from patient associations and the Takeda team to discuss and establish what was already known or assumed about MM patients in Hungary.

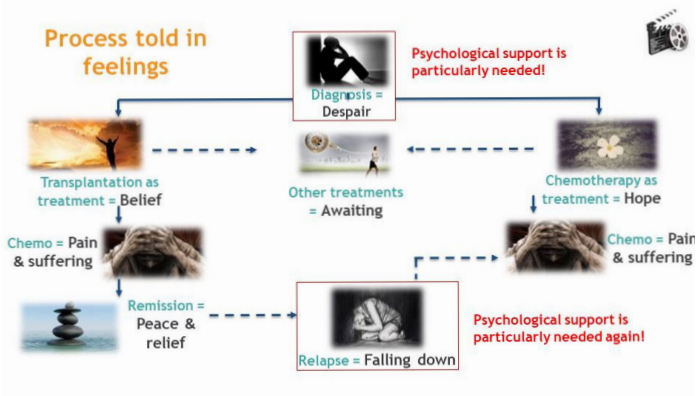
With the help of these external stakeholders, a questionnaire was developed to guide Phase 2 in-home ethnographic interviews with patients.

The interviews revealed that the real patient pathway didn't completely match the official route with aspects of the Hungarian healthcare system sometimes preventing patients from receiving timely care; revealing a real need to educate key stakeholders.

The ethnographical nature of the interviews also revealed the much broader impact of the disease on the patient than previously recognised: so although patients recognised some changes they had made to their lifestyle due to MM, the research revealed a plethora of lifestyle

changes driven by the patients' symptoms, which they had not consciously associated to their disease. These included modifications to cars to facilitate mobility, new shoes to make walking easier and the placement of chairs and other furniture throughout the house to help patients move around more easily.

Importantly the interviews also provided an in-depth understanding of the emotional impact of the disease with impactful video footage of the patients' views bringing this to life. The research revealed the patients' emotional needs at different stages of the management pathway and the direct impact on the type of support that could be offered at each stage



For example, at the beginning of the journey, when patients reported feeling in despair, they were not open to cognitive information but required considerable emotional support. At later stages, such as in remission, additional educational materials might be welcome.

The research showed that although there was information available to facilitate lifestyle modifications to manage MM more easily, this was not always accessible to patients. It was clear that one initiative that would require minimal investment would be to create a pathway between patients and the information already available. The interviews also identified a lack of psychological support, both for patients and for families trying to come to terms with a loved one who is unwell.

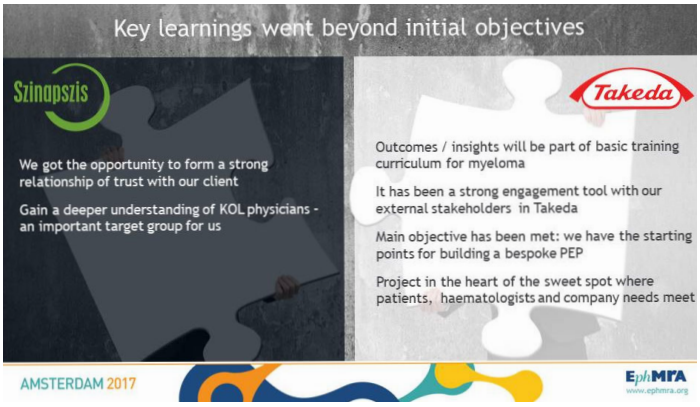
From Nienke Feenstra's Dutch perspective, there were also unique insights around the needs of the Hungarian patients and the healthcare system - for example, a greater fear of hospitals for fear of picking up infections, the difficulties of transportation to hospital and despite the requirement for psychological support, this was not available at every hospital.

The rich findings from the ethnographical interviews were then presented back to the advisory board (Phase 3) and the group scoped out the plan for the rest of the research.

The next step (Phase 4) involved validity-testing the main assumptions with a larger population of MM patients to identify and prioritise the main unmet needs. This was achieved via an online community of patients, conducted via a bulletin board platform over 3 months. The challenge of reaching out to a patient population who were not necessarily "tech-savvy" was overcome with multiple telephone calls to explain what was involved and high investment in carefully moderating the community. The community proved very popular with patients who were keen to contribute and support each other.

The final phase (Phase 5) was to feed the results of the community back to the advisory board. The haematologists were often surprised at the differences between patient perceptions and their own perceptions of MM management. Haematologists reported that they were able to make changes to their own practice and interactions with patients, such as simple interventions such as providing drinks for patients awaiting investigations and addressing misunderstandings regarding transplantation.

Overall the project highlighted the benefits of forming a true partnership with haematologists and Patient Associations to identify the "sweet spot" where patient, haematologist and company needs can all be met to facilitate a positive impact on patients' lives.



Written by: Jill Wilson, Optimal Strategix Group

Session 13 - Leveraging Compliance for Engagement

Speakers: Nick Wain and Hannah Brown, M3 Global Research

Chair: Sarah Phillips, QuintilesIMS

Nick and Hannah presented a lively and engaging paper which demonstrated the clear linkage between compliance obligations and the level of engagement generated from respondents. The paper focused on what compliance and engagement mean to the healthcare professionals (HCPs) the industry relies on to generate business insights. Critically, the paper showed data to support the view that compliance, respect and respondent engagement are closely intertwined, and if we get them wrong, then there are two critical risks:

- HCPs drop out of participating in future research
- HCPs change the way they answer questions in surveys

Hannah started by reviewing the extensive list of organisations and agencies involved in ethics and compliance, from government organisations through to association guidelines (such as EphMRA) and quality management approaches, such as ISO. She reassured us that, although this looks like a complex landscape and each source has its own purpose and focus, these are complementary and mutually enforcing. She highlighted that the two key areas of legal (what we must do) and ethical (what we should do) when perfectly balanced, engender respect for our respondents.

Nick conducted a quick poll amongst delegates, asking whether the audience believed that the industry does enough to ensure that HCPs participating in research are treated in accordance with the law, industry codes of conduct and best practice. The response was split with around half the delegates agreeing, and half disagreeing.

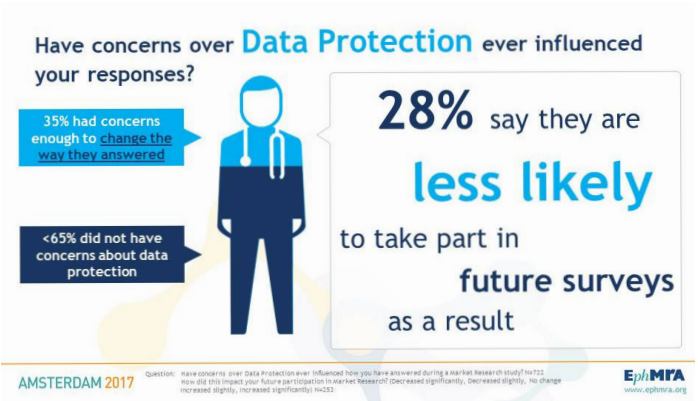
M3 had conducted a number of proprietary surveys to support the paper, the first of which was a survey amongst industry professionals from pharma, full service agencies and data collection agencies. The majority of the sample of N=184 agreed that enough was certainly being done in terms of confidentiality, respect and data protection. However, while 73% of respondents believed that HCPs receive fair remuneration, only 54% thought that we are honest about survey length and description of the survey. Also, only around a third of the industry believes that we encourage HCP engagement in surveys through creative design, which is possibly not a surprise as this is a common topic for discussion.

A similar survey was conducted by M3 amongst HCPs (primary and secondary care) in Europe, N=751 respondents completed the 3 to 4 minute online interview. These respondents were relatively evenly spread across the main European markets.

Do HCPs have concerns over data protection?:

More than 35% of the HCPs surveyed had, at some point, experienced concerns over data protection issues in a market research survey. In fact, 35% exactly were so concerned that they changed the way they answered the survey. This is data that we, as the industry, rely on for critical business decision making and our respondents are changing their responses due to a compliance issue. Nick asserted that we can no longer view compliance as a tick box exercise; it is critical to the integrity of the data we provide. There is also a longer lasting impact of data protection concerns: of the 35% who were concerned, 28% said that they were less likely to take part in future surveys as a result.

Poor management of data protection issues can result in lower data quality and respondent disengagement from research.



Nick and Hannah explored the meaning behind some of these figures in following up qualitative interviews with HCPs. The first HCP said the word 'crucial' four or five times in relation to data protection, and his principal concern was to protect his patients' identities and information; anything in a survey which risks the patient being identifiable would cause the question to be skipped or the survey suspended. From a personal point of view, HCPs are also protective of their own identifying information such as their practice or hospital. Their feeling was that their opinions were what was important, not their identity, and there was a concern that if their views were widely broadcast, this might impact upon their reputation.

Nick surmised that as respondent participation depends on trust, although we may be meeting legal requirements, it may be necessary to be sensitive to HCPs' concerns and give them more confidence in our respect of data protection requirements, for example by demonstrating professional registrations and certifications at multiple touchpoints.

Do HCPs believe that they have participated in market research that they felt was promotional?

Being non-promotional is a key tenant of compliance, and is synonymous with honesty, so respondents should not expect to be posed leading or persuasive questions in any way. However, 40% felt that they had been promoted to during a market research survey. Around a quarter of these respondents claimed that they would be less likely to participate in future surveys as a result.

From qualitative interviews conducted to explore this issue in more depth, Hannah showed a video of a physician who thought that in one instance, a moderator had taken an approach where his clinical judgement was being questioned. Product profile testing was thought to be one of the key areas where promotional activity was borderline, but this approach was expected and tolerated to a certain extent.

To address these concerns in future surveys, our speakers advocated being clear about the purpose of the research and avoiding use of aggressive questioning, particularly around the use or non-use of a product. We should also be conscious of the respondent's favourite game of 'guess the sponsor' and mitigate against this.

To what extent do we treat our HCPs with respect?

Most HCPs believe that overall they do feel respected by the market research industry, which is a pleasing outcome given how much we ask of these time poor respondents. In addition, almost half of those who felt respected said that they were more likely to take part in future surveys; treating our well has a positive impact on engagement.

Both the qualitative and quantitative research findings suggest that in terms of basic courtesies: friendliness, being polite and positive interactions, for example, we're doing well, but where we need to concentrate more attention is with the physical elements of market research, as it is here that there is more of a gap to close.

Lack of respect is the exception, rather than the rule, but when it occurs, often it is felt around surveys which are too complex - asking for data points which are difficult or challenging to pull. However, one other key area with regards to respect is around screening. Asking long screeners (considered free data by many HCPs) or screening out respondents was considered deeply frustrating.

