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Post Conference News 2022

Reports from the 2022 Online Conference




Welcome to the EPHMRA Post Conference News 2022

Contents

Copy Deadline

For the December 2022 News -
Copy deadline is 15 October 2022

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

Get in touch

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

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

Company News

CREATION.co

Relationships and Excellence are key values at CREATION.co, defining how we serve our clients. We are excited to announce the newly formed Client Excellence team led by Anni Neumann which includes Dez Da Silva, Tomi Shobande and Sini Salim. They would love to chat, so get in touch at clients@creation.co!

research partnership

Following Mandira Kar's well-received paper presentation at the recent EPHMRA annual conference, Research Partnership has produced a best-practice guide for conducting digital ethnographic research. Visit the company's website today to request your complimentary copy of 'Digital ethnography: How to generate rich, contextual, real-world insights.

Lumanity

Since our launch in March 2022, Lumanity has welcomed over 220 new joiners worldwide, with 55 hires confirmed to business insight roles in Europe alone.

If you would like to be part of our exciting growth journey, find out about the latest vacancies at lumanity.com or follow @lumanity on LinkedIn.

Call for Speakers

20 – 22 June

Join us and add your contribution

SUBMISSION DEADLINE 20 SEPTEMBER 2022

Submit here: https://www.ephmra.org/paper-submission-form

Flanders Meeting & Convention Center, Antwerp

2023

research partnership

From KOLs to KOIs: How to identify and engage the new healthcare influencers

Paul Reed Director **Basil Fielding** Associate Director

Pharma has always looked to healthcare's Key Opinion Leaders (KOLs) to understand likely doctor behaviour, attitudes and treatment paradigms. Now, a new breed of physicians, Key Online Influencers (KOIs), are establishing a loyal following in the digital space of the global medical community. Pharmaceutical marketers looking to launch and position their brand optimally need to join the conversation.

HCPs use a wide variety of digital channels to connect with the medical community so that they can support each other and learn about new treatments. According to WHPRMS, while 87% of doctors use social media for personal reasons, 67% of those doctors use social media for professional use to explore medical information. Within social media, it is possible to identify a cohort of qualified and practicing physicians who have the ability to communicate and influence an extensive online HCP and patient community. We refer to these HCP social media influencers as KOIs.

As new digital channels appeared, HCPs who wanted to benefit the medical and patient community began to use them to share information, to debate and discuss healthcare issues. Online influencers using social media has dramatically increased in recent years and it has now become popular standard practice. As a consequence, KOIs have built up a large, highly engaged and supportive following. Communication using these methods is two-way, giving KOIs perhaps a greater opportunity to engage and influence. Research Partnership has conducted a range of studies and found numerous KOIs with huge potential reach.

Example KOI profile

35.6K 336K 79.2K 134K

Total audience: 584.8K

Original content: 64% **Shared content: 36%**

We can drill down further to see how much potential reach each KOI has. Using this example, if we look at their average tweets per day on a particular topic plus engagement, they have a potential reach of 20.8 million people on this one platform alone. Pharma marketers need to recognise this powerful new breed of influencers. If they are able to identify the correct KOIs, they have an opportunity to develop and nurture mutually beneficial relationships which benefit the KOIs, pharma brands and commercial goals.

How to map and identify key online influencers

Pharma companies usually have a clear idea about how KOLs can support product and brand developments, and have established methods of developing necessary KOL engagements. But what about KOIs? As you can see from our example above, they exhibit quite different profiles. Here's how they compare:

	Key opinion leaders (KOLs)	Key online influencers (KOIs)
Platform	Medical journals, Conferences, Advisory boards	Multiple digital channels
Core network	Colleagues/HCPs	Broad online following
Volume of reach	Generally more targeted	High – large following
Topics of interest	Scientific discussion	Varying range of topics
Sphere of influence	Experience, Medical journals	Online, Public healthcare content
How to identify	HCP perceptions, Desk research	Social media analysis

At Research Partnership, we have developed an effective approach for investigating, analysing and profiling KOIs in the healthcare space to determine how influential their digital footprint is across social media, websites, blogs, forums, journals, online seminars and other digital channels. Our tried-and-tested approach, Influencer ID, identifies KOIs to reveal important metrics, such as their audience, influence, frequency, line of focus, interaction, and engagement.

A KOI's changing influence over time can be tracked and monitored. It is important to note, some KOLs are expanding their online presence and becoming ever more 'digitally minded', so can also be identified as KOIs. This fact adds weight to the argument that pharma needs to keep up with the movement in order to engage with the most influential individuals in a particular therapy area or space.

Developing a KOI strategy

Once research has identified relevant KOIs and they have been profiled, pharma companies can begin to develop a strategy for engagement. What that strategy looks like depends on specific marketing objectives set, and whether the pharma company can develop the correct relationship with identified influencers. This process can't be rushed. The relationship must be mutually beneficial to both parties and slowly nurtured. There are a number of ways to do this. For example, pharma could begin by inviting them to be a speaker at a conference. The KOI could then share data and key messages before, during and after the event (as well as generate social media buzz and discussion).

Pharma can also invite a relevant KOI to lead a clinical trial, which can generate awareness of data among their online following. If the KOI often writes articles or blogs then the pharma company can provide them with exclusive information or support the development of original content, which can be shared with their audience.

Objectives can range from creating awareness around an access or patient support programme, generating brand awareness, or tapping into their knowledge of the challenges in healthcare by inviting them to participate in an ad-board. The success of these activities can be tracked over time, using social media analysis and KOI mapping.

KOI research experience

As a business, we have started to see significant interest in KOI mapping research across a range of therapy areas. Our tried-and-tested approach means we have been able to provide pharma companies with essential recommendations on how best to involve KOIs in their development plans.

To find out more please contact:
Paul Reed
paul.reed@researchpartnership.com

2022 MR Excellence Award Winners

EPHMRA colleagues are engaged in a huge range of healthcare market research initiatives, studies and projects and the Board wants to take this opportunity to learn more and to enable members to show case their expertise.

Let's recap on the 2022 Award categories and their sponsors:

Award: Innovative Approach Sponsored by AplusA

At AplusA, we are proud to sponsor and support the Innovative Approach Award again in 2022. Events of the past months have demanded our healthcare market research community to be more innovative than ever. This award is a great opportunity to put the spotlight on new ways of working and how this impacts healthcare business decisions. We eagerly anticipate the contributions.

Daniel GUERIN - Innovation and Marketing Director

Award: Future Leaders Case Study, Sponsored by Blueprint Partnership

Personally I'm thrilled and very proud that Blueprint Partnership are sponsoring this critically important award for the second year running. The next generation of leaders in our industry must possess unrivalled tenacity, resilience, commitment to their goals, with an eagerness to learn, develop and self-improve for the good of themselves, the company they work for, their clients and the future of our Healthcare Research Industry.

Carolyn Chamberlain - Commercial Director

Award: Making a Business Impact Sponsored by Adelphi

Adelphi are proud to be involved with, and contributing to EPHMRA and its great work, by continuously sponsoring the MR Excellence awards since 2017. We chose to support the 'Making a Business Impact' from the start, because after all that should be the ultimate purpose in all we do, and in bringing better healthcare to our communities and success to our Research and Innovation based industry. We look forward to receiving, judging and selecting the winning contributions.

Stuart Cooper - CEO

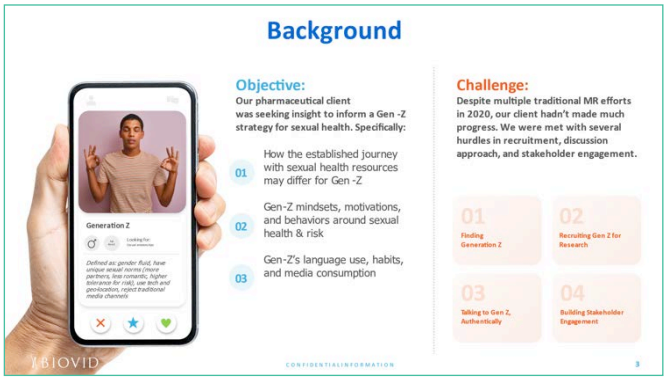
So, let's take a look at who who were the winners of the 2022 Awards.

MR Excellence Award – Innovative Approach

Novel Approaches to Engagement: Finding and Leveraging the Patient Voice. Winners: Kate Melbourne and Dominique Cummuta, BioVid

Kate and Dominique presented a fascinating case study showcasing how an innovative approach enabled them to engage with a "hard to reach" demographic on a sensitive topic.

Kate explained that their client wanted to engage with a specific subgroup of Generation Z (also known as "zoomers", born between 1997-2012, therefore aged between 10 and 25 today), in order to understand more about sexually active LGBTQ+ adults (aged 18-25) and their perceptions and behaviours regarding sexual health.



This was a priority group for the client, but their previous attempts at reaching them via traditional market research efforts had been unsuccessful. They also wanted to engage client stakeholders to increase interest in the research findings and help them to understand this cohort. The client was therefore very receptive to innovative approaches that would help them to find, talk to and engage with this target group to understand how they interact with sexual health resources, their mindset around sexual health and to explore their lifestyle, language, habits and media consumption.

Dominique spelled out the key challenges that they faced, and the innovative solutions devised to overcome the challenges:

- **Finding the cohort**: this demographic group is generally not well represented in traditional market research panels, and previous attempts at custom targeted recruitment on the subject of LGBTQ+ sexual health had resulted in limited geographical representation in the USA beyond major cities such as Los Angeles, New York and San Francisco.

  The innovative solution was to "meet GenZ where they were", by finding them via dating apps and social media with links taking them directly to the screener. Focusing on Snapchat and Grindr allowed them to target the sample based on age, gender, race, ethnicity and region

  The design team also worked hard to "speak their language", matching the look and feel of the ads to the platform, such as using short video ads for Snapchat and stills ads with an eye-catching visual for Grindr. They also sought to "speak their language" quite literally, mirroring authentic GenZ language (such as inviting them to "spill the tea" – zoomer-speak for gossip!).

  An early learning at this stage was that TikTok, initially their preferred platform due to its reach with this generation, did not allow advertisements for paid surveys on the platform. Dominique explained that the team took a "fail faster" approach to ad placement, adjusting the timing of the ads on a daily basis according to performance.

- **Recruitment**: the next challenge faced was in engaging this cohort, well known for its short attention span, in order to screen them. Cognisant that typical screeners are lengthy and utilise conventional identifiers not favoured by GenZ. The team worked hard to streamline the screener, focusing on essential questions only, and "speaking their language" with the use of casual language and emojis to address sensitive topics such as the body parts they and their partners used for sex. The screener also included a question designed to assess the respondent's communication and ability to provide detailed responses, and the team was amazed by the level of detail and creativity the respondents demonstrated, for example in response to a question asking which celebrity would play them in a movie, and why.

  Engagement with the screener was high, facilitated by the incentive paid for all who completed the screener, and double the required sample were invited to take part in the fieldwork stage. All respondents were also asked for feedback on the screener itself, to identify any factors reducing interest and engagement.

  At the recruitment stage, the BioVid team also began to engage with the client stakeholders, sharing some of the screener responses in an eye-catching video as a "teaser" to encourage engagement with the fieldwork to come.

- **Engaging authentically**: The client's previous research attempts had demonstrated that a traditional telephone interview did not work well with this cohort, so the team knew that they needed to talk with GenZ in a different way. Mirroring the solutions created at the cohort identification stage, the team ventured to "meet GenZ where they are": on smartphones. Using an app-based platform enabled discussions to take place via a private channel, with discussions taking place over 5 days in the respondents' own time, with a variety of short activities taking no more than 15 minutes per day. The team worked hard to incorporate the group's preferred language and encourage them to share emotions and detailed responses for the moderators to probe as needed. Participation was much higher than the client had seen with previous attempts, and participants were more comfortable sharing sensitive sexual health details. The team was then able to invite some of the more highly-engaged respondents to follow-up telephone interviews with moderators who had been able to develop a relationship with them over the 5 days of the app dialogue.

  This approach delivered rich diversity of life experiences and demographics, alongside invaluable insights, which the team translated and distilled for the client's busy stakeholders in the form of both a traditional research report, but also a mini-series of podcasts to allow the client stakeholders to hear this group talk in their own words, in an engaging and impactful way. The creative team also created a "teaser" trailer for the podcasts, included in the first draft of the report, to boost the team's interest to hear more.

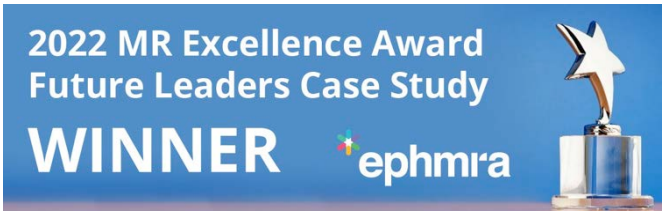
Kate and Dominique concluded with some key learnings from the process:

- To reach someone from a challenging group or a busy stakeholder, it's important to meet them where they are and speak their language;
- Building rapport by entering their world facilitated trust and engagement from the participants, and allowed the moderators to build a relationship with them to enable discussion of highly sensitive topics;
- Creating a way to build engagement from busy client stakeholders paid dividends in the way that the patient voice was brought to life for all stakeholders, increasing interest and motivation to act upon the findings.

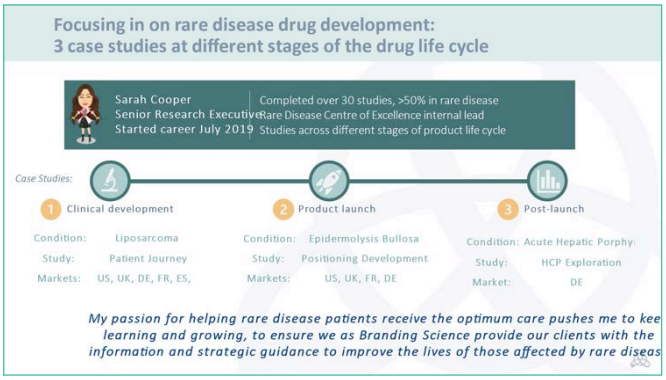
This particular project involved close cross-functional collaboration between operations, research teams, design and client to overcome the challenges and think creatively about an innovative approach that would deliver the project objectives. The client submitted the project as a Best Practice example within the company, and won!

MR Excellence Award - Future Leaders Case Study

Rare Diseases Drug Development: 3 case studies at different stages of the drug lifecycle: Winner: Sarah Cooper, Branding Science



Sarah Cooper eloquently described three case studies, at different stages of the product lifecycle, which not only provided business impact for the client but also created opportunities for her own professional development.



Sarah's first case study involved an early-stage product in development for a subtype of a rare oncological condition. The client was new to the therapy area, so had no previous market knowledge to leverage. The objective of the study was to explore the patient journey and provide a solid market understanding to guide development. The study started with a "digital safari" of online desk research from the perspective of a newly-diagnosed patient, uncovering not only factual information but an understanding of the patient perspective via patient forums. This initial research provided a strong foundation for the develop of discussion guides for interviews with patients, caregivers, KOLs and other HCPs.

Sarah's involvement in the project ranged from fieldwork management, through materials development and moderation, to report writing and delivery of digital listening outputs to create an interactive patient journey. Involvement in this project highlighted to Sarah the importance of early-stage market landscaping and patient journey research, as well as first-hand experience of the challenges of difficult recruitment within rare diseases, and the benefits of a multi-methodology research approach.

In terms of business impact for her client, Sarah highlighted the value of the understanding of the clinical trial environment in this indication, which enabled the client to identify areas of optimisation for their own clinical trials. The immersive workshop with the core global team provided insights and direction for future brand development, and the interactive HTML output ensured that the insights were accessible and actionable for all stakeholders, ultimately facilitating a more promising treatment landscape in this rare and currently underserved condition.

Sarah's second case study described the positioning development required to provide an optimal springboard for launch, leveraging previous patient journey work and tapping into the key unmet needs of all stakeholders to create, test and select a positioning concept for a novel product in a rare dermatological condition.

Sarah described the "ready, aim, fire" approach selected for this project, with a blend of research and consultancy from an initial workshop to develop alternative positionings based on previous patient research, which were then tested with HCPs and patients/caregivers to identify best fit, before using workshops to consolidate and refine the positionings to deliver a brand story for launch.

Sarah's role again encompassed fieldwork management, materials development, moderation and development of outputs, including a concise pre-read document, and also involvement in the delivery of the final presentation and workshop.

The project showcased the value of the cross-functional partnership of research, consultancy and client, and Sarah was inspired by the close-quarters observation of how research insights are used by clients to develop product strategy. The workshop-style debrief provided an opportunity for Sarah to personally contribute to strategic recommendations, in a way that might not have been possible from a traditional debrief.

The project delivered business impact via the refined and precise product positioning that unified the perspective and experience of all key stakeholders,

putting the patient at the heart of decision-making. The project generated global buy-in from regional teams to create a consistent launch story, in readiness for an accelerated product launch.

In Sarah's third and final case study, she described how research helped to influence the in-market performance of a product in rare hepatology by raising awareness of the treatment benefits based on an understanding of current awareness, knowledge and practices of prescribers.

Sarah outlined the challenge: despite having a broad indication, HCPs were only using the novel prophylactic treatment for a subset of patients who were easiest to identify for treatment – leaving other patients potentially undertreated. Research was needed to understand beliefs and behaviours and to identify which factors might help HCPs to understand that they could use this treatment more broadly, and ultimately to change HCP prescribing behaviour.

The approach involved a combination of traditional research and behavioural science, using a habit loop methodology to explore the triggers leading to treatment escalation.

Sarah's role was similar to the previous case studies, with enhanced opportunities for her to share her own recommendations based on the insight, as the debrief took the form of an interactive discussion with the global team of stakeholders.

Sarah felt that this study provided her with the opportunity to transition from the theory of behavioural science to real-life application to address client issues, and the interactive debrief furthered her understanding of how clients take research insights forward to action change.

Her client reported clear business impact as a result of the insight generated, illustrated by an increase in sales as the product became more widely used amongst the previously under-treated patient population.

Sarah summarised her key learnings from these three case studies, which centred around the importance of using both behavioural science and blended research and consultancy to help drive change, utilising behavioural science to unpick the "why" behind HCP prescribing, and then using consultancy to help drive the shift in thinking via immersive workshops.

In terms of respondent types, Sarah learned that although KOLs are the clear knowledge leaders in rare diseases, it is vital to understand the non-expert HCPs and their beliefs and prescribing habits to provide a complete picture of the management of a rare condition. Similarly, she learned that the presence of distinct patient subgroups from "quick wins" of easily identifiable treatment candidates to the under-identified and undertreated groups, presented new opportunities for product use, and therefore facilitated potential benefit to all patients.

She concluded that understanding HCP behaviour and awareness of different patient groups is key to drive access to optimal treatment, using research and consultancy to inform change and generate action.

MR Excellence Award – Business Impact: Developing a clinical trial engagement strategy to make Boehringer Ingelheim the sponsor of choice for sites and patients

Winners: Kim Kallsen, Boehringer-Ingelheim and Chris Recaldin, Branding Science

Bert Santy (stepping in on the day for Kim) and Chris won the Business Impact Award for their co-development of a Clinical Trial Engagement Playbook to "provide the roadmap for patient and site engagement initiatives that will ensure the voice of [BI's] customer is elevated and incorporated into the way in which [BI] develops medicines". BI wanted to design clinical trials that are engaging for patients, trial sites and clinical investigators, with the ultimate benefit of accelerating patient access to life-changing medicines.

Bert set out the context for this particular project, within an immunology indication for an inflammatory skin condition. Bert explained that this was the first trial conducted, and so BI had no established relationship with the patient community, and wanted to partner with patient representatives to optimise the trial design. He showed a project timeline, and highlighted the interactions with the patient community which began 15 months before the trial started, in order that insights could be discussed and incorporated into the final trial design, and revealed that the patient recruitment was achieved within 4.5 months – half the time of the planned recruitment period – an achievement attributed to the high levels of engagement from patients and clinical trial sites alike.

The project outputs were used in multiple ways, including training for internal clinical trial staff (where patients explained the impact for the patient of signing up to a clinical trial), and clinical investigator

communication (where a regular newsletter was shared during the trial, including a patient view of tips and tricks to optimise the patient experience).

Listening to direct patient advice and feedback enabled BI to make changes to the trial plan which would benefit the patients enrolled in the trial. The changes included:

Trial design:

- **Number of patients on active drug**: an adjustment to the trial design to increase the proportion of patients in the active arm of the trial, compared with the placebo arm, from 50% to 67%, without compromising statistical validity or regulatory requirements;
- **Co-medications**: the trial design had originally excluded use of pain medications (due to the potential anti-inflammatory impact on the study results), but patients explained that it would be difficult to avoid the use of pain medication during the study. Instead, BI adjusted the metrics to capture any potential for analgesia-sparing effects of the study drug;
- **Access to study drug**: patients highlighted that patients in the (placebo) control group should have the opportunity to receive the study drug. BI put in place a 2-year extension study to accommodate this, following the ethical requirements from local regulators;
- **Endpoints**: having listened to patients, BI realised that their planned endpoint of number of lesions, although easy and convenient to measure in a trial setting, provided only part of the patient picture. Endpoints were adjusted to include additional metrics which were of greater importance to patients, such as pain, fatigue, flares, and new lesions in a previously unaffected area. The final approach included both the "traditional" endpoints, to allow comparison with other products and trials, but also the new endpoints, therefore contributing to validation of new, more patient-focused endpoints.

Patient materials:

- **Informed consent**: based on feedback from a patient satisfaction survey conducted amongst trial participants, BI was able to understand areas requiring improvement, including the informed consent document, which was simplified and adjusted to improve both content and structure. This improvement not only benefited patients, but also expedited the ethics approval, where it was approved with very few additional comments compared with other trials;
- **Trial summary**: patients actively looking for relevant clinical trials in which to enrol typically look at sites such as ClinicalTrials.gov, but patient feedback revealed that the information is not easy to navigate or understand, hampering their efforts to identify suitable clinical trials. As a result of the feedback, a trial design summary was developed specifically for ClinicalTrials.gov, in lay language to facilitate patient understanding;
- **Patient information**: patients highlighted the desire for visuals or videos to help them understand the trial information, and some patients would welcome additional information on the trial drug mode of action, but in accessible, easy-to-understand language. Acting upon this feedback, a video was developed to cover the trial design and drug action, although in this case the timeframe meant that the video could not be finished in time – a happy consequence of the accelerated recruitment process. Patients wanted to be better prepared for their study visits, and so the team developed a visual for each visit, showing what to expect (duration, what to bring, what would happen at each visit etc);
- **Patient support**: patients explained that mental health support during the study would be well-received. As a result, a newsletter for trial participants was developed, including mental health tips and references to self-help groups from patient organisations, therefore expanding the direct benefit to patients beyond the trial itself. Similarly, patient feedback indicated that would care kits would be useful, and BI was able to quickly implement this suggestion for the benefit of participants. t

Chris then provided details of how the team conducted the project, and an outline of its various outputs.

