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CUSTOMER EXPERIENCE IN MEDICAL DEVICES: DIFFERENCE BETWEEN HCP AND PATIENTS EXPERIENCE

J. van de Sande¹, F. Shelley¹

1 – Suazio Consulting, Antwerp, Belgium

INTRODUCTION

Measuring customer experience is embedded in most health-care companies to support strategic and tactical changes and improve overall financial goals.¹ Traditionally the health care professional (HCP) was seen as the primary customer, but in the recent years patient experience has gained attention in research on quality of care.^{2,3} Patients find themselves increasingly involved in assessing the quality of care as 'health-care consumers': How do they themselves perceive the quality of the care they received? Previous research also indicates that improving patient experience has a positive effect on health-care organization profitability.⁴

Therefore it seems important to understand the experience drivers from both the HCPs and patients. Health-care companies could benefit since they can understand and focus on overlapping value drivers. This research will focus on the benefits of including patients in customer experience research and will highlight the differences and commonalities of value drivers between HCPs and patients.

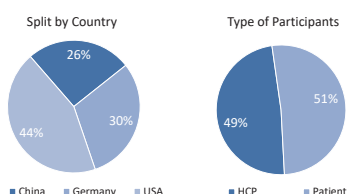


Figure 1. Distribution of participants by country

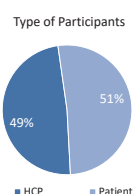


Figure 2. Distribution of participants by type

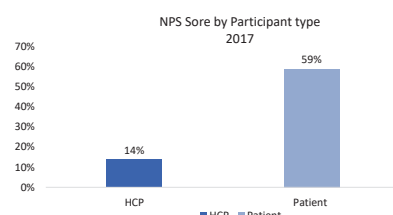


Figure 3. Overall NPS by year by participant type

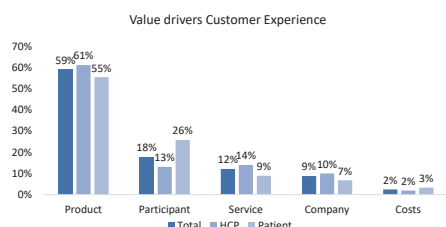


Figure 4. Main value drivers in total and by participant type

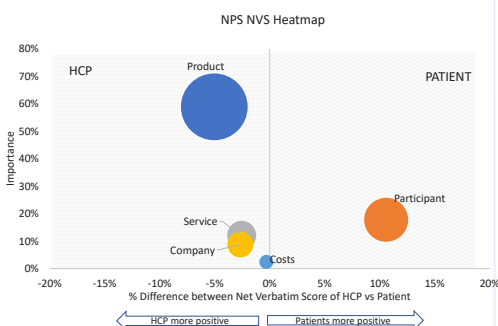


Figure 5. Difference between Importance and % difference between Net Verbatim Score between HCP and Patient by Value Driver

METHODOLOGY

A cross sectional study was performed to measure customer experience of HCP and Patients in implanting and receiving an implantable hearing aid (Cochlear Implant). The study was performed in the US, Germany and China in 2012 and repeated in 2017. HCP and patients were recruited and interviewed via telephone and/or patient organizations.

For measurement of customer experience the Net Promoter Score⁵ (NPS) methodology (scale 0-10) was used. To understand the experience drivers an additional qualitative question was added; "Why do you give this score?". The NPS score was calculated based on the rating and segmenting respondents in Detractors (score 0-6), Passives (score 7-8) and Promoters (score 9-10). NPS score is the % of Promoters - % of Detractors. Results of the open-ended questions were coded as verbatims and bucketed.

RESULTS

In total N=1373 participants were included. A regional split of 26% China, 30% Germany and 44% USA was achieved (N=353, N=418, N=602) (figure 1), with respectively 49% HCPs (N=667) and 51% Patients (N=706). (figure 2)

Overall NPS score

In 2017 there was a difference between NPS score between HCP and Patients of 35%. NPS score HCPs was 14% versus 59% NPS score for Patients. (figure 3)

Value Drivers

Overall a grouped analysis of the counted verbatims indicate 5 main customer experience drivers. Both HCPs and Patients score Product items the most (61%, 55%) important. However, if we look to Participant related quotes (e.g. quality of life, fits my needs) we see Patients score a this with 50% higher importance versus HCPs (e.g. familiarity, ease of surgery,) (26%, 13%). HCPs, in comparison to Patients, are more driven by the drivers Service (14%, 9%) and Company (10%, 7%). (figure 4)

Net Verbatim Score

The value drivers reveal what elements are driving respondents to give a certain score. However, these value drivers are both positive and negative verbatims. By deducting the negative from positive verbatims we can construct the Net Verbatim Score (NVS). We can visually represent the importance of the value driver versus the % difference between NVS of HCPs versus Patients. For HCPs we see a positive NVS for Product but a gap in Participants. For Patients we see a strong differentiation to the value driver Participant. (figure 5)

CONCLUSION

Understanding customer experience for HCPs and Patients can reveal both overlapping and differentiating value drivers. By understanding both groups, health care companies could focus on overlapping value drivers to make sure to increase customer experience in both groups and additionally develop specific customer group strategies.

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COVID-19: Accelerating digitalisation in healthcare

An-hwa Lee, Director, Research Partnership

Advances in technology continue to change how we do business, interact, and communicate. In market research, we have embraced these new channels and communication trends to develop new, innovative methods.

However, the COVID-19 pandemic has forced us all, in a matter of weeks, to quickly adapt how we live and work. Thanks to technology, we are discovering that video calls and virtual meetings can be just as effective as in-person ones. We can use social media to receive information and stay connected, and we are participating in virtual group activities to remain physically and mentally healthy. An unexpected positive side effect of the pandemic is that we are helping the environment by significantly reducing unnecessary travel. In healthcare marketing, the digital trend continues. Currently, 13.8% of overall pharma investments are in digital multichannel marketing. A survey among over 100 pharma and bioscience companies conducted by the Pharma Marketer in 2019 indicated that, by 2022, one-third of pharma companies would spend over 50% of their marketing budget on digital channels.

mHealth is still on the rise. Telemedicine facilitates communication between patients and healthcare professionals, allowing remote diagnosis, monitoring and treatment maintenance. In the US, popular telemedicine apps include Amwell, Doctor on Demand, Teladoc, HealthTap, and MDLIVE. As of 2018, Amwell was the most downloaded telemedicine app available on both the Android and Apple app stores. Through the app, Amwell enables users to access a doctor without an appointment 24 hours a day, and prescriptions can be sent online straight to a user's pharmacy. In Europe, the UK-based platform, Push Doctor saw a 30% increase in consultations two weeks into the countrywide lockdown. Kry, the Swedish telemedicine company (also known as Livi in the UK, France, Germany and Norway) has delivered double its usual number of physician appointments. Meanwhile, symptom-checking app, Ada Health has seen a 300% increase in assessments.

The worldwide impact of COVID-19 will undoubtedly accelerate the adoption of digital across many sectors, including healthcare and market research. Here are just some of the ways the pandemic is changing marketing worldwide.

Mobile channels of communication

Given the widespread mobile connectivity, using mobile communication apps is an obvious option. WhatsApp has emerged as the world's most popular messaging app. It is the leading mobile messaging platform in over 100 countries across Europe, the Americas and Asia. The World Health Organisation (WHO) has entered into a partnership with WhatsApp to launch a COVID-19 information hub to provide reliable, factual information distributed in a range of markets. Such an initiative demonstrates the importance and relevance of this platform as a communications channel.

Research Partnership recognised the ubiquitous use of messaging apps such as WhatsApp and WeChat in China and decided to explore the possibilities of utilising these platforms to capture real-time, exploratory, and multi-media enriched feedback. For our WhatsApp study, we recruited 10 migraine patients. Respondents were unanimously positive about taking part, with one providing feedback that, "I really liked the dynamics. I feel it is more fluid and personally...I felt it was possible to do it at any time of the day". For our WeChat study, we recruited 10 HIV patients. This condition

can have considerable levels of stigma in many markets but again, respondents were extremely positive about taking part and shared images, voice notes and videos, which resulted in a greater richness of insights.

Embracing digital technology amid Covid-19

COVID-19 has triggered an accelerated uptake of remote communication technology. The introduction of social distancing measures has forced us to focus on digital methodologies as an alternative to face-to-face interaction. In market research, we have seen an increase in the use of virtual interviews, group discussions and entire central location days and found them an efficient way of reaching a broader target group, reducing costs and being more time-efficient and agile, proving that digital research can be successful in any world market.

The pandemic is also giving telemedicine the necessary push to be more widely accepted and used. A survey conducted in March 2020 by a global online panelist showed that physicians in Europe, US and across Asia have seen a rise in telehealth to manage their patients with many expecting the technology to stay once the pandemic has subsided.

Pharma has long equated sales of drugs with the number of reps out in the field. COVID-19 will severely disrupt this marketing model, and drive pharma to invest more in multichannel marketing solutions. Sermo's recent COVID-19 HCP Sentiment Survey found HCPs expect to have fewer representative meetings during the crisis and believe there will be a shift to virtual and distance meetings in the future, particularly in the US and Europe.

As more digital communication tools are explored, the need to test their effectiveness will increase. We market researchers need to broaden our capabilities so that we not only understand stakeholder needs, drivers and barriers to use, but also the actual usability and user experience (UX) of these technologies. This will help marketers design and develop tools which meet customers' needs fully and functionally.

Finally, we could also see a rise in Digital Opinion Leaders (DOL) who exert their influence through social media platforms. HCPs and patients alike utilise the digital channels to publish, share and exchange knowledge which in turn we as market researchers and our pharma clients should monitor closely, either through social media listening or including these DOLs in our research.