Written by: Sarah Phillips, QuintilesIMS

Session 14 - Campaigns that move people: Advancing an activating campaign targeting hard-to-reach populations
Winner of the Excellence in Fieldwork Award (sponsored by SERMO)

Speaker: Katy Irving, HRW

Eva Laparra Katy Irving, from HRW presented on behalf of a partnership among Gilead, HRW, ConsuMed research, Searchlight, ExaField and Intercampus, for a project that was selected for the 2017 EphMRA Excellence in Fieldwork award.

Katy opened the session by asking the open question; how realistic is the market research environment? She argued that particularly in campaign testing research there is a risk that a campaign can test well in research, but not deliver in the real world.

And this was the challenge for the client, Gilead, in preparing for research to develop a disease awareness campaign:

- Difficult to reach target populations
- High profile project internally and significant expected expenditure on campaign
- A series of behavioural aims defined from years of research in the area
- A range of different campaign concepts

At the heart, the mission for the project team was clear: they needed to determine what will really 'move' people.

The presenter outlined four keys to success for the project:

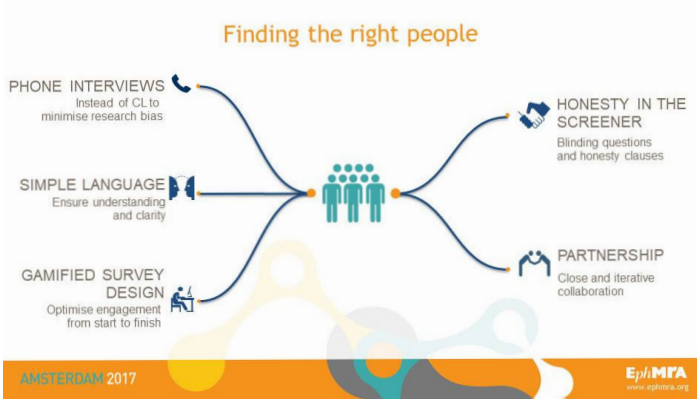
1. Finding the right people – reflecting the target audience.
2. Rational and emotional – ensuring the campaign assessment was not too rational in nature
3. Minimising over claim – framing questions to get to the truth
4. Using behavioural science – reading between the lines of what respondents say to what it could mean for campaign impact

Chair: Eva Laparra, SERMO

Finding the right people

The presenter likened the search for respondents as much like looking for a needle in a haystack. She recommends five fundamentals for finding the rights people:

- Leveraging phone interviews instead of Central Location to minimise the extent to which participants had to 'perform' as representatives of their group
- Using simple language to ensure understanding and clarity
- Incorporating gamified survey design to optimise engagement from start to finish
- Ensuring honesty in the screener, including blinding questions and honesty clauses
- Selecting partnerships with vendors carefully, to ensure a close and iterative collaboration



Rational and emotional

Katy described the challenge of testing in a research environment whether a concept has emotional impact. She described how when you put a paper description in front of participants they can get bogged down in the words, and not 'feel' the impact of the concept. She spoke at length and with illustrative examples to underscore the importance of accessing rational and emotional responses through smart stimulus design – challenging the audience to consider the power of using video rather than static stimulus design with an example using movie trailers. She showed the movie plot in words "the last drone repairman on earth finds a spacecraft that leads to a discovery that puts the fate of mankind in his lap". She then played clips from the trailer for the film 'Oblivion' and 'Wall-E' to illustrate how the video allowed the audience to more implicitly engage with the content and judge their affinity for the content, tone, and character of the film based on just a few seconds. This was the approach Katy recommended considering for campaign development that worked well on the study, to allow rational and emotional reactions.

Minimising over claim

Katy acknowledged that over-claim is a problem, especially in campaign research. She outlined four ways to minimize over claim, including using previous behaviour as a benchmark of how likely participants would take action in reality, using the social dimension to explore the hidden stereotypes about the personalities for whom the campaign would work, using honesty clauses, and giving 'dummy' responses relating to 'thinking differently' or other important but less 'active' impacts.

Using behavioural science

The presenter drove home the importance of interpreting results with behavioural science, which they did by examining the principles of "sticky ideas" and identifying watch points – or explaining reactions (in the case of the Gilead project, the watch point identified through behavioural science was hope).

Katy explained how on the surface one of the campaigns did less well on its emotional profile – demonstrating a mix of positive and negative reactions, where others had more dominant positive profile. However she cautioned that the problem on the surface was not all that it seemed. The dominant emotion for the other two concepts was with 'HOPE' which can actually be problematic in that it can inhibits action (a concept called "the optimism bias") but because the research team was aware of this bias, they could interpret the results through this lens and caution against an overly-simplistic interpretation, and help support the internal teams in justifying a controversial recommendation to stakeholders.

Conclusion

With closing remarks, Katy reinforced the keys to success for this project focused around having the right REACH (finding the right people), the right CAMPAIGN (one that is both rational and emotional) and the right IMPACT (by minimising over claim and using behavioural science).

In summary, there are four final, simple key take-aways from this session:

1) Engage with recruitment agencies at the proposal stage for HOW recruitment will take place. This is absolutely critical with difficult-to-recruit patients.

2) Spend the extra time in getting question wording really, REALLY right (think about terminology and ensure it is simple, clear, mutually exclusive, blinding answer codes).

3) Consider alternative stimulus formats that better reflect your whole idea – what is the best way to represent the campaign? How can you bring it to life? In this case, the Gilead project's secret to success was taking a video-based approach.

4) Use the power of behavioural science as a tool to delve beyond "reporting" – in this case, the team had in-house capabilities for behavioural change, but it can be a discipline that can be helpful to explore if you have odd or seemingly contradictory results.

Written by: Jessica Gates, GfK

Session 15 - Design thinking in the pharma world. The idea manufactory

Speakers: Thomas Laufen, Roche Pharma and Barbara Lang, Point-Blank International

Chair: Ines Canellas-Jager, Kantar Millward Brown

Thomas Laufen and Barbara Lang presented a fascinating case study of the use of Design Thinking – an iterative approach to identify desirable solutions for complex problems. Indeed, this is a highly relevant topic in contemporary business as there is a shift in large organisations to put design much closer to the centre of the enterprise. This shift is not about aesthetical considerations, but rather about applying the core principles of design philosophy to the needs of the customers.

Thomas introduced the background to the case study. Roche was launching the 11th original product into the MS market – already very busy with several recent launches of innovative therapies. In order to succeed in this advanced and mature market, product innovation needs to be accompanied by a unique patient service offering to help differentiate within a "me-too" setting. To help them achieve this, Roche partnered with Point-Blank International.

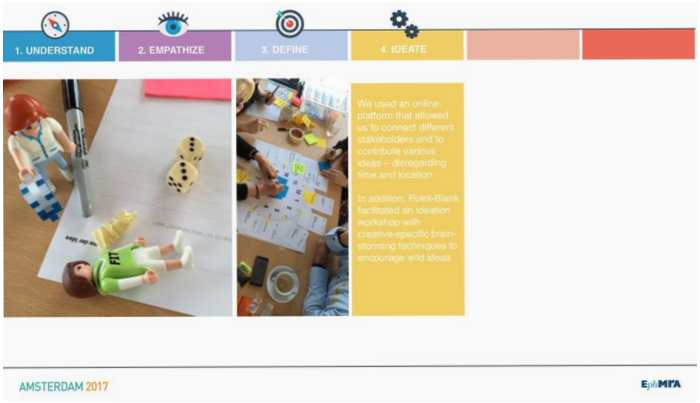
Barbara outlined the history of the Design Thinking methodology, explaining that the challenge of launching a new product or service into a mature market was very familiar in the consumer world – for example, launching a new cell phone. The Design Thinking approach put the customer at the centre of the development process to ensure that the final product offering was relevant and offered a competitive advantage, and avoiding the costly development of an innovative idea that the user doesn't need or want. Customers need to ensure their interactions with new product offerings and any new complex systems meet needs whilst being relevant, enjoyable, intuitive and simple.

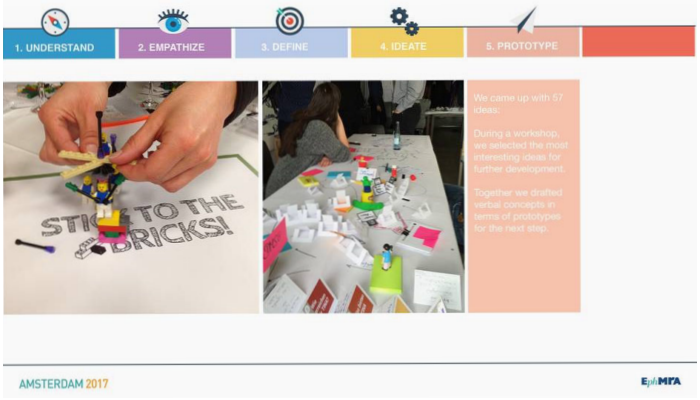
Barbara explained that "Human Centric Design" was established in the '90s by David Kelley and Tim Brown, and popularised in Europe by Hasso Plattner. Point-Blank have been exploring this approach, calling it their Idea Manufactory. This approach focuses on collaboration (not only between agency and client, but also the user – for example patients and HCPs). In a multi-disciplinary approach, a wide range of specialisms are involved, including patients, marketing, HCPs, designers and other experts. Iteration is an important part of the process, with innovative ideas being modified and redefined at each stage to ensure that they meet the needs of the customer. A design centric culture transcends 'simple' design by inspiring meaningful ideas to come to life whilst focusing on the emotional dimension of customer experience.

The process of Design Thinking encompasses six key stages:

1. Understand: all stakeholders are aligned and the challenge framed at the outset. Thomas described how buy-in was required from upper management in order to secure investment in what was considered a "freaky" project!