1. Stage 1 involved building a patient and trial site journey map, let by BI via internal cross-functional workshops to track and map the patient and site experience and all the pain-points from enrolment to study closure;
2. The journey map was then distilled into stimulus material and stress tested amongst investigators, nurses, trial coordinators and trial participants across the globe, within key BI therapy areas;
3. The key insights and pain-points were then mapped and linked with the initiatives available from BI to address them. These links were used to develop a wireframe from which the Playbook (an HTML website) could be developed, ultimately being rolled out to more than 800 BI employees across the world.

Chris highlighted the importance of taking a consultative approach to the project, from the search function structured to be consistent with internal language and thinking, the distillation of insights and pain-points gleaned not only from the current project but also previous research into a clear, concise summary giving an overview of the key pain-points for patients and sites across the journey, to the deep dive understanding of each problem, enabling a global understanding of the issues even in regions where some of the identified solutions were unavailable, and enabling them to develop their own bespoke solutions in line with local regulatory requirements, as well as the links from the pain-points to some of the existing initiatives offering potential solutions.

Chris highlighted some key learnings from the project:

1. "Tell me your story" – Chris explained that when exploring a journey or experience, providing an opportunity at the outset for respondents to talk with minimal prompts allowed their needs and pain-points to be revealed organically, with the moderator later addressing any gaps or client-specific questions to complete the picture;
2. In-person storylining – Chris noted that even in today's effective virtual world, there was no replacement for a face-to-face storylining meeting to develop the playbook, with everyone around the same table cutting and pasting the story together;
3. Collaboration – Chris highlighted how the success of the Playbook development relied upon different fields of expertise from a series of different partners, from the patient advocates and BI's internal legal and ethical teams to the expert input from fieldwork partners, creative teams and content creators.

In conclusion, Chris revisited the mission for the Playbook defined at the outset, confirming how the Playbook resonated with its intended audience and provided a good model to drive company-wide engagement. The rollout of the Playbook is driving a change in culture and understanding of the patient experience at BI, with internal processes set up to ensure success, overseen by the newly formed Patient and Site Engagement team. Employees reported being energised, inspired and motivated to drive better clinical trial engagement, demonstrating that the Playbook delivered on its mission to elevate the voice of the patient in clinical development at BI.

2022 Annual General Meeting

21 June 2022

Karsten Trautmann, EPHMRA President, welcomed everybody to the 2022 EPHMRA Annual General Meeting and outlined the areas that would be covered in the overview .

Association update

Key activities

Karsten began by giving an overview of EPHMRA's key activities over the past year.

EPHMRA was formed in Basel in 1961 and in 2021, celebrated its 60th anniversary. This has provided an opportunity to refresh the association's branding and communication in three specific areas:

- A new website has created a more appealing layout and better usability, as well as reflecting the work that has been carried out from a branding perspective to create a common look and feel.
- A new CRM system has provided more efficient member services and increased the speed of support.
- Work has continued on a new e-learning platform which will launch in September 2022. This is an important opportunity for EPHMRA to provide training and webinars, as well as new features such as a library which will bring resources together to enable a better user experience.

Outstanding committees and working groups

EPHMRA's committees and working groups continue to work hard on behalf of all members and the Committees hard work was praised – with a focus on the:

- The Classification Committee carries out valuable work on product classification.
- Learning & Development Committee has worked on the upcoming e-learning platform, as well as the ongoing programme of training and webinars.
- Ethics Committee looks at when and how to conduct market research in the best manner.
- Events Committee's chief focus is pulling together the annual conference, alongside other country-based events.
- Data & Systems Committee works on evolving EPHMRA's data as well as looking at the systems landscape. Karsten expressed sincere thanks to Catherine Beauce who has supported EPHMRA over many years in steering this committee and is leaving after this term.
- Forecasting Committee focuses on giving solid predictions on the market.
- Fieldwork Forum has been fundamentally important as we deal with more and more stakeholder groups along the treatment journey.
- Compliance Network has focused on consent forms among other issues.
- Conference Steering Committee brings together the topics and speakers for the annual conference.

All of these committees support the EPHMRA Board to strengthen the strategic direction of the association.

EPHMRA is holding its second virtual annual conference beginning after the AGM on 21 June. Two chapter meetings have taken place in 2022 so far: in the UK in-person in April and in Germany online in May. The feedback in the UK was overwhelmingly that people were happy to be meeting in-person. There will also be an in-person meeting in Basel on 27 September which will be an opportunity to network and discuss what will drive future change in our industry. This will be a limited meeting with a limited number of tickets available.

Karsten explained that there are in-person meetings planned for 2023 in the UK and Germany, with the annual conference hopefully taking place in-person in Antwerp. EPHMRA will continue to offer online events alongside in-person events to leverage geographical reach and engagement.

Membership update

EPHMRA is in a very strong position from an industry and agency perspective regarding membership. The number of industry members has remained stable as there have been two new joiners with one company leaving. There is some uncertainty regarding membership in some companies where personnel are changing.

On the agency side, there is also stability in the total number of members. Membership has expanded in companies with under 15 employees.

New initiatives

These include:

- Guidelines of Publishing Market Research.
- FMV survey among industry members. Karsten invited members to contact Bernadette Rogers, EPHMRA General Manager, if they are interested in participating.
- Consent forms - work is being done to produce templates for the main EU 5 markets.

Treasurer's report

Karsten handed over to Charles Tissier, Certified Accountant, Streicher & Brotschin Treuhand Basel, to deliver the Treasurer's Report.

EPHMRA has had an increase in its turnover and a decrease in expenses over the past financial year, with strong industry and agency membership. The association is in great financial shape after coming through the difficult last few years.

Update on Board officers: Industry

Bernadette Rogers presented an update on EPHMRA's Board officers.

For almost ten years, EPHMRA has been fortunate to have Karsten Trautmann as President and Thomas Hein as Past President. Both have provided solid and consistent leadership over the past years and Bernadette thanked them for guiding the association.

The Board membership has been stable and populated by a high level of experience and expertise - with a great mix of larger companies and smaller boutique businesses. Bernadette expressed her thanks to everybody for their time, support and expertise.

Bernadette explained that there are some Board vacancies and EPHMRA will be approaching colleagues to see if they would like to join the Board.

Karsten is standing again as President and Thomas is able to stay on the Board as a Past President. There are three Board member candidates:

- Xander Raijmakers and Ana M Aguirre Arteta are both standing again.
- Paul Warner from Vifor Pharma was unable to join the AGM but will be standing as a candidate.

Bernadette expressed thanks to Gabi Gross, Richard Hinde and Nicola Friend who are leaving the Board, as well as to Catherine Beauce from Sanofi who retires in September and has been the Chair of the Data & Systems Committee. Vijay Chand from Astra Zeneca will be taking over this role.

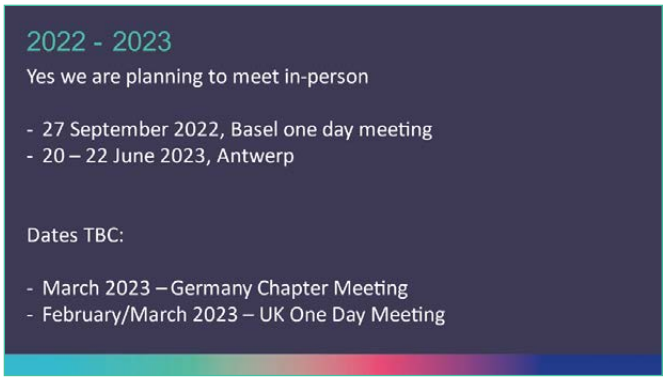
Prior to the vote taking place offline by email with one vote per company, Bernadette invited the candidates who were present to give a brief overview of why they wished to continue their work with the Board.

- Karsten - it is a great experience to work with this Board. However, we can still do better and we can do more, especially when it comes to our members and our offerings to them. I would like to ask for another year to drive this association, set the direction and increase the value that we all get from EPHMRA.
- Xander - I would like to stand again as a candidate for the Board because I think that continuity is good. We need continuity and diversity on the Board - not just small European companies or big American companies. I want to represent this voice on the Board.
- Ana - I have helped to review the EPHMRA Code of Conduct. Over the past year, we have been able to create two workstreams: one is about community and the second is about excellence. I am interested to hear how other companies are doing. I have a lot

of energy and ideas to continue to share with you as a Board member.

- Thomas - over the past decade, EPHMRA has had to adapt to the environment we are now working in. I have enjoyed being a part of it. I like the fact that new members are coming onto the Board while old members are staying. There is a good mix of experience and fresh new ideas. I would like to be part of it for one or two more years.

Karsten brought the AGM to a conclusion by thanking everybody for joining the meeting.



Conference Opening

Speaker: Karsten Trautmann, Merck KGaA and EPHMRA President


Karsten Trautmann

In opening the 2022 EPHMRA Conference, Karsten began by welcoming everybody to the virtual setting as was the case for the conference in 2021.

EPHMRA has continued to adapt not only to the changing external circumstances, but also to the needs of members and the market research industry which itself is undergoing transformation. Karsten introduced the main themes of the conference programme including:

- A clear focus on patients and care-givers to acknowledge their voice in decision-making, as well as supporting their treatment in hard-to-treat indications in mature and emerging markets.
- New applications and the digital transformation that we are all involved with.
- Innovation and real-world evidence, Artificial Intelligence and how diversity in panels can help to improve outcomes.

For more than 60 years, EPHMRA has been a platform for the exchange of ideas and meeting the challenges of the ever-changing environment for the market research profession. Karsten took the opportunity to highlight some of the important work that EPHMRA carries out and thanked EPHMRA's committees and standing working groups that allow us all to get the insights that we need to drive business.

- The Classification Committee structures and segments all of the information that is available on products.
- The Data and Systems Committee evolves data to ensure that the right quality of information is available to members.
- The Devices and Diagnostics Committee is key for understanding how we can bring the best products to the right patients.
- The Ethics Committee provides the framework within which EPHMRA operates.
- The Fieldwork Forum secures access to the right respondent groups and the right representation.
- The Executive Board shapes the direction and transformation of EPHMRA.
- The Learning and Development Committee creates EPHMRA's webinar and e-learning programme and looks at future opportunities for members to refresh their skills and learn new ones.
- The Programme Committee brings together the most impactful papers to be presented at the Annual Conference.
- The Forecasting Forum looks at how future predictions might impact members and the industry.
- The Young Professionals group offers a forum for members who are developing their careers in healthcare market research.

Karsten continued by reiterating that the papers to be presented stand for EPHMRA's values of excellence. With over 420 registered delegates, Karsten urged everybody to use the opportunity provided by the conference to self-reflect, network online, discover new ideas and see if there are innovations that can be implemented in your daily work.

EPHMRA is also holding the following upcoming activities and events:

- 27 September 2022 - a one-day meeting will take place in Basel in-person. This will be a limited meeting with a restricted number of participants. It will look at the future of market research and innovations, alongside selected papers.
- 20-23 June 2023 - Annual Conference in-person in Antwerp.
- 2023 dates tbc - chapter meetings in Germany (March) and in the UK (February-March), most likely to be in-person.

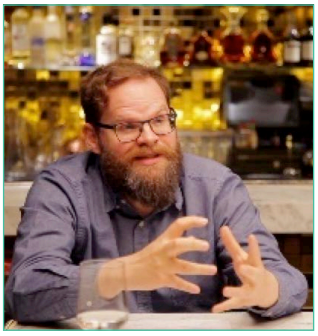
Karsten concluded by wishing everybody a great conference.

Day 1 - 21st June 2023

Opening Speaker: How to talk to people who perform "Emotional Labour" about emotion.

Speaker: Nick Southgate

Nick Southgate is an award-winning researcher and communications expert who has worked in research and advertising for over 20 years.



Nick Southgate
Keynote Speaker

Since 2009 he has specialised in the application of behavioural science to market research and communications. His first role was as the Institute of Practitioners in Advertising's Behavioural Economics Consultant editing five publications that took Behavioural Economics to the industry. He has subsequently worked on diverse projects in retail, banking, public sector, government, charity, fmcg and, of course, pharma.

In the opening presentation to the EPHMRA Conference, Nick Southgate used the concept of 'Emotional Labour' to look at how we should rethink the need for emotional connection with doctors in healthcare market research.

Background

Before moving on to focus on doctors and emotion, Nick began by stating that thinking is an essential part of what being human is and the thoughts we have are not the thoughts that other people have. As market researchers, our job is to think about how other people think and do as they do, but it is quite rare for us to work within the terms of a very technical sense of what makes up our mental lives. Neuromarketing attempts to use neuroscience to explain how people make decisions but even this will be mapped onto folk psychological terms e.g. when the needle goes up or down, it means that people are emotionally engaged or bored, excited or nervous. Even using these more technical approaches, we talk about our thoughts in ordinary language and this is how most people, including market research clients, think about their minds.

We tend to privilege the role of emotion as being something particularly interesting and special. This belief probably became dominant about 15-20 years ago when a book by Antonio Damasio called "Descartes' Error" became widely read in the marketing community. Damasio used various accounts in psychology and philosophy to show that we can only make decisions if we experience them emotionally. When we approach a decision, we don't have to rationally approach it as being a right outcome, but we have to feel that it will lead to the right outcome. We do what we feel is right and not what we know is right.

Managing emotions

Nick outlined communications theories which say that if we connect with people emotionally, they are more likely to engage and do what we want them to do. This idea has some validity and is often based around consumer advertising for items such as food and perfume where arguably a big part of consumerism is the brand image. It may seem that this kind of emotional connection isn't immediately relevant to pharma, but we persist in believing that doctors have an emotional core that drives their decisions and which we need to stimulate and activate.

Nick went on to turn this assumption on its head by stating that while emotions are important, our aim should not be to stimulate them but to help people feel less emotion or help them feel more in control of their emotions and the decisions they are making. This changes completely the way a question would be asked i.e. the aim is not to understand how people become emotionally aroused or engaged, but to understand how they are managing their emotions through the decisions they make on a day-to-day basis.

Emotional Labour

Nick drew the idea of 'Emotional Labour' from sociology and a book that came out in the early 1980s by Arlie Hothschild who defines it as to induce

or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others. In other words, this means that we have to present ourselves not as we feel emotionally, but as we want to appear so that other people can enjoy the effect of our emotional presentation as they need it to be.

Hothschild exemplified Emotional Labour in terms of Delta Airlines' cabin crew who have a high reputation for service and who are taught how to smile and the importance of this on the first day of training. Passengers don't just buy a ticket - they buy an experience of feeling welcome and cared for with the smile being the biggest opportunity to make this impression. All of this is a form of Emotional Labour i.e. presenting yourself emotionally to be pleasant, companionable, supportive and the person that passengers had bought a right to be around.

The need to present yourself as who you are is itself a form of Emotional Labour i.e. you have to show yourself to be authentic. It can be very difficult to do this, so it is often faked. This kind of Emotional Labour is everywhere in the modern workplace where there is a need to be professional and polite.

However, there is a group of people, including police officers, who we expect to do opposite things at the same time. In the case of the police, we expect them to be perfect citizens while also enforcing laws. These are complex emotions to handle in one place and we maybe shouldn't be surprised when people fall short. This is also true for teachers and others who have to carry out these kinds of multiple tasks.

Emotional Labour and the caring professions

Nick moved on to highlight that work in this area has not generally been concerned with people who are in caring professions and who rarely receive training or support in managing their Emotional Labour. An exception to this and a profession that is perfectly set up for the managing of Emotional Labour is therapy. The actual role of a therapist is to create an environment in which the client feels safe to say all the things they cannot otherwise say. In doing this, therapists are meant to hold the client. This means not reacting to the client's emotions but to see these emotions, feed them back and respond appropriately in the safe space. This is emotional work for the therapist as they are doing a lot of Emotional Labour to keep the client in that state. Therapists are supervised in their work and the supervisor talks to them about how best they can do their job i.e. when they struggle with it, they can talk about it. Supervision is compulsory for all professional bodies in therapy and most therapists are themselves in therapy i.e. they are living this emotional life and helping other people to live it.

This is not the support that doctors are offered in hospitals who are themselves caught in a double bind.

- Patients want doctors on the one hand to be incredibly compassionate, open and listening people i.e. be patient-centric. There is a deep need for them to be connected to the patient.
- Doctors know that they must identify with the patient but never over-identify because then they become too emotionally involved. Their decision-making may become distorted by that emotion and they themselves then carry the stress and worry of their patients. Doctors need to leave the stresses of the work behind and go home and stop feeling them. They find this stressful and adopt coping mechanisms to deal with this. Doctors can only help so far and should only help so far. If they go too far, they have to be a friend to every patient and they will become too stressed to do their work.

The role emotion plays for doctors

Nick outlined that 'deaths of despair' provide a measure of analysing levels of despair in any profession. In the US, a doctor takes their life on average every day i.e. between 300 and 400 doctors per year. In a study of UK doctors and suicide between 1979 and 1995, two skews are revealed:

- Female doctors are at a far higher risk of suicide compared to their male counterparts and the general population. This is partly because the suicide rate is very high among men, particularly young men and it seems to be women who bear the brunt of the deaths of despair. They may feel that they are not able to give the support they would like to give and it may be a reasonable hypothesis that patients might expect more emotional help from female healthcare professionals.
- There is also an interesting split among specialisms. Deaths of despair are most felt by anaesthetists, community health workers, GPs and psychiatrists. Other factors, such as the length of time in a profession, have no statistical impact. These groups include primary care and people who are either trying to make patients feel better about themselves (psychiatrists) or take away the pain (anaesthetists). They may feel under-supported and feel the pressures of emotion more than other healthcare professionals.

Key takeaways and practical approaches

- We have to work within the boundaries of the way that doctors manage their emotions. We need to accept that this is how they are and that doctors' emotions are real emotions. It is not our job to stir

up their emotions and make them relive traumatic experiences. We need to respect that they are trying to keep a lid on things.

- We should stop asking some of the questions that we think will expose people's emotional feelings e.g. why did you become a doctor, or what would you do if a patient was a family member? Doctors have learned to close this kind of topic down and these types of questions will not get us as researchers anywhere emotionally.
- Borrow a distanced therapeutic approach e.g. thinking back to the first time, how did you feel then compared to how you feel now? Looking back and reflection will tell you how doctors have come to manage their emotions. We can reframe questions in a way that people distance themselves, not to reveal their emotions but to reveal the pattern of the management of the emotions.
- The most interesting and compassionate thing you can do for doctors is to help them stay in the emotionally managed space where they can do their job well, look after their patients and make better decisions.

Nick ended his presentation with a brief example of how messages can be optimised for doctors.

In the example, the central claim was that administering a single dose of retroviral x meant that paediatric patients will be afebrile on average within 1.7 days. When the message was optimised, it focused not only on what could be achieved, but also on the emotional pay-off. The message therefore changed to became:

- A single dose of product x means that on average, children are fever-free within 2 days.

This was a simple and reassuring message that felt good to both offer and receive. It is an example of emotional management i.e. it helps you make the promise you want and takes the emotion out of the situation by saying that the suffering will go. The plain language of '2 days' speaks to our real experience, while '1.7' days does not speak so clearly.

Paper 1: Untangling patient journeys: From theory to practice.

Speakers: Ana Edelenbosch, SKIM and Melissa Félix Figueroa, Boehringer Ingelheim

Ana Edelenbosch, Associate Director, SKIM

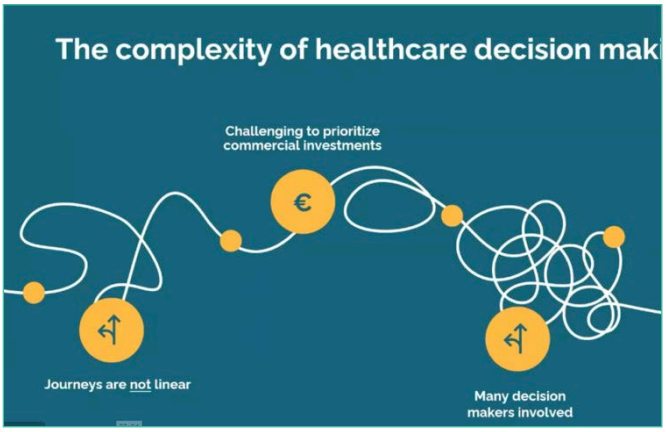
Melissa Félix Figueroa, Customer Insights Manager, Boehringer Ingelheim

In the next paper of EPHMRA's 2022 conference, Ana Edelenbosch and Melissa Félix Figueroa discussed how taking a new approach has led to a more realistic, accurate and actionable view of patient journeys.

Background

Decision-making in an industry like healthcare is complicated, with patients influenced by online and offline triggers and touchpoints more than ever before. If pharma companies wish to be patient-centric, it is therefore necessary to untangle the journeys that patients undergo.

Melissa began by explaining that Boehringer Ingelheim (BI) wanted to be more patient-centric in a world where direct-to-customer communication is usually a no-go and the opportunity to reach directly to HCPs is restricted. BI's mission was to untangle patients' journeys and map the key elements of them so that they could improve their offering and address patients' pain points and desires in terms of treatment.



The complex nature of any patient journey means that it is non-linear and there are different decision-makers involved even before patients get to the treatment. For patients, these ups and downs can become extremely frustrating and for BI, it has led to more questions than answers. In particular, BI wanted to look at:

- Tackling the referral process, the delay in diagnosis that this can bring and how this can jeopardise patient outcomes.
- The most relevant touchpoints that could hopefully lead to earlier diagnosis and timely treatment.
- The main needs and challenges facing patients.
- The opportunities for BI to support HCPs and patients.
- The role of the patient in the diagnosis and how patients influence the HCP's decision when it comes to diagnosis and treatment.

A new approach towards patient journeys

Melissa went on to stress that BI has previously carried out traditional patient journey research but had noticed that this kind of study only tended to provide high level insights which were good as a starting point. There was however a need to go further and identify specific and tangible areas that could be leveraged in order to provide better patient outcomes. There was also a need for actionable insights and it had become evident that any research would have to be more detailed and granular to understand the patient journey better.

Ana continued by emphasising that BI's struggle may sound familiar. It is causing many companies to re-evaluate their approach to patient journey insights so that they can optimise their marketing strategies and prioritise channels and touchpoints.

The traditional patient journey tools rely on three main approaches, each with their own pros and cons. These existing methods often struggle with delivering practical hands-on answers to today's healthcare questions and they also lack actionability.

- Qual research is a fantastic method which is suitable for detailed research questions btu it does not quantify journeys, segments or touchpoints.
- Passive metering helps to capture detailed behaviour and quantifies the results but it provides a limited understanding of who the patients are behind the journeys.
- Traditional touchpoint analysis quantifies the use of the touchpoints in the journey but only looks at the touchpoints used and not the order. It does not enable complex and confusing patient journeys to be unravelled.