Once our lives return to normal, we don't expect face-to-face interviews to be replaced entirely by digital. In some markets there may even be a complete return to traditional methods. There are certain research objectives and therapy areas that require strong rapport or interaction, and in these circumstances, face-to-face could be more favourable. However, we envisage the virtual way of conducting research will become more established as we embrace more agile methodologies and come to appreciate that face-to-face communication is not the only way of extracting deeper insights.

We predict that the pharmaceutical industry will continue to evolve, expanding the depth and breadth of their use of digital methods in their marketing strategy, and also in market research. The growth will perhaps be greatest across emerging markets, which will continue to develop innovative approaches to reach target respondents in the years ahead.

Day One

Shedding new light on clinical trial perception in the wake of the coronavirus crisis

Clinical trial recruitment, including for COVID-19, is challenging

Scientific research into the coronavirus will lead to advances in the diagnosis, treatment and vaccination of COVID-19 with the potential to save thousands of lives. Despite this, clinical trials into COVID-19 are struggling to recruit enough patients. Without enough patients it might be impossible to get the answers that will ultimately save lives. In collaboration with Havas Lynx Faze, we set out to explore the public perception of clinical trials in relation to COVID-19.

Real time research amongst the UK general public to investigate the drivers and barriers to COVID-19 trial participation

We conducted a rapid online 'pulse' survey with a nationally representative panel of the UK general population, powered by Respondi our digital data partner. Fieldwork from soft launch to completion of 1023 participant responses took less than 24 hours. Natural fallout left us with fair representation from the different regions of the UK, a 59:41 split between men and women respectively and an even spread of age groups, including 31% from the 65+ category – an important group considering their COVID-19 risk status.

In principle, over half would take part in a COVID-19 clinical trial

52% say they would participate in a clinical trial in principle, an encouraging figure in the broader context of public clinical trial participation. These unprecedented circumstances and unique need for public participation mean it is difficult to find accurate comparators for our data. Figures in other studies on the general public's willingness to participate vary significantly but many report levels of between 30-40%.

Men are significantly more willing to participate vs women

Men are more likely than women to want to participate in a COVID-19 trial (**57% vs 44%**), a significant and striking difference. We did not witness any major difference between genders on drivers and barriers to participation that could explain this. As a result, more should be done to understand the potential cultural reasons holding women back from trial participation.

Willingness to participate peaks and is consistent between the 25-54 age ranges (~**60%**). Under 25s and over 55s are less likely to want to participate. Whilst unable to explain this fully, our data on barriers to participation suggest a greater fear of the unknown and concerns around lack of information amongst the <25 group and understandable fears around greater risk of severe illness / death amongst the 55+ age groups.

Altruistic spirit drives willingness to participate, a unique phenomenon in the context of clinical trials

A major finding which demonstrates the unique social and cultural environment this crisis has plunged us into, is the level of community spirit / altruism that would appear to motivate many to want to participate in a COVID-19 clinical trial. **73%** of the total sample chose at least one altruistic reason as a key motivator to take part in a clinical trial. The most prominent of these included 'being part of finding a cure' and 'being able to help other people'. These factors were chosen more often than personal motivators such as 'financial reward' and 'to protect my family'.

Again, whilst we are unable to directly compare, our data does suggest this community / national spirit plays more of a role here vs other public clinical trials where often the motivator is a personal connection, i.e. a family member who has suffered with the disease being studied. We should tap into this altruistic spirit to help recruit and motivate people to participate in clinical trials, not only for COVID-19.

The industry can take advantage of this increased interest and appreciation of science and research

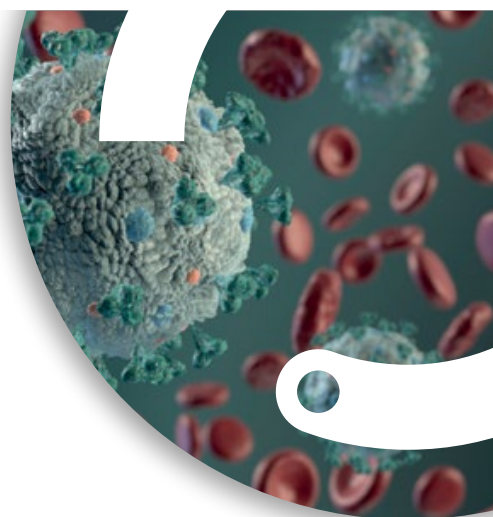
Our findings around the barriers to participation such as 'fear of the unknown' and concern over potentially being given COVID-19, demonstrate a lack of knowledge and clarity on the clinical trial process. Education is therefore needed to ease these concerns and improve future clinical trial participation. We can also use the public's rise in interest, faith and attention to science in general to help improve perceptions not only around clinical trials, but in big pharma too and its contribution to healthcare on the whole.

Dan Gallagher at Day One

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EphMRA is delighted to announce the 2020 winners of the MR Excellence Awards



Award 1: Making a Business Impact -

sponsored by Adelphi

Joint Winners -

Mobile: Don't break the data

Alex West, Instar and Nadine Winter, Boehringer Ingelheim

Seeing is Believing

Lucy Oates, Narrative Health and Natalie Ambrose, Johnson & Johnson Vision



Award 2: Innovative Approach -

sponsored by AplusA

Setting a new standard and pace for campaign development

Hannah Mann, Day One and Claire Derbyshire, Abbvie



Award 3: Future Leaders –

Case Study Award

My daughter loves the new pens

Yannick Loonus, Semalytix

Thanks to our Judges who reviewed and scored the submissions:

Gavin Taylor-Stokes, Oncology Franchise Director and Bespoke Studies Lead, Adelphi Real World

Helena Cannon, Senior Consultant, Strategic North

Vrinda Deval, Managing Partner, GlocalMind

Andreas Lecca, Managing Director, L&L Resourcing

Charles Chaine, Managing Director UK, AplusA

Hannah Mann, Founding Partner, Day One

Nicole Pedersen, Associate Director, Inmoment (formerly MaritzCX)

Torsten Brockmeyer, Senior Research Manager, Inmoment, (formerly MaritzCX)

Niclas Holme, Admiral, Brains and Cheek

Young Professionals Conference Grant Winners

In February EphMRA launched the Young Professionals Grants Award scheme – EphMRA is delighted to announce the 5 winners of the Young Professionals 2020 Conference Grants – we received 24 applications and it was tough for the judges to make a final decision.

Thanks to everyone who applied – we are forming a Young Professionals Group from this and so it has been great to connect!

The 5 winners are:

- Meerah Ghaderzadeh, Research Partnership
- Gemma Hoyle, Ashfield Insight
- Julia Westermann, Bayer AG
- Patrick Phelan, Adelphi Group
- Rachel Arthurs, Research Partnership

Patrick Phelan,
Senior Research Executive,
Adelphi Research



My role as a Senior Research Executive is split between primary market research and project management. As a researcher, I'm responsible for designing research materials, moderating interviews, pulling the findings together into a report (or other deliverable) and presenting them to clients with consultative recommendations. The project management aspect of my role involves liaising with clients, compliance/pharmacovigilance teams, fieldwork agencies and colleagues to ensure market research projects run smoothly from start to finish.

I enjoy the fast-paced nature of the role, and also the variety of working with a range of products and clients, at various points in the lifecycle and within an array of different therapy areas. My background is in Biochemistry, so I really like that I get the chance

to constantly challenge and broaden my scientific knowledge, whilst also applying commercial acumen to the business questions we are tasked with answering.

Outside of work, I love playing and watching football. I'm a season ticket holder at Everton FC, and also play in a 5-a-side league in Manchester with some of my colleagues from Adelphi Group. I consider myself a bit of a 'foodie' and enjoy sampling all of the great restaurants that Manchester has to offer!

Rachel Arthurs,
Research Executive,
Research Partnership



I joined the Research Partnership graduate programme in 2018, an incredibly rewarding experience that has taught me the groundwork to market research and helped me to develop my skills, working on a variety of interesting and diverse projects with colleagues of all levels. I enjoy many aspects of my role, particularly my experience with qualitative research and interviewing, plus, the insight into the pharmaceutical industry more generally. Being a young researcher in this field I feel very grateful to be able to work in such a supportive environment with knowledgeable contemporaries, who provide opportunities such as the EphMRA Young Professionals Grant to help promote networking and connectivity between our peers. I am incredibly excited to be welcomed into a community such as EphMRA who offer such fascinating insights into the current landscape of pharmaceuticals, as well as what we can expect on the horizon.

Outside of work I am known to be a person with one too many hobbies, including painting, reading, ice skating and going to the gym. I am currently living in London and enjoy it here for many reasons, but mostly for the amazing variety of food and close proximity to a good flat white.

Gemma Hoyle,
Senior Research Executive,
Ashfield Research and Insights

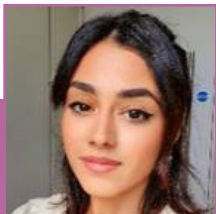


I have worked in Market Research since graduating from Sheffield Hallam University in 2013. In 2017 I decided to apply my knowledge to healthcare market research and joined Ashfield Healthcare Communication in the Research and Insight Team.

I can honestly say I thoroughly enjoy working in the Research and Insight team; working for an international healthcare market research agency that covers both qualitative and quantitative projects from small rapid insight projects to real world studies, means that no day is ever the same! I have learnt a vast amount over the last two and a half years and look forward to learning lots more.

During my spare time, I am busy either baking, or running off what I have baked! I also enjoy flower arranging, and have achieved a qualification in floristry – that means I can at least pretend I know what I am doing.