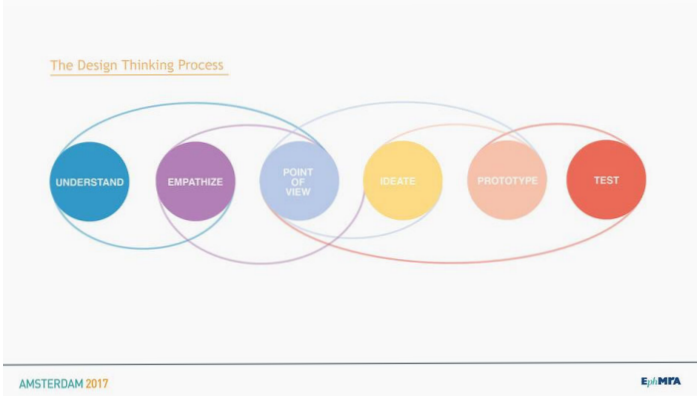
2. Empathise: via a combination of desk research and ethnography, the existing market landscape was mapped out to identify unmet needs. From the ethnography, a persona was developed based on key characteristics of an MS patient (e.g. female, young). This persona was named "Tina", and a visual presence was created so that "Tina" was in the room at all times as if she were part of the team, acting as a reference point and a constant reminder that the patient should be at the centre of the design process. At each stage, the team would ask "What would Tina say?", "What would Tina think?", "How would she feel?" and "Would she like it?"
3. Define: desk research identified all current offerings from competitors and third-party stakeholders, verified by expert interviews. The existing services were clustered according to their different fields (e.g. psychological support, everyday management, medical know-how etc.) Opportunities were identified and prioritised, to focus during the next phase of the process.
4. Ideate: as many different ideas as possible were developed, with a focus on quantity, not quality at this stage. The ideation stage was achieved via online co-creation sessions involving patients, caregivers, MS nurses and physicians, along with some participants referred to as the "fresh brains", such as artists and designers from outside healthcare whose contribution helped the team to think outside the box and fuel the process with fresh ideas on how to develop the MS service. After an initial round of online co-creation, an internal ideation workshop was held involving all Roche stakeholders for further ideation based on the output from the online communities, using specific creative brainstorming techniques to encourage "wild ideas"!

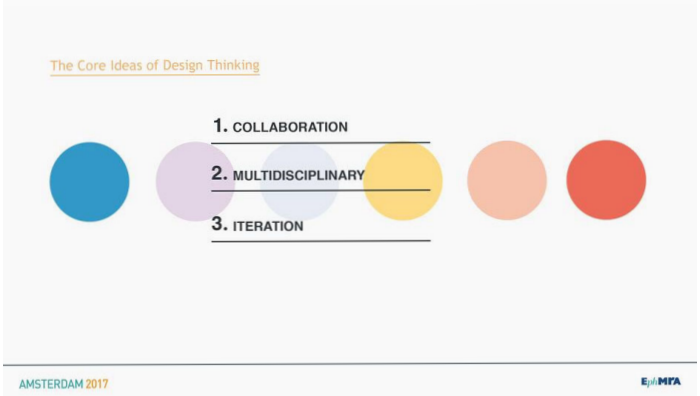




5. Prototype: Barbara explained that this is a crucial part of the Design thinking process due to the need to provide users with tangible prototypes to test based on concrete ideas. Users should be enabled to interact and experience the product or service idea to provide their feedback. In this case, verbal concepts and visualisations of some of the service ideas were developed for testing.
6. Test: the final stage employed traditional market research approaches (focus groups) with doctors, patients and caregivers. The process was iterative, with testing and feedback enabling the ideas to be reshaped and retested before settling on one final idea that will be

rolled out soon alongside the new product.

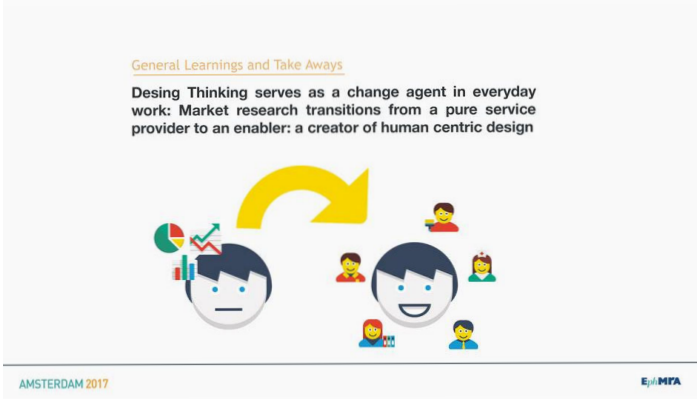




Thomas concluded by highlighting the key learnings from the experience. He emphasised the need to manage expectations of senior management both before and during the project. This was particularly important due to the investment into an unknown area and the need to allow for 'wild ideas' without limiting creativity, as they lead to other ideas that are fruitful. The emphasis on Human Centricity, using Tina to help shift focus and perspective to the customer throughout the process was particularly valuable.

Barbara left us with the final thought that the Design Thinking process had served as a change agent, transforming market research from a pure service provider to an enabler, and that ultimately, the project demonstrated that market research could also provide creative input, directly generating the final service offering rather than simply testing the offering designed in isolation by our marketing colleagues, and demonstrating our role as valued business partners.

A design culture is truly nurturing and it drives the creation of emotionally resonant products and services. The Design Thinking philosophy reminds us that empathetic design encourages more human, measured and thoughtful approach to business. Ultimately, Design Thinking promotes cultural change and can drive transformation by helping us to imagine a future that is already here, right next to us!



Written by: Ines Canellas-Jager, Kantar Millward Brown

Session 16 – Devices and Diagnostics Discussion



Facilitators: Nicolas Bawden, Ipsos Healthcare; Aline Abravanel, Genactis & James Cain, M3 Global Research

This lively discussion session at the EphMRA conference focused on how we can be more effective in meeting the challenges of working in the med tech and med diagnostics arenas, specifically looking at who key stakeholders are, as well as how to increase engagement with them and who we should prioritise.

Key stakeholders

There was consensus in the room that it can be difficult to identify who the key stakeholders are because it depends on the product and the research question that is being asked, as well as the objectives and needs of the end client. It was felt that requests for role-based respondents should be challenged, as it is not simply a matter of screening and considering the job title of the respondent, but more importantly looking at the responsibilities and the decision-making power that they have. This can then determine who is approached, creating a functional approach in terms of recruitment i.e. does this person make the decision? It is therefore important to spend time with the end customer to find out what decisions they are going to make and working back from there.

Local knowledge is critical as part of this process and as the marketplace and structures continue to evolve, it is quite hard to think in terms of generalised rules and a 'one size fits all approach'.

During the discussion, it was emphasised that we cannot look at med tech as a whole. Multiple stakeholder groups are relevant for one area but not for others and the devices area needs to be segmented so that we can then look at target groups. An important consideration is that some of the devices areas are new to market research and ask for more payment than is offered. Care is needed in that just because it is a hard to reach target group, high incentives are offered and then pushed back because of fair market value.

The following areas contain key stakeholders but can also lead to difficulties in terms of the identification of the right respondents:

- Purchasers/Administrators.
- Laboratories (commercial and hospital).
- Surgical Specialties.
- Clinical Technicians.
- Information Technology.
- Non-Physician Clinicians.
- Specialised Nurses.

As you can never treat all stakeholders the same, it is essential to look closely at role versus responsibility when it comes to identification of the most appropriate respondents. With some of the above areas, such as surgical specialists and clinical technicians, there is perhaps less of an issue around identification and whether or not they are the right respondent, but more of an issue around access and volumes. In the case of other areas, such as purchasers/administrators, some companies who look at the purchase assume incorrectly that this is the person that they want to speak to. In summary, targeting strictly by title does not apply in this context and will not deliver the results that the client wants.

Increasing engagement with respondents

Moving on to look more closely at increasing engagement, it was felt that the key to this is based around identifying the right people to answer your questions so they are qualified and able to answer the questions. The quickest way to disengage them is to ask questions that they cannot answer as this will make them feel inappropriate. People like to be able to contribute and if we ask the wrong people the right questions, they won't engage in the future.

It is also a matter of getting appropriate samples and making sure that we get the correct respondent type. Respondent types in med tech are pretty diverse so this can bring its own challenges in terms of screening. One of the ways to make sure we are approaching the right person at the right time is via feedback from the end client.

A number of delegates emphasised that it is important to understand the motivations of different stakeholders as to why they might want to participate in the research and what you can offer them. This will differ widely depending on who you are talking to i.e. a nurse, a clinician or a senior manager. Being appropriate in terms of the offer to them is critical in terms of the methodology and pushback to clients may be necessary in order to ensure that this is carried out effectively.

It was also stated during the discussion that new respondents may have no idea about what market research is and why we are asking them. If you have identified a contact and can explain the market research to them, it might get easier and they might obtain agreement from their management that they are allowed to participate. This is a totally different customer manufacturer researcher relationship, compared to pharmaceutical. This group needs to learn what market research is and why we are doing it.

All of the delegates in the discussion agreed that we cannot target specifically by job title. However, if market research is a new area for the client and for the respondent, we have a unique opportunity as an industry to build good foundations. These are untapped budgets so represent an excellent opportunity for agencies if they know how to address these new target groups. On the other hand, there is potential for market researchers to tarnish the industry if we don't get it right. What we have discussed should be put into practice as we deal more and more with companies who open up to us.

Who should we prioritise in looking to improve engagement with market research?

Identification is critical in prioritising potential respondents and this can prove challenging in laboratories, depending on factors including size and setting. Approaching a single individual in a laboratory in the hope that they can answer all of your questions is not feasible and as previously discussed, job titles are not a useful basis for prioritisation. Research is therefore necessary to find out where to start. While those in the laboratory can be very open to sharing information, they will only do so if they have the right person in front of them who understands what they do. This therefore requires a different set of skills for interviewers.

Summary of key learnings

- It is essential to look beyond job titles and consider role versus responsibility when identifying potential respondents.
- We cannot look at med tech as a whole and the devices area needs to be segmented so that we can look at target groups.
- Some of the devices areas are new to market research and may ask for higher incentives. They may also require more explanation on what market research is and why we are doing it.

Session 17 - Reality check: how stimulus choice impacts on your findings

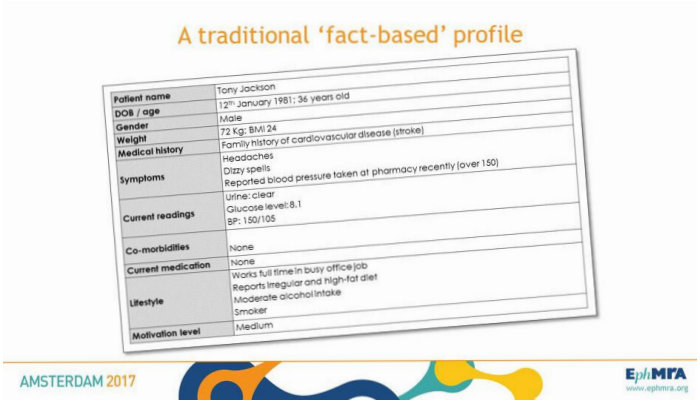
Speakers: Fenna Gloggner and Jess Woodhead, HRW

Chair: Amr Khalil, Ripple International

Fenna Gloggner and Jess Woodhead shared an interesting case study that examined how our choice of stimulus format may impact on respondent engagement and ultimately predicted prescribing behaviour.