Advanced Journey Modelling

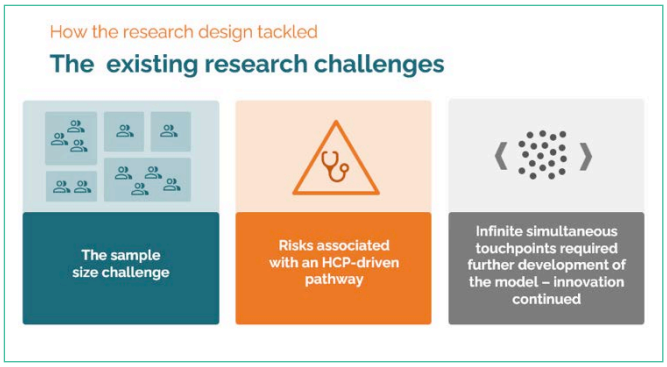
As traditional patient journey research is not equipped to untangle the complex journeys in the empowered patient environment, SKIM developed an advanced analytical research method called Advanced Journey Modelling. The method itself had only been used in consumer market research prior to the work with BI and it was this experience that provided the opportunity to refine and validate the model in a space that has even more touchpoints and triggers.

Rooted in advanced analytics, Advanced Journey Modelling contains details of decision-behaviour expertise which offers clarity on today's messy patient journeys. The approach was specifically developed to allow for the flexibility to handle sequences of

touchpoints and multiple consultations per journey. It utilises natural touchpoint sequencing analysis to enable the sequence of events to be analysed in a structured way by:

- Identifying clusters or segments and based on the sequence analysis, identifying clusters of patients who went through a similar journey and comparing these clusters with clusters of patients who might have gone through a different journey for the diagnosis.
- Offering an actionable resource as it balances a high-level view with a detailed analysis i.e. the zoom in and zoom out view.

Rather than looking at the individual steps in the journey, this approach enables a good understanding of the journey as a whole, showing the impact that earlier steps or decisions may have on the outcomes or the success.



In the BI study, patient records were collected from the physicians involved in the patient journeys. However, as this was an HCP-driven pathway, there was a risk of missing the patient point of view which was critical. After the quant stage of the study, qual interviews took place with both physicians and patients and through this, a holistic understanding of the patient journey was obtained with important touchpoints identified that could be leveraged. While the model was able to handle infinite touchpoints, it was not yet developed to handle simultaneous interactions between multiple stakeholders at the same time, nor to handle the element of time. The innovation therefore had to be developed further so that a linear pathway could be created that accounted for all of these elements.

Outcomes

Melissa outlined that BI needed to understand the moments of truth where patients' and HCPs' decisions could be supported to make sure that patients get diagnosed and treated earlier, faster and more appropriately. The decision-modelling approach helped to zoom out from the individual steps of the patient journey to look for a common purpose in the overall path that will determine success. Specific outcomes have included:

- A new strategy for HCP engagement. Through the research, BI acknowledged that traditional approaches were limiting the potential of engaging more physicians and ensuring that these physicians also took the actions BI wanted them to take in terms of diagnosis and treatment.
- The development of new communication materials and content to create holistic customer journeys so that patients can be treated earlier, faster and better.
- New opportunities to empower patients through listening to patient views and stories in the qual part of the research. There are many patients who are engaged and motivated but they seem to have little information about key touchpoints.
- Innovation in BI's insights team, who are constantly looking for new methodologies to conduct research.
- Finding baseline parameters to continue measuring the progress that has taken place on the patient journey in different countries.

Key takeaways

- Using this type of approach can help to bring patient-centricity to life. It can enable pharma companies to put theory into practice with actionability at its core.
- Traditional patient journey market research is not equipped to untangle the complex journeys in today's empowered patient environment. A new advanced analytics solution is needed to provide specificity, granularity and clarity on where to prioritise marketing spend and on which touchpoints.
- This approach enables us to explore the complexities of the patient journey, to explore which journey types offer the most opportunity, isolate the most impactful triggers and pre-treatment initiation touchpoints for outcomes and success factors and uncover the pain points and needs across the current journey experience to make impactful changes.

Key learnings

Ana and Melissa ended their paper by offering some of the key learnings that have arisen in the collaboration between BI and SKIM.

- Both teams needed to openly communicate between each other and make sure that they trusted each other.
- Patient record forms were co-created, combining the best methodology and business experience from BI and SKIM.
- Interim discussions took place with a cross-functional team that allowed the team to go through the initial findings and understand additional questions or areas that needed to be explored further.
- A workshop will be held to have a deeper dive into the insights, step into the stakeholders' shoes and define new actions and strategies from a holistic and patient-centric perspective.

Paper 2: Obesity: An empathy blind spot.

Speakers: Lucy Neiland and Gareth Phillips, Ipsos

Lucy Neiland, Director, Ethnography Healthcare, Ipsos

Gareth Phillips, Managing Director UK and Head of EMEA, Ipsos

In their paper, Lucy Neiland and Gareth Phillips shared the findings of ethnographic research on perceptions and behaviours around obesity to highlight the typical lack of empathy towards people living with obesity, not only among wider society but critically also among healthcare professionals.
Little-known facts about obesity

Lucy began the paper by sharing three little-known facts about obesity:

- There is an obesity pay gap. If you are living with obesity, you are more likely to be paid up to 20% less and this mainly affects women.
- People living with obesity are much more likely to be thought of as non-adherent by their doctors. They are more likely to be considered lazy or sloppy.
- In the workplace, an obese person is much more likely to be thought of as not putting enough effort in, even if they work harder and stay later. They are much more likely to be judged negatively by their colleagues.

These are facts that are rarely mentioned. We talk about a 'fat epidemic' but we don't often take a step back and reframe the discourse about obesity to unpick the moral panic that sits around it.

The ethnographic study and key findings

J&J MedTech approached Ipsos as they wanted to understand the barriers to people accessing weight management treatment in the UK, where very few people are referred for bariatric surgery or weight management treatment in general. Ipsos was employed to bring some understanding to the issue through talking to HCPs and running some ethnography among people living with obesity to understand their experiences and views. The study was conducted in conjunction with Obesity UK.

Ipsos discovered that there is a huge collective blindness to weight stigma. We live in a culture that idolises aesthetics and control and obesity is positioned as the opposite of this. It is an outward display of weakness and laziness. People living with obesity are often seen as a burden on society and a burden on the health system in general. This bias is all-pervasive and hides in plain sight. We don't recognise the bias in ourselves and it is an unconscious bias that is all-pervasive around the world, often experienced among otherwise very kind and inclusive people.

Ultimately, it is societal stigma which is creating the main barrier for people living with obesity to access weight management treatment. It is the barrier to them accessing a normal and happy life.

The study also found that some people think it is their 'civic duty' to alert people living with obesity to their condition and call it out when they see it. There is a sense that the bodies of people living with obesity are public property and it is acceptable to comment on them and even mock them in public.

The causes of weight stigma

Lucy continued by stating that weight stigma and obesity is framed as a lifestyle choice and something that people choose to do, rather than a complex disease that has over 200 causes including genes, comorbidities and poverty. This in part comes from media representation of obesity. Another cause of weight stigma is that we see fat people as failed thin people. We all know what it is like to lose and gain a bit of weight and we are congratulated on weight loss as it is a form of control. We therefore end up blaming people who cannot do this or don't do this and we think that they are just not trying hard enough. The view that it is the individual who is responsible is so widespread that in the quant study, 94% of the UK public thought that it was the individual's responsibility to tackle obesity. It is the individual who has caused it so the individual needs to step up and fix it.

Ipsos interviewed a bariatric surgeon who explained the folly of this idea. The surgeon explained that controlling your body weight is like controlling your body temperature i.e. there is something going on that is outside your control and cannot be remedied with just discipline. In no single country has 'eat less, move more' worked and government strategies to tackle obesity successfully continue to fail.

Significantly, the study found that HCPs do not sit above societal weight stigma and this has serious consequences in terms of their views. Obese patients

are more likely to be undiagnosed with underlying health conditions and comorbidities. There are stories of patients going to their doctor and their symptoms being put down to obesity with serious health issues being missed due to the HCP purely focusing on the obesity. The default is that they are told to lose weight.

Many HCPs are not happy about the situation. They don't feel supported and are not being educated to deal with obesity and understand it properly. They are at a loss to help patients with advice and support. There is no consistency in the UK for what services are offered and there are very high local variations as to what outcomes may be achieved. People living with obesity are left feeling daunted and confused about the prospect of searching for and obtaining support.

Gareth concluded by stating that the study has had a significant impact in terms of raising awareness of the effect that obesity stigma is having on people's lives. The research has generated considerable media awareness with over 120 pieces of coverage and the website www.realityofobesity.co.uk has been created which is a public-facing educational resource for doctors, HCPs and the general public.

Key takeaways

- We have a collective blindness as a society to weight stigma. It is seen as acceptable to stigmatise people living with obesity.
- We cannot assume that HCPs sit above this. This has an impact for people with obesity getting proper medical support.
- The consequences are that people with obesity often internalise the blame and feel shame. This is a serious burden for them to carry through life.

Paper 3: Digital Healthcare in China.

Speaker: Sosa Liu, Head of CSMS Great China, IQVIA

Sosa Liu, IQVIA

In Paper 3, Sosa Liu presented an overview of China's current digital healthcare landscape including key milestones, segments, adoption by physicians and investment and innovation trends.

Background

China has a total population of 1.4 billion, similar to the total population of North America and Europe combined and with the advancement of technology and the decreasing cost of devices, Smart Phones are affordable for 95% of people. Since it has become essential for a Health Code to be displayed for Chinese people to move within the country in the aftermath of Covid-19, even the elderly have been educated to use Smart Phones in the past two years.

Most of the Smart Phone usage is covered by the 4G network and there has been significant development in the use of mobile based apps such as WeChat, a nationwide chatting app, Alipay, a tool that enables

payment without queuing offline and Baidu, the most popular search engine in China. With the rapid progress of mobile based internet companies, there is also an accumulation of Big Data which has led to refinement in algorithms. The total number of TikTok users has reached 3 billion, surpassing Google to become the world's largest app.

China's digital healthcare landscape has gone through four phases:

- From 2000 to 2010, dotcom companies started to explore China and websites were popular. However, information published could not be segmented, customised and delivered to the target audience. Pharma companies used company websites and advertising to deliver information to the public.
- In 2011, WeChat launched in China and its competitor Alibaba migrated all of its businesses from web-based to mobile. At the same time, AliCloud was created to move all AliGroup storage to the Cloud, swiftly eliminating IBM, Oracle and EMC. Pharma companies started to create official WeChat accounts for public communication and mobile healthcare companies tried to provide online consultations to patients via messages.
- With the development of the mobile industry, Big Data accumulation gained momentum. WeChat became a national app and started a platform to allow applets (mini apps) based on its main app. This allows users to access other apps without having to download them and helped some of the apps to gain new users. As a result of this, patient management has become easier based on the WeChat ecosystem.
- In 2020, with the development of algorithms and hardware, mobile healthcare companies started to be able to target specific audiences.

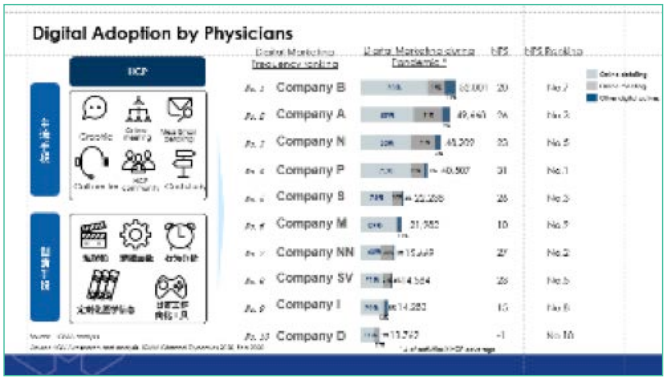
Key segments

China's digital health industry is populated not just by tech giants such as Alibaba, tencent and Baidu, but also startups such as Dingxiangyuan, WeDoctor and Haodaifu, all of whom focus on online solutions in areas including disease awareness, diagnosis, patient drug accessibility and late disease management. The Covid pandemic has accelerated the progress of these companies.

Recent patient journey studies have shown that the first step for patients continues to involve seeking medical information from a search engine, with 100 million users searching daily for information, even though the details obtained may not be accurate or up-to-date.

Adoption by physicians

Pharma companies have for some time provided information to HCPs in China via mass email and WeChat. More recently, they have found that these channels may not be efficient enough and they are therefore trying to analyse behaviour and customise information given to HCPs based on their profiles.



Investment and innovation trends

Sosa explained that IQVIA tracks 4000 HCPs across 13 major cities in China every year. Results are showing that strong investment on reaching HCPs via digital channels might not necessarily lead to positive feedback and in some cases, the greater the investment, the less satisfied HCPs are.

Mobile healthcare companies are also trying to standardise data generated from medical institutions and make this information accessible to users without the data leaving the domain, thereby ensuring data privacy. In doing this, medical information will be able to flow easily between different hospital tiers and service platforms with the consent of patients. This will support HCPs, helping them to make better treatment decisions and shorten the patient journey.

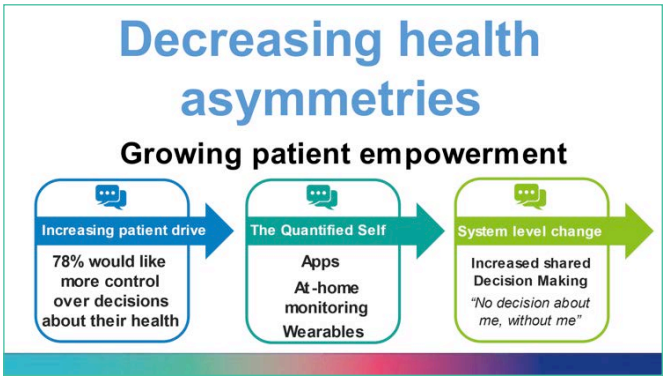
Paper 4: Patient meets market researcher - when two worlds collide.

Speaker: Jemma Reast, Ipsos Healthcare

In her paper, Jemma Reast of Ipsos Healthcare gave a highly personal account of her own experience of working in healthcare market research while also being a patient and playing an active role as a firm advocate of the patient voice, most recently in the newly established London Kidney Network.

Jemma Reast, Research Manager, Ipsos

Jemma began by giving an overview of her background as a patient. She has lived with Chronic Kidney Disease (CKD) for over 25 years after an acute kidney injury caused by e-coli. This led to gradual decline and a transplant while she was still a teenager. Since then, Jemma has had complications including various infections and hospital admissions, leading to kidney failure followed by two years of dialysis. She received a second transplant from her sister in February 2022.



Jemma's health conditions have led to many interactions with specialists including nephrologists, gastroenterologists and gynaecologists. This in turn has resulted in her becoming increasingly more empowered in decision-making and having a say in how her conditions are managed.

Market research and lived experience

There are many factors involved in patient empowerment and hence there is the growing need for market research where those with lived experience are the target sample.

Jemma admitted that she felt different when a client request first came in to ask her to look at kidney transplantation and CKD-associated anaemia.

Even though this project involved HCPs, Jemma realised that she could bring her expertise as a patient to the table. More recently, she has been involved in a study about the lived experience leading up to and following a kidney transplant. As a member of the project team, she used her personal experience to inform the sample, plan the materials and connect with patients. In fact, Jemma was researching dialysis and transplantation while she was on dialysis and on the transplant waiting list. It wasn't a trigger-free experience for her but with a supportive team and a good level of self-awareness, the experience of being involved in shaping and driving the project was cathartic.

Patient research is about conducting research with an increasingly involved stakeholder group when it comes to treatment approaches and decisions. We are increasingly seeing evidence that the era of 'the doctor knows best' is coming to a close and with this, the asymmetries between the healthcare provider and the patient are decreasing. As 'service users' are becoming increasingly empowered and involved in healthcare decision-making, patient research is only going to become more and more pertinent.

The general public and patients are increasingly wanting to take healthcare decisions and three factors have emerged:

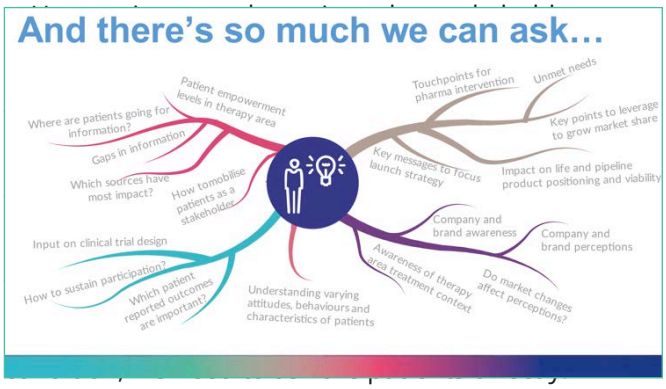
- The quantified self. The tech world has brought about opportunities for the patient, supported by HCPs, to have more control and input on the day-to-day management of their conditions with the development of apps, at-home monitoring options and wearable devices bringing new possibilities. HCPs are increasingly aware of the digital options to support their practices.
- System level change i.e. the increasing desire among healthcare systems and the clinicians within them for a drive towards increased shared decision-making. There is evidence of healthcare systems making genuine moves towards this, such as the NHS' decision to adopt the phrase 'no decision about me, without me' with the goal of patient decision-making and shared involvement. Jemma is increasingly asked how drugs are working for her and how she may be tolerating them i.e. a holistic view. When she was on dialysis, she was able to choose the machine and manufacturer, as well as deciding with her care team what her dialysis prescription could and should look like. This was a shared decision-making process i.e. what medication worked best for Jemma and how this should be balanced with her symptoms.
- The end customer is becoming increasingly savvy and involved. It is evident that the patient voice, alongside the voice of the clinician, is not only

paramount for the future of the healthcare sector but also for the commercial success of pharma and medical device companies. By speaking to a patient about things they know, we get more accurate, honest and detailed insights. It is also more efficient and we are not reliant on an HCP's perception of patient experience which we know is often inaccurate.

Using patient experience for commercial advantage

Jemma outlined that there are many ways that we can use patient experience for commercial advantage. The term patient centricity has been around for some time now, but one of the challenges has been around how it can be impactful and what business questions it can answer that research with HCPs cannot answer. These areas include:

- Understanding unmet needs and how we can leverage them.
- Patient awareness and perceptions.
- Patient understanding of the range of products in their therapy area.
- The variety of patients and how to appeal to them, perhaps using a segmentation.
- Understanding patient interest in and involvement in their condition.
- What information patients are interacting with.
- What might be missing and how this could be leveraged commercially.
- Understanding empowerment levels in different therapy areas.



The patient experience and diversity

Jemma moved on to talk about challenging ourselves as an industry to include diversity of voices, not just because it enables the healthcare industry to take steps that address healthcare inequalities, but it ensures diverse research participants have a real impact on business. If you are working in a therapy area which proportionately affects different demographics or disproportionately affects them, it makes business sense to include people of different ethnicities, socio-economic status and age groups etc.

Jemma used the example of diabetes, where people from Black African, Afro-Caribbean and South Asian backgrounds are at a higher risk of developing Type 2 from a younger age due to them more likely to becoming insulin-resistant younger in their lives. Therefore, there is an obvious business case to include a variety of ethnicities when researching diabetes. The longer it goes undiagnosed and unmanaged can also have an impact on the kidneys.

Aiding people from these communities with diabetes management approaches that are suitable is important. In the UK, people from minority ethnic groups are more likely to need a kidney transplant but are less likely to receive one due to a shortage of donors, indicating the pressing need to slow the progression of CKD in the Black and ethnic minority communities. With recent developments in pharma targeting CKD, now is the perfect time to understand potential drivers and barriers to medication among various patient types who may end up being the end customer. It is not just about inclusion, but about having an awareness about the variety of topics that may be relevant to one group but not to another group.

We are all patients

In summary, Jemma stated that as we are all patients, or will be patients, we should empower ourselves and use our experiences to inform our thinking as researchers. We all have a wealth of knowledge when it comes to our own healthcare encounters and our perspective of how we like to be engaged with on a personal level. If we bring more of ourselves into our healthcare research and empathise with those on the receiving end of our questionnaires and discussion guides, we will have greater potential to obtain valuable insights.

We can also make better choices about the language we use with patients. Language is important when creating bonds and building rapport and trust. It provides a medium to unlock the true power of patient research. We make sure we have a detailed knowledge of the therapy area and the challenges that patients experience, but we are not always familiar with the words and terminology that patients

use. By spending time speaking to patients where possible and engaging in patient-led content, we can become somebody who a patient becomes more comfortable confiding in. This in turn can lead us to uncovering insights we may not have had access to without taking the time and effort to bridge the gap in terms of the language we use.

Key takeaways

- Drive greater patient involvement in research and answer more business questions in doing so.
- Be more authentic and inclusive - speaking to diverse voices helps to identify the unknown unknowns and makes business sense.
- Harness your own experiences and be intentional with the language you use to achieve maximum success.

Paper 5: Living with Head and Neck Cancer: how digital ethnography was used to capture quality of life among cancer patients.

Speakers: Lara Lucchese, BMS & Mandira Kar, Research Partnership

Mandira Kar, Research Director, Research Partnership

Lara Lucchese, Associate Director, Market Research Oncology UK/I, Bristol Myers Squibb

Lara and Mandira's paper described a digital ethnography project that was used to raise awareness of the impact of Head & Neck (H&N) cancers on quality of life. The paper summarised the rationale for using digital ethnography, the approach taken, and the business impact of the findings.

Lara described the context for this project within H&N cancer, explaining that incidence had increased markedly since 1990, with almost 12,000 new cases seen annually in the UK alone, yet public awareness remained low compared with other more common cancer types, particularly with regard to the quality of life (QoL) challenges faced during and after treatment. BMS sought to drive real change for patients by raising awareness amongst policymakers, HCPs and the British media via powerful and engaging case studies.

Mandira summarised the rationale for using digital ethnography. She explained that QoL is highly subjective and individual, and is impacted by beliefs, way of life, and motivations and influences surrounding decisions and choices. Relying on verbal language, she noted, would deliver limited capture of the impact of H&N cancers, and that an empathetic and immersive understanding was required to fully explore the highly personal feelings and experiences of patients living with H&N cancers, their caregivers and family members. The research would need to explore the tangible experiences endured by the patients and the impact on their lives, bodies, psyche, relationships and personal identity.

The project team worked closely with two patient advocacy groups on the project, which enriched the research process in several ways: individual patient advocates were patients themselves, and shared their knowledge and experience as patients, as well as helping to develop research materials that were appropriate for the patients' sensitivities, not only in terms of topics covered, but also the language and stimulus materials used. The patient advocacy groups leveraged their platforms and social media channels to aid recruitment, and with their help, the project team was able to recruit six patients with diverse age, gender, class and stage of disease (from current active cancer to remission). The project focused on depth rather than sample breadth, and from the six respondents, the project captured 100s of pages of transcripts, 260 images, 64 videos (6 hours of footage) across a wide range of topics from treatment to relationships.