Meerah Ghaderzadeh,
Project Manager Apprentice,
Research Partnership



I recently joined Research Partnership (RP) as a project manager apprentice 8 months ago. This is the start of my 2 year journey to achieve a level 4 APM qualification and I couldn't have been more fortunate to be gaining this in the exciting world of Pharmaceutical Market Research, an industry I was unfamiliar with before I joined. Here at RP, my day to day activities include liaising with different stakeholders on each project and making sure everything is going forward in a consistent flow. I look after the projects by handling fieldwork set-up, management, and compliance and through being the main point of contact between the project team and fieldwork suppliers.

As you can imagine, it is quite a demanding apprenticeship but it is this challenging role that is helping me grow so rapidly at RP especially with the support of my high calibre peers.

I like that we work in different teams for every project which gives us the opportunity to get to know almost everyone in the company. It's rewarding that RP trusts us apprentices with a great deal of responsibility, from assisting PMs to manage a project from the beginning to the end and being the main point of contact with suppliers and some stakeholders.

When I'm not working or studying, you'll probably find me eating insanely spicy Korean noodles, spending too much on vacations or taking advantage of my partner's photography background.

I am very much looking forward to meeting so many respected speakers at the EphMRA conference next year!

Julia Westermann,
Junior Customer & Business
Insights Manager,
Bayer AG



I am part of the global Customer & Business Insights team at Bayer Pharma located in Berlin. In my role, I am focusing on primary market research in the area of Women's Healthcare. Since I am mostly doing patient research, a big part of my role is advising a consumer education campaign from an insights perspective. Added to primary research, I am also responsible for secondary data for Women's Healthcare.

The part I enjoy most about my role is working in an international and very dynamic environment. With every new project, I get to learn more about our customers and the market we are active in. Besides learning about our customers, I also get to interact with many people from different backgrounds and working together with them on various topics makes my work very varied and interesting. Also, being an integral part in the journey from a particular business question to the final activation of an insight derived from a market research is very engaging.

Outside of work, I enjoy doing sports and (virtually) meeting with my friends. After the situation around Corona is under control, I hope to resume other hobbies, such as teaching kids how to swim.

Webinar programme

Since the time when our members have been working from home EphMRA has brought an amazing programme of webinars to your home office.



To date over 320 members have registered for these webinars – thanks to everyone who has attended these events – the speakers have much appreciated your support.

27th May

How to Connect and Communicate in Challenging Times

Crawford Hollingworth,
The Behavioural Architects

A behavioural science toolkit

The Covid-19 pandemic presents us with one of the largest forced behavioural change challenges of our time. Behavioural science can help us diagnose and understand the behaviours we are witnessing and allow us to gain a better perspective on the current situation.

In this webinar Crawford Hollingworth, founder of The Behavioural Architects will present a toolkit we have developed to aid companies and organisations to develop context sensitive communications.

Using the lens of the current crisis, we have identified the behavioural science concepts most relevant to communicating during this time and the foreseeable future.

For each behavioural science concept in the toolkit we define it and then show why leveraging this concept will enhance communications in today's challenging times. In the webinar we will also use executional examples of communications to bring the model alive.

26th May

Rising to the challenge

Sam Hope, Blueprint Partnership
& Lea Kalweit, Bayer

This popular session was presented last June in Warsaw and was well received by those who attended. Sam and Lea will share their insights with you about human behaviour. This popular session was presented last June in Warsaw and was well received by those who attended.

Sam and Lea will share their insights with you about human behaviour. Hear the results of an experiment which Blueprint have conducted, which sought to identify the natural prioritisations, shortcuts and omissions we make when recalling the past, to challenge our respondents, clients and ourselves. There will be plenty of opportunity for discussion with the speakers in this BE stream of papers and we expect this to be a stimulating session.

21st May

Performance tracking throughout the lifecycle of a drug

Daniel Cadoni, IQVIA
& Andrew Cleveland, IQVIA

We have shown that the first 6 months after the launch of a product are crucial to future success and often determine the sales trajectory of the product. Continuous performance tracking that allows for rapid course correction is key and still not well established with many companies. The webinar will focus on general best-practices and outline how companies will be able to improve their tracking in a tangible and impactful way.

20th May

Listen to the voices of 1.000.000.000 authentic patients - Learnings from an Artificial Intelligence-driven Patient-Centricity Study

Yannick Loonus, Semalytix
& Wael Ayad, Boehringer Ingelheim

Taking into account the authentic voice of patients is becoming an increasingly important factor in the Pharma decision-making process.

However, there has been a constant challenge to make patient listening methodologies scale better. The current COVID-19 pandemic is making this even more vivid, in many cases stopping market researchers from reaching doctors and patients to conduct primary research. AI-based patient listening studies on patient forums and social media can help researchers to stay in touch with patients and customers alike. This webinar will explore how Boehringer Ingelheim and Semalytix worked together on a Crohn's Disease patient listening project where Machine-Reading AI was employed to analyse 140,000 authentic patient statements from ten years of forum posts.

19th May

Performance tracking throughout the lifecycle of a drug

Daniel Cadoni, IQVIA
& Andrew Cleveland, IQVIA

We have shown that the first 6 months after the launch of a product are crucial to future success and often determine the sales trajectory of the product. Continuous performance tracking that allows for rapid course correction is key and still not well established with many companies. The webinar will focus on general best-practices and outline how companies will be able to improve their tracking in a tangible and impactful way.

12th May

Using facial analysis to uncover deeper reactions to pharmaceutical communication materials

Richard Head, Research Partnership
& Sarah Fletcher, Janssen

This outstanding paper was presented first at our annual conference in Warsaw last June and was runner-up for the 2019 MR Excellence Award: Business Impact through Innovation. Richard and Sarah have updated this presentation in the light of current restrictions due to COVID 19.

Does your expression give you away? According to psychologists, a lot of information can be drawn from our facial expressions. Brief, involuntary flashes of emotion or 'micro-expressions' can reveal a lot about a person's true feelings. As market researchers interested in the emotional responses driving people's attitudes and behaviours, this information is invaluable but can often be difficult to obtain. One of the latest innovations in healthcare market research is facial coding, which uses recognition software to detect a range of emotions by monitoring faces.

In this webinar, Richard and Sarah will demonstrate how Research Partnership and Janssen used facial analysis to gain a detailed understanding of physicians' emotional reactions to healthcare communications. They will also explore how the technology can deliver insights into respondents' emotional reactions at a time when traditional face-to-face methodologies are not available to us.

There will be an opportunity for a live Q&A session at the end of this webinar.

Note that this is a member only webinar.

6th May

Transform your marketing by measuring the imagination of consumers

Leigh Cauldwell, Irrational Agency

Leigh first presented this paper at the EphMRA London meeting in February and was highly acclaimed by those who attended. We are delighted to be able to share this excellent session with those of you who didn't attend the meeting or who'd like to hear it again!

A mini-revolution in behavioural science and cognitive economics has laid the foundations for measuring the imagination: how people use it, how it changes, and in particular, how consumers use it to choose products. In earlier decades, behavioural science relied on explanations from 'System 1' and 'System 2' - the intuitive mind and the calculating mind. This new set of discoveries makes up 'System 3' - the imaginative mind. This talk will show how the latest tools for measuring the customer's imagination have helped fashion retailers, advertisers and banks to understand their customers better and create better products. Leigh will demonstrate how healthcare marketers can learn from these other categories to implement imagination-based marketing in their own companies.

5th May

Digital Opinion Leaders are the new Key Opinion Leaders - How Digital Opinion Leaders are changing the world of healthcare engagement

Jamie Doggett, Creation
& Daniel Ghinn, Creation

Influential online healthcare professionals are changing the world of healthcare engagement. HCP 'Digital Opinion Leaders' are driving health policy decisions, defining the views of their online peers, and may be shaping your brand well before your product launches. In this webinar we will demonstrate the impact that Digital Opinion Leaders are having, and prove that DOLs really are the new KOLs.

29th April

The Perfect Storm - Why Business Intelligence is ready for Artificial Intelligence

Sarah Phillips, IQVIA
& Romain Lasry, IQVIA

First presented at the Switzerland meeting last September in Basel, this an opportunity to hear this really insightful presentation that was highly popular with those who attended. Sarah and Romain of IQVIA will give a broad overview of not only what AI is, but also what it stands for, application areas and why we should all embrace it as part of our daily work.

28th April

**The future of research debriefs
- Immersive, story-led outputs
that inspire action**

Georgina Cooper, Basis Research
& Soumy Roy, Basis Research

This paper won the prestigious JH Award for best paper at the 2019 conference, so we are delighted to share this enlightening presentation with those who were unable to attend this session at the conference last year. The emerging trend in market research is to become experts at distilling insights and making sense of data through story telling. Building on their passion for storytelling and experience in behavioural sciences, journalism and consumer marketing, the presenters share actionable tips to the art of storytelling and impactful storytelling experiences. The session will be centred around case studies demonstrating how fresh thinking and technologies can generate meaningful stories and immersive experiences that drive a tangible business change – presenting quantitative tracking on i-phones with interactive games, a patient actor “segmentation play”, or virtual reality to immerse the audience in patient experiences.

23rd April

**Target Group Research/
Segmentation**

Chetan Taylor, Branding Science
& Sonia Benchiker, Branding Science

This webinar will project you into the world of the segmentation. To set up the context, we will see what a segmentation research is. Then, we will discuss the different reason to segment your market. And, ultimately, we will detail the key steps of a successful segmentation to bring it to life for marketers and sales teams.

22nd April

**Can AI really add value in PMR -
Learnings from & real life cases**

Rachel Medcalf, Adelphi Research
& Ratna Wynn, Adelphi Research

This paper was presented last September at the EphMRA Switzerland meeting and was a highly popular session. Ratna Wynn and Rachel Medcalf of Adelphi Research will outline two real life examples of how AI has added value in Primary Market Research (PMR).