Fenna introduced the context for this case study, noting that although stimulus material is an important part of most research projects, relatively little time is spent thinking about the format in which we present stimulus to respondents, particularly for patient profiles, which are often little more than bulleted lists of "dry" facts

In market research where we are trying to estimate likely prescribing behaviour based on reactions to stimulus, we often try to align the research experience as closely as possible with the real life setting for the prescribing decision. However in the actual real-life setting, Fenna reminds us, physicians have limited time in which to absorb and consider a holistic assessment of the patient sitting in front of them, including their emotional wellbeing and lifestyle habits. By contrast, our market research patient profiles tend to focus on factual clinical parameters in a simple format that is easy for the client to prepare and approve, and easy for the physician to read and evaluate quickly, but excludes important aspects of the patient context such as tone of voice, behaviour, emotion and engagement.



Fenna challenged us to consider whether this disconnect between the real-life setting and market research means that our respondents are being asked to make a different decision from the one that they would actual make in clinical practice. Is our choice of stimulus format biasing respondents' reactions?

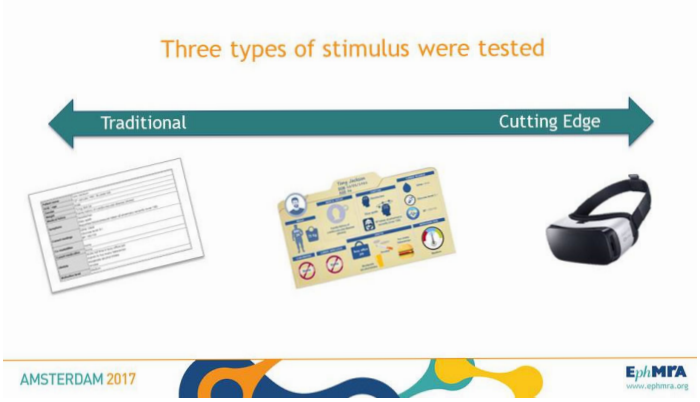
Our speakers set out to comparatively test a variety of different stimulus formats to explore the impact on predicted prescribing behaviour that they elicited.

Jess outlined some background on sensory preferences, noting that different people react differently to information presented in different ways – for example, some people are auditory processors, whereas others find it easier to process visual information – and that this could also be considered when designing stimulus material, using visuals or multi-media formats rather than just text.

She also highlighted the importance of the human connection between physician and patient, complete with subconscious details such as judgement, stereotypes and biases, which might affect physicians' decisions and perceptions, yet which cannot always be adequately triggered by a classical paper patient profile. Noting that the pharma industry is increasingly focused on being patient-centric, she wonders whether having real patient profiles is key to delivering those patient-centric outcomes.

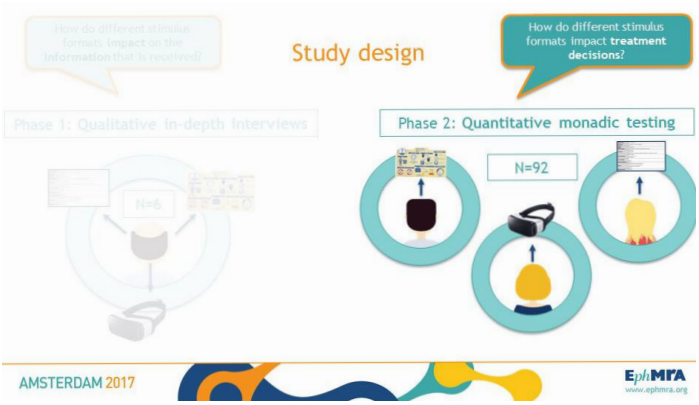
This case study was conducted in hypertension, selected due to our speakers' familiarity with this low-engagement condition where prescribing pathways are fairly predictable, and where there is typically a sharp contrast between language spoken by physicians (focused on numbers) and patients (more emotional and anecdotal language).

Stimulus was created for a fictitious patient called Tony Jackson, using three test formats. These included a traditional bullet point list with some information on patient lifestyle, an infographic, to visually display the same information, and a cutting edge virtual reality experience using a VR headset for an immersive experience. In all cases, the content was identical.



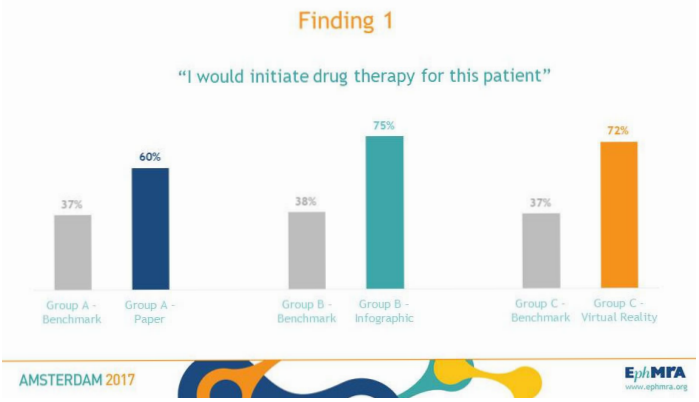
An initial qualitative phase of n=6 GP IDIs explored the three different stimulus types (in rotated order of exposure) and focused on reaction to each format, measuring levels of engagement with each stimulus type.

A subsequent quantitative phase of n=92 GPs across three matched groups used a monadic cell design to compare one test format against the benchmark bullet point list, with the analysis measuring the level of impact of each format and how the prescribing decisions differed between them.



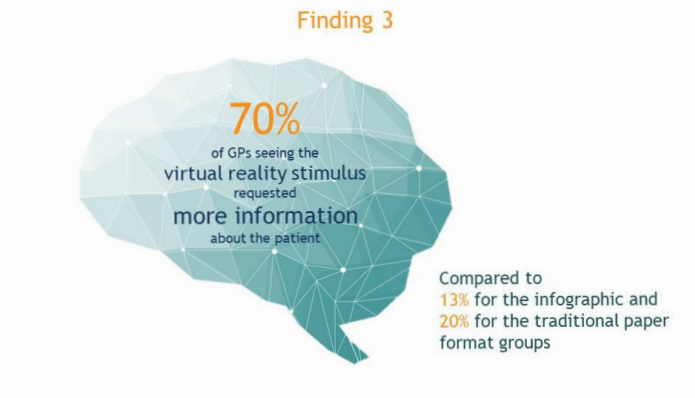
A video clip from the qualitative phase of respondents' reactions to the stimulus clearly showed differences in response. Reactions to the paper profile tended to be more clinical, focusing on diagnostics and numerical test results. With the infographic, physicians started to interpret more about the patient and his lifestyle. However, with the VR experience, physicians clearly recognised the patient as being more typical of their own caseload, remembering key details which introduced empathy and emotion, moving towards the "patient" model of disease rather than a "science" model.

Quantification showed that although rational, fact-based decisions such as referral and assessment of severity did not change, however even a relatively small change in stimulus format resulted in significant changes in predicted prescribing behaviour – namely initiation of drug treatment.



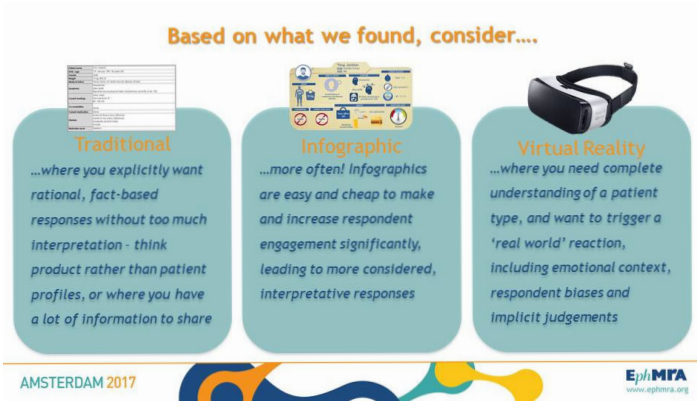
For the benchmark bullet list, a similar percentage of physicians in each cohort would initiate treatment. However, the percentage that would prescribe drug treatment increased significantly for both the infographic and the VR experience formats, with a greater variety of drug classes being considered.

For the VR format, there was a considerable increase in requests for additional information about the patient in order to make the prescribing decision, indicating increased physician engagement that increased patient profile realism and how representative respondents felt it was of their real patients.



Fenna and Jess concluded that using more realistic patient stimulus generates greater interest and engagement amongst respondents. We could assume that they will think more deeply about the patient and treatment and come to a prescribing decision that is a better reflection of everyday practice, bringing us one step closer to more accurate responses in market research.

Our speakers advocate tailoring the stimulus to the research objectives and priorities. A bullet point list is suitable to illicit more rational based responses that are typically based on product rather than patient profiles. By contrast infographic stimulus can significantly increase engagement leading to more emotional and interpretative responses. VR based stimulus is the ideal format for more complete patient understanding with the potential to trigger a real world reaction that can be critical to brand strategy.



They note that multimedia technology is becoming increasingly accessible (practically and financially), increasing our options to engage respondents.

They left us with the thought that seeing a patient takes more than a moment in real life, and that we should take more than a moment to think about how to best design our stimulus in order to better achieve our study objectives.

Written by: Amr Khalil, Ripple International

Session 18 - Developing an injection device which perfectly meets the user's requirements: a device testing case study

Speakers: Myriam Koutchinsky, Ipsen and Amalia De Luca, Lifescience Dynamics

Chair: Carolyn Chamberlain, Adelphi Research

Myriam Koutchinsky and Amalia De Luca presented a case study demonstrating an approach and associated learnings to developing an injection device tailored to end-user requirements.

The project objectives were to understand the unmet needs and requirements for a monthly injection and to identify desired improvements to the prototype devices. The product indication involved multiple body parts, including the hands, so it was essential to assess the ease of use of the device from the patient perspective, involving simulation of an injection.

Myriam explained that the case study encompasses three iterative phases of research conducted over 2 years. The initial phase involved a range of end-users types (nurses, patients and caregivers) assessing four potential new devices. The device design was then updated and a second phase of research amongst nurses validated the revised design before a third and final phase focused on fine-tuning of the finished product with nurses and patients.

The development of a medical device involves multiple stakeholders, including marketing, R&D, device designers and device manufacturers. Myriam explained that the project was initiated with a multi-stakeholder meeting to align on objectives, ensuring that the market research department fully understood their needs, rephrasing and rephrasing until they were confident that they understood everything clearly. This was particularly important in managing expectations and crucial to engage all the stakeholders, as many of the stakeholders have never been involved in market research.