The research process consisted of initial 90-minute interviews, followed by 7-10 days of mobile diary capture. This ethnographic approach was designed to accommodate the long, complex and traumatic cancer journey that the patients were undergoing, identifying the highs and lows, and accommodating sufficient time to allow patients to recall and process traumatic moment. Mindful that patients might be unpacking years of trauma, an approach grounded in cognitive psychology was used to help patients reflect slowly and progressively, as observers of their own thinking, which patients and their families described as a cathartic experience as they shared experiences, often for the first time. Respondents engaged with a single researcher across all stages of the research, to build familiarity and trust, enabling patients to share some of their more sensitive emotions, such as feelings of shame, and sometimes suicidal tendencies. Mandira emphasised that it was essential to prioritise patient wellbeing at all times.

The ethnographic design included 5 techniques designed to explore the patient experience at a deeper level:

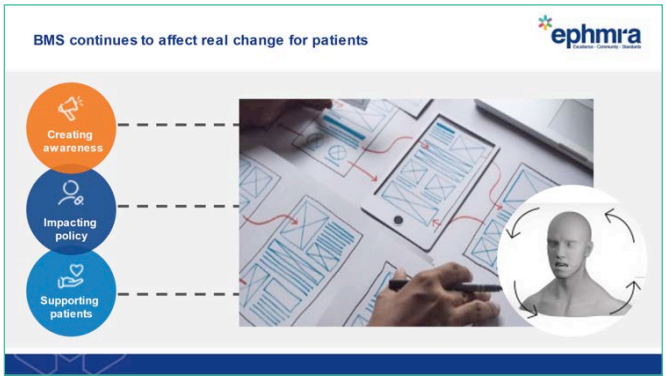
1. Mapping life spaces: the project allowed observation of how patients structured and organised their home environments, including use of tools and gadgets such as bed rails and bath poles, which provided insight into restrictions on day-to-day quality of life
2. Digital footprint: patients chronicled their digital experiences, highlighting the blurred lines between physical and digital worlds, and the impact of online communities on communication and patient wellbeing, as well as insight into the emotional support sought, and the lexicon of cancer
3. Time hop: Mandira explained that our brains are adept at encoding pictures, and that using imagery helped patients to access past experiences and memories more accurately and vividly
4. Emotional imagery: focusing on images of high emotional significance (such as a tattoo of a phoenix rising from the ashes to celebrate 5 years of being cancer-free and new beginnings) helped to uncover emotions and aspirations that would be difficult for patients to convey verbally
5. Care rituals: exploring what patients actually do, rather than what they say they do, provided an understanding of the challenges of habit formation and highlighted ineffective tools that impacted adherence to therapy.

Mandira then addressed the challenge of navigating the large volumes of data produced, in order to identify the compelling insights. This involved clustering the themes within the narrative analysis and field notes, along with triangulation across different datapoints to construct an accurate picture. Discourse analysis, lexicon analysis and material culture analysis were also used to explore the findings on multiple levels.

This multi-factorial analysis revealed valuable insights, such as the impact of "war" metaphors ("survivor", "battle", "fight") on feelings of guilt and self-blame, and anchoring the patient to a traumatic experience. References to "winning the battle against cancer" led to patients diminishing the impact of poor quality of life, rather than seeking to address it. The analysis also highlighted other less obvious factors impacting quality of life, such as the cultural role of food rituals and how they impact social integration and the physical and emotional wellbeing of people with H&N cancers.

Lara shared highlights of the business impact of the research, describing the transformation of insights into actionable strategies designed to increase awareness of the quality of life implications for H&N cancer patients and how this is impacted by different treatment pathways. The project team developed a documentary called "From Insights to Action", bringing the patients' stories to life via their shared audio-visual data, which was widely shared within BMS to engage and motivate internal stakeholders. For external stakeholders, an interactive 3D model was created, including patient testimonials highlighting the psycho-social impact of treatment on mental health, financial security and family life.

Mandira summarised the key takeaways from a methodological perspective, concluding that digital ethnography is an empathetic approach that puts participants at the heart of the exploration.



She highlighted the power of the small sample of respondents, which delivered a large volume of rich and robust data, enabling muti-dimensional analysis to create accurate and engaging outputs to drive launch strategy, innovation workshops, advisory board presentations and education of the team and sales force.

Based on the rich experience of this case study, Mandira summarised her "top tips" for conducting digital ethnography studies, which focused on the importance of building trust with participants over an extended time period through uninterrupted listening and shared conversations, which helped the participants to reveal insights beyond the obvious responses. She emphasised the importance of making participation easy for patients, with simple, easy to use platforms, with generous support from the project team. Despite the approach requiring greater time/analysis investment than traditional methods, Mandira points out that the rich and relevant insights generated via this approach remain relevant for at least 5-6 years, and therefore justify the investment. She concluded by demonstrating the impactful and moving outputs by sharing the film "From Insight to Action".

Paper 6: Panel Discussion - As an industry, are we capturing the full, diverse patient voice?

Speakers: Ines Canellas-Jager, Hall & Partners and Sophie Wintrich, MDS UK Patient Support

Ines Canellas-Jager, Strategy Director, Hall & Partners

Sophie Wintrich, CEO, MDS Patient Support

Amplifying the patient voice and placing it at the core of everything we do was the focus of a lively panel discussion at the end of the first day of EPHMRA's 2022 conference. Ines Canellas-Jager, together with Sophie Wintrich, began by welcoming the three speakers to the panel.

- Luke Watkins, Business Development Director from Liberating Research joined the discussion, a global patient research community that empowers patients and enables them to fund-raise for their favourite charities and support groups every time they take part in a market research study. Luke is committed to empowering patients and has a wealth of expertise across research, operations and business development.
- Anna Vagramova is founder and CEO of East to West, a market research and consultancy firm that connects the East with the West, aiming to get us to learn with each other and from each other. Her goal is to make the world a smaller and more accessible place.
- Marc Auckland is a patient and chair of CLL (Chronic Lymphocytic Leukaemia) Support, a patient-led charity that supports patients with CLL and SLL (Small Lymphocytic Leukaemia) and their families with a wide range of activities including information and education. CLL Support is the patient charity arm of the CLL Forum of CLL clinicians, scientists and researchers across the UK. It brings the learnings of the professional sector and patients together in one forum.

Ines emphasised that the discussion provided an opportunity for learning, based around the sharing of case studies that illustrated hard to reach situations through to those that presented easier challenges.

Diversity and inspiration

Ines opened the discussion by reiterating that we all want to do whatever we can to unlock patient voices so that we can get insights from as many patients and diverse patient groups as possible. In doing this, we need to be honest and candid about how we approach our research and how we could all do better. The panel discussion aimed to inspire delegates in two specific ways:

- Placing the patient voice at the heart of all the different chapters of the traditional market research journey from proposal design to research design, briefing, recruitment, analysis, reporting and bringing the insights to life.
- By encouraging everybody to approach patient-centred organisations for a conversation, irrespective of any potential market research.

Sophie Wintrich: Positive experiences driving engagement

Sophie began by sharing best practice and positive experiences from her work in market research and more recently, in her role at MDS UK Patient Support.

MDS stands for Myelodysplastic Syndrome. It is a type of bone marrow failure and is partially classified as a type of blood cancer. In most cases there is no known cause and it is generally an older person's condition with a median diagnosis age of 75. For most patients there is no cure and at best, drugs are able to extend life or improve quality of life. The general public has never heard of this disease, as is the case with rarer conditions and the only time people encounter it is at their own diagnosis. These patients are hard to reach due to age, lack of digital knowledge, isolation and a tendency to put up with health issues. People of this age also do not necessarily disclose issues as younger people would do.

Sophie explained that her involvement with MDS began via a project that was done in the right way by a large pharma company that was looking to understand unmet needs. The MDS Foundation (patient advocacy group) was contacted right at the start and this guided all of the preparation and research work including the screeners, questionnaires and discussion guides. Everything was done in parallel with the MDS Foundation to present the market research company and fieldwork agency with a robust set of documents to gather the highest quality of data for the project.

More recently, MDS Patient Support has been involved in a project to recruit patients and carers to a chat board, including proof-reading all of the materials and driving the recruitment process.

This led to the publication of results with MDS UK Patient Support as a co-author, a situation that is still unusual.

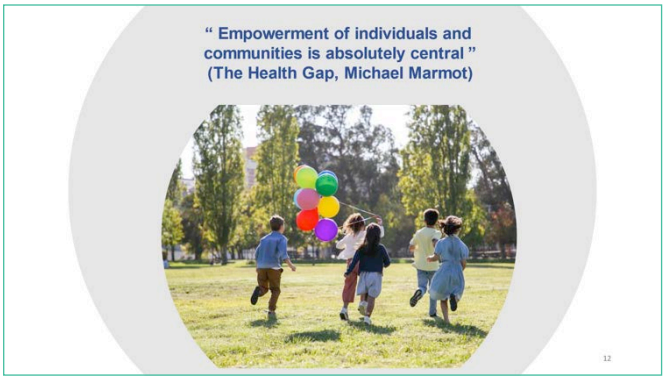
Sophie went on to describe a more negative experience from her time in market research when she was the project manager on a study on Prader-Willi Syndrome and had to 'back-pedal' to get the information to approach support groups. In an ideal world, the support groups would have been involved much earlier on as this would have avoided lengthy work.

Sophie emphasised that support groups are inundated with last minute requests from local fieldwork companies which are usually uncoordinated. At best, local or national project managers send a request, but at worst, the recruiter or interviewer contacts the support group which is not ideal. Typical requests have a poor understanding of the condition, a poorly or wrongly designed screener or poorly written questionnaires. There is often a total lack of transparency about the end client which is a serious issue as almost all support groups have a direct and regular contact with pharma companies who are engaged in research. Not knowing who is commissioning the research can fuel frustration and suspicion, impacting on the trust between the support group and the industry.

All of this means that many market research experiences do not happen and if they do take place, they can lead to significant delays and poor and misunderstood results. Early involvement, advice and consultancy is therefore critical. It is essential to understand the target audience, their mindset, unmet needs and priorities for all stakeholders to get the full picture. Support groups have to ensure that the questions directed at patients are fit for purpose and do not lead to misinterpretations of the questions or answers. They also need to protect the respondents and not cause undue turmoil as there is a duty of care and responsibility towards members.

Sophie concluded by saying that:

- Patient support groups can be effective in finding the right respondents. The majority of patients belonging to support groups just want additional information about their disease and treatment options.
- However, support groups can attract patients with certain profiles. They can be more curious than others and interested in their disease. There may be patients that experience poor care, those who are angry at their disease and those who are isolated or lonely. Support groups are aware of this. Groups also face cultural issues and access challenges. Not all patients are reached and at best for rare diseases, support groups reach about 20% of the population. Ethnic minority groups in particular are hard to reach, as are older patients and those who are not digitally savvy.
- We all have a common goal in wanting to reach out to more patients. We want to ensure that good quality data is collected to help inform those working on treatments.



Luke Watkins: Case studies across a variety of areas

Before focusing on a variety of projects which reflected good diversity quotas, Luke began by stating that if it is not possible to engage with a support group at an early stage, you should talk to the fieldwork agency that knows your target market. They can provide feedback that helps to build the screeners with the language that patients use. The more engagement at the specification stage with the support group, field workers and the people who know the target, the better the results will be.

The first case study Luke presented was an MS project which had a diversity quota mainly surrounding age. There is a tendency just to think of diversity in terms of gender and ethnicity, but it also applies to age and socio-economic status. The MS project involved 4000 videos captured over six months from 300 patients, with hard quotas for the age bracket. With a longitudinal video study, the people who tend to drop out are elderly as they are generally less tech-enabled. This project was pre-Covid and trying to engage elderly people via an App proved to be a difficult thing to do.

The client was convinced by Liberating Research to run an initial pilot study that was over-recruited, as there would be some people who were simply unhappy with using the technology. Some said yes to doing it but when they were confronted with the reality of it, they were not going to do it. There were therefore some drop-outs after the first pilot session, but this gave a relative level of confidence that the people who were left were going to complete. Throughout the six months, there was a lot of hand-holding, proving that the ability to connect with patients is really important. In-country project managers talked in native languages to the patients so they felt comfortable and developed a level of trust, with the result that of the 325 patients involved in the study, only 5 dropped out throughout the six months. The ability to recognise what the problems were going to be in achieving diversity quotas and setting out a plan for this before starting were both critical to the success of the study.

Luke moved on to talk about another project that Liberating Research are in field with. This is an NSCLC late-stage study with a difficult and specific target throughout the EU. Incentive levels were recommended at the quoting stage although the client wanted to pay the patients much less than was suggested. This reduces the pool of patients that are interested in participating as while there are people who do surveys because they like the altruism of benefiting the condition and helping future generations, there are others who cannot afford to take the time off work. We need to motivate these people financially because in reducing the incentive significantly, they are much less interested in getting involved. We therefore risk alienating a cross-section of the diverse patient population that we are aiming to create. Luke continued with details of a study on addiction which was the most diverse project he has ever been involved with. The study had traditional quotas and quotas that you would not see on a traditional market research project, including for homeless people and people who had not achieved a minimum standard of education, so the assumption was that they probably could not read and could not engage with the traditional method of recruitment. It was therefore necessary for in-country project managers and recruiters to get out of the office and go into addiction centres, rehab centres and support centres throughout Europe to engage with people directly in order to gain access to parts of the patient voice that get lost. The fact that it was an addiction study meant that it was by its nature more diverse. The pool to sample from was massive in terms of diversity and the quotas were clear, but it was only possible to find the different segments through taking a very different approach to recruitment.

Luke concluded with a look at a global study of 1500 HIV patients which involved quotas on newly diagnosed patients, comorbidities, age, gender and some soft quotas around ethnicity. The ethnicity quotas were set in conjunction with the client, although the client thought that there could be a standard ethnicity quota for all countries. There is no point in having hard ethnicity targets in countries where this is not achievable. Participants were recruited digitally which enabled easy access, as one of the limitations of support group recruitment is that there is quite a limited target patient. A combination of support groups, digital and going out and knocking on doors enables much more diverse recruitment.

Marc Auckland: A patient support group perspective

Marc has a wealth of expertise in co-production and co-design, working with pharma companies and healthcare organisations to drive behavioural change. He has CLL and was diagnosed 7-8 years ago, although he probably had it for 3-4 years before that. CLL Support is the patient arm of the CLL Forum, which is made up of specialist researchers and scientists across the UK. About ten years ago, the Forum members felt that they needed to build bridges with the patient community to get their thoughts and feelings so they could emotionally understand their situation and try and give them a more holistic approach. Marc became the Chair of CLL Support four years ago and targeted the five big pharmas who work on CLL in the UK, gradually

building up relationships so that there are now regular meetings and patient advisory groups. Marc has also coached and mentored directors from some of these pharma companies.

Marc's case study began with a senior pharma manager who wanted the company to understand the patient point of view better. Marc set up a group and told his story, even telling the company that he would prefer them to save money through allowing him to drive his own car to meetings, rather than relying on a taxi organised and paid for by them. Within two weeks, the process had been changed which saved them money and made Marc safer and more comfortable when travelling. As Marc stressed, even people deep within an organisation can be touched by what the patient perspective is and the company have used this case study internally.

Marc's second case study concerned an R&D team who approached CLL Support to get a group of patients together to complete a questionnaire with 140 questions. Marc declined the opportunity as the company wanted 20 or 30 patients to answer the questionnaire in the next week. CLL Support, as is the case with other patient support groups, is made up of volunteers, some of whom have day jobs. Marc reiterated the importance of understanding the patient's world and that patient involvement needs to take place from the beginning of a project. In this case, the questionnaire was shortened to 60 questions with simple one-syllable words that people would understand.

Marc concluded by saying that he is on a trial at the moment, although patients have only been involved at the end. The drug is keeping him alive but has led him to have brittle nails. It comes in a bottle with a screw cap and a thin silver top to seal it down and keep it safe, but patients cannot open it and are scared to put a pen through the top because the bottle is filled to the maximum. A simple conversation with patients at the start would have prevented this happening and it is now costing a lot of money for the drug to be repackaged.

Anna Vagramova: Diversity in challenging markets

Anna began by emphasising that for East to West, diversity means action and is linked to fundamental human rights in terms of equality and non-discrimination.

Anna went on to present a case study involving HIV and doctors in Russia, where stigma needed to be taken into consideration. At the recruitment stage of the study, many doctors were not allowed to participate because of the stigma around HIV in Russia. President Putin has dismissed the epidemic of HIV that is happening in the country and chief doctors in many areas brainwash patients about the inevitability of a quick death. They make them feel desperate and so patients buy their own medication, sometimes selling their apartments just to survive. Even though one of the chief doctors in Moscow ruled that all infectious disease doctors should not get involved in market research, doctors could still be recruited, although during the discussion group, it became apparent that one of the doctors was constantly checking his smartphone. Anna and her colleagues realised that he was a spy from the government who was attending the research group to see how the study was being conducted. The client, who was present in the viewing room, recognised the problem and advised to keep matters discreet and as if the spy had not been noticed. In spite of this, the team was still able to get responses from other participants.

Anna concluded by saying that diversity is about understanding a situation and briefing your client at the beginning of the project. She advised that:

- In Canada, only 70% of clients include gender, ethnicity, sexual orientation and age in the screeners.
- In eastern Europe, patients are recruited via social media and patient associations.
- Better diversity could be achieved in eastern Europe by translating the questionnaire into another relevant language e.g. Russian or Turkish.

Key takeaways

- Engage with patient groups at the very beginning of a research project or idea for advice and guidance.
- Appreciate patients' vulnerabilities and priorities.
- Consider co-production or co-design with patients. to improve treatment options".
- Think of patient-centred organisations as trusted advisors and partners "irrespective of any potential market research studies.

Day 2 - 22nd June 2022

Day 2 Keynote: Employee Experience and the Rise of Compassionate Capitalism

Speaker: Gethin Nadin

Gethin Nadin
Keynote Speaker

Gethin is an award-winning psychologist who has been helping some of the world's largest organisations to improve their employee experience and wellbeing for two decades. The last 10 years have been spent working as part of the senior leadership team at Benefex where Gethin leads our thought leadership as Chief Innovation Officer.

Gethin Nadin's paper described the rise of Compassionate Capitalism, and how organisations working in healthcare can leverage the increasing focus on the "triple bottom line" of financial, environmental and social performance seen during the pandemic, to benefit not only profitability, but also talent recruitment and retention.

Gethin began with an explanation of Compassionate Capitalism, describing how organisations have an opportunity to have a significant impact on the world – sometimes having more impact than governments in terms of unshackling people from poverty, reducing environmental impact, supporting the lives of employees and making a difference to the countries in which they operate.

He observed that the apparent conflict between profit and compassion can be overcome, reflecting the generational shift in mindset that has been accelerated by the pandemic, in which 90% of employees state that they are willing to earn less in order to work for a more meaningful organisation.

Gethin posed the question of whether employees are rejecting capitalism, or just redefining it, and shared statistics indicating that 80% of young people blame capitalism for societal issues, with 70% wanting to live under a more socialist system. Gethin explains that this generation is not necessarily rejecting capitalism, but the inequality of the fruits of capitalism. He observes that the pandemic gave us time to stop and reflect on our lives, including the fairness and justice of the way that society and business operates, and he reports shifts in attitudes towards becoming more compassionate consumers, making more sustainable and ethical purchases, influenced by how an organisation related to people, planet and society.

These same principles are starting to manifest in investor decisions, Gethin says, with potential investors requesting data on "people, profit, plant and purpose", with 94% of investors wanting to see details of employee wellbeing before investing. Employers need to rethink their employee strategies, shifting from a focus on the benefit to the organisation, and instead focusing on the benefit to the employees by designing better employee experiences focused on fairness, wellbeing, sustainable impact and diversity.

Gethin notes that employees are increasingly the most important stakeholder in any organisation, with most successful organisations recognising the value of their employees and investing in their people. In today's challenging recruitment environment,

Gethin emphasised the need to address candidates' wishes to work for companies with a focus on the environment and sustainability, as well as a commitment to employee wellbeing, above and beyond pay and benefits. In the post-pandemic world, employers are expected to understanding the benefits of supporting wellbeing in the workplace.

But how can organisations create the environment that allows their people to thrive? Gethin advocates removing the factors creating a negative impact on employees' lives, and suggests that employee wellbeing can be enhanced by simple changes in organisational behaviour, from regular and transparent communication, recognition for a job well done, genuine active listening and helping employees to build social capital and foster connections can all lead to greater employee wellbeing.

Gethin tells us that having a purpose in the workplace is more important to wellbeing than ever before, with people wanting to work for an organisation that is human, takes care of them and also takes care of people in the wider society. He notes that in 2018, a Gallup survey included the pharmaceutical industry in a shortlist of "unpopular" industries for whom people were reluctant to work. However, Gethin emphasises that the healthcare industry in particular is inherently associated with positive purpose – a characteristic highlighted by the pandemic, which he describes as a PR exercise for Pharma and Medicine, where almost overnight, the industry was able to demonstrate its value to the world, triggering a huge shift in public perceptions. He urges the industry to take action to maintain this positive public perception before the impact fades, and leverage it to attract the key talent that the industry wants to attract. As an industry, we need to shout about all the positive outcomes achieved by the industry, making job candidates and the wider public more aware of the industry's role in protecting health and curing diseases, and saving lives every day.

To drive the creation of a purpose-driven employee experience within our industry, Gethin advocates bringing together the employees' desire to work for social responsible employers along with a proactive approach to employee wellbeing into an almost irresistible package for potential candidates.

A purpose-driven employee experience goes beyond employee wellbeing, Gethin explains, with better work outcomes reported by employees who derive purpose from their work. Employees working for a company perceived to have a positive impact on society demonstrate greater loyalty towards the company, and the resulting increases in productivity and profit benefit the organisation. Gethin remarks that "good deeds are good business".

Gethin suggests some straightforward ways in which to connect your employees with your organisational purpose centred around compassionate capitalism, from taking the time to reflect on company purpose and the impact that you are having on the world, sharing stories about your impact on improving public health, improving internal and external collaboration and prioritising employee wellbeing. He notes that when an employer commits to develop an employee experience that focuses on social consciousness, it brings about a positive change, within the individual employee, within the organisation and by extension the wider society, facilitated by fulfilled employees who act as advocates in championing an organisation that supports people, the planet and society.

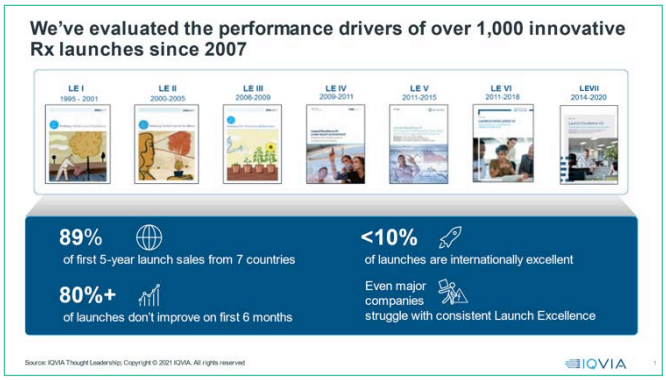
Paper 7: Launch Excellence and Insights for Launch: what does it take to achieve Launch Excellence in today's healthcare and pharmaceutical market environment?