21st April

**The End User Is Boss - Provocative
thinking about embedding patients
and HCPs**

Guy White, Catalyx

Presented recently at the London meeting in February, here is another opportunity to hear Guy present this excellent paper. In a world of Dr Google and rapidly decreasing barriers to entry in many industries, it becomes possible for almost anybody to launch products and services and certainly to be able to massify one's own opinion. So, it becomes increasingly critical for organisations to capture how people feel, behaviour and think and adapt accordingly – sometimes in a matter of hours. But traditional ways of doing research (and frankly of buying research) do not allow for this level of speed and agility. And the do it yourself alternatives are sadly lacking in depth and nuance. This talk will explore the ways and means of embedding the consumer, patient and HCP voice into a company's processes in small, cost effective, reactive ways that still enable depth, behavioural insight and timely activation to always ensure you are truly designing with the most important person at the heart of what you do. Guy will also tell you what happens when you cross a washing machine and a sweet potato, why Zara got in some seriously hot water and the marketing power of a man on a horse...

16th April

Update on Ethics

Bernadette Rogers, EphMRA
& Camilla Ravazzolo, EFAMRO

This webinar will update members as to What: Updates / What's new: Implications for our industry. Update on global development of privacy and protection, on how GDPR is implemented by data supervisory protection authorities, fines, etc. Development of privacy law outside of the European Union (EU): Indications are most regulators refer to EU GDPR as most stringent, e.g. California looking to adopt EU approach – European-centric focus. What other DP developments members should be considered? Other DP frameworks to reference? What is happening in Brazil, APAC region, etc

15th April

Qual 2.0. Applied Digital Tools

Barbara Lang, Point Blank Research
& Consultancy
& Johann Glasser, Point Blank
Research & Consultancy

In the light of the current coronavirus outbreak, this webinar will provide an insight into the possibilities offered by the use of video, digital and online opportunities for qualitative market research and the presentation of results. Barbara first presented a similar paper at the EphMRA Germany meeting in 2019 and has adapted the presentation to reflect the current challenges which qualitative market researchers face currently.

14th April

**10 Ways AI is Helping Deal with The
Coronavirus Pandemic: What are the
implications for Pharma?**

Andrée Bates, Eularis

Andrée has been a speaker at our London meeting in 2019 and also the annual conference in Warsaw last year and she will share her immense knowledge of AI and Machine Learning – especially important given the current challenges. Coronavirus has changed the world we live in. The first notification of the outbreak came from an AI system from a company called BlueDot who warned about it days before the CDC and WHO knew about it. Early detection, and diagnosis, vaccines and cures are not the only ways AI can be effectively utilised in outbreaks. This presentation will review various uses of AI for this situation.

8th April

Voice, the next frontier

Abigail Stewart, Day One
& Hannah Mann, Day One

Abigail Stuart and Hannah Mann of Day One will give an insight into the potential of using voice AI and voice assistance in the context of market research in the future. While we are currently at the apex of our addiction to text and typing as a primary mode of communication, this is set to change as voice technology continues to expand. Abigail and Hannah presented this paper at the Switzerland meeting last September and it was really well received by delegates, so we are giving you the opportunity to listen to this presentation and engage with Abigail and Hannah for a live Q&A at the end.

7th April

Reach for the Stars - achievable steps on the path to future insight greatness

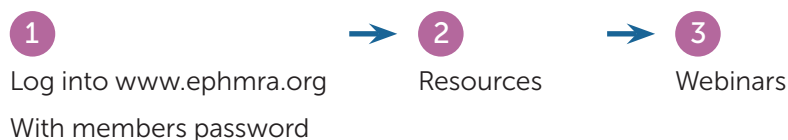
Paul Child, Join The Dots

Paul presented this session at the London meeting in February, so if you were not able to attend the meeting in person, Paul will inspire you with his insights. Remaining relevant in an age of digital transformation is a key challenge for many internal functions, and insight is no exception. Delivering faster, producing better outcomes and providing greater returns on static budgets is the new normal.

Client-side teams are embracing this future with the application of principles and approaches that allow for greater agility and adaptability. In this presentation Paul will unpick lessons learned from both successes and a few spectacular failures while partnering with insight teams across a variety of sectors and domains.

All our webinars are recorded and put on the members web site – if you missed the broadcast you can catch up:

How can you access them?



Online Events and Webinar Programme from 1 June:



We have developed new programmes of content from the start of June – all details can be found here in our new Events Calendar.

You can browse what we have on offer and download them into your own calendars and access it here:
<https://ephmra-events.onyx-sites.io/>

Each event has its own separate profile with more details: <https://ephmra-events.onyx-sites.io/events/>

A view of the future: CoVID-19 & Employee Resilience with a lens on Pharma and Healthcare

June 2 @ 3:00 pm

Speakers: Dom Boyd, Kantar UK Managing Director, Insights and Mandy Rico, Global Director, The Inclusion Index, Kantar

Subject: As behaviour shifts dramatically, businesses are all adapting to change for our clients and consumers. Join us as we discuss a number of key challenges facing employers in the Pharma and Healthcare industry across the world.



Isolation Nation – Pharma's role in shaping the new normal

June 10 @ 3:00 pm

Speakers: Georgie Cooper and Soumya Roy, Basis Research

Subject: Attitudes, behaviours, outlook and priorities for consumers and healthcare professionals alike have already fundamentally shifted as a result of COVID-19. Basis are seeking to understand this shift and subsequent implications through Isolation Nation – a longitudinal study into how consumers and healthcare professionals in the UK and the USA are adjusting, adapting and coping with life during lockdown, and the implications for healthcare and pharmaceutical marketing.



Thank you to our 2020 programme committee who are steering the papers:



Letizia Leprini
Customer Business In-
sights
Bayer Pharmaceutical
Division



Georgie Cooper
Partner
Basis Health



Mike Pepp
Account Director
Blueprint Partnership



Stephen Potts
Director
Purdie Pascoe



Xierong Liu
Director
Ipsos Healthcare



Sarah Phillips
Senior Principal, IQVIA
Real World Insights



Dennis Engelke
Director, Business Analysis
& Insight
Jazz Pharmaceuticals



Tracy Machado
Director
Phoenix Healthcare



Erik Holzinger
Founder & Director
groupH



Roy Rogers
Partner
Hall & Partners



Carolyn Chamberlain
Commercial Director
Blueprint Partnership



Amr Khalil
Managing Director
Ripple International

Germany Meeting - Now an online event 22 & 23 September

The EphMRA meeting in Berlin has become a regular feature on the EphMRA calendar but due to COVID-19 restrictions, it has been decided that for similar reasons to the conference, it was not advisable to hold the meeting in Q4 as planned in Berlin.

EphMRA and the convenors know that this meeting provides colleagues in Germany with an opportunity to engage with colleagues from industry and agencies and to listen to papers particularly relevant to the German market, so it has been decided to convert the meeting into an online event, taking place over 2 consecutive mornings on 22 and 23 September.

As with the face to face meeting, please note that the meeting is held in German, with no translation and all the presentations will be delivered in German.

You can register for this online event on the EphMRA website and there will be a charge to attend of 200CHF for both mornings. The Agenda for the 2 mornings is on the website and comprises of presentations and interactive discussions, as well as an opportunity to have a 'virtual' coffee break with your colleagues in breakout rooms.

Our convening group in Germany work hard to create a programme that will resonate with attendees at the meeting, so we'd like thank them for all their hard work, particularly now that the meeting is going to be online and not face to face:

Yvonne Engler, Bayer Pharma AG

Johanna Glaser, Point Blank Research

Katja Birke, Produkt+Markt

Slides and recordings will be available on the members section of the website after the event.

Switzerland Meeting – Now an online event w/c 28 September

Not surprisingly, our Switzerland meeting planned for 29th September in Basel, is also converting to an online event during the week of 28 th September. This will allow members to attend the event from across the globe and will broaden the reach of the sessions that we are planning to member companies not previously able to attend this meeting.

The meeting will be a FREE event for EphMRA members. Non-members will need to pay a fee of 100CHF to attend on credit card and this will need to be paid prior to the event.

The event will comprise a number of short presentations, followed by interactive discussions on Zoom, (using the breakout rooms) which will allow you to engage with colleagues and speakers and ensure that the meeting feels more like a face to face meeting.

We are reviewing all the submissions received from speakers for the event and will be putting together the programme shortly and will update the website as soon as we can.

The theme for the online event is:

Social conversations, search and channel behaviour in the pharmaceutical/healthcare ecosystem: overcoming challenges, experimenting and finding new ways to engage with stakeholders and patients

We would like to thank the convenors for their hard work in preparing for this new look meeting this year:

Letizia Leprini, Bayer Pharmaceuticals

Sandra Schoebel, Bristol-Myers Squibb

Angela Duffy, Research Partnership



Webinar: Fieldwork Status

APRIL 2020

What's the Status of Fieldwork in 5EU?

EphMRA's webinar on 8 April 2020 took a deeper dive into the impact of the Coronavirus crisis on fieldwork in France, Germany, Italy, Spain and the UK.

Contributors:

Tom Pugh, M3 Global Research and Niraj Patel, Medefield Europe

France: Sarah-May Hall, Zeste Research

Germany: Richard Habis, psyma

Italy: Piergiorgio Rossi, SGR International

Spain: Georgette van den Bosch, Pharmore

UK: Rosalyn Twite, KeyQuest Health Ltd

Global online panel providers view: M3 Global Research and Medefield Europe

Using a data-driven approach, M3 Global Research conducted a health check between 18 March and 3 April on their panellists' current willingness to take part in healthcare market research. The health check was carried out over 31,384 participants globally and the results revealed a clear call to action for the industry.