She emphasised that logistics are very important in device testing studies, and the initial stakeholder meeting was also used to establish clear timelines and responsibilities, setting out what was required from whom and by when, to ensure that the necessary number of prototypes, existing devices and spare devices etc. were available for the pilots and for each research phase. Another key part of the preparation for the project was to put in place training for all moderators from the agencies to demonstrate all the prototypes and explain the differences between them. The aim was to familiarise the moderators with all the devices so that during the interview they could focus solely on the respondents and not on understanding the devices.

Amalia then outlined the details of the research undertaken. In this rare indication, she explained, it was challenging to recruit patients. Patient Associations were used at each phase, building confidence and contacts as the phases progressed. Amalia noted that, although patients with rare diseases are difficult to find, once recruited they tend to be exceptionally engaged and willing to provide extensive feedback.

For this project, Amalia explained, it was important to involve the correct end-users – nurses, patients and caregivers – so that the feedback generated would be directly relevant to future users of the device. They aimed to replicate the real-life experience as closely as possible, and so went to great effort to make the end-users feel as comfortable as possible, conducting interviews in respondents' homes or nurses' consulting rooms where they would normally conduct the injection. However, they also conducted central location interviews with video recording focusing on the participants' hands so that they could observe the manipulation of the devices in detail.

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For phase 1, the interviews involved questions based on a tailored discussion guide. Amalia reported that the findings from different respondent types in phase 1 were significantly different: it was found that nurses and patients used different injection techniques and differed in their use of gloves and injection site. These differences needed to be taken into consideration when refining the device design.

She also noted that the video footage was particularly enlightening, revealing not only the details of the injection process but also a disconnect between the team's expectations of how the device would be manipulated, and how users actually handled the devices during the simulated injection.

The findings from phase 1 indicated that there was no clear winner, but identified several desired features from each of the devices tested which were then combined to redesign the device ready for phase 2 of the research, which focused on fine tuning of the redesigned device. End-user feedback enabled the team to provide specific guidance to the design team.

By phase 3 of the research, the device was fully operational and able to simulate an injection. The aim of developing a device that perfectly met the end-user requirements was confirmed by lack of any major issues identified, and the research focused on fine-tuning the peripheral product elements such as colour and instructions for use.

Our speakers summarised the key learnings for device studies:

Agency perspective

- Ensure that all end-users are included in the research, as they may have different requirements
- Allow participants to use the device without guidance to capture spontaneous feedback and potential for misuse which can then be addressed in the IFU
- Conduct research in central locations with video to enable all stakeholders to observe how the devices are used in real life
- Discuss potential improvements with stakeholders before finalising recommendations to ensure that the suggestions are feasible from a design & manufacturing perspective

Pharma perspective:

- Ensure all stakeholders are aligned in terms of agreed objectives, expectations and responsibilities
- Encourage stakeholders to attend the research, particularly if they have not been involved in market research before
- Ensure device management is comprehensive, from the number of prototypes needed (including spares in case of breakages) to a tracking system to ensure nothing is lost
- Invest in a moderator training session to familiarise them with the different devices before fieldwork begins
- Keep an open mind about the features that will prove most favourable to end-users

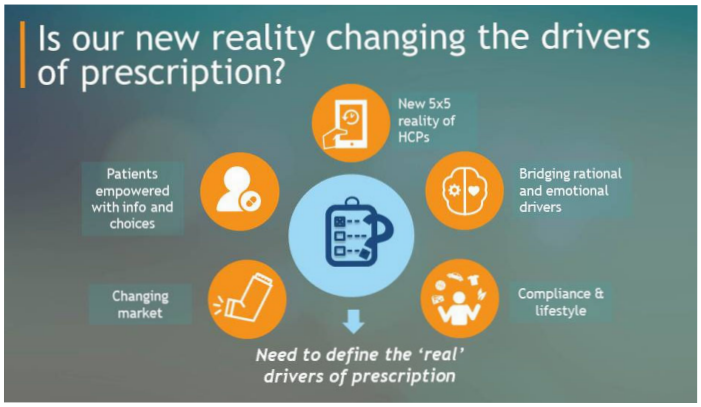
Written by: Carolyn Chamberlain, Adelphi Research

Session 19 - Just what the doctor ordered? A new methodology to adjust to Pharma's new reality and engage HCPs

Speakers:
Robert Dossin and Paul Janssen, SKIM

Chair:
Katy Irving, HRW

Robert Dossin and Paul Janssen stepped on stage in a hot room in the Administratieszaal room. Robert welcomed the crowd and encouraged everyone to feel free to take off their jackets. Luckily, they had a 'cool' approach to help counter the heat; a new mobile-based methodology that engages physicians and assesses both functional and emotional drivers of prescribing choice.



Paul opened by reviewing the "new reality" for healthcare professionals and our industry and how today's world challenges our traditional research methodologies. He shared a personal anecdote about a recent experience with antibiotic treatment to illustrate how today's patients are empowered with information and choices when presenting to their physician, and physicians are under increasing time pressure to make quick trade-off decisions when prescribing. Patients and healthcare professionals alike are fluent in digital tools such as mobiles and tablets. Paul notes that researchers are aware of these trends and are looking for new methods to capture the subconscious element of prescribing decisions as well as functional factors.

Our speakers assert that traditional research methods no longer suit today's reality, as they tend to use platforms designed for desktop or laptop computers rather than **mobile devices** and often focus on the **rational rather than emotional** processes. More worryingly for our industry, response rates are falling due to lack of **engagement** from HCPs.

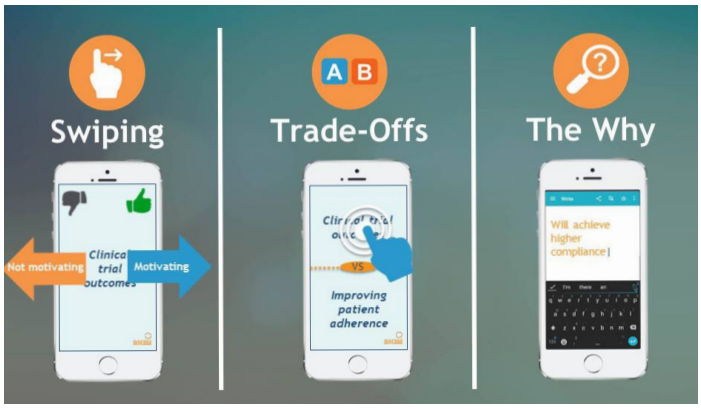
To explore ways of overcoming these challenges, SKIM created an approach that they call 'UNSPOKEN' – a platform originally developed in FMCG which has applications for the pharma industry. This approach claims to blend implicit research techniques with an engaging mobile interface, and our speakers set out to explore whether it could deliver on these promises in practice.

Reviewing the typical approach to research, Paul outlined the process for collecting patient records, with a patient consultation being followed, sooner or later, by the HCP completing the patient record forms which are collated and analysed by the researcher. Using the UNSPOKEN

approach removes one step in the process, enabling HCPs to use their own familiar mobile device to complete the survey directly after the patient consultation. This, explains Paul, brings the moment of capture closer to the actual moment of prescribing choice, with its inherent advantages in terms of accuracy of recall and quality of response. As Robert goes on to show, it also increases respondent engagement due to the ease and convenience of survey completion.

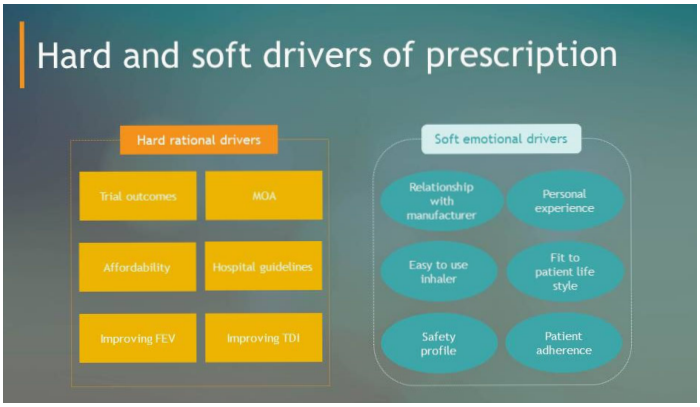
The UNSPOKEN methodology encompasses three key modules which can be used together or separately. For this case study, all three modules were tested:

- Swiping: the mobile screen can show clinical trial outcomes, pictures or concepts, and in "Tinder" fashion, respondents swipe left for "not motivating" or right for "motivating", using quick and intuitive system 1 thinking. This module measures not only the choice made (swipe direction) but also reaction time, which it normalises for each individual respondent



- Trade-offs: similar to traditional trade-off approaches used to force a choice to determine priorities, respondents select between two options. Again, two metrics are captured, namely option choice and reaction time
- Why module: this module asks questions and allows respondents to type in their open feedback. The case study shows that although responses were no longer than those from other platforms, the responses tend to be good quality.

Robert then showcased these approaches applied on a case study, conducted in the dynamic COPD market. COPD was chosen because it is characterised by recent developments (e.g. LABA/LAMAs and triple FDCs). Compliance is typically low, with patients looking for simple therapies with easy-to-use inhalers that fit their lifestyles. The survey was conducted in the USA with n=94 physicians (1/3 PCPs, 2/3 Pulmonologists) who together provided n=225 patient records. Respondents were asked to complete a base case to reflect their general approach to prescribing, to capture their prescribing priorities with no specific patient in mind. Respondents then completed the survey for three different patients meeting specific disease criteria. The total survey time was 25 minutes.



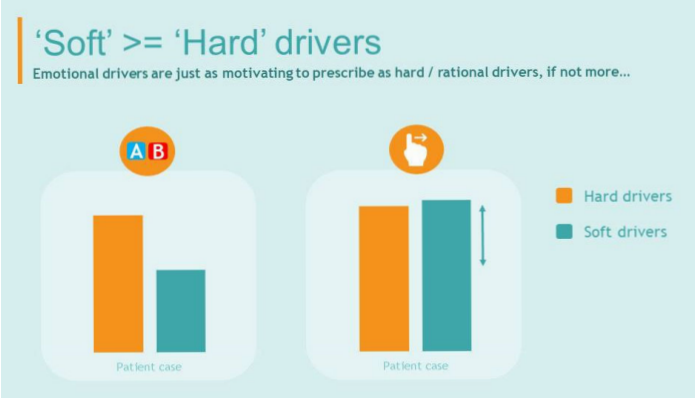
The survey design included six "functional" drivers and six "emotional" drivers of prescribing choice identified from previous qualitative research. These functional (hard) and emotional (soft) drivers were analysed separately to determine whether the methodology was suitable for capture of both "hard" and "soft" drivers.