Speaker: Sarah Rickwood, IQVIA

Sarah Rickwood, Vice President, European Thought Leadership & Marketing, IQVIA

Sarah has been analysing innovative prescription drug launches since the blockbuster days of the late 1990s, and her paper shared fascinating insight on the key factors delivering launch success in our current post-pandemic world.

IQVIA's global data have been used to inform a series of white papers looking at prescription drug launches and identifying performance drivers of product launch. "Launch Excellence", she explained, was defined as outstanding relative to performance of launches in that country, within a agiven time cohort, noting that we need to differentiate between primary and specialist care where success expectations are increasingly different in today's world.



Over the past 25 years, Sarah observed, some drivers of launch excellence have remained consistent, whereas others have changed.

She outlined some of the key factors that have remained consistent over time:

Key country markets: Sarah showed that of the total global sales in the first 5 years post-launch, 89% are generated by a small number of key country markets. These seven key markets have remained consistent over time, with the USA representing by far the largest contribution to global sales, followed by the "EU5" (France, Germany, Italy, Spain, UK) and Japan. China represents the 8th most important contributor to global sales, and its inclusion would bring the total for the 8 countries to over 90% of global sales. Sarah concludes that prescription launch success is built out of success in a small number of countries.

The importance of the first 6 months of sales: Sarah showed data tracking product sales for 18 months post-launch, which demonstrated that, for over 80% of product launches, performance continues at the level of the performance in the first 6 months post-launch – whether well or badly. She noted there are exceptions where products which perform less well in the first 6 months can substantially improve, and in fact can become some of the most successful products – however she emphasised that this was rare. Only the UK primary care sector had shown a change in this pattern, with an increased number of launches which showed improved performance after 6 months, commonly due to delayed market access.

Consistent Launch Excellence remains elusive: Sarah noted that less than 10% of product launches are "excellent", with even major companies with multiple product launches struggling to achieve consistent launch excellence across products. In fact, Sarah shared data showing that as the number of innovative launches increases, the share which are "excellent" decreases, with the negative challenges of complexity and prioritisation within a multi-launch environment being outweighing the positive benefits of learning and experience gained from previous launches. This has been a perennial challenge since these studies began in 2007, and remains a challenge in today's increasingly complex external launch environment.

One of the areas in which Sarah had observed substantial change over time was the external launch environment. She reviewed the time period from 2010 to just before the pandemic took hold in 2019, and highlighted key changes:

Stakeholders: in 2010, products were launched into a payer-dominated environment, resulting in challenging but simple needs to address key stakeholders and launch sequence. However, today's stakeholders and complex and interdependent, with national and sub-national payers still influential but with the definition of payers having become more complex as a result of the increase in specialty launches and orphan medicines, within the increasingly complex setting of the healthcare systems.

Patient journey: a similar increase in complexity of the patient journey was observed, with the 2010 environment dominated by primary care, and a typical patient presenting with hyperlipidaemia, for example, seeing one Primary Care Physician, or possibly also a Cardiologist. Today, the healthcare environment is increasingly specialised, with different types of HCPs involved in diagnosis and treatment. For example, in autoimmune conditions, a patient might see 3-4 different HCP types, or even more than 7 HCP types for rare diseases.

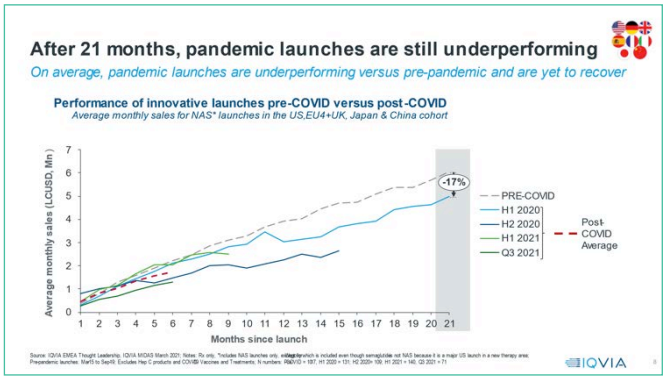
Evidence requirements: the launch environment has evolved from focusing on clinical trial data to commonplace inclusion of Real World Evidence, and Sarah notes that RWE itself has become more complex, including not only safety and post-marketing surveillance but application in a range of areas that contribute to commercial success.

Launch / product types: the 2010 market was characterised by small molecules vs biologics, but in 2019 the list of product types had expanded to include more complex categories such as cell and gene therapies and their associated complexity

The greatest changes, as expected, have been seen in the post-pandemic period from 2020 onwards. Sarah notes that many market metrics remain strong – such as approvals for new active substances, both for

COVID-related and non-COVID treatments. Innovative product launches continued to be approved and available products granted market access, with new active substances entering commercial channels at close to, or above, historic rates in all lead countries except Spain.

Next, Sarah examined commercial success for those products launched in the pandemic phase and showed that average monthly sales were 17% lower than in pre-COVID times (excluding COVID vaccines and treatments). Closer inspection of the data showed some variability, with isolated outstanding product launches outperforming the average.



Looking at the strong performers, Sarah was able to identify some common themes:

Patient pipe: strong launches were more common for orphan drugs (and some HIV launches) characterised by high level of unmet need, small patient populations and a pre-identified pipe of patients awaiting a new treatment.

Strong clinical story: again often seen with orphan drugs, but also some oncology products.

Agile delivery: launches that were able to pivot quickly to adapt to the pandemic environment, whether via digital / virtual engagement or minimising patient visits to hospital (for example via a self-administered product rather than IV), performed well, and Sarah anticipates that this trend may persist due to the benefits of keeping vulnerable patients out of healthcare facilities and reducing pressure on healthcare systems.

Reflecting on these changes in the launch environment, Sarah put forward three key areas of focus for companies wanting to respond to these market changes and create resilient launches in these challenging times:

Patients: companies need to understand and respond to today's patient journeys and how they may have been disrupted by the pandemic, not only in terms of waiting times and access to HCPs and the implications of potential delays on disease progression, but also differences in treatment choices (for example a shift towards oral or self-injected medications)

Customer engagement: the nature of engagement changed out of necessity during the pandemic, but many of these changes may persist as doctor preferences have now changed. Emphasising the importance of interactive engagement time for launch success, Sarah notes a drop of 28% in Europe and Japan in interactive engagement time with HCPs (whether remote or face-to-face) compared with pre-pandemic times. Only in the US has interactive engagement time recovered, due to an increase in telephone and e-detailing compensating for the loss of face-to-face interaction. Strengthening critical relationships with KOLs and key centres will also become even more important.

Economic crisis: partly due to the pandemic, budgets are likely to be flat at best, increasing the importance of building the optimal value and evidence proposition. RWE, she suggests, was a differentiator in pre-pandemic times, will be an essential part of product success in the future where products need to build an even stronger case for funding amidst tightening budgets.

Sarah concluded with some thoughts on what the future might hold for product launches:

- Based on pipeline, she expects the number of product launches to be high, and increasing in sophistication and complexity, alongside a sustained shift to self-administered treatments and new demand for Long COVID treatments
- Launch access / funding will harden, leading to even more restrictive decisions, and requiring early engagement and robust evidence
- Launch success will depend on the three pillars of understanding how to build a strong patient pipeline, building strong interactive engagement with HCPs, and creating a robust ongoing evidence strategy.

Paper 8: Passive tracking among Doctors: scaling passive monitoring and getting the most out of big data.

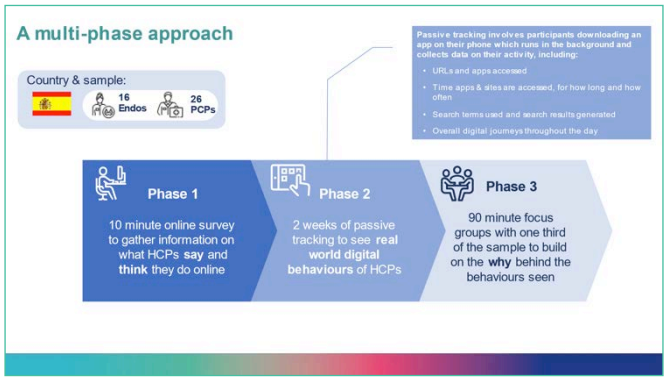
Speakers: Elizabeth Bradley, IPSOS, and Ana Claudia Alvarez, Sanofi

Elizabeth Bradley, Senior Research Executive, Ipsos

Ana Claudia Alvarez, Head of Customer Insight – Dupixent, Sanofi Regeneron

Ana and Elizabeth presented a case study which piloted the use of passive monitoring, alongside traditional perceptual research, to guide an omnichannel strategy based upon actual physician behaviours.

Speaking from her background in consumer brands, Ana observed that although the COVID pandemic had catalysed an increased use of digital approaches within pharma, we are still far behind the consumer world. She highlighted the challenges of understanding the real-world digital behaviours of physicians, who as we know tend to evaluate and respond to traditional direct market research approaches based on their perceptions and rational mindset. She noted that perceptual preference research sometimes reveals only part of the picture, with many questions needing to be answered in order to guide the omnichannel strategy development. Internal discussions at Sanofi wrestled with the challenges of obtaining accurate behavioural data, and the decision was taken to work with IPSOS to pilot a passive approach to understanding real-world behaviour, focused on what doctors were doing, rather than saying.



Liz outlined the multi-phased approach amongst Endocrinologists and PCPs in Spain:

1. Phase 1 consisted of a 10 minute online perceptual study, acting as a screener for the passive phase, but which also collected perceptual data to allow later comparison with the actual behaviours (such as the purpose and duration of device use)
2. Phase 2 encompassed a 2 week period of passive tracking to collect actual digital behaviours. Physicians downloaded an app onto all their devices which collected URLs, apps, time, frequency and duration of use, search terms used etc. The passive tracking generated over 14,000 hours of data and enabled a digital journey to be mapped out for the entire day
3. In Phase 3, 90-minute focus groups were conducted with a subsample of physicians, to explore the "whys" behind the tracked behaviours

Liz summarised some key learnings from the implementation of the pilot methodology, highlighting potential pitfalls and practical solutions, as well as guidance on how to maximise the insight generated.

Practical challenges included the issues of data privacy and compliance, both for respondents and recruiters. Physicians new to this type of approach required careful explanation and reassurance, and Liz described practical tools such as an animated video explaining the type of information collected (and NOT collected), which was key to helping physicians feel comfortable with the approach and facilitating participation. Amongst recruiters, there was concern that HCPs would be reluctant to participate in the research due to privacy concerns, but the pilot demonstrated that, once reassured, this was not the case.

Another practical challenge involved the downloading of the app onto all relevant devices. The download process involved multiple steps, which caused frustration or barriers for some physicians.

This was mitigated by the development of step-by-step instructions and screen recordings for various devices, as well as telephone assistance from the team to talk respondents through the installation process.

As it was important to collect data from all digital devices used, physicians were incentivised for every additional device onto which the app was installed. Liz reported that this approach worked well.

Once the data were collected, another challenge manifested: how to identify the insights and **construct a compelling story from the massive amount of data generated** by the passive tracking. The sheer volume of data meant that almost endless analyses could have been undertaken, and Liz highlighted the need for close communication to ensure that analysis was aligned with client needs regarding the project goals, in order to efficiently guide the focus to the most valuable and insightful areas.

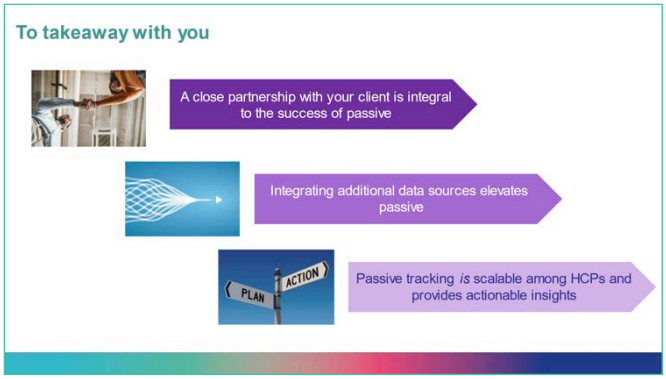
Liz described how **layering the passive research outputs with the other data sources** enhanced the insight generated and revealed the story. The passive tracking identified the true behaviours, and the focus groups provided the understanding of the rationale and motivations behind the behaviours seen. Comparison of the perceptual findings with the passive tracking provided further context to understand harmony and disconnect between what doctors say and what they actually do.

Ana then described how the outputs were used within Sanofi. She explained that some of the basic findings were in themselves useful to provide confirmation of HCP behaviour compared with fmcg consumers – for example, that **the mobile phone is the first and most important asset in omnichannel marketing**, as HCPs keep their phones with them at all times. This finding, she stated, should be designed in from the beginning of any publication strategy, with mobile communication remaining top of mind throughout.

The research also confirmed the **importance of social media medical communities**. Despite rational HCPs citing journals as a primary source of product information, the passive tracking showed that HCPs spent a significant amount of time interaction with social media, confirming that omnichannel planning needs to take this into consideration.

The passive tracking of behaviour across multiple channels revealed a chaotic picture, highlighting the **importance of simplification** to help physicians identify the product information required. Within Sanofi, this finding was actioned by harmonising and decreasing the number of assets available, to simplify and focus physician attention onto the company's key priorities.

The study also underlined the increased competition for physician attention, with Sanofi's brands **competing not only with other pharma brands, but also with the consumer realm**. Ana observed that physicians will compare their search for information on pharma products with their experiences searching for information on consumer grands, and urged us to make sure that our omnichannel approaches are as easy for physicians to navigate as those from Amazon or Netflix. She described how the Sanofi team in charge of content were now communicating with physicians using different formats, with key, short, personalised and very targeted communications.



Liz summarised the key takeaways from the pilot experience:

- Close partnership between agency and client is essential to filter the huge amount of data generated by passive tracking and identify the key insights focused on your clients' priority areas
- To elevate the passive research and maximise the insight generated, outputs should be integrated with additional data sources such as perceptual data to build the complete picture
- Passive tracking is both feasible and scalable amongst physicians, providing a methodology that generates actionable insights grounded in actual behaviour
- Further discussion is needed in conjunction with recruitment partners to explore ways to deliver passive tracking in a more cost-effective manner.

Paper 9: Devil's Advocate for your Competitor Analysis.

Speaker: Erik Holzinger, groupH

Erik Holzinger, groupH

Erik's paper described a new approach to the long-standing challenge of new product forecasting, leveraging some well-evidenced approaches but with a new twist, in the form of the "Devil's Advocate" tool, available, free-of-charge, to all.

Erik opened with the question of why a new tool was needed for product forecasting. He reviewed typical approaches to forecast models, commonly based upon the critical input of patient share, but acknowledged that there was no perfect way to estimate patient share. A number of approaches are commonly used, each with its own advantages and disadvantages. Skilled forecasters aim to minimise the disadvantages of each approach, often using multiple approaches together and triangulating the results to arrive at a more reliable, robust market estimation.

Erik noted that some approaches were more suitable than others at different stages of product development, citing the benefits of primary market research (PMR) approaches in early or mid-stage development, where a PMR-based forecast process delivers not only a "number", but also insight to potentially shape and fine-tune the value of the product and guide decisions on trade-offs between different attributes. By contrast, towards the end of product development or launch, a heavily quantitative approach can deliver greater benefits.

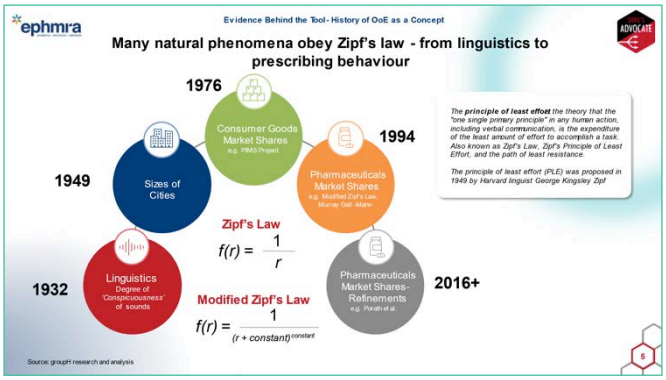
Focusing on the earlier stage product forecasts, Erik noted that although physician insight via PMR approaches is invaluable for understanding all aspects of the market and potential competitors, there are some practical drawbacks that need to be recognised:

- **Physician bias**: Erik explained that when physicians try to provide patient estimations, they are invariably centred in today's market, and, despite skilled moderation and questioning techniques, find it difficult to project into the future market 10 years hence, requiring the forecaster to make some adjustments for this understandable bias
- **Respondent fatigue**: Erik acknowledges that physicians are best-placed to discuss topics such as patient needs, how they treat a specific condition, rationale for their product choices etc, but when it comes to quantitative questions about patient share, they may be less engaged with the topic and response accuracy can be the victim of respondent fatigue.
- **Cost and timing limitations of PMR**: primary research needs to be planned in advance, and as the forecast is developed after the fact, there can be many occasions where a question arises during the forecast development that cannot be answered by the preceding PMR.

In order to overcome some of these limitations of a PMR approach, Erik and groupH developed a new forecasting tool – the Devil's Advocate tool – which could minimise the impact of subjectivity and bias, not only from physicians interviewed as part of PMR, but also from the project teams involved in the asset valuations.

The tool consists of two components: an Order of Entry (OoE) module as part of a market model, and a relative clinical profile. He explained that the OoE model is fuelled by pipeline analysis based on real world attrition rates, rather than subjective judgements.

Erik took a moment to review the historical evidence upon which the tool was based, summarising the evolution of the OoE concept which started with Zipf's law (or the "principle of least effort") in 1932, and the influence of a paper from Glenn Urban in 1986 through to modifications applicable to the pharmaceutical industry today. Despite these decades of evidence that had accumulated, Erik notes that there is more work to be done in the pharmaceutical industry to validate how the approach applies to particular indications and how it can be used to guide decision-making.



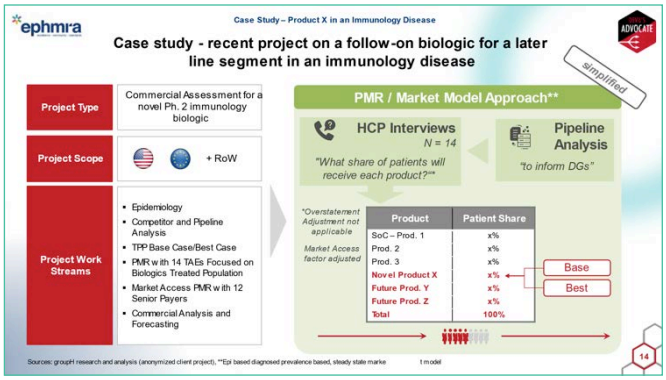
In the development of the Devil's Advocate tool, groupH surveyed EPHMRA members, and found that the OoE model was the most commonly-used basis for product forecasts (67% of those surveyed), based upon its suitability for predicting product share within

a class (but was considered less suitable for predicting class share within the target patient population or indication).

Erik then explored in more detail how the OoE model relies on robust pipeline analysis, starting with pipeline databases which were then filtered to remove irrelevant geographies, compounds and severities, and then to add in existing products. This filtered dataset it then loaded into the tool to project the future therapeutic landscape and build a mini market model to explore the impact on peak share of "Product X". In this way, the tool combines a probability-adjusted pipeline analysis with a simple market model consisting of OoE and relative profile differences.

The model is available to all, via the groupH website, and Erik explained that the data entry templates had been kept as simple and intuitive as possible, including only information that is typically available in the public domain. The transparent methodology relies on historic precedents, avoiding potential subjectivity in pipeline analysis, and limiting potential bias to the ratings of expected product profiles, which again were kept as simple as possible with a 5-point scale. There were options for some further parameter adjustments, such as the relative weighting between the OoE and overall profile for example in specialist care where profile tends to carry greater influence than OoE compared with primary care.

Erik then demonstrated the model with a case study for a follow-on biologic for a later line segment in an immunology disease, currently in Phase 2 development. The inputs included interviews with HCPs and senior payers, and pipeline analysis and base/best case analysis conducted in collaboration with the client.



Outputs for the PMR / market model approach were compared with the Devil's Advocate approach. The estimated base case percentage peak share was the same for both approaches, but Erik reported that for the best case scenario, the Devil's Advocate tool returned a slightly lower peak share than the PMR vapproach. The reasons for this difference could be debated, as Erik did – perhaps the HCPs had been too optimistic? Perhaps the tool was too pessimistic? The value of the output from the tool, Erik believes, goes beyond the calculation of a simple number, but helps the product / asset team to generate discussions around market assumptions and a critical evaluation of the calculations.

Erik summarised the key benefits of this approach:

- It provides an alternative reference point for patient share estimations, using a different methodology
- It helps to minimise subjectivity of biases introduced by PMR or the project team
- It is evidence-based, with no "black box"
- It provides an objective framework for challenging assumptions underpinning the forecast
- It helps to calculate additional "what if" market scenarios without the need for new PMR
- It can be used as a stand-alone forecast option for preclinical / phase 1 assets, or in combination with other inputs at later development stages
- Forecasting experts already using the tool report that the tool is simple and saves time
- It is a free tool available for all to use.

Paper 10: Understanding UX of a breakthrough app designed to restore dignity to the aged.

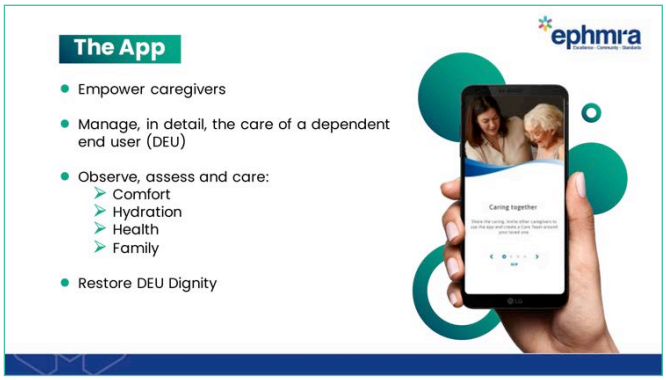
Speakers: Rob Weisner, 2Europe & Maria Huab, Civicom Inc

Rob Weisner, Director - 2Europe - International Market Research

Maria Huab, Senior Global Account Manager, Marketing Research Services - Civicom

The paper from Rob and Maria showcased a method of interviewing "hard to reach" respondents during the COVID pandemic, with benefits that are applicable to many other research projects.