Key findings

- For 99% of participants who are willing to take part, participating in market research is a welcome distraction from the current pressures of Covid-19. Research studies offer the opportunity to learn and broaden clinical knowledge and now more than ever, participants understand the impact of research in

developing new therapies that will have huge benefit in the post-Coronavirus world.

- There are key points to consider about the ethics of conducting market research during a pandemic. You need to be sensible at all times and adopt recommendations around specific methodologies. The data should inform your decision-making and you should trust your field work partners' expertise, allowing them to guide you as to what is possible and appropriate. With 99% of respondents willing to participate, M3 does not have any concerns about inviting healthcare professionals to take part in research studies. Response rates to survey invitations are stable and email open rates and click through rates all increased when comparing March 2020 with November 2019 through to February 2020. M3's findings indicate that there is not a groundswell against market research which would happen if large numbers of the medical community thought it was inappropriate at this time. However, it is important to remember that in the current circumstances, willingness does not equate to feasibility or suitability.

Methodologies

- Online surveys are the most popular with 99% of respondents happy to take part in them at the moment, reflecting the on-demand nature of the research and flexibility which is particularly essential for many healthcare professionals at this time.
- Unsurprisingly, given the various degrees of lockdown and social distancing, compounded with additional pressures, face to face is the method most affected with only 32% willing to take part.
- M3 does not advocate running in-person studies at this time.
- Across all EU markets, 48% are now willing to take part in telephone market research and telephone interviews are the favourite methodology. All telephone contact should be streamlined, focused and time-efficient, with every effort made to avoid rescheduling and unnecessary re-contacts.

The appetite for qual research could be leveraged through exploring new technologies and virtual methodologies that take advantage of continuing high engagement with market research, especially when combined with flexibility around interview scheduling.



Communication

Despite time pressures, healthcare professionals are still happy to receive frequent email communication. 51% want to receive emails as needed or with no change to before while 21% stated that they wished to receive emails once a day. The overriding message from respondents is 'let us manage our inboxes'. Be conscious of email fatigue and consider consolidating multiple email invitations into a single email. It is also important to digitise contact as much as possible, limiting cold-calling and calls to hospital switchboards. Phone calls to healthcare professionals where there is no pre-existing relationship should be avoided at this time. When profiling, don't widen the net unnecessarily and only contact healthcare professionals that you know are likely to qualify.

Medefield Europe's findings

Medefield Europe is conducting regular surveys with their directory members in a wide range of countries, the first of which was conducted between 19 and 25 March. The Medefield data shows that a significant percentage of physicians (96%) feel that it is appropriate to receive invitations to participate in online market research at this time, as long as we are sensible and sensitive in our behaviour, communicate by using empathetic language, give doctors the option of not being contacted and limit reminders. It is important that real-time data continues to be collected from doctors so that if there is any shift in this positive spirit, Medefield can respond accordingly and provide the appropriate fieldwork guidance to clients.

Why are doctors willing to take part in online market research at this time?

- Many specialties, especially those not involved in the front line, are seeing far fewer patients than they typically would. On average, patient numbers have decreased by as much as 56% and new data to be released shows that this has now jumped to 71%.

- Many doctors are at home, conducting telephone appointments or waiting for their services to be called upon. Some are in lockdown or isolation and many doctors are describing this as downtime or being under-utilised.
- Many have said that they are able to participate as they have fewer obligations.
- There is a continued desire for doctors to share their opinions. Physicians want to ensure that they have a voice during this time and that they can contribute to share their knowledge and expertise.
- Doctors know that we can not ignore medical advancement for patients suffering with other diseases.
- Many see online surveys as a welcome distraction during this time with the benefit of earning added income.
- Many doctors are finding that doing online surveys reduces stress and enables them to focus on something different for a while. Some feel that it helps to bring some normality into their lives. They want to maintain some structure and routine and understand that life must go on. All have been impacted by the current situation and have different reasons for wanting to continue with online market research. When their priorities shift, they will decide whether it is appropriate for them to participate.

What are some of the implications you should be mindful of when running online surveys?

- There is an impact on patient load questions. Doctors are seeing fewer patients and those that are being seen are more likely to be patients with severe conditions. It is therefore important to build in some flexibility on these thresholds.
- Another area is online surveys that require doctors to enter retrospective online patient record forms for patients seen within a given time frame. These studies typically require a doctor to give an upfront patient load number which can be split into mild, medium and severe patient sectors. Currently, as routine appointments are minimised and are likely to be skewed towards more severe patients, you may want to think about sub quotas and allow extended time frames for the doctor-patient interaction.

You might want to define the timeframe in the context of a typical month or even a period outside Covid-19.

If you are designing a survey that requires prospective patient detail forms, you may want to see if you can accommodate retrospective patient forms instead. If you need prospective forms, you should be mindful of the number of forms you are asking a doctor to complete. In many cases, this may be fewer than before. You should allow more time than before for these surveys to be completed.

Summary of M3 and Medefield's findings

- Where recommendations are driven by data, we should continue to practise these principles even more in the current climate.
- We should not make decisions based on gut instinct.
- While there are many stakeholders involved in these discussions, we need to listen to doctors and not make decisions on their behalf.
- There are specialties that may be less feasible at the moment but there are many doctors who can and still want to participate.
- As long as we have the doctors' needs in mind, we should continue as per their wishes.
- As global field work providers, we will be tracking the sentiments of our doctors over time. When it is deemed by doctors to be inappropriate to invite them, we are honour bound to report this and will change our recommendations accordingly.
- At this time, it is more important than ever that we work together in unity for the good of our industry.

Now taking a closer look at status in the 5EU



France: Zeste Research

Current situation

As far as qual recruitment goes, research is feasible and a lot of healthcare professionals are open to it, but it should be carried out with immense care and sensitivity, as well as having a bigger understanding of the current dynamics. Zeste Research is in contact with friendly healthcare professionals to see what the current situation is and the agency has never been closer to these individuals who are appreciative of the contact. From a respondent group perspective, Zeste strongly recommends avoiding Coronavirus centres in general and healthcare professionals on the front line. There are good opportunities to carry out research with office-based and some hospital-based physicians in less impacted areas, for example, in oncology and gastroenterology. The main reason for wanting to take part at the moment is that patient consultations are down by well over 50% for a lot of physicians. They are worried about chronic disease patients and are looking at getting them on to oral formulations to keep them out of the risk environment.

Key findings

- Zeste's suggestions for methodologies include virtual central locations, online bulletin boards and creative online research techniques and platforms. Zeste has used virtual central locations involving simultaneous translations with GPs, cardiologists and nephrologists and have had an almost zero no-show rate.
- Take advantage of the fact that senior and director-level moderators are more available.
- Prioritise local moderators who have strong working relationships with respondents. Make your research as relevant and as desirable as possible. Physicians are interested in talking about their chronic disease patients and product profiles as well as anything related to Coronavirus.

Germany: psyma

Current situation

As is the case with other agencies, psyma has adapted their methodologies to web-based, video conferencing or online research, depending on the context and priorities. The most complex area is recruitment and it is essential to put yourself in the shoes of the respondent. Frontline healthcare professionals must

be avoided and commercially-driven research should be postponed because it is outside the context of what is happening in the marketplace.



Germany

- TDIs, WATIs, Video-Conferencing and Online ONLY
- Impact on recruitment still relatively mild (can/will change from week to week)
 - HCPs & Patients still keen to participate
 - Hospital-based specialists marginally less open to market research, but this will decrease as workloads increase and other resources are pooled to support Intensive / Critical Care units
- Commercially Oriented research i.e. Promotional material testing to be postponed

No real changes seen with...

- **Retail pharmacists**
- Some specialists (i.e. Neurologists, Obgyns, Haematologists, Oncologists, Dermatologists, Gastro/Hepatologists, etc.)
 - Greater availability as more people are reluctant at the moment to see a doctor if not absolutely necessary
- Patients (for many greater availability where employers have closed their businesses or have reduced working hours)

GP availability can range from a massive increase in workload to others having closed their offices to avoid community spread and treating only severe cases, thus more interested in participating in market research

Webinar

In terms of recruitment, retail pharmacists and specialties who are not in the front line are more likely to be available. Patients are also more available but might be more of a challenge and reaching out to patient associations might be more difficult because they may have other priorities. The situation with GPs is mixed, depending on the pool of patients they are treating.

Key findings

- Recruitment must be carried out in a much more empathetic way.
- We need to provide respondents with maximum flexibility and adapt in terms of their preferences re: timing and phone/video conference.
- We need to avoid approaching those who are in the front line.

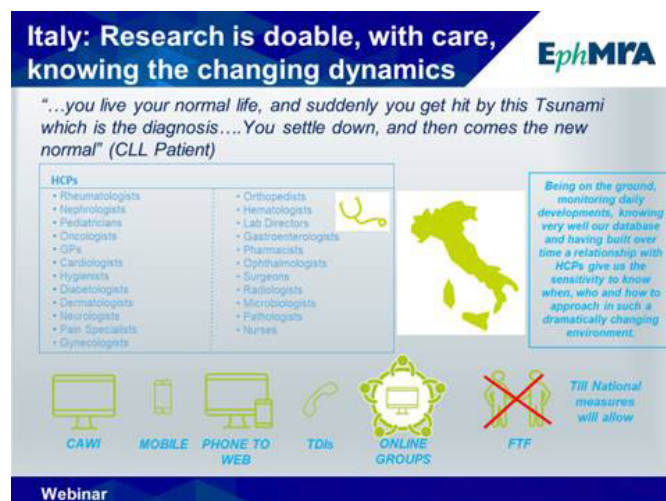
Italy: SGR International

Current situation

Italy is ahead with Coronavirus cases compared to other European countries and there are approximately 80 Covid-19 centres operating in hospitals.