So, how did the new approach perform against the challenges posed by traditional approaches that the pair defined earlier?

1. Mobile-compatible: By its very nature, the UNSPOKEN approach was suitable for use with respondents' own familiar mobile technology. Robert described how their fieldwork partners M3 originally had some concerns about a mobile only survey (that couldn't be done from desktop), but in practice this was not a problem, but a benefit.

2. Engagement: The survey showed that engagement levels were higher than for traditional online methods. The fieldwork took 5 days – 3-4 times shorter than a traditional online approach. Physicians were asked for direct feedback on the approach and were very positive, finding it easy to complete, innovative and engaging. One respondent felt that it would provide better results than "boring" clicking on a mouse. Our speakers concluded that these short task engagements via mobile worked very well

3. Capture of emotional vs functional drivers: The results showed that the rational trade-off exercise seemed to prioritise the "functional" drivers, but that the swiping exercise (using system 1 thinking) showed greater influence of the "softer" drivers



Our speakers concluded with some key takeaways from the study:

- Physicians like the mobile approach – engagement was high
- Swiping reveals more preconceptions and greater emphasis on emotional drivers, indicating it could be more effective at tapping in to the deeper seeded drivers. However the results from this approach show relatively little differentiation between drivers in the 'base case' (general prescribing) versus specific patient cases
- The trade-off module offers greater granularity between attributes when defining priorities, as well as better understanding of what Robert called 'pre-conditioned' answers such as trials, ease of use, and safety. So the module/approach should be selected according to the study objectives
- Completion of the patient records immediately after the consultation produces good quality responses and will be valuable where suitable patients are in short supply (e.g. orphan indications)

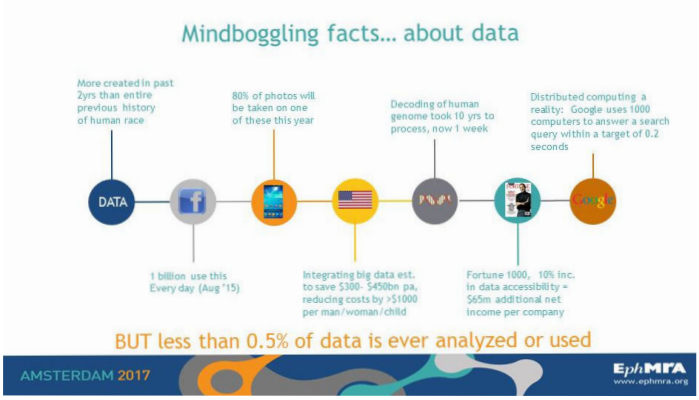
Written by: Katy Irving, HRW

Session 20 - Amplifying signal "noise" to find the insights

Speaker:
Phil Herrlinger, Themis Analytics

Chair:
Katy Irving, HRW

Phil Herrlinger's paper addressed the challenges of today's abundance of data and provided seven practical steps to help us cut through the "noise" to identify the insights.



Phil took to the stage in the Graanbeurszaal and set out the context for today's analysts. We are all familiar with the term "Big Data", but as Phil highlighted with some fascinating statistics, the sheer volume of data available today is mindboggling. He cited the fact that there is more data created in the past two years than was created in the history of the human race, and the first human genome took 10 years to decode, yet now the process takes only 2 weeks.

We're lucky, Phil pointed out, that there have also been dramatic advances in the processing power available, which we can use to help us navigate the data sea. Despite a seemingly perfect marriage of data abundance and processing power, Phil tells us that less than 0.5% of all data is actually analysed or used. How can we sift through the plethora of data and identify the "nuggets" of insight that we need? We need to amplify signals within the data to help us fine tune those elusive insights – and then communicate them effectively to decision-makers. Phil's paper sets out seven simple steps that will shape our approach to analysis of any dataset.

1. Start with clear business goals

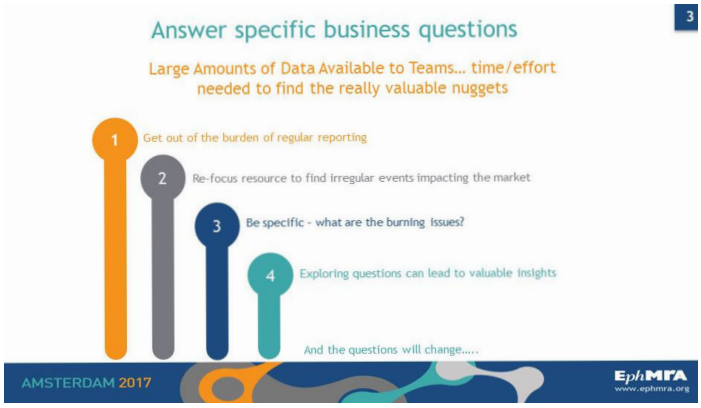
Just as with ad hoc projects, Phil advocates setting clear objectives to help us organise and prioritise the information we really need. Although it may sound obvious, he points out that you can't do everything, so it is critical to agree what you will assess and how you will define success. He underlined the fact that often performance indicators or metrics could be defined in different ways (for example, 'growth' can be relative or absolute, within a timeframe, or across particular markets). Using performance indicators and metrics agreed by all stakeholders in advance ensures the analysis meets the needs of the business

2. Evaluate the best data for your particular brand or market

Once our goals have been defined and agreed, we need to select the most appropriate data sources to deliver the best results, he argues. We know that no data is 100% perfect, but a carefully-selected dataset can be "good enough" to deliver the answers that we require. Our choice of dataset may be more challenging in specialty areas and rare diseases, or may be fragmented or inconsistent across different markets, so we need to be nimble enough to use different sources for different situations. Phil reminds us that one size will definitely not fit all.

3. Answer specific business questions

Using our "best fit" dataset, we then need to address specific questions, focusing on what is really relevant to the business.

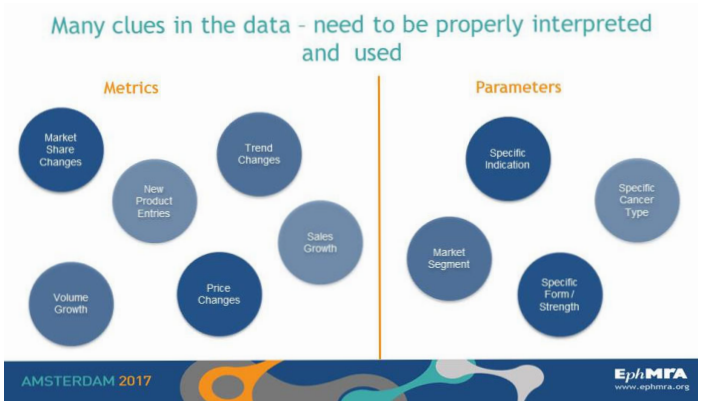


Phil cautions against succumbing to the burden of regular reporting. He suggests that we review the requirements carefully before outsourcing or automating wherever possible. This can reduce 90% of the manual workload, freeing up valuable time for identification of new business insights.

Specific questions can be formulated based on discussions with our brand teams, recognising that priorities and questions will vary according to brand lifecycle and market dynamics, requiring us to revisit our goals and data choices at each stage.

4. Be objective and add context

Phil urged us to be open-minded when analysing data, putting aside preconceived ideas in order to identify signals in our data that we might subconsciously disregard due to our inherent biases. Recognising our own preconceptions and training ourselves to take a second, rational, look at the data can help us to identify those critical signals.



Using automatic analysis can help us to objectively identify patterns by looking for distinctive features. For example, when trying to explore the impact of generic launches, we might look for changes in market share, price, sales, new product entities or alternative pack sizes. Taking a closer look at these, we might identify that, for example, a drop in average price is a good indicator of products going off-patent. Individually, these metrics may not provide the whole picture, but when analysed together they can help us to identify key events that we are looking for.

He also reminded us to look for context beyond the dataset. Equipped with a broad perspective of the landscape, we can add colour and context when analysing data. This may be particularly relevant when we are tempted to use the same dataset across very different countries, where changed in healthcare systems may impact on the trends that we find.

5. Sift and find nuggets in the data by using technology and advanced analytics

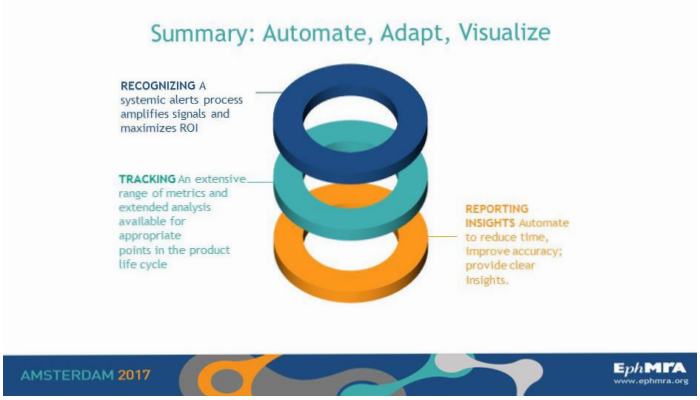
The plethora of analyses identified in the previous step requires automation and technology, and this will only increase with the volume and complexity of data increases. The right tools, says Phil, can significantly augment your analytical skill and save you precious time. For example, when looking at trends, it is often difficult to isolate whether a variation in datapoint is significant or not. Using automated analytics, we can put in place rules to trigger an alert when the data meets certain criteria – for example, setting confidence intervals and alerting us when several datapoints have been found outside of the expected confidence range.

6. Communicate effectively using data visualisation

We know that a picture paints a thousand words, but is it the right picture? Once we have identified significant events and removed noise, we need to communicate our insight clearly to the end users in a way that is easy for them to understand and action. Phil used some interesting examples from Slate in relation to country and tribal tensions in the middle-east that showed how effective visualisation helped us to synthesise complex information relatively quickly.

7. Hire and develop smart analytical minds!

Finally, Phil urged us to build our teams and organisations to include dedicated analysts who are trained to use the technology and datasets available to us, advising that we should have as many eyes as possible looking for signals. He left us with the thought that data analysis is no longer someone else's job – it is a shared responsibility for everyone.



Written by: Katy Irving, HRW

Session 21 - How can video technology get you closer to your customer?