2Europe's client wanted to test an app designed to restore dignity to the elderly. The mobile app was designed to empower caregivers, giving them the ability to manage in detail the needs of the dependent end-user, by observing comfort, nutrition, hydration, health, medication, life activities, appointments and care tasks. The dependent end-users were often non-verbal, meaning that handover between multiple carers was difficult. The dependent end-users had restricted mobility and required daily care, and were often singly or doubly incontinent. The app worked alongside a physical incontinence monitor which measured comfort levels (saturation level of the incontinence product), indicating when an incontinence product needed to be changed. The app would indicate when the incontinence product needed changing, enabling the carers on current and subsequent shifts to reduce the risk of leakage or skin exposure due to incontinence, but also would indicate when NO change was required, and therefore minimising any unnecessary intrusion to check the incontinence product and therefore minimise embarrassment for the end-user.



Rob outlined the research challenge they faced. The project would involve research amongst very vulnerable stakeholders: dependent end-users with dementia and other later-life ailments, and their family caregivers. Testing the new app would involve hands-on interaction with the caregiver as they explored the new app, including capture of verbal and non-verbal reactions and "live" monitoring of keystrokes as they explored the app. It would be necessary to carefully convey instructions to someone unfamiliar with the new technology. The focus of the app was a potentially sensitive topic within personal care. If this were not sufficient challenge on its own, the research was conducted during the height of the COVID pandemic, where these vulnerable people and their carers were shielding. The team needed to come up with a suitable way to conduct a thorough evaluation of the new app, whilst ensuring participants remained shielded.

A remote platform was the obvious way forward, but it proved difficult to find a suitable platform that allowed both monitoring of "live" use of the app as well as capturing verbal and non-verbal reactions, and also sharing additional stimulus material alongside the app, via a PC.

Maria described the solution that Civicom created to address this challenge, using a platform that enabled the research team to speak remotely to the carers, observe their verbal and non-verbal feedback while simultaneously viewing their live interactions with the app as it was being tested. An important part of the assessment was to explore how the carer interacted with the screen, and identify any issues of frustrations in using the app. The approach also allowed additional visual stimulus to be shared, so that the researchers could provide a very clear explanation of the app using a PowerPoint deck and answer any questions the respondent may have.

Rob and Maria explained that the platform provided robust technical reliability, working well across different devices and browsers with excellent audio-visual connectivity. It was simple to set up, and simple for caregivers to understand, even if new to this type of approach.

The platform facilitated immediate delivery of interview recordings, enabling the team to meet the end client's timelines for the project overall, but also meant that the interview process could be reviewed and quickly refined as required, with changes to the explanatory information, the order of the app screens or the tasks being made before the next interview took place.

Rob noted that caregivers are very busy, but being a rarely researched group, the client wanted to explore in as much depth as possible. To this end, 90-120 minutes were needed to undertake the tasks and give feedback on different aspects of the app usability. In many cases, respondents were unfamiliar with the technology used, and required patient and proactive support from Civicom's technical team to set up the call in advance and also to be on hand to address technical issues during the interview process.

Rob and Maria shared some hints and tips for success for similar projects. They advised breaking a long interview into several shorter sessions of 10-15 minutes to allow the respondents to assimilate the new information, but also to schedule regular breaks to allow these busy carers to drop in and out of the call to check on their loved one. Noting that the app evaluation could require intense concentration for many respondents, they advised varying the format to keep the discussion fresh, with the additional advantage that including other activities and discussions encouraged the respondents to share additional insights.

They summarised some key learnings from the project:

1. A mobile usability approach allowed successful testing of the app via remote interviews. While remote interviews were ideal for the pandemic situation, the associated cost- and time-savings mean that this approach is also beneficial for many other types of interview
2. Historically, app developers would launch an app and then wait for feedback from users. This project showed that app developers can assess in-app usage prior to launch, to see how the app performs in "real life" situations and make any refinements before going live to the public. App developers can test language, tone, functionality and flow of the app and apply quick fixes based on user feedback
3. The success of this remote approach presents opportunities for conducting further remote research with vulnerable audiences, without needing to compromise on quality of the research, and this benefit extends beyond the pandemic situation to any ongoing research with the vulnerable.

Day 3 - 23rd June 2022

Day 3 Keynote: Paper 11: Thriving: Careers in the Hybrid World.

Speaker: Erica Sosna, Career Matters Today

Erica Sosna
Keynote Speaker

The inspiring keynote speaker, Erica Sosna, highlighted the recruitment challenges that businesses face in the wake of the pandemic and "The Great Resignation", and shared with us her insights on identifying and accommodating drivers of personal career satisfaction, for the benefit of individuals and organisations alike.

Erica's professional focus is on the future world of work – a focus that has seen seismic change over the past couple of years as the pandemic prompted many people to re-evaluate their needs, preferences and career choices. In today's climate of talent shortages, Erica emphasised the need to explore the experiences that we as individuals, and the team members that we manage, are seeking in the new "hybrid world".

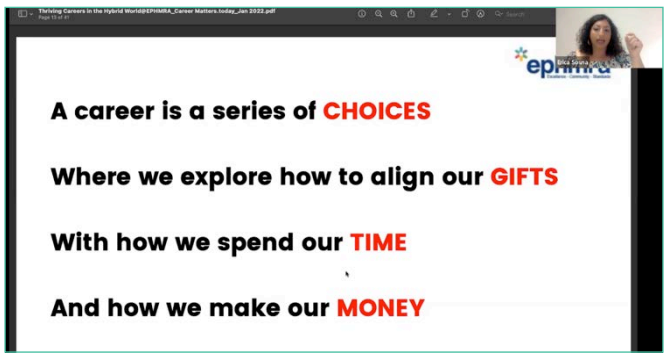
Erica began with a statistic: the average person will spend 80,000 hours at work, over the course of their lifetime. She observed that many of us spend more time planning our holidays or house moves than our careers, and that we spend more time at work than with the people that we love and care for, and suggested that career planning would be a valuable investment for each of us as working individuals, as well as leaders of teams of organisations. Each of us are the expert on where our own 80,000 hours would be best spent, and what our life's work will be, influenced by our newly re-shaped sense of identity, shifted values and priorities, and sense of purpose. Alignment to purpose, she notes, has been shown to translate into results, with a recent report from McKinsey stating that respondents who believe they are "living their purpose" at work are more effective, with four times higher engagement and five times higher well-being.

Erica quoted Einstein to remind us that, in every crisis there is an opportunity. Whenever there is turbulence or upheaval, such as organisational restructure, M&A, change in leadership or direction, or a global

pandemic, there is an opportunity to reconnect with our teams to reassess our assumptions on what they want out of work, where their strengths and weaknesses lie and how we might support them to develop their gifts so that they can achieve remarkable things.

The emergence from the COVID crisis and its sequelae, she suggests, present a valuable opportunity for us to consciously redesign how we do great work, where we do great work, and what we mean by great work on an individual basis. She observed that we are seeing tangible evidence of this "redesign" process in the market movements of talented individuals, but urges us as leaders and organisations to also take the opportunity to refine not only the work environment that we offer to our employees, but the employee contract and how we work with each individual to help them to achieve their own personal purpose. The key to future success will be shaping a win-win working environment that fulfils the personal ambitions of the employee to the maximum benefit of the organisation.

Each employer might consider a range of possibilities that could be offered for personalisation of the working environment, from the physical space in which we work (the office, vs other spaces?), geographical location (are we recruiting talent on a global basis, and how does this relate to proximity to geographical places or headquarters?), to the definition of work targets (tasks achieved rather than time spent?).



To be able to truly personalise our working environment and that of our employees, Erica highlights the importance of "connection" on multiple levels. Remembering the pyramidal structure of relationship levels, from chit chat, through information sharing and opinion, to true connection, can help us to ensure that we make those connections at the highest level, understanding drivers and motivations and helping to create the working environment that helps each individual to thrive.

In order to do this, Erica explains, we need to reflect on our conversations with employees. How do our company cultures approach employee evaluation and development? Are we focused on task performance? Or do we engage in career conversations which seek to identify the experiences our employees are looking for next, and how we can support them to achieve those experiences? By aligning the talents of our employees with opportunities to contribute to the organisations for whom they work, we can drive retention and performance.

Retention, Erica notes, is a key challenge emerging from the post-pandemic workplace across all industries, as The Great Resignation exemplifies a mass exodus from the formal workplace. Our candidates are not just moving to competitors, they are moving to a different way of working. To attract and retain talent, organisations need to ensure that employees can benefit from the employee contract, and be excited and engaged at being part of the community of an organisation.

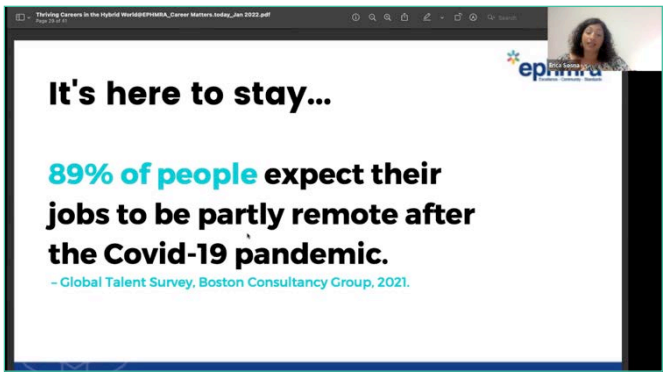
Erica explained that not everything that matters to individuals can be measured: we need to create a way of understanding how an individual defines success, and to do this, she introduces us to the Career Equation underpinning our ability to thrive:

Skills + passion + impact, divided by environmental fit = ability to thrive

Everyone wants to work in an area of skill of strength, she explains, and applying our skills in an area about which we are passionate gives us energy and satisfaction, which is further enhanced when the result of our skill and passion has an impact which makes us feel successful. However, each individual thrives best in their own unique environment, and we need to try to ensure that our preferred working environment is reflected in the environment in which we find ourselves.

From the employer perspective, this means that we have to discover what type of working environment our employees are looking for – and as this differs uniquely from person to person, we need to try to offer flexibility for our employees to mould the

working environment to their needs and wants. The post-pandemic world is focused on "hybrid" working, but, Erica notes, there is much more to it than that. Are you a specialist or a generalist? Do you like a lot of variety or prefer to specialise deeply in one area? Do you like to collaborate or do you work better on your own?



To maximise the chances of creating our own optimal working environment, or, as leaders, to create the optimal working environment for our teams, we need to identify what we are good at, what we love, the environment in which we do our best work, and how we define success. Erica encouraged delegates to explore these parameters in the chat, and commented that the variety of responses was indicative of the highly individual ways in which each of us thrive.

Erica explained that, in the answers to the four questions posed, we have the key components to drive decision-making for the next stage in our careers. As employees, we can evaluate our current jobs and identify opportunities for change or development. As candidates, we can assess the ability of a particular new role to lead to fulfilment. As leaders or recruiters, we can identify the drivers for each of our employees or candidates, and assess whether we can provide the necessary work environment to enable them to thrive, driving retention, engagement and performance.

Erica concluded with a recap of the key steps to thriving in the future workplace:

1. Listen deeply to ourselves and others, to understand the kinds of experiences they want within the industry, the skills they want to acquire and strengthen, and the things that make them feel accomplished
2. Get talking, using these four key questions as openers, talk to our teams about the sense of connection that they are looking for from their work
3. Find the tweak in the work you're doing, the roles you have in front of you and the talent you have, to identify the opportunities to amplify the satisfaction against the criteria in the Career Equation
4. Take action for you and your team, to move towards the experiences you and they want to have, to keep them fully engaged within your organisation and to drown out the "noise" from opportunities to move elsewhere
5. Have the career conversation. If that conversation is not happening within your organisation or team, someone else may be having that conversation with them

Erica cautioned that following these principles will not mean an end to resignations, but emphasised that connecting career conversations have been shown to be a retention tool which drive a commitment and focus that people are reluctant to use if they go elsewhere.

Returning to the idea of hybrid working, Erica observes that we are in the middle of a pendulum swing between pre-pandemic office-based working environments, and the lockdown environment of home working, and predicts that we will find benefits in the centre, as we reflect on what we have experienced during the pandemic and identify how we could transform our industry and "build back better" as a result.

Hybrid working, she says, is here to stay, with 89% of people expecting their jobs to be at least partly remote after the pandemic (Global Talent Survey, Boston Consulting Group, 2021), and expecting hybrid working to be possible. However, there is also excitement about "reconnection" with colleagues and the value that direct interaction brings. The key, she suggests, is flexibility. The hybrid environment will suit some individuals, in certain roles, at some stages of their careers, but Erica also notes that we need to balance the benefit to the individual with the benefit to the organisation, in order to drive an engaging work culture, enjoyable personal work experience, and the performance and retention that results.

5 Ways to Increase Your Happiness in 2022.

Speaker: Andy Cope, The Art of Brilliance

Andy Cope, H

Andy Cope is a Doctor of Happiness, and in his highly entertaining and energising video, he shared with us 5 top tips for happiness in 2022 to put a smile on our faces and a spring in our steps!

Andy began by demonstrating the difference between change and transformation. Asking us to imagine that we all live within an egg, he explained that most people spend time and energy enhancing our egg, but that transformation takes place once we hatch out of our egg into the amazing world beyond.

He explained that transformation can take place at three levels, from the individual, through entire teams or businesses, but also to entire subject areas. He explained that, for 150 years, the field of psychiatry had followed a disease model, focused on those who were mentally unwell, trying to identify what was wrong, and then trying to alleviate the problem. Despite 150 years of hard work with therapy, counselling or medication, Andy observes that mental health has become more of a problem, rather than less. In contrast, twenty years ago,

the relatively new field of positive psychology emerged, focusing on those people who were exceptionally happy, identifying who these happy people are, what they are doing that enables them to flourish, and what we can learn from them that we can apply to individuals and teams so that we might feel amazing as well. He observed that we sometimes come across a small number of people in our lives who seem to have something "extra" – an extra smile on their face, an extra spring in their step. In the workplace, these are the colleagues who go the extra mile, build strong relationships and make things happen. How can we become more like these people – the "2%ers"?

To demonstrate his 5 top tips for happiness, Andy shared the advice, not of a paragon of wisdom such as King Solomon, but the wisdom of children. These are direct quotes from children under 5, sharing their top tips for happiness.

1. Stewie, aged 5 – **"You got to say it in your mouth and your heart – you have to say I am brave of this meeting, I am loved, I smell good. And you can say 5 or 3 or 10 until you know it"**

Andy explained that Stewie was talking about what positive psychologists call affirmations, but that the benefits go deeper than simply standing in front of a mirror and telling yourself that you are a wonderful person: the affirmations can be used to change our internal narrative from the typical insecurities we all experience, to more positive attributes that we, and the people around us, can believe in. Andy summarises this as **becoming our own best friend**.

2. Racheela, aged 4 – **"You gotta walk big and you gotta mean it"**

Andy relates Racheela's advice to the 10/5 principle (also known as the 10/5 rule of hospitality), which enhances customer service by the way staff interact with guests: you need to make eye contact with anyone who comes within 10 feet of you, and if they come within 5 feet of you, you smile and say hello. This simple approach has been shown to be extremely effective in enhancing customer engagement and the customer experience. The same principle, Andy explains, applies to the person displaying the behaviours: our body language and emotions are connected, such that if we display negative body language (bowed head, unhappy face), we tend to feel down, but by adopting positive behaviours such as standing tall, making eye contact, smiling and interacting as if we mean it, we can lift our own mood, and that of the people around us. **We can behave our way into a new way of thinking**.

3. Toby, aged 5 – **"Think about the donuts of your day. Even if you cry a little, you can think about potato chips"**

Andy praises Toby's ability to go to the heart of "inside out thinking", explaining that our emotions are generated within us, not from the outside world. No matter how early the Monday morning alarm, or how rainy the day, the way that we respond to these external stimuli is what dictates our mood. If we flip our thinking and **find the positives in our day, we will lift our mood**.

4. Danielle, aged 4 – **"Never put a skunk on a bus"**

Andy observes that this advice works at both a practical and metaphorical level! He explained that if we place people onto a graph of wellbeing (a "happiness curve"), we will find there are a small number of people at the top of the wellbeing spectrum who are unusually positive about everything in life. He describes these positive people as "the 2%ers" – they are statistically significantly more positive than most other people, with 40% more energy. They make wonderful colleagues, and even better parents and grandparents, he observes. However, there are other people who are at the bottom of the wellbeing graph, and although they may not be depressional or have a clinical mental

health condition, they struggle to maintain a positive mindset. Andy calls these people the "Mood Hoovers", describing how they can bring down the energy in a social situation by grumbling about whatever is going on. He explains that, if we let ourselves remain in negative mode when we go into the office or a social situation, we are the skunk on the bus. Danielle is saying, **don't be the skunk on the bus**.

5. Kelvin, aged 5 – **"you gotta take a deep breath and you got to do it again"**

Andy relates Kelvin's advice to the Finnish concept of "sisu". Finland tops the league of happy countries, and although sisu doesn't have a literal translation in English, Andy describes it as the "determination" or "courage" or "resilience" when you are in a difficult situation, but you dig deep to find the mental reserves to get through it, even though you never imagined that you could. Andy notes that much of the world is exhausted in our post-pandemic world, at the individual, team or organisational level, and that finding your "sisu" will access your reserves of energy to enable us to keep moving forward. **If we combine all these top tips together, we can find our sisu**.

In his conclusion, Andy returned to the concept of the egg, postulating that we might all start out as children on the outside of the egg, but that over time, the school system, work system, society and culture knocks us back into the egg. By using the top tips that the children have given us, we might be able to transform out of the egg, back into the vibrant outside world, and get back to our best possible self.

Paper 12: Project Delivery vs Panel Health.

Speakers: Tom Pugh & Hannah Brown, M3 Global Research

Tom Pugh,
Executive Vice President,
M3 Global Research

Hannah Brown,
Global Head of Marketing,
M3 Global Research

Tom and Hannah shared some fascinating insights from their own panel performance metrics, and invited the industry to benefit by taking action based upon the results.

Tom opened by observing that, although our industry is founded upon data and insights, we don't always look to data to inform our own approach to solving industry challenges or identifying business opportunities that might exist.

He acknowledged that, as a panel provider, M3 is focused on protecting their panel and maximising participant engagement through fair treatment, appropriate communication and targeted survey invitations that minimise screen-outs. Panel participant satisfaction, he observes, leads to higher engagement and higher response rates, from which the whole industry benefits.

Hannah noted that we are all aware of which factors drive respondent participation, but that by going beyond the basics, we can all play a part in addressing the issues underpinning panel attrition and ensure the long-term health and prosperity of our market research industry.

In May 2021, M3 introduced a simple, 2 question survey at the end of every project, to measure survey satisfaction and experience. The exercise was designed to be quick and painless for respondents to complete. Firstly, they were asked how likely they would be to recommend the survey to a friend or colleague (enabling a standard net promoter score to be calculated for each survey). For the second question, respondents were asked one of 6 questions pertaining to the survey itself. A year later, M3 has collected over 500,000 responses across 22 countries, three quarters of respondents being physicians, and the remainder allied healthcare professionals.

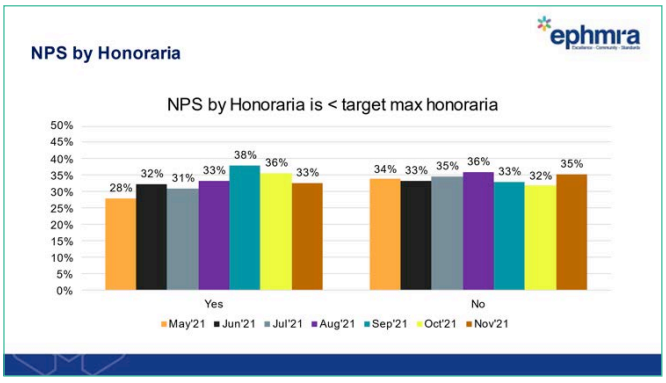
Hannah explained that some of the data confirmed what we already know as an industry: namely that respondents prefer shorter interviews and are sensitive to fair remuneration – both of which are agreed as part of the opt-in process when invited to participate in a survey. However, she observes, what is less well understood is the impact of survey design on respondent satisfaction, and the identification of actionable survey parameters that will help to increase participant engagement. As well as guiding survey design, the panel performance metrics can be used to aid dynamic profiling to tailor invitations to an individual respondent's particular interests and preferences. Using targeted profiling, she suggests, would help to build a utopic research world characterised by minimal screen-outs and delighted respondents. Going beyond satisfaction with an individual survey, Hannah draws a link between participant survey satisfaction and the likelihood of future participation, explaining that M3's panel performance metrics show that respondents who have a negative survey experience are twice as likely to unsubscribe from the panel – and that this is not just M3's panel, but any other panels with which they are registered.

Tom then walked us through some of the details of the metric outputs based on the sample of over 300,000 responses, across 7 questions:

1. How likely to recommend the survey to a friend or colleague
2. How boring / interesting
3. How hard / easy to complete
4. Not compensated appropriate / compensated appropriately
5. Poorly / well written
6. Irrelevant / relevant questions
7. Too long / short

For all questions, net promoter scores ranged between 17% and 39%, with the exception of length of interview (LOI), which Tom noted was a reflection of the nature of the question where a desirable outcome would be as close to neutral as possible. As expected for LOI, short interviews were the most popular; however, interviews over 50 minutes were not necessarily universally unpopular. Tom concluded that other factors were more important, such as ease of instrument completion and engagement with the questions.

Analysis of the metrics by specialty revealed large differences, with NPSs for allied disciplines (such as nursing, diet/nutrition and complementary medicine) at 100%, reducing to 15% for specialties such as Pain Management and Pulmonology. Tom noted that the more frequently-researched specialties, such as Pulmonology, Neurology, Nephrology and Endocrinology, had less positive market research experiences in November 2021, and acknowledged the potential implications for our industry.

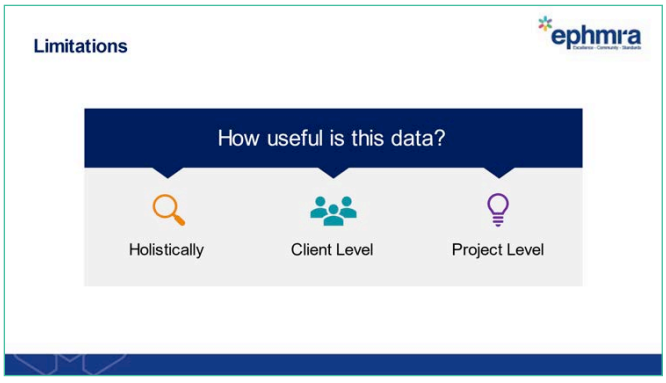


Tom paused to reflect on the usefulness of this data. The large sample size enabled identification of factors causing the most damage to respondent satisfaction, but did not reveal any particular surprises at aggregate level. However, Tom suggested, the analysis might become particularly valuable with greater granularity, for example when analysed at the client or project level.