Research is possible with care and empathy but the dynamics are changing and healthcare professionals need to be listened to. SGR Int has talked to non-frontline specialties who have been available for

interview using a number of methodologies. All the methodologies are remote i.e. phone, phone to web and online groups. Physicians are willing to start face to face once the epidemiological situation allows. Telephone is not contentious but physicians need to be asked how they are i.e. there is the need to build a rapport.



Italy: Research is doable, with care, knowing the changing dynamics

"...you live your normal life, and suddenly you get hit by this Tsunami which is the diagnosis.... You settle down, and then comes the new normal" (CLL Patient)

HCPs

- Rheumatologists
- Neurologists
- Pediatricians
- Oncologists
- GPs
- Cardiologists
- Hygienists
- Diabetologists
- Dermatologists
- Neurologists
- Pain Specialists
- Gynecologists
- Orthopedists
- Hematologists
- Lab Directors
- Gastroenterologists
- Pharmacists
- Ophthalmologists
- Surgeons
- Radiologists
- Microbiologists
- Pathologists
- Nurses

Being on the ground, monitoring daily developments, knowing very well our database and having built over time a relationship with HCPs give us the sensitivity to know when, who and how to approach in such a dramatically changing environment.

CAWI **MOBILE** **PHONE TO WEB** **TDIs** **ONLINE GROUPS** **FTF**

Webinar

Key findings

- Sensitivity is critically important and you need to know the Covid-19 centres as other specialties may be involved in working with Coronavirus patients.
- Being on the ground, knowing their database and having strong relationships has given SGR Int the sensitivity to know when, who and how to approach.

Spain: Pharmore

Current situation

Spain has been in strict confinement since March 14 which will last until at least 26 April, although it is believed that the peak of infections has now been passed. Since mid-March, all non-urgent medical visits and non-essential tests have been cancelled and primary care centres have been closed or transferred into emergency centres. Most healthcare professionals are attending patients by phone or email. Priority is given to Covid-19 in all hospitals and many healthcare professionals have a different workload than before. Apart from their own patient workload, some are covering others and doing additional shift work.

Spain



HCP's quotes:

- "Given the support that all the doctors in my centre are providing to infected and hospitalized patients, their availability is limited but it may be interesting and even appropriate, to get out of the healthcare routine through a market research focused on topic of interest, preferably online since telephone interviews require a certain date and time that sometimes is difficult to comply with, but still feasible. For my part I would be interested." (RHEUMATOLOGIST)
- "Currently, the GE ward is closed. Doctors see coronavirus patients and nurses are not their either. I'm in the UCI. We have an email that I read on the UCI when I can. I'd be interested in telephone/ online surveys if I can do it." (NURSE)
- "Whilst the state of alarm lasts I think that the most appropriate would be to do them (studies) online and whoever has the time and strength can collaborate". (HOSPITAL PHARMACIST)
- "I'm visiting patients in person and by phone, for now I would be willing to participate in a telephone or online survey depending on remuneration and time." (UROLOGIST)

Webinar

In spite of this situation, healthcare professionals are still interested in collaborating. Those on the frontline have less availability but still might be willing to participate in online surveys. Non-frontline healthcare professionals have more availability but it can depend on factors including location. They can be available for other methodologies depending on their availability.

Key findings

- Face to face will be slow to come back after the period of confinement.
- Tact and flexibility are required when contacting healthcare professionals.
- Regional differences need to be considered and fieldwork will probably take longer.

UK: KeyQuest Health

Current situation

KeyQuest is still doing a lot of virtual and telephone-based healthcare market research. Some healthcare professionals who are not on the frontline currently have more time, for example, those in paediatrics. Overall, it is a very varied picture and you need to know what is going on where. While research is continuing, it needs to adapt to the ever-changing environment.

UK: Current Feasibility



Research is continuing in the UK

- ☒ Online surveys, Tele-depth interviews, Web-enabled TDIs, Web-enabled FGs / Bulletin Boards are still currently taking place with all types of HCPs and patients
- ☒ Some HCPs and patients currently have more time available
- ☒ Some HCPs in some regions are heavily involved with COVID-19 – esp. Intensive Care & Critical Care HCPs
- ☒ "I'm just happy to talk about something other than COVID-19"

Webinar

There are many patients who are confined to their homes with a lot of time on their hands. Some patient panels are especially responsive but it will be tougher to recruit from patient associations because they may be more affected by Covid-19.

Although many HCPs are heavily involved with the crisis, it doesn't mean that ICU nurses cannot be approached but this only takes place in regions that are not so affected and the nurses are told that they can cancel or postpone. Other specialists are expected to be brought in to support the ICU specialists and as this situation will vary, KeyQuest will amend those who are approached.

Many doctors at the end of their interviews have said how happy they are to talk about something other than Covid-19. There is a willingness to continue with research and it is up to agencies to adapt to situations and ensure a sensitive approach.

Key findings

- The key to successfully conducting healthcare market research is flexibility and agility.
- Allow longer timelines and plan for the fact that healthcare professionals may have to pull out. They may also say they can take part immediately.
- Respect schedules and build in enough moderator flexibility.
- If clients want to listen in or watch, allow this later, rather than pushing it back so that others can join. This also applies to simultaneous translation. Allow an interview to go ahead and a simultaneous translator can work on it afterwards. Don't ask the healthcare professional to wait to get all the moving parts in place.

- Use the most flexible interview platforms and do not use a platform where advance notice has to be given. It is essential to be able to react quickly and anticipate higher postponements.
- If you are doing online focus groups, anticipate drop-outs.
- Take feedback on times that suit healthcare professionals more and if you are doing online bulletin boards, extend the period in which healthcare professionals can respond.

In summary

Respondents are available but we need to reflect, assess, plan, consult and be flexible and supportive.



Listen to me. Ecoutez moi. 聞いてください。Escuchame.

How well do you know your patients?

At Research Partnership, we believe patient centricity begins with understanding. Because amazing things can happen when we just listen.

We are experts in patient research – gathering insights from patients who can be hard-to-reach or living with a chronic disease, and the people who care for them.

Visit our website for more information about our custom and syndicated research services.

researchpartnership.com/patientresearch





Ethics

Update on
Ethics - GDPR
16 April 2020

Convenor: Bernadette Rogers, General Manager, EphMRA
Speaker: Camilla Ravazzolo, EFAMRO Head of Policy and Standards

EphMRA's webinar on 16 April provided analysis of what is currently going on in terms of data protection both across the EU and globally.

EU

The European Commission has been looking for feedback on the application of the GDPR so far. This report will evaluate international cooperation and consistency mechanisms between national and data protection authorities, with feedback due imminently on 29 April 2020.

EFAMRO and EphMRA have taken this opportunity to submit a position paper in which we asked the Commission to look at a number of topics that are important for the pharmaceutical market research sector. These include:

- Review and update Standard Contractual Clauses and adopt new EU processor to non-EU or EEA processor clauses
 - With only 13 adequacy decisions in place, businesses need to refer to other tools listed in Chapter V. Standard contractual clauses for data transfers to third countries have not been updated since they were originally adopted. The Commission should urgently review and revise the standard contractual clauses and consider the needs of controllers and processors with the addition of new clauses to cover EU processor to non-EU or EEA processor data transfers.
- EFAMRO with EphMRA and ESOMAR are working together in drafting a GDPR Code of Conduct. The different experiences in devising sector Codes has demonstrated that there is some degree of uncertainty left regarding Codes of Conduct by sectors and the same Data Protection Authorities that should be in charge of adopting them. Even greater uncertainty rests on how to use sector Codes in the framework of international transfers. We raised a few questions aiming to clarify:
 - Can there be more than 1 code for sector?
 - If one decides to join more than one code, how to solve possible conflicts?
 - The evergreen problem of clarifying the Commission's position on implementing acts
 - How to reconcile national and transnational codes?
 - What's the liability scenario for code holders in case of fines to one subscriber?

- A critical issue concerns maintaining harmonisation in the digital single market. The GDPR is applicable in all member states but there is also a margin for national legislation to maintain or introduce more specific provisions. This has resulted in a fragmented legal landscape for some of the GDPR provisions. In particular, there is the issue of the age of consent of a child. The possibility to choose different age limits, as provided by Article 8, can lead to legal uncertainty, especially when the national laws of two member states are applicable to a single legal activity. A further issue concerns the lawfulness of processing and the possibility for member states to introduce more specific provisions when processing is necessary to perform a task carried out in the public interest.
- For EphMRA and EFAMRO members, the most interesting example of national fragmentation is the concept of scientific research which has resulted in a patchwork of safeguards with 27 different interpretations and/or the absence of an interpretation. This is an important obstacle and it is difficult to imagine European data processing activities operating in the strict framework of national borders. The concept of research without additional specification has given rise to opposing positions. For example, the Irish health regulations require explicit consent of the data subject unless the researcher has been granted a declaration of consent by an ethics committee. Germany and the Netherlands are at the other end of the spectrum where market opinion is considered as falling within the scope of Article 89.

The EphMRA and EFAMRO paper in response to the Commission's review of the GDPR will be submitted shortly and will be available for consultation on the EphMRA website.

Scientific research

At the end of January, the European Data Protection Supervisor issued a preliminary opinion on the subject of scientific research. The opinion reflects a relatively narrow position but it provides all stakeholders with the opportunity to engage in the discussion.