Speakers: Nadia Thyssen, UCB and Damian Eade, Cello Health Insight

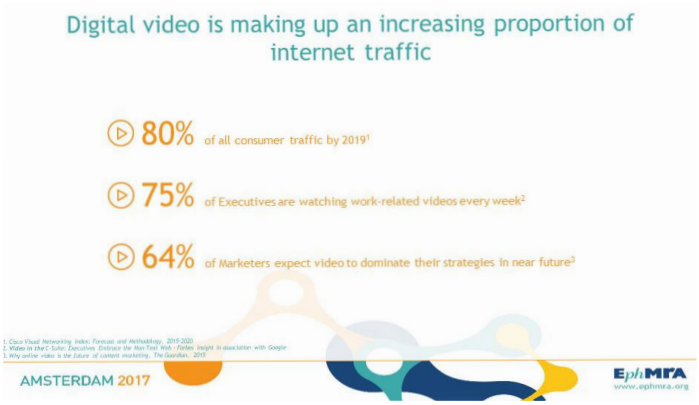
Chair: Ines Canellas-Jager Kantar Millward Brown

Damian Eade & Nadia Thyssen's paper showcased the value that the new age of digital video technology can bring to healthcare market research.

Damian opened this interactive presentation by asking the delegates whether they remembered the song "Video Killed the Radio Star" made famous by The Buggles in 1979 which was great fun! Damian reminded the audience that this song was written in 1977 by Trevor Horn who found inspiration in "video technology being at the verge of changing everything". It was very interesting to hear that video was considered a "game changer" nearly 40 years ago!

Damian put forward the view that digital video technology is changing everything once again – and that this time, due to the availability of high quality digital video technology, the effects are likely to be much more pronounced and far reaching.

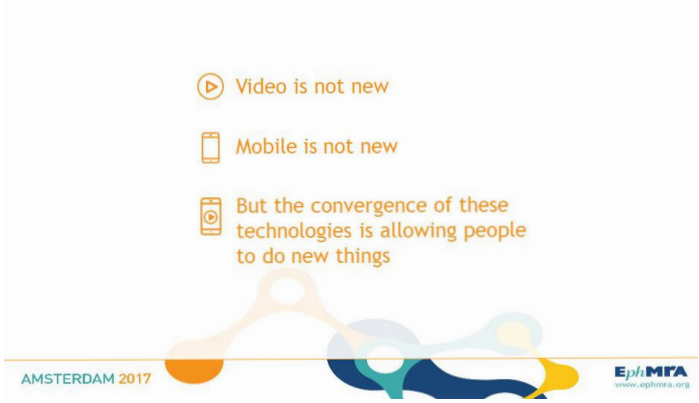
Damian outlined some statistics predicting that by 2019, 80% of consumer internet traffic would be in the form of digital video, representing the primary means by which we will consume information. Video is becoming the fuel that is going to be driving the internet into the next age. He explained that it is not only consumers who value this medium in their use of social media and newsfeeds, but that 75% of business executives watch work-related videos each week. He emphasised that digital video therefore represents an important opportunity for pharma brands and marketeers to leverage video in their marketing plans.



But why has this "video gold rush" come about? Damian suggests that the availability of high definition digital video on practically every mobile device now enables anyone to use bite-size video content to capture the attention and make a lasting impression. He suggests that, in the age of information overload, brands need to make more of this easily-digestible format otherwise customers will simply move on.

In the world of healthcare market research, digital video offers us new opportunities to capture insight. It can be both ethnographic (by asking participants to show us their world) and at the same time reflective (by asking participants to share their stories in their own natural environment). This format provides a genuine window into the lives of our customers, including those "real life" moments that may not be captured in a conventional interview setting, both from an ethnographic and practical perspective.

As well as insight capture, Damian highlighted the benefit of digital video in terms of business impact at the insight delivery stage, citing examples of business meetings where the power of video content provided an immersive experience for the audience, stimulated discussion and remained salient for longer than the written word, inspiring action when stakeholders have left the boardroom. It's always the video pieces that stay with people and inspire them to act.



But what does this mean in terms of value for our clients? Nadia explained that our industry focus on patient-centric solutions requires an understanding of the complete patient experience, but highlighted the challenge of "getting up close and personal" with our patients. Her team at UCB has used digital video capture to address the challenge and to gain deep insight into patients' daily lives living with their condition.

Nadia shared two real life examples that brought this approach to life.

1. Type 1 diabetes was a new therapy area for UCB, so when they needed to assess the potential for a new drug, they decided to use digital video technology to help them understand the patient experience of living with the condition. Via an online and mobile App platform, and respondents' own smartphones, they used a combination of focused questions and guided exercises in advance of interviews with patients and their parents. As the video example showed, the team was able to be a "fly on the wall" in the patient's own home, therefore taking into account the full patient experience.

For the UCB team, this provided a clear and detailed understanding of the complexities of living with T1D, enabling the team to define more compelling clinical end points and patient reported outcomes (PRO) instruments looking holistically not only at the drug itself but also mode of administration.

2. Nadia's second example showcased research to assess the potential for an inhaled biologic in severe asthma. Using the same online and mobile platform, the team could understand the patient's perspective of living with severe asthma, as well as explore the potential for alternative routes of administration. This was particularly important as they were able to explore and challenge the team's preconception that patients would prefer an oral tablet to an inhaled product.

The video footage provided a powerful insight into the practical and emotional relationship that asthma sufferers develop with their inhaler. It was clear that the inhaled route was strongly preferred by patients, due to the trust they placed in products targeting the lungs directly with fast and effective results. Their emotional attachment to the inhaler was clearly communicated via the video clips, with the inhaler being a constant presence that they carried everywhere with them – the first thing they reached for in the event of an exacerbation. This powerful emotional relationship would have been difficult to capture in a conventional interview.

Damian summarised the impact of digital mobile video technology on our approach to market research and the value that it brings to our business decisions. He noted that the approach is well-received by respondents, who tend to provide far more detail than expected, due to high levels of engagement with the task via this medium.

Damian noted that market research has historically used a reductive model, whereby many interviews are analysed and the findings distilled down into key insights. He suggested that the digital mobile video approach (along with other newer digital methodologies) encourages a much more generative approach. However, he highlights that this "virtual goldmine" of content comes with the risk of data overload and consequent loss of insight. The challenge of finding new ways of working with video data is already being addressed. Damian described the specialist navigation platforms employing supercomputing power to enable searches of vast amounts of video data, enabling us to extract maximum value from the data we have.

Damian suggested that video can now move from a supporting form, used to highlight insights identified from reductive analysis, to video itself becoming the driving force behind research projects. Key to this transition,

Damian suggests, will be equipping market researchers with the necessary skill sets required to manipulate video data, becoming film makers, producers, directors and editors, as well as leveraging the existing market research skills of storytelling and inspiring action based on insight. He encouraged us to look outside the research world to leverage skills and expertise of those already in the digital video space, to help us upskill.

Damian concluded by emphasising that video is the new standard, integral to research rather than an additional option. Video helps companies to understand the human, real world context in which their products and services will sit. He encouraged us to adopt a more generative model of research rather than the existing reductive approach, and to develop the new skills required to fully harness the opportunity provided by this ever-improving technology in a future where research and film making converge. He also inspired us to enjoy the "new video age" which means we will need to start thinking video before text if we want to adapt to the new world order!

Written by:
Ines Canellas-Jager, Kantar Millward Brown

Session 23 - Looking forwards, not backwards. How disruptive thinking can affect your business

Speakers: Lee Gazey and Josh Dickins, Flamingo Health

Chair: Eva Laparra, SERMO

Lee Gazey and Josh Dickens presented a thought-provoking paper examining the impact of future trends on the pharma industry, believing that the best brands don't just respond to culture – they shape it. Their intention was not to provide the answers, but to challenge us to rethink the questions.

Lee opened with some illustrations of successes and failures in moving with (or ahead of) the times. Apple was the classic example of a company that changed direction and tapped into a future phenomenon, with Lego managing to change with the times and reinvent their fortunes. By contrast, Nokia, once a leading brand, did nothing wrong except to fail to move with times. Successful brands, explained Lee, look outside their own category or industry, to understand what's happening in the wider world and identify the potential opportunities for the business.

What does this mean for the pharma industry? Lee observed that our industry tends to be resistant to change, taking time to pick up on new ideas and repeating the things that have worked in the past. We ask the same questions to the same people and are frustrated when we get the same answers. We seem to spend a lot of time looking backwards, when the future lies ahead of us. Lee challenged us to rethink, focusing on three key areas in which informed and updated brands of the future may find opportunities: rethinking experience, outcomes and systems. To help our speakers explore these three themes, they enlisted the help of three experts: Dr Bertalan Mesko (The Medical Futurist), Paul Tunnah (CEO PharmaPhorum) and Saba Rouhami (Johns Hopkins School of Public Health).

Josh noted that we are constantly told that healthcare is in crisis around the world, but he suggests that this politicised language may be obscuring the real challenge, which is that healthcare is being disrupted by five future trends:

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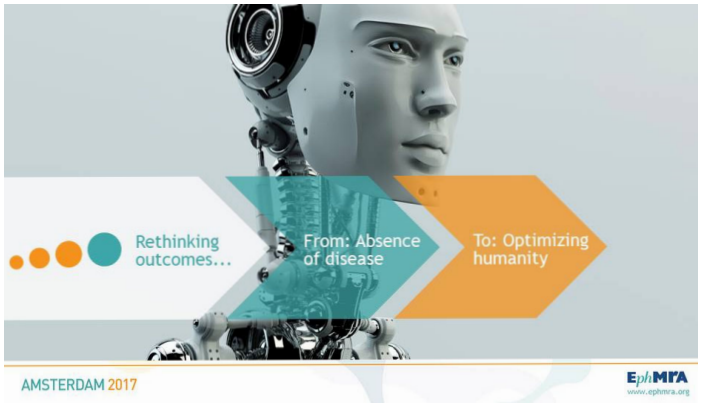
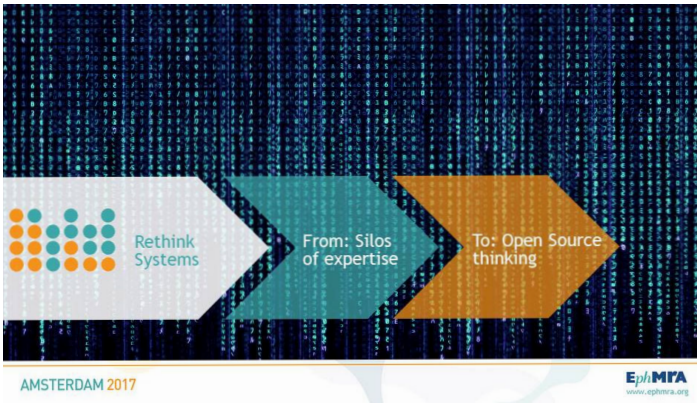
1. Demographics (not only an ageing population but an older population with different expectations about what they should be able to accomplish and a difference demography in countries based on immigration and emigration)
2. New forms of authority (the reputation economy driven by technology and the ability to review everyone and everything)
3. Beta thinking (with its focus on moving quickly and prioritising entrepreneurial enterprise)
4. Uncertain horizons (the "known unknowns" that we know are happening but cannot yet define)
5. Smarter living (where technology becomes the invisible medium through which we see and do things).