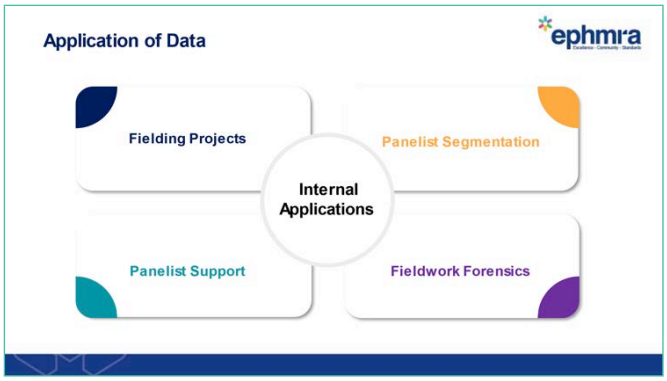
Hannah picked up the theme, suggesting that there is an opportunity to learn from these data and apply the findings at different points in the research process. This could begin with setting expectations at the invitation stage, particularly for more complex surveys such as those involving patient record forms, to improve engagement and satisfaction. In field, the live data could be used to check the "health" of the survey and ensure that there are no unexpected impacts on user experience. Fieldwork "forensics" could help to identify and address issues with quality of data as a result of issues with logic or interface. Both of these actions could be assessed at soft launch stage, with any issues addressed before full launch.

Metrics could be used at the individual respondent level for panel segmentation and targeting, whether to tailor survey invitations or follow-up exploration with consistent promotors or detractors.

Data could also be analysed at client and project level to help agencies identify individual strengths and weaknesses in questionnaire design for different project types, perhaps even using the data to strengthen the pitch to clients for a particular therapy area or methodology.



Hannah summarised the importance and implications of panel retention, and how panel health and performance metrics could guide improvements across the industry as a whole. Although the M3 survey was initially implemented for internal use to understand drivers of engagement and respondent experience, when M3 shared the metrics with selected clients, they could immediately see the benefit of using the data to guide survey iteration and improving survey design skills.



Hannah concluded by inviting us all to join the conversation: how would we use these data? Were they perceived as a threat or was the audience receptive to understanding our own performance and identifying opportunities for improvement? Her hope, she explained, was that the data would be a catalyst for change and accountability, and she welcomed questions and discussion.

Paper 13: The Big Promise of AI: can computer led analysis replace human analysis and interpretation to get faster and deeper insights?

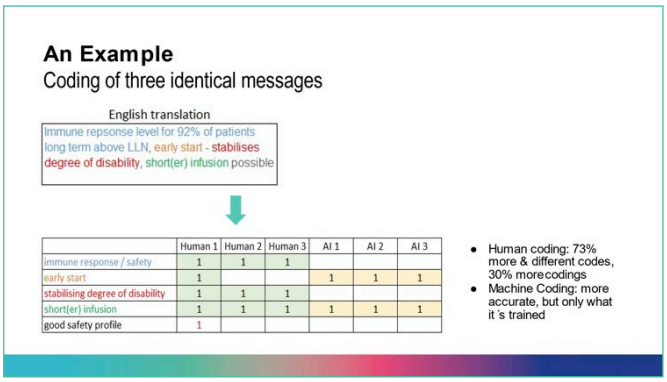
Speakers: Christoph Petersen & Ann-Kathrin Bopp, Roche Pharma AG

Christoph Petersen, Teamlead Market Analytics, Roche Pharma AG & Ann-Kathrin Bopp, Market Research Manager, Roche Pharma AG

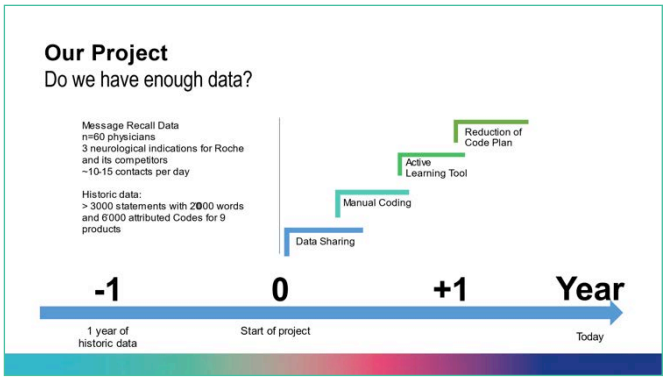
Christoph and Ann-Kathrin's paper shared a description and a frank evaluation of an internal project to develop a Natural Language Processing (NLP) model, highlighting both the benefits and the limitations of the approach, and sharing their thoughts on opportunities for future development of the approach.

Christoph first set the scene, acknowledging that processing and analysing contextual data, from open-ended questions in quantitative surveys to transcripts of qualitative interviews, forms a large part of our daily practice as analysts. He referenced the often-quoted expectation that, at some point in the near or distant future, machines using AI and NLP would be able to conduct these analyses for us. But, he asked, where are we today, what can the approach achieve, and how could it be best utilised in the future?

To answer these questions, Christoph first described the project undertaken at Roche. Roche has an ongoing message recall study amongst Neurologists, capturing key messages recalled from sales contacts for Roche and competitors, across three indications. This long-running study provided a generous dataset for the Roche internal IT department, which was looking for use cases to develop an NLP project, training the computer to categorise the data and develop trends.



With the first 4 months of data being used to "train" the model, Christoph explained that today, the computer system was now able to code 80% of the response items, but this meant that 1 in 5 of the response items remained uncoded: the model wasn't able to identify a suitable code, even after the extensive training phase. The team learned that human coding was able to code a greater variety and number of response items, react faster to changes with a growing number of codes as they adjusted to new incoming information. He shared a practical illustration where three responses were almost identical, as they reflected the key communication messages currently being detailed. In this situation, human coders were able to allocate 73% more and different codes, and 30% more coded items, than the machine coding. However, he noted that human coding showed a tendency to "over interpret" the data, making a human leap from the actual content of the written response to an interpretation by the human coder. By comparison, the machine coding was more accurate, but limited to those response items that it had been "trained" to recognise.



Christoph reminded us of two key types of error relevant to this case study: false positives and false negatives. In this context, a false negative would be returned when aspects in the survey response were NOT captured in the coding. A false positive would be returned when codes were assigned for aspects that were NOT present in the data.

Comparing these two types of error for machine and human coders, Christoph explained that the project demonstrated that machine coding returned 38% false negatives (missing codes), compared with only 6% for the human coders. Human coders are able to recognise and code most of the response items.

When comparing false positives, the study found little difference between humans and machines, with 23% of false positives from human coders compared with 17% from machines. Christoph interpreted this as a very slight tendency for human coders to "over-interpret" the data.

Christoph paused here to consolidate these findings from the study: machines make mistakes, but humans make mistakes too.

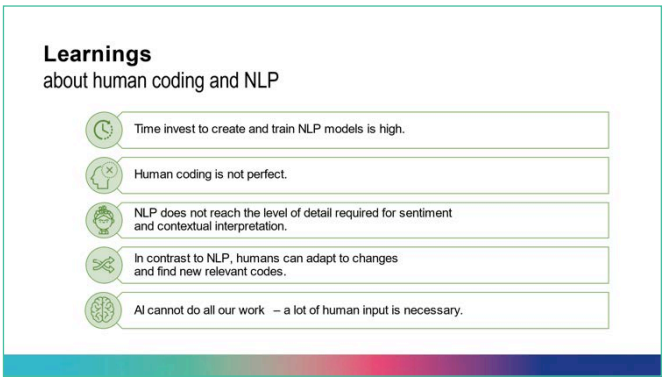
He commented that, although emphasis is often placed on the false positives (assignment of incorrect codes), the false negatives are actually more important when we are using human-coded information in order to train the machine, as we are then training the machine to accurately and consistently identify the wrong behaviours.

A key strength of the human mind, as identified by this project, was that humans have the flexibility to understand contexts and adjust codes to reflect new topics. Machines will reliably execute what we have trained them to do – but the outputs may be less meaningful as a result. Christoph concluded that, in order to refine the NLP model, other ways of "training" were required.

Ann-Kathrin then described how the team developed an active learning tool that generated data more efficiently and with fewer false negatives.

The approach involved presenting a specific message and proposing a specific code that might be assigned to it. The coder simply has to decide whether the code belongs to the message, and click "yes" or "no". The benefit of this approach was that the process of coding is reversed – rather than seeing a message and having to identify and retrieve the appropriate code, the coder is presented with a specific scenario and simply decides if the code should be assigned or not. This reduces the number of false negatives, but, more importantly, it is possible to choose the codes for which the model is less accurate, in order to selectively train on those codes. The result was an increase in the precision and quality of the coding returned by the model.

However, despite this selective training, the team remained dissatisfied with the prediction of some of the codes. They realised that the code plan was too complex, with 50% of the codes accounting for 90% of the codings, and those seldom-used codes providing insufficient examples to be able to effectively train the computer model. They also realised that some of the codes were very similar, and that the model was not able to differentiate between them. By consolidating some of the codes, the team was able to reduce the number of codes from 292 to 74. Ann-Kathrin reported that this consolidated code plan improved the quality of the codes significantly, however, the level of detail was consequently reduced.



Ann-Kathrin summarised 5 key learnings from the project:

1. High investment cost: the time required to create and train NLP models is high. Although the speed of coding was much faster than via human coders, the set-up time was greater than anticipated
2. Human coders make mistakes: the team had expected AI models to make errors, but learned that human coding is not perfect either. Exemplary human coding is required in order to train machine learning effectively

3. NLP coding lacks detail: human coders are able to incorporate sentiment and context very effectively, but the NLP model didn't reach the level of detail required for projects requiring greater depth and high levels of details. Human analysts would still be required to look at the details that the machine might miss
4. Humans are agile and flexible: in contrast to NLP models, humans can adapt to changes and find new and relevant codes. In the test study where communication topics change all the time, new messages emerge and need to be trained and coded. Ann-Kathrin concluded that the "supervised learning" approach works best in situations which are more stable, where new codes are not required. For more dynamic environments, she advised, more human input is required to identify new trends and decide if they are relevant and should be included in the code plan
5. AI cannot replace human input: although machines can work quickly and take over repetitive tasks, giving us an immediate overview of huge amounts of data, human analysts are required to assess sentiment and set the information into context, identifying patterns and trends.

Christoph concluded with a critical overview of the project. Would they conduct such a project again? He confirmed that the overwhelming benefit was the almost immediate availability of results, compared with human analysis. However, he identified several takeaways which could improve future NLP projects:

1. Collaboration: collaboration could leverage the similarities between many projects to develop the same basic teaching process, perhaps relying on existing language models to increase efficiency
2. Leverage cross-industry data: he called upon pharma companies or agencies working within the same indications to collaborate
3. Combine the strengths of human and machine analysis: computers can help prepare and structure information for us with high efficiency, but the human insight manager is essential to identify "the beauty in the detail" which reveals the true insights, for the benefit of patients and caregivers.

Paper 14: Habit Loop, Reimagined: A Novel Method for Uncovering the Drivers of Physician Treatment Decisions at the Speed of Medical Decision-Making.

Speakers: Jeff C. Brodscholl, Branding Science and Robert Egerton, Bristol Myers Squibb

Jeff C Brodscholl, Vice President, Behavioural Science, Branding Science

Robert Egerton, BI&A Lead Immunology, Bristol Myers Squibb

In their paper, Jeff Brodscholl and Robert Egerton presented a case study on generating insights that address the habit-like aspects of physician prescribing behaviour, based on leveraging behavioural science that looks at how experts make decisions in complex high-stakes environments.

The business challenge

Robert began by outlining that BMS was looking at where it could achieve growth with a very successful and established brand that had multiple indications and had been on the market for a number of years. A variety of HCPs could prescribe the product and while many customer segments had positive perceptions of the brand, one segment in particular had entrenched behaviour. BMS already had previous insights and analysis on this segment and knew four significant factors about the customers:

- They were highly experienced in this disease area. This was a simpler disease for them to manage than other diseases.
- They were very familiar with the clinical literature and phase III clinical trials. BMS therefore needed to engage with them at a higher level.
- They were a keen influencer of other prescribers in this disease area. They were often thought of as thought leaders who strove for best practice.
- There was entrenched behaviour among these customers which had not shifted over a number of years.

Jeff continued by explaining that one of the problems that exist with this type of situation is the limitations of traditional market research methods which can lead us to underestimate the entrenchment of competitors. It can also fail to unearth some of the deeper drivers and barriers to decision-making. We can therefore end up with limited insight into what holds current prescribing patterns in place, creating a lost opportunity to pick up on subtleties that a brand could capitalise on to break through the entrenchment.

How behavioural science can help

Jeff explained that one approach that might seem appealing is to take this type of problem and analyse it as being a problem of "habit":

- The customer has some sort of behavioural tendency that gets activated by a cue that they find in the environment.
- When the cue is encountered, the behaviour takes place efficiently with little reflection or thought.
- It then results in a consequence, such as a reward,that makes the behaviour even more likely and entrenches the habit further.

This way of thinking about customer behaviour can make sense when trying to understand some of the behaviours of everyday consumers, but it is not as straightforwardly applicable when looking at the behaviour of a stakeholder group such as physicians.

Doctors are not consumers. They are professionals who use drugs and devices as critical tools to perform their work in a high pressured and high stakes environment. Their performance depends on deploying sophisticated knowledge and skills under varying degrees of complexity and uncertainty. By the nature of the tasks that they are being asked to perform, the behaviour processes that are activated in their decision-making are going to be much more complex than what can be captured in a simple cue-routine-reward "habit loop".

Yet, we know that doctors can make systematic errors that reflect everyday biases in human judgement, and can persist with treatment practices even when they consciously acknowledge the evidence favouring change. They are also not likely to be aware of the totality of their behaviour and what drives it. All of this is consistent with physicians relying on intuitive forms of reasoning and routinised application of skills and knowledge as part of the process by which they make decisions. Likely, these features of their decision-making are precisely what makes it possible for them to do the complex work that they do, but it also leaves them open to their behaviour sometimes becoming "stuck".

- On the one hand, whatever doctors are doing, it is likely more complex than "cue-routine-reward".
- On the other hand, their decision-making isn't just systematically reflecting thought-out risk-reward trade-offs either. The net effect is behaviour that looks like habits, but it isn't totally driven by habits per se.

Robert reiterated this point through the existing research that BMS had carried out in which the type of responses tended to suggest that the behaviour of the physicians was automated. It was therefore very difficult to get below the surface of what was driving their decision-making and why they made the decisions they were making.

Expert decision-making

Jeff explained that the science of expert decision-making can provide insight into the adaptations that make experts lightning fast at what they do but also opens them up to error or bias. The methods within this tradition are varied but many share a common commitment to triggering real-world decision-making processes in the moment that they are to be studied. Examples include Verbal Protocol Analysis, where an expert performs a task that can be generalised to the one they would perform in real life. They think aloud, uncensored and unencumbered, as they are performing the task. In another approach, called the Critical Decision Method, experts are asked to recall an incident from their past where they made a key decision. They are asked to recall it in a way that slowly brings it back to life for them with a lot of rich concrete detail. Via multiple sweeps through the incident, it is possible to uncover what features in the incident captured the expert's attention, the goals they were forming and what they were considering doing, and so forth.

These methods often share a reliance on data analysis, rather than what the respondent tells you, to connect the dots between observed decision-making and the mental processes that are activated. The analyst can then look at the patterns of the data to infer the drivers of the decision-making, as opposed to relying purely on the respondent's self-reports about the things that cause them to do what they do.

Habit Loop 2.0

Jeff went on to explain how the science of expert decision-making formed the basis of the Habit Loop 2.0 platform which Branding Science developed to capture the automatic and habit-like aspects of HCP decision-making but looked at in a new way. The platform is both a qual research methodology and a point of view about HCP decision-making that is anchored in science. It is also a strategic solution that uses a two-step qual exercise to ferret out fissures

in competitor loyalty, toeholds for a brand, and overlooked levers for brand teams to look at and utilise in their marketing efforts.

The first step exposes the respondent to a richly-rendered case description that contains the kind of clinical detail that a physician would encounter in real-life. It also contains a lot of contextual detail that they would encounter, e.g., details about the patient that might be able to support inferences about their ability to understand instructions, etc. This information is presented from a first-person perspective. It is kept concrete, real world and present tense. The idea is for the physician to create an image in their mind of the patient being in front of them and the physician is not directed to assume certain things, other than the facts that are being given.

The vignettes are designed strategically to make sure that they have features that demonstrate if the physician is picking up on cues that ought to be benefiting the brand, or are picking up on ones favouring competitors. Once the physician reads through the information, they make a key decision for the case, or render a key judgement about it, and this becomes the behaviour that is then unpacked and understood.

The second step of the Habit Loop 2.0 involves a tightly scripted exploration of the thoughts, feelings and intentions driven by the case study and considered options. It is tightly scripted because in a more traditional interview which is conversational and expansive, physicians can zoom out and talk in generalities, which may reflect their theories about why they do what they do, but also miss some of the actual drivers of their behaviour in the moment. The physicians are asked to describe each of the various thoughts and feelings that occurred as they made their decision for the case study while avoiding having them explain or justify their actions. Probing brings to light aspects of the case that captured their attention and the thoughts that were triggered by these case features. It also brings to light the alternative courses of action that came to mind during decision-making, when they came to mind and what thoughts about the case triggered them, as well as what thoughts/feelings/intentions were associated with the courses of action they considered and how fluently some of these thoughts came to mind.

All of this provides the basis for a "whole person analysis" where, instead of looking at the data probe by probe across the respondents, a single respondent is taken and their data analysed across all of the probes using behavioural conceptual knowledge to unearth patterns and make sense of them. This enables patterns to be found which tell us something about the behavioural processes that were being activated when the respondent engaged in decision-making. The analysis uses the full range of verbal behaviours that were captured during probing, i.e., not just what was said but how it was said and the order in which it was said. This supports the mapping of triggers and associations, mental processes and inferences, based on the texture of reported thoughts and feelings as much as on the content of what the respondent says. This process is carried out for each physician, and the insights obtained for each physician are then aggregated to describe the sample as a whole. The methodology also enables us to look at personality characteristics that are captured elsewhere in the interview and bump them against these patterns for further interpretation and discovery.

Applying Habit Loop 2.0 to the BMS challenge

Decision-making was particularly automated for the customer segment of concern, as treatment choice for this segment was straightforward and routine. Using the Habit Loop 2.0, the idea was to open up the moments where there might be some hidden triggers that the BMS brand could capitalise on which they were not currently capitalising on.

The vignette described a late middle-aged male who was admitted to hospital for a specific disease and imagined by the respondent to be visited by them in their ward round.

The doctors were probed as described above but also probed outside the Habit Loop 2.0 to learn about their "motivational mindset". This was an opportunity to bump a key personality characteristic against the data and see how the motivational mindsets affected decision-making.

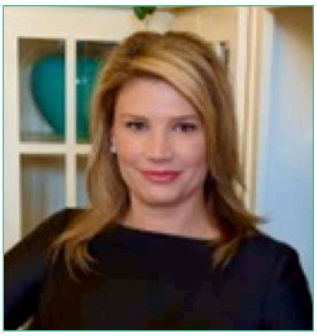
Key takeaways

- There is a way to address entrenched prescribing using what we know from the science of expert decision-making.
- There are methods we can develop based on the literature of expert decision-making that allow us to better understand the drivers of this behaviour. This helps us to understand the triggers that can be used for marketing purposes.
- Using the Habit Loop 2.0 refined what the segment considers a simple versus a complex treatment decision when the respondents were using a more System 1 or System 2 type of thinking. The Habit Loop 2.0 analysis can influence potential messaging i.e. how 'complex' is defined and the triggers or cues to focus on with a complex versus a simple decision.

Paper 15: Incorporating Longitudinal Repeated Measures in a Real-World Evidence Methodology to Prove Workflow Efficiency Gains.

Speakers: Victoria Barnosky, SuAzio and Amanda Bruemmer, GE Healthcare

Victoria Barnosky, Clinical Outcomes Consultant, SuAzio



Amanda Bruemmer, Global Product Marketing Manager, Imaging Operations, GE Healthcare

The presentation to EPHMRA from Victoria Barnosky and Amanda Bruemmer focused on how a specific business question was approached and answered in the area of medical imaging protocols.

What do we mean by medical imaging protocols?

Victoria began by giving an overview of medical imaging protocols which apply to all modes of imaging including x-rays, CT scanners and MRIs.

A protocol can be thought of as a recipe or a set of instructions on how to perform something, with GE Healthcare's case study focusing on CT scanners. The protocol defines how much radiation is used, whether a medication or contrast is needed and the types of images that will be acquired.

Although there are some standard best practices around the world, protocols are usually specific for an individual healthcare system. Across the US and Europe, there are a lot of regulatory standards that require protocols to be reviewed and updated so that hospitals are always performing at the highest quality with the lowest amount of radiation. These protocols are ever-changing which creates a lot of challenges, although the protocol process in itself has not changed much since CT was introduced in the 1970s.

Updating protocols is a manual process i.e. it physically requires a person to walk to the CT machine, sit down at a console and type in protocol updates, or carry a CD-Rom or use a USB drive and update the protocols that way. All of this necessitates the delay of patients going off the table in order to update the protocol and a person to drive from site to site to carry this out. Some larger healthcare systems might have 50 to 100 CT scanners across a wide geography and getting to these sites takes considerable time and effort. It can also be inconsistent as the same person cannot update all the scanners on the same day i.e. there could be differences within the same hospital. All of this causes challenges and disruption when updating protocols. At the same time, the complexity of scanners is growing and the number of staff available to run them is decreasing.

GE Healthcare's protocol management solution

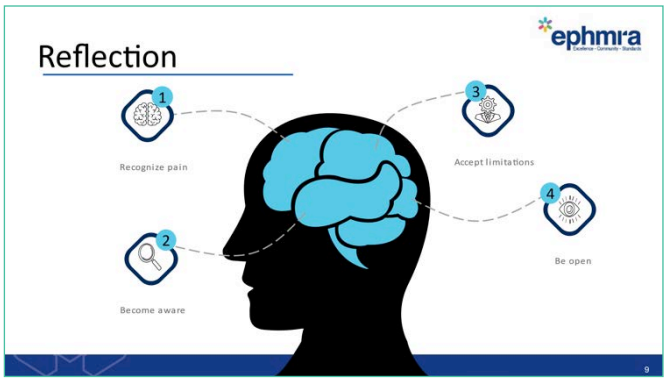
Amanda moved on to outline GE's Imaging Protocol Manager solution to simplify protocol management across all GE-type devices. This is a Cloud-based subscription solution that enables clinicians to pull protocols from the scanners into a centralised Cloud database. While in the Cloud, they can edit the protocols, store them, compare them and select them as standard. They can then push the protocols back to each and every scanner across their entire healthcare system and monitor them to see if there are any deviations from what the clinician has chosen as standard. The aim is to provide consistency, traceability, efficiency and standardisation to avoid any differences that could be experienced by a patient within a healthcare facility.

A virtual console is part of the centralised Cloud management and the clinician can have a copy of the CT protocol software at home so that they can make changes away from the scanner's location. This was expected this to be a game-changer for clinicians in terms of decreasing time and increasing consistency, efficiency and convenience.