EphMRA and EFAMRO are currently drafting a position paper on the opinion, highlighting a number of critical details for the sector, including:

- We wish to see non-interventional healthcare market and social research included.
- The framework of this opinion and the decision that will follow need to regulate people who disregard ethics and regulation. It will need to allow some room for manoeuvre. The framework cannot reasonably be a one size fits all solution or a list of sectors and activities. At the same time, national initiatives and interpretations cannot create



obstacles to the single market. It is crucial that the framework reflects the approach of the GDPR in being technology neutral.

GDPR in court

We are still at the very beginning of GDPR litigation and are at the crossroads between the last pieces of pre-GDPR frameworks at a national and European level, the data protection authorities' new frames of power and a handful of cases being decided in courts. At this point in time, there are some key elements that we need to remember that distinguish a pre-GDPR scenario from a post-one.

The accountability principle requires companies to be able to prove their compliance to the authorities. This is also the reason why the privacy council is strict when it comes to the decision-making process and the high fines and powers of data protection authorities to issue them. Data protection authorities are still regulated by national law and each one of them has a very different approach on how fines should be calculated. It is very possible to get very different results if the same case is submitted to two data protection authorities.

The latest highest court decisions are an important indicator in knowing what to expect in the future in terms of controllership and joint controllership. If you determine the processes and means of processing, as influenced on the processing by initiating it and being able to make it stop, you are a controller. For data to be truly anonymised, when there is data which did not originally relate to an identified person, data that was originally personal but has now been rendered anonymous or data where the individual is no longer identifiable, the anonymisation must be irreversible.

Civil litigation

Article 82 in the GDPR has been a gamechanger for civil litigation. There has been a significant uptake in cases brought alleging damages arising out of the investigations of data protection authorities. When there has been a case of unlawful data processing, there are potentially millions of people who can be involved and this makes it easy to assemble a class action.

In addition, Article 5 states that the controller must be in a position to document and prove that they processed personal data in a manner that is compliant with the GDPR. This shifts the burden of proof from the plaintiff to the defendant.

In the next five years, the litigation landscape is going to look very different and interactions with regulators are going to change considerably. We will need to be vigilant and keep up to date with what is happening and how the landscape will look.

GLOBAL OUTLOOK

North and South America

Argentina: a Personal Data Protection Bill is coming out which will reflect the GDPR.

Brazil: the General Data Protection Law should come into force in August 2020, heavily inspired by GDPR. It applies to any processing operation in public or private law irrespective of the means, the country where the headquarters are or the country where the data is located, provided that the processing operation is carried out in Brazil, the purpose of the processing is to provide goods or services or the processing involves individuals in Brazil or the personal data was collected in Brazil.

Uruguay: initial reforms are proposed for 2020, along with a more expansive version of previous law to be completed in 2021. Many of the reforms bring greater alignment with the GDPR.

Canada: the government has signalled a clear intention to make several changes that would bring existing legislation more in line with the GDPR. These include areas such as data portability rights, data security requirements and stronger enforcement powers.

United States: at a federal level, there is a flurry of activity towards previous federal law. This has been spearheaded by the California Consumer Privacy Act (CCPA). Until federal law is in place, we should expect more individual states to work towards creating their own data privacy laws. The key issue is how healthcare will be treated under new federal law. In the interim, the US healthcare industry is currently struggling with today's regulatory structure where there are different rules for different parts of the healthcare industry. Looking at the CCPA in more detail, it requires you to:

1. Determine who you are. Is your organisation a corporate business and is it selling personal data? Are you vendors or third parties? The CCPA definition of personal information is even broader than that under the GDPR.
2. Update your privacy policy. You need to update this and other relevant disclosures to ensure that consumers are provided with the information required by the CCPA at the appropriate time. It is important to note that information must be provided to the consumer at or before the point of collection.
3. Map your processes and activities. These should include purpose of processing, categories of personal information processed and categories of third parties that personal information is shared with.
4. Update your agreement with third parties with whom personal information is shared.
5. Build strong employee training.



Asia-Pacific

Australia: a Privacy Law review has been announced which proposes initial brief reforms for 2020 along with a more expansive review to be completed in 2021. Many amendments will lead to greater alignment with the GDPR. A specific focus will be on online tracking for targeted advertising and third-party data-sharing.

China: the Multi-Level Protection System 2.0. is creating a scale of fact. A draft of personal information protection law will be further revised before being submitted to the national people's congress for review and potentially becoming a bill.

India: a new Data Protection Law is distinctive from the approaches that the EU, US and China have taken. The law is widely regarded as modern data protection legislation and has its own share of controversial provision, including wide discretion on the part of the government. There are broad exclusions when it comes to state security and criminal law. A new DNA law is expected to be passed and India is also developing a nationwide facial recognition system which will potentially be the world's biggest.

Indonesia: a draft new law on the protection of personal data was submitted at the end of January. The law will become the national standard for protecting personal data both in Indonesia and for Indonesian citizens abroad. The scope of the law will apply to the public and private sectors, individuals and corporations, legal and non-legal. It will protect data but will also ensure that opportunities are open for innovation, business and development.

South Korea: the personal protection commission is publishing its fourth plan for 2021-2023. The plan considers measures to support personal information technology as well as measures for South Korea to play a leading role in global privacy. South Korea is the first country where a data protection organisation has been held liable for negligence in preventing a breach.

Pakistan: the Personal Data Protection Bill was introduced on 9 April and a consultation was also launched. The bill outlines the requirements for personal data collection and processing. It contains provisions on data retention requirements, data breaches, cross-border transfers of personal data and the establishment of a data protection authority. The bill also introduces fines for the unlawful transfer of personal data and contains a provision on corporate liability which outlines liability for non-compliance.

Key take-aways

- Recent activity in the EU and globally shows that the world is taking data privacy more seriously than any time in the past.
- National regulations are generally following the GDPR.
- protection policies are robust enough to protect against rogue employees leaking or mishandling data.
- Risk assess all employees handling personal data and limit access only to those who need it.
- Ensure that appropriate technological measures are in place and train employees on the company's data policies and procedures.

Dr Statistic Reports are back!

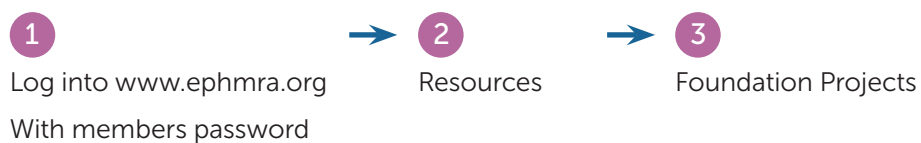
In 2008 we published the popular Dr Stats reports and this year it was decided to update as many of them as we could.

Just published – Spain and UK:



We are also currently working on Germany, USA, France, Canada and Netherlands.

How can you access them?



Have you had an opportunity to take our online training courses and tests on offer?

There are 9 courses on offer and you can take as many as you wish – all included in your membership fee. To date over 1650 members have logged in and completed their training.

Each member, on logging in will see they have their own individual training dashboard where you can see the courses and tests available to you. All these are free of charge and you can save and download your certificates.

What's Available to members:



The training modules available to each member are:

A. EphMRA Ethics Online Training Modules and Competency Tests

1. Code of Conduct Training Course
2. AER Training Course
3. Code of Conduct Competency Test – complete test
4. Code of Conduct Competency Test – supplementary test EphMRA members who are also BHBIA members will have the opportunity to take this supplementary test which covers EphMRA specific requirements and, in combination with the BHBIA Legal and Ethical Guidelines Competency Certificate, meets EphMRA's full requirements.
5. AER Competency Test – complete test
6. AER Competency Test – supplementary test EphMRA members who are also BHBIA members have the opportunity to take this supplementary test which covers EphMRA specific requirements and, in combination with the BHBIA certificate, meets EphMRA's full requirements.

B. EphMRA Healthcare Market Research Skills Pharma Online Training Courses

1. Introduction to International Pharmaceutical Market Research

The role of market research within the pharmaceutical industry is paramount to the marketing success of pharmaceutical products. All pharmaceutical companies need to maximise their products' performance within the marketplace, and this requires a high level of market research information and analysis. Market research has always been key to the success of pharmaceutical companies and products, but today and in the future it is even more important and the importance will certainly increase.

2. Managing a Research Project

Pharmaceutical companies are always facing new situations. The competitive business environment in which they operate is constantly changing. Companies develop new products and new promotional strategies. Prescribers and users respond to changes in economic, social and legislative systems by changing their product use patterns. New organisations, affiliations and initiatives are continually being born. All these provoke management to ask questions. These questions need answers. Answers that you as a market researcher are expected to find. This course is designed to help you to improve the quality of research you do, avoiding the common pitfalls that lie between a brief from your in-house client and reporting the results of your research.



3. The Role of Research through the Product Lifecycle

This course aims to demonstrate why market research is important and provides an overview of different methodologies that any project might incorporate throughout the lifecycle of a product. The course also looks at the key influencers to research and most importantly effective presentation delivery of the research.

Contact generalmanager@ephmra.org for the link to the online training.

It's great to have you as a member – here's a brief overview of some of the key next steps.



Visit the web site and apply for a members access to take advantage of all the resources there

<https://www.ephmra.org/register/>



Take our training courses (Log in – members area – online training)

- A. EphMRA Ethics Online Training Modules and Competency Tests
 1. EphMRA Code of Conduct Training Course
 2. EphMRA AER Training Course
 3. Code of Conduct Competency Test - complete test
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Follow EphMRA on LinkedIn and share the updates with your colleagues

<https://www.linkedin.com/company/ephmra/?viewAsMember=true>



Like EphMRA on Facebook and share the updates with your friends

<https://www.facebook.com/pages/category/Nonprofit-Organization/Ephmra-339677369945840/>



Ask to go on the emailing list for EphMRA

Email us at generalmanager@ephmra.org



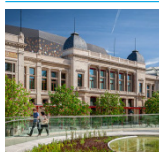
Agency Member **1.10.19 – 30.9.20**

This is the logo for you to use on your web site etc to denote membership.