Our speakers challenged us to think differently about the wider world, challenging what we take for granted to explore how our industry might leverage the opportunities that the future holds.

1. Rethinking experience: Lee recapped on the current focus of patient-centricity, highlighting that in a world where brands are struggling to differentiate; customer experience represents the opportunity for success. He urged us to think, not about the current patient experience, but what it will look like in the future. Rather than obsessing about efficacy endpoints, safety and tolerability claims, we should consider future definitions of success and the shift from patient-centric to patient-designed solutions. He gave the example of Echo, which uses an Uber-style approach to prescription services to enhance the patient experience and increase the perceived intrinsic value of the medications they deliver.

- Tomorrow: listen in - creating communities for patients to share ideas so that we can get to know them better as humans
- Next year: enable empowerment – empowering patients to achieve what they need when they need it, using the example of Pager (which applied the principles of simplicity and flexibility from Uber and Airbnb to healthcare provision delivered to your door)
- Next decade: hand over the keys – give patients free access or a significant role in designing their own health solutions





2. Rethinking outcomes: Josh urged us to think about how we measure product success, shifting focus from cure to prevention and forwards to optimisation. This might encompass not only analysing our genetics but addressing behaviour and using technology to monitor interventions. He cautioned that there was also an ethical angle to consider for those who cannot afford to "optimise" their health.

- Tomorrow: personalise to lifestyle – understand human behaviour and tailor the approach accordingly (such as the MySugar app for diabetics which uses gamification to encourage desired behaviours)
- Next year: understand personalisation in terms of optimisation – looking at genomics and microbiome optimisation for example, focusing on personalisation beyond what is visible
- Next decade: consider the ethics – Josh's challenge to us was to consider the ethical aspects of a world of super humans and how to make it accessible to all

3. Rethinking systems: Lee noted that we hear more and more about failing healthcare systems around the world, accompanied by commentary that the ageing and growing population is heading towards a healthcare apocalypse. Rather than trying to fix the old system, Lee suggests that we think about how a new system might look. Tapping in to expertise about information sharing in other industries (such as open source programming), healthcare could create a system fit for the future.

- Tomorrow: consolidate the information we already have, using technology to integrate information sources, as well as looking for new information. Asking other industries or experts with similar or complementary problems or engaging with new non-clinical experts may help us to understand the problem and explore possible solutions
- Next year: incubate innovations – the brands that dominate our society are comfortable treating initial launch as a beta phase of user-testing, before refining the product as required. Pharma, Lee notes, tends to focus on the perfect launch strategy even if that slows us down

Written by: Eva Laparra, SERMO

Thursday 22nd June - Plenary - In times of limited headcounts, outsourcing work to agencies becomes a business reality – how to make sure that the agency is truly delivering added value for your organisation

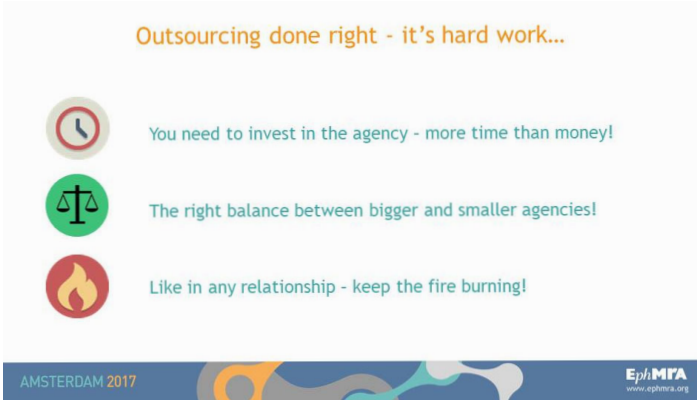
Speaker: Richard Raubik, Independent business and personal consultant

Chair: Julian Alexandra, F. Hoffmann-La Roche

After a long and intensive conference the final plenary session was well attended with an engaged audience. Richard Raubik's paper gave us an interesting view on the client-agency relationship, with its focus on outsourcing and how to ensure that it truly delivers value.

Richard opened with the provocative statement that "Many FMCG companies waste a lot of money desperately trying to give up their competitive edge"! He noted that outsourcing is a reality that is happening in almost every industry. Richard was fortunate enough to have worked for a company in which market research was highly valued for its role in identifying emerging trends that would help to keep the company ahead of its competitors; however, he was surprised to see outsourcing happening even in this critical function.

Having accepted that outsourcing, with its favourable impact on P&L, is here to stay, he emphasised the need to get it right, to avoid giving away your competitive edge and losing the money that you invest. Outsourcing, says Richard, is tricky to do well – and when done well, it involves a lot of hard work! Richard's paper focused on three critical success factors for successful outsourcing: investing in the agency; hitting the "sweet spot" in terms of agency size; and "keeping the fire burning".



1. Investing in your partner agency

Richard believes that if you want value from your agency, you need to invest time and money in order to successfully outsource, whether outsourcing the entire function or hiring agencies for particular projects. More specifically, he believes that the greatest investment should be in terms of time spent (with a ratio of approximately 1.5:1 in terms of time: money spent), particularly at the beginning of the outsourcing relationship.

Realities might suggest that businesses outsource when time is in short supply – so why is this time investment so important? Richard emphasised the importance of the agency gaining a full understanding of your organisation and its needs and expectations. He feels that it is critical to brief the agency from the outset so that they understand your business model. He gave the example of spending more than one and half years on the set up of a critical, multi-country project that needed to be locally

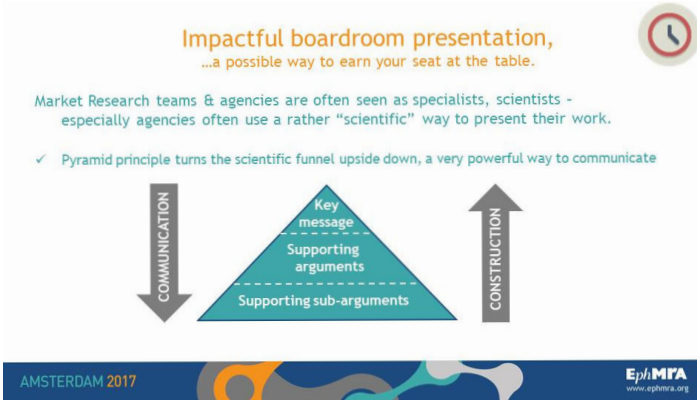
relevant and scalable. The time was spent briefing the agency and putting together a business case for each of 32 markets. As a result of that initial time invested, the project ran smoothly and was so successful that other business groups within the company tried to replicate it. Richard reports that unfortunately, they spent just 2 months with the agency at the initiation phase and the study failed.

An important part of the time invested with an agency focused on training the agency staff. Richard suggests that this approach was beneficial for both the client organisation and for the agency, not only in ensuring that outcomes are in line with needs and expectations, but because it allowed for cross-recruitment between client and agency, which Richard believes is valuable for both organisations.

Richard emphasised the importance of selecting the right people for the service account team. He noted that these were not necessarily the most senior, but those who had the right skill set and attitude to ensure a perfect fit with your organisation. He highlighted the importance of involving them with all stakeholders and strategy meetings to ensure that they were able to fulfil the required role as consultants, not merely "number crunchers".

He accepted the risk that, once trained and acting as consultants, they might move on to another company, but pointed out that this is the same risk inherent in training and development of permanent staff.

Another area of training focus that Richard highlighted was that of delivering impactful board presentations. He noted that in bigger agencies offering multiple data sources and studies, there was often a lack of integration of insights that drew all aspects together and delivered a single, unified message. He noted that with almost all agencies, whether large or small, he rarely received results in a boardroom-ready format. He hypothesised that market researchers tend to want to demonstrate the robustness and accuracy of their data in an almost academic manner, but that business needed something very different. He commented that "Executive Summaries" were rarely worthy of that name. Richard gave the example of pyramid-style presentations, where the construction process involves looking at the detail, identifying the relevant themes and arguments and finally constructing the key messages. He suggests that the communication process should invert that pyramid, beginning with the key message before showing the supporting arguments, with any sub-arguments or additional detail held in reserve if the audience desires. Richard has trained his agencies to use this approach for each and every presentation, with the result that presentation duration has reduced from 1 hour to 15 minutes, with the key message communicated quickly and clearly, whether the presentation is delivered in either written or oral form.



2. The right balance between bigger and smaller agencies

Richard highlighted the importance of finding the "sweet spot" between larger and smaller agencies. He advocated avoiding dependency on only a few strategic agency partners, using larger agencies for multi-country, headquarter-initiated studies (but insisting upon integrated insights across multiple studies to deliver a clear message). For any other studies, he advocates smaller, boutique-style agencies with the flexibility to tailor to your needs – and usually lower costs.

Keeping a small roster of agencies accompanied by a performance tracking system enables new team members to quickly understand which agencies are available and their history, but also benefits the agency by clearly setting out expectations and success criteria for a good working relationship. The tracking system could be linked with a performance management system whereby each agency would feed-back real-time insights into a database in an agreed format, building a knowledge management system to ensure no information was lost.

He also emphasised the importance of trying out new agencies to determine if they should become part of the roster. Richard's rule of thumb is to spend 60% of the money with the bigger agencies, accounting for 20% of the projects.

3. Like in any relationship – keep the fire burning!

Richard cautions against taking anything for granted in the client-agency relationship and emphasises the importance of maintaining the relationship. At the same time, any agency may tend to treat a regular client as a "cash cow". Avoiding complacency could be achieved with an ongoing review system, introduced at the outset and with a clear and rational structure for the future relationship. Richard warns that this should not be treated as a cheap way to discount, but should be a true partnership with the client and agency jointly raising the bar to increase value for both entities.

Richard concluded by summarising these three learnings and highlighting that with these three pillars in place coupled with delivering more consistently compelling senior level presentations we should greatly increase the success of our outsourcing relationships and add value to our businesses.

Written by: Andrew Forman, Branding Science

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