The research approach

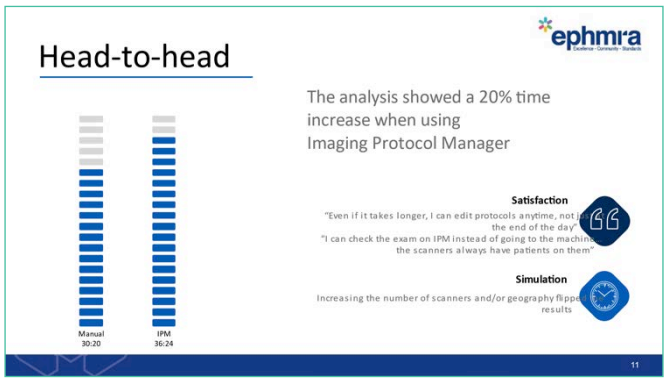
GE wanted to tie the upstream product development and research with downstream claims as since 2018, there has been a struggle to link the chain and validate the claims, leading to poor responses from customers. Amanda admitted that GE had to:

- Re-examine the existing strategy.
- Grow in emotional intelligence.
- Recognise that current actions were not effective.
- Admit that GE maybe did not know everything it thought it did.



Victoria explained that SuAzio's goal was to look at the product from GE's perspective and a mixed methodology was proposed, with the first quant area around the time-savings which seemed the most obvious claim and would be easy to measure. A head-to-head comparison involved giving the customer a task to do manually which they would normally do with updating a protocol and then giving them the task using GE's system.

The second area involved longitudinal repeated measures via a survey-based perception form. The participants were given 5 questions that required less than 2 minutes to complete them and this format was repeated with the same participants over and over again so it could be seen how they grew over time. On average, the participants completed the survey every other week and completed 4-5 iterations of this process until data saturation was reached.



Some of the findings were unexpected. In a head-to-head comparison, using GE's system actually took 20% longer in some situations which was surprising.

The comparison also:

- Enabled a time comparison at a very granular level, looking at every step along the way and which steps took longer, shorter or were more convenient.
- Enabled simulations to be provided to the GE product engineers, giving them scenarios e.g. what reducing step 7 might look like.
- Opened up some opportunities for GE to look at its customer base. It took acceptance that an area (time-saving) that was thought to be a complete game-changer might be different in reality.

Over the period of the iterations of the survey, every area had increased. For example, the customer had liked the product but had not known why because the time-savings might not have been that apparent.

Business impact of real-world evidence

Amanda admitted that the research disproved the main value proposition of time savings but there were three different impacts to the business arising from the real-world evidence in the surveys:

- The study provided considerable insight with the combination of the head-to-head comparison and the longitudinal repeated measures surveys. It was reliable, straightforward and could be repeated across multiple business units and within various lifecycles of products.
- The findings could be used to influence what was happening before. In other words, if one element could be decreased and focused on, this will have a bigger impact. The study provided a means of educating internal stakeholders who do not live in the world of patient scanning, laying the foundation for development and the next iteration, as well as better working across GE teams.
- The research has helped GE to better understand its customers and its marketing claims in this iteration, as well as identify its first global customer testimonial. It has helped the sales team to target which has led to a 19% increase in orders over the expectation for this year. There has also been positive engagement from the commercial and engineering teams, as well as greater customer engagement.

Study impact: internal and external examples

- GE enlisted SuAzio to do a similar study for their ultrasound product. The time-savings with this product went from 462 minutes to update their entire ultrasound fleet down to 7 minutes. There was an opportunity to include a retrospective measure and on the micro score, using a Likert scale of 1 to 10, 10s were achieved across every category. GE has continued to use this methodology in a couple of other areas.

- Salud Digna is a healthcare company in Mexico that provides access to people with limited and low incomes. They found the Imaging Protocol Manager to be a phenomenal win for them as they were able to decrease the number of people who were managing the protocols day-to-day across their 22 machines. After implementing the Cloud solution, they were able to double the number of transactions that they could complete in a 30-day period.

Paper 16: From Adherence to "Adhesion": measurements, actual pitfalls and future options.

Speakers: Michele Spinetta, Menarini Farmaceutici and Daisy Lau, SKIM

Michele Spinetta, Corporate Market Research Head, Menarini Farmaceutici

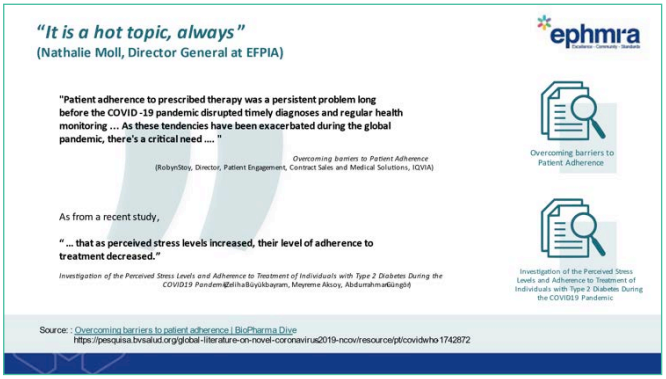
Daisy Lau, Senior Research Manager, SKIM

In their paper, Michele Spinetta and Daisy Lau looked at the key area of patient adherence through a qual study on enhancing continuation of treatment in gout patients, before focusing on the critical topic of measurement.

Why it is important to move from adherence to adhesion

Patient adherence is always a hot topic and it has become even more significant since the Covid-19 pandemic.

Michele began by outlining the differences between the concepts of adherence and adhesion.



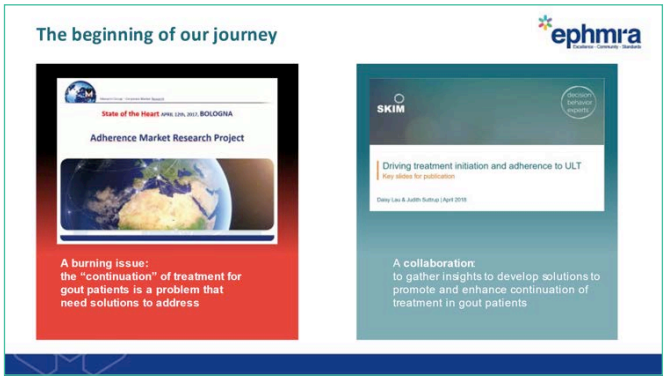
- Adherence is based on the traditional doctor-patient relationship and the stereotype of someone who follows the rules.
- Adhesion stands for acceptance, consent, active participation and agreement. It is based on journey, experience and values with the patient or single individual at the centre. Instead of somebody following the rules they have been given, the concept of adhesion is based on the self-efficacy patient who is interacting with the HCP.

In real life, Adhesion represents "starting" positive behaviours, "the foundation of the house", while adherence represents "continuing" positive behaviours.

Adhesion and the qual study on gout patients

Daisy continued by introducing the case study on gout, which is a very common condition that places a considerable burden on patients and healthcare systems worldwide. Patient adherence to urate-lowering therapies (ULTs) is considered to be among the poorest of all chronic conditions. The study aimed to get an "in-depth understanding" of triggers and barriers to adherence to ULTs in the EU5 through online mini-group discussions, with a total of 67 respondents.

Multi-measure approaches are recommended when measuring adherence and so this approach was used during recruitment to make sure that different patient groups could be recruited and classified, combining both an HCP and a patient perspective. The patients were recruited via physician referral based on their perceptions and some clinical information. They completed a self-assessment questionnaire that focused on their medication-taking behaviour.



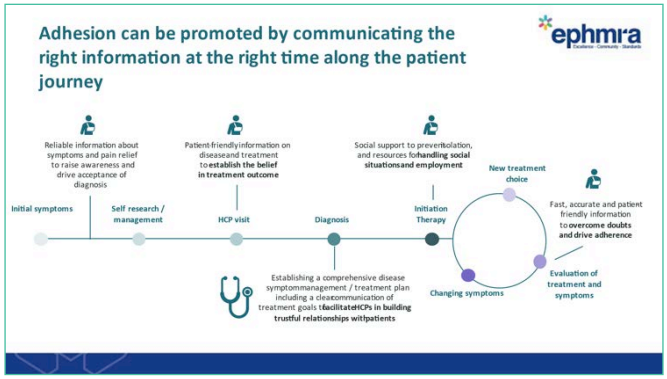
Combining these two types of perspectives gave the possibility to design a study to learn from three distinctive patient groups:

- Adherent
- Non-adherent
- Treatment naïve.

Besides the obvious "adherent" and "non-adherent" patient group, the inclusion of "Treatment Naïve" patient group makes this study special. This group enabled us to look at the beginning of the journey, experience and values of individuals and their treatment behaviours.

It is relevant to note that, not all receive medication immediately after diagnosis and the momentum of the diagnosis could be a barrier to initiating medication i.e. the amount of information given at diagnosis and how the diagnosis is accepted are key factors to adherence.

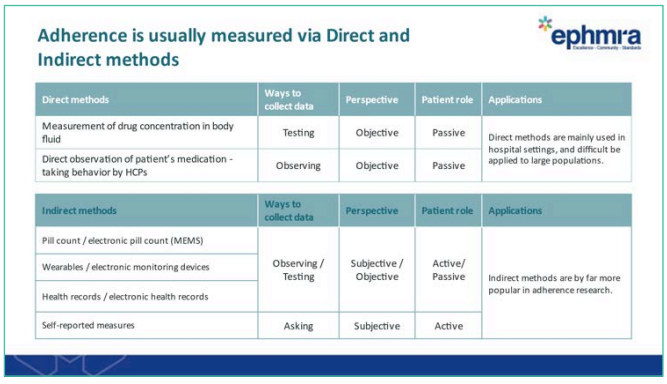
A key learning from the three groups was that adherence is not about how well patients follow their medication regimens, but is largely due to how much they believe in and their attitudes towards their disease and, the starting point is crucial i.e. adhesion.



The study findings have led to some tangible actions that can be used to promote adhesion along the patient journey. Adhesion starts before the patient sees the doctor. By receiving reliable information at this point, patients have an acceptance and the right attitude towards their disease.

How is adherence typically measured?

Michele moved on to looking at measurement and the distinction between direct and indirect methods. Indirect methods are more popular in adherence research.



Direct methods	Ways to collect data	Perspective	Patient role	Applications
Measurement of drug concentration in body fluid	Testing	Objective	Passive	Direct methods are mainly used in hospital settings, and difficult be applied to large populations.
Direct observation of patient's medication - taking behavior by HCPs	Observing	Objective	Passive	

Indirect methods	Ways to collect data	Perspective	Patient role	Applications
Pill count / electronic pill count (MEMS)	Observing / Testing	Subjective / Objective	Active/ Passive	Indirect methods are by far more popular in adherence research.
Wearables / electronic monitoring devices				
Health records / electronic health records				
Self-reported measures	Asking	Subjective	Active	

Self-reporting adherence measurement is the most feasible way of measuring adherence in large samples. The nearest to a gold standard is Morisky's Medication Adherence Scale.

This is the most commonly used validated measure of medication non-adherence because of a large database. It was designed for clinical use with its first publication in 1986 and from 2006, "a strict" permission has been needed to use it.

Pitfalls of currently available tools and methods

None of the current measurements of adherence and adhesion offer a perfect representation of patient behaviour.

- There is a lack of updated standard tools in general and some of the measurements are not easily accessible for research use and are partially based on subjective interpretations.
- The measurement tools tend to focus on certain aspects such as not taking drugs and other larger aspects are not considered, such as misuse, overuse or inappropriate use.
- Current measurement tools mainly focus on chronic disease and these conditions, but there is a clear need for acute diseases as well; for instance, the "misuse" of antibacterial drugs might also lead to bacterial multi-resistance, that is a growing issue today.
- Current measurement tools mainly focus on measuring non-adherence

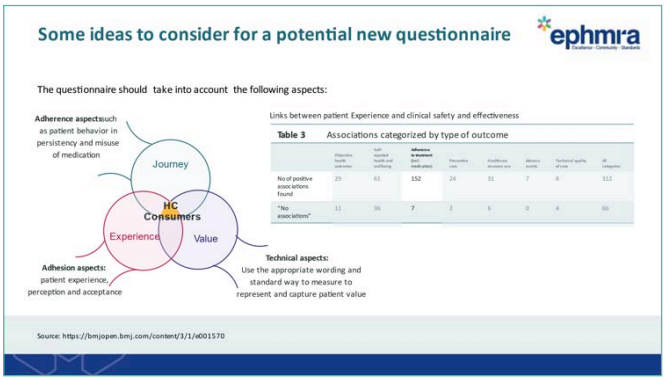
Possibilities for new measures

There is a huge need to measure adherence and adhesion. In 2021, there were almost 200,000 deaths annually in the European Union costing about €100 billion associated with medication non-adherence. Adherence is a key priority for future EU Health Programmes, as in the case of the ENABLE Adherence program.

If that is the situation, we - the Market Research part of the Pharma Industry - should bring ourselves back

to our pivotal role ang give our contribution.

Could we create new powerful and shared tools to make the "Correct" Adherence or Adhesion measurements and to help our industry and our society to move forward?



Daisy emphasised that innovations could be used that are already being incorporated in market research to minimise bias and make the answer more truthful. These tools get past rational thinking and uncover underlying motivations to tap into patients' subconscious responses.

- Digital diary task is in the moment and accessible for measuring and tracking.
- Chatbots can be used instead of a moderator to ask the questions and this might make patients more open to telling the truth.
- Using the implicit research method captures the response time to uncover top of mind and implicit answers.

Smart and intuitive interfaces can play a role in helping us to understand adherence. Daisy gave an example of an inhaler compliance assessment, in which a device was attached to an inhaler that could record patients' breathing patterns. This device proved to be a better way of measuring adherence among asthma patients. Adherence that measures the interval between doses and inhaler technique is more reflective of changes in the quality of life and lung function.

The same study was run for COPD patients, and it suggested that only 6%of patients with severe COPD was adherent following discharge from hospital.

Using this device, it was understood that the main reason for such a low adherence were: 1) the severe hyperinflation and as a consequence a impaired drug delivery, 2) but most of all the presence of cognitive impairment because this patient group is older and it is hard for them to remember to take the medication.

While technology played a role in both patient groups, it is also important to consider the challenges of different patient populations, as one technology does not fit all.

Digital technology is offering a lot of options but it is emergent and some products do not suit certain patient types. Technology is not a standalone solution but it can complement existing strategies to promote adherence, rather than be a substitute, as it might come from the recent business case of Abilify Mycite.

Michele outlined that AI is expected to play a bigger role and is already showing results in measuring and improving adherence. There are two potential areas:

- AI data fusion offers the possibility to combine behavioural data, real-world data and self-reported behaviour using digital tools and apps. This will enable us to increase the validity and reliability of digital measurement.
- AI data generation solutions capture new and in-depth data such as subconscious responses for self-reported behaviours.

While all of these solutions will empower us to obtain more realistic results to optimise disease management and improve individual outcomes, new opportunities also bring new needs. There is the need for:

- A clear standard for collecting data in order to build up consistent databases.
- Sound metrics for processing the raw data.
- Standard presentation of adherence measures

Innovation needs data sharing, and therefore There is a big need for collaboration.

Our biggest societal challenges cannot be tackled in isolation and there is the opportunity to execute something new in terms of collaboration. Greater cooperation is probably something that market research can do i.e. cooperating with competitors without losing your competitive edge. Something that our Industry is already doing on the other end of the knowledge continuum with MELLODDY (Machine Learning Ledger Orchestration for Drug Discovery), the flagship project brings together 10 pharmaceutical companies to advance drug discovery.

Key takeaways

- Think beyond adherence to adhesion which can drive adherent behaviours. It can be measured in-depth in a multidimensional world.
- Although there are different possibilities to measure adherence, most of these have limitations and pitfalls when it comes to giving a comprehensive measurement.

- To address all measurements of adherence and adhesion, there is a need to create a new standard involving new tools and new forms of cooperation.

Paper 17: How to Use a Longitudinal Agile Patient Panel to Get Hands-on Patient Insights on a Rare Chronic Disease with Unpredictable Acute Outbreaks.

Speakers: Ramona Schmidt, Boehringer Ingelheim & Bors Hulesch, Brains & Cheek

Ramona Schmidt, Analytics, Insights + Excellence Manager, Boehringer Ingelheim

Bors Hulesch, Captain, Brains & Cheek

Ramona and Bors presented a case study describing a comprehensive longitudinal ethnographic study, focused on a rare skin condition.

Ramona set the scene, explaining that the skin condition, Generalised Pustular Psoriasis (GPP), is a rare, chronic condition characterised by unpredictable, acute, flare-ups. BI already knew a great deal from HCPs about the condition, but wanted to fully understand the patient perspective of living with the condition day to day, including the impact of flares.

They realised that traditional market research interviews would capture a single time-point, but would not be sufficient to gain a deep "in the moment" understanding of the acute outbreaks and how the disease evolves over time. The team also wanted an agile approach that could respond to evolving business needs throughout the year, with the opportunity to focus on different topics as the research proceeded. A further challenge was that the research would take place during the COVID pandemic where face to face interviews were not possible.

The solution came in the form of a virtual, longitudinal, ethnographic, patient panel, involving 19 patients from the USA, Germany, China and Japan, who were followed for a year.

Bors described the scale and complexity of the project. The research began with ethnographic duos with patients and carers via zoom. The initial interviews were followed by a set of 14 "mini-tasks", each taking around 8 minutes, using the Indeemo platform accessible via any smartphone, and producing video outputs.

The study then moved to a series of periodic touchpoints. Participants then undertook monthly tasks until the end of the study period, with each task focused on a different topic and used a variety of formats such as uploading pictures, filling out tables, creating videos or audios, writing text or letters or sending a message. Quarterly interviews served as a catch-up session, including a set of recurring questions to track the progression of the condition during the year, but also to explore new topics dictated by the business intelligence needs of the team.

Finally, in order to capture the "in the moment" perceptions of acute flares, rather than relying on recall, ad hoc interviews were scheduled when participants experienced flares, including visual recording of the effects of flares.

This multi-stage approach clearly generated a wealth of outputs, which were presented in stages, rather than waiting for a single, final, presentation at the end of the project. Outputs included patient stories, a storybook video of the patient journey and their feelings, individual patient infographics, the findings from project techniques, the visual capture of flares as they occurred and progressed, and a full report detailing the patient journey from symptoms and diagnosis, through treatment and management, life with GPP and flares, to future perspectives. A library of videos was produced, bringing the findings to life for the team. Additionally, Quality of Life was tracked from year to year as well as over the course of the year under observation, based on day-to-day

symptoms and flares. Individual infographics for each patient in the panel provided an "at a glance" understanding of their lives, including disease metrics such as symptoms, disease state and treatment, but also including more personal metrics such as coping strategies, lowest points, impact on life and hopes and fear for the future.

Bors provided a sobering glimpse of the scale of the logistical management required for a project of this size and complexity, from the 3 months needed to get the panel up and running, through panel retention management and ongoing management of more than 3 dozen tasks throughout the year, as well as data management and deliverables. He concluded that the approach was extremely valuable for the insight that it delivers, but warned that it is not for the faint-hearted, with a significant amount of project management resource being essential to success.

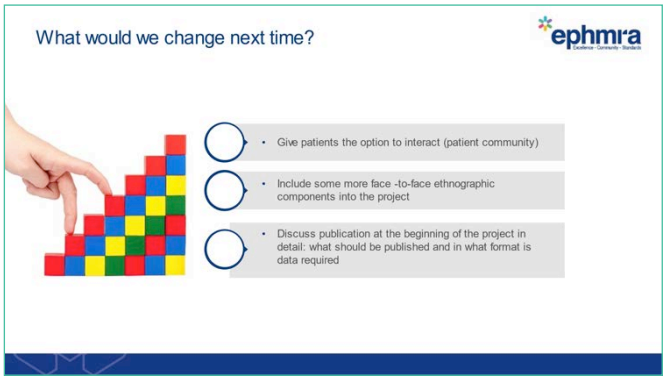
Ramona reflected on the logistical challenges, but also on the many beneficial aspects of the approach. She particularly valued the flexibility of the agile approach, with close communication between agency and client facilitating monthly decisions on which topics to handle next, responding to the needs of the business. The ability to explore outputs at both the aggregate and individual patient level added a level of granularity that further deepened the team's understanding of the patient experience.

The methodology neatly addressed the initial challenge of capturing the full disease journey, from day-to-day impact to the experience of acute outbreaks and remission. Use of the same moderator at each touch-point meant that a trusting relationship could be built between moderator and participant, enabling a deeper and more meaningful understanding of the patient experience. Participants remained engaged, with only one drop-out from the panel. Similar engagement was seen amongst internal stakeholders, thanks to the access to ongoing outputs in different forms throughout the project, such as being able to listen in to live interviews, or view videos from the video library to bring the findings to life. The project and its approach was used as a Best Practice example for patient centricity within Boehringer Ingelheim.

Ramona also reflected on what could be done to improve the approach further, in future projects. Based on feedback from the participants, in which they expressed feeling alone with this rare condition, she suggested including a way for patients to interact with each other, within a safe and secure patient community. Patients would benefit from the contact and support, and the project team would also benefit from the opportunity to learn even more about the patient experience. She noted that, in non-pandemic times, some face-to-face interviews would also have enriched the project findings.

On a practical level, she recommended that publication plans are discussed at the beginning of the project in some detail, to decide which elements should be published, and in which format the data would be required, as this would improve efficiency vin both the gathering of necessary consents and in pulling out the required data at the end of the project.

It was clear that the project delivered an in-depth understanding of the patient experience of GPP, but what were the implications for the business?



Ramona explained that the findings bridged the disconnect between patients and physicians, highlighting patient support needs throughout the course of the disease, and bringing to life the burden and implications of the disease on everyday life. For the business, this enabled business strategy to be refined, and for business materials to be refined, based on real patient experiences.

Bors concluded with some top tips for running a project such as this:

1. Early and continuous involvement of the internal cross-functional team is invaluable for project guidance, with regular feedback sessions acting as an internal soundboard and generating stakeholder engagement
2. Regular, ongoing reporting generated further questions which could be incorporated into the remaining project touchpoints
3. Use the panel to build on findings and adapt to the insight as it evolves
4. Prepare the tasks in advance, and plan incentives to keep the participants engaged. He noted that they observed a dip in engagement at the 6 month point, and highlighted the need to keep participants interested and engaged, including the need for technical support to ensure all ran smoothly

5. Prepare field partners for the complexity and workload involved
6. Maintain regular contact with field partners, even if all was running smoothly
7. Agree frequent touch-points with the client team to ensure the research doesn't operate in a vacuum but stays relevant by keeping stakeholders engaged with the process
8. Schedule regular insight download and input opportunities with client stakeholders to maintain engagement and facilitate input
9. Agree in advance the storage and version control management approaches for all materials and outputs. The project generated a wealth of materials which all required careful management
10. Keep a record of all topics