Membership year

As a reminder – your membership runs from 1 October to 30 September the following year. There is automatic renewal.



Join us at our next Conference

23 – 25 June 2020
Find out more here:
www.ephmraconference.org



Chapter Meetings

We hold 3 x one day meetings per year – join us to meet and network with colleagues as well as hear cutting edge papers.
More details here -
<https://www.ephmra.org/events-training/events/>

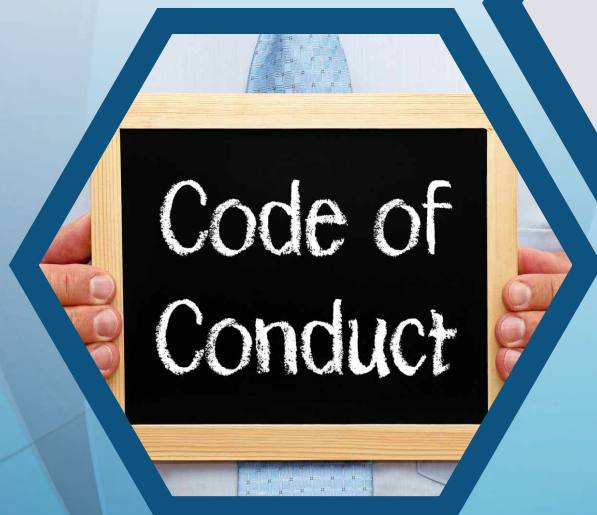
The Ethics Committee is planning to update the Adverse Event Reporting Guidelines and has established a working group to address this. The Guidelines are being streamlined and updated.



Empowering
healthcare market
researchers to
add value



EphMRA
www.ephmra.org



Ethics



Get in Touch

generalmanager@ephmra.org
Always happy to hear from you!



How the Ethics Committee supports its members

Membership of EphMRA provides a host of opportunities to support the highest standards of professionalism in healthcare market research. The Ethics Committee is the main driver for maintaining these standards and is dedicated to supporting members in their understanding of their ethical and legal responsibilities.



Key Member Benefits

only to members. We encourage our members to engage, add their voice, be involved and be a part of our community, and we hope these benefits give you the opportunity to get more value from your membership.

1. Code of Conduct



At the heart of the work the Ethics Committee does, is the Code of Conduct, which provides members with a framework for best practice in safeguarding respondents' rights and addressing key industry issues. Compliance is an area which needs to be dealt with on a daily basis and the Code is key to helping our members in the pursuit of excellence in standards.

The key benefit of the code of conduct to you as a member, is keeping up to date via one central document with the complex, demanding and fast-changing compliance environment.

Furthermore, as an EphMRA member, you can help support the success of the code by helping to ensure that all your colleagues understand and respect it.

Key benefits

- a single point of reference for legal and ethical issues
- comprehensive and up to date ethical and legal guidance that members can use when running

multi-country, primary and secondary healthcare market research

- helps to define and safeguard the rights of respondents, protecting data integrity alongside the rights of respondents
- covers countries across Europe as well as Japan, Korea, Russia and the USA
- updated annually

2. Adverse Event Reporting (AER) guidelines

Sitting alongside the Code of Conduct are the Adverse Event Reporting (AER) guidelines, which detail the scope of market researchers' adverse event reporting responsibilities and the requirements of the reporting process.

EphMRA's AER guidelines are based upon legal requirements and all members should understand and adhere to them whilst ensuring that others involved in market research, including colleagues, sub-contractors and suppliers, abide by them too.

As a member you can keep up to date with changes and updates to the guidelines via the EphMRA website so that you have one point of reference to check you are fulfilling your legal requirements.

3. Dedicated free enquiry service

The Ethics Committee is committed to making the Code of Conduct work for its members and to support this work, it welcomes enquiries regarding the code from its members. This is a great opportunity for members to have a voice in helping to shape and improve the code and ensures that the channels of communication are always open.



Once an enquiry is submitted (via the website), it will be assessed and a written response will be issued usually within 3-5 working days. In some instances EphMRA may make contact to request further information or for clarification on a particular point.

The committee aims to publish responses to enquiries under the FAQs section on the website for the benefit of all members.

Here is an example of the type of enquiry our Ethics Consultants have answered:

Enquiry:

We've been receiving from few of our clients now a request to start reporting Incomplete Cases (together with AEs). However, we know that there are 4 criteria on which we have to be reporting to our clients, and they are as follows:

"For the purpose of reporting AEs, **the minimum data elements** for a case are:

1. Identifiable reporter
2. Identifiable patient or patients
3. Suspected adverse event
4. Suspected medicinal product."

However, what we see in our client requirements are:

Definition (provided by the client, quote):

"Incomplete Case" means a case that does not contain minimum criteria for reporting as defined by the Applicable Law (i.e., an identifiable subject/ patient, identifiable reporter, suspect medicinal product, and event), but at a minimum contains a suspect medicinal product and a suspect event. Such reports are entered on the safety database as potential cases of value for signal detection purposes.

Requirements for us:

Along with other regular AER requirements, this is what they are asking (quote): "and **Incomplete Cases**, in a format as agreed upon by Supplier and Buyer. For the avoidance of doubt, all **Incomplete Cases** should also be collected and forwarded immediately, but in no case later than twenty-four (24) hours from the date of collection by Supplier."

Could you please advise what is EphMRA's stance about Incomplete cases reporting and how should we, as MRO, proceed in this instance, as the requirement is completely new to us?

4. Key Points Booklets

1. Market research (MR) for non market researchers.



These key points are designed to provide an easy to read guide to help non market-researchers who play a role in reviewing and or approving MR materials, understand how EphMRA's Code of Conduct guides the legal and ethical aspects of market research, allowing approvers to focus their input effectively and have confidence in the process.

2. Market research, ethics approval & non-interventional research.



These key points are focused on supporting you when ethics approval is discussed in relation to market research. The main point being that market research does not require Clinical Research Ethics Committee or Independent Review Board approval.

3. Market research with patients and carers.



These key points are designed to help international market researchers who are involved in market research with patients and carers. It covers how patients and carers should be treated; data collection and how data is used; dealing with sensitive topics and market research involving children.

4. Market research and incentives.

These key points cover the dos and don'ts of offering incentives to respondents from ensuring they are appropriate, how to share and store the data through to understanding the varying guidelines in different countries.

5. Market research and social media.

This guide identifies and describes the most important considerations for market researchers when they are looking to use data from social media sites. The fact that information is available and accessible on social media sites does not mean it can be used for market research. The guidelines refer to a wide range of examples including; online forums; blogs; social networks e.g. Facebook; video sharing e.g. YouTube and group communication platforms e.g. Twitter.

6. Market research and emobile.

This key points guide aims to outline the key considerations when planning and undertaking market research via wireless technology on mobile phones or devices. It covers informed consent and privacy statements; disclosing list sources; use of unsolicited emails; data security; cookies; use of software.

7. What is market research - definition.

This guide clarifies the definition of market research and clearly identifies what market research is and is not and how market research differs from non-interventional studies (NIS).

8. Testing products & devices in market research.

This document provides guidelines to those who need to obtain customer feedback on products or devices and defines the different requirements depending on the category of medication.

9. Adverse event reporting (AER) from market research.

These key points explore the obligations of reporting adverse events, the sub-categories of adverse events, the reporting criteria of an adverse event and how to collect and report AEs during market research.

10. Disclosure requirements.

This gives an overview of the disclosure requirements and implications for market research taken from section H of EphMRA's Code of Conduct. It refers also to national disclosure laws in difference countries.



Purdie Pascoe has expanded their Leadership Team with the appointment of Stephen Potts as a Director. The Company now has 6 Directors, with an average of 25 years' experience, enabling them to combine experience and innovative solutions to deliver truly agile healthcare research to their clients around the world.



Dynata has introduced a free, interactive Global COVID-19 Symptom Map that helps identify potential "hot spots" for COVID-19 using self-reported data of common symptom combinations associated with COVID-19. The map can help governments, health authorities and healthcare systems identify potential spikes in symptom reporting and anticipate the next geographic outbreak.

<https://www.dynata.com/press/dynata-introduces-interactive-global-covid-19-symptom-map-to-help-predict-potential-hot-spots-of-coronavirus-outbreak/>



GLocalMind is pleased to announce, that Matthew Brown has joined as Senior Vice President.

Matthew has 20+ years of Market Research experience, including 15 years in the Healthcare/Pharma 21 sector and has held a variety of senior roles, at ORC International, GfK, WorldOne Research (now Sermo), MRops, SSI (now Dynata) and SCR.



Genactis has recently joined forces with emotive and Initiate to create Synaptiq Health, a formal collection of individual, best-in-class agencies and consultancies. Synaptiq Health will provide integrated or standalone support services across the three key components critical to product success; INSIGHT, ENGAGEMENT and ACCESS.



We're delighted that Rachel Arthurs and Meerah Ghaderzadeh have been awarded EphMRA Young Professional Conference Grants, enabling them to attend the 2021 annual conference. Over 20 young professionals applied for the five grants and we're thrilled that two of those were awarded to members of the Research Partnership team.



Blueprint Partnership is launching a suite of novel and innovative techniques for uncovering deeper, more robust insights – going beyond stated response. All of Blueprint's techniques have been pressure tested using our augmented approach. Blueprint is sharing novel ideas via podcasts and articles in their new monthly Beyond e-newsletter. Contact C.Chamberlain@blueprintpartnership.com for more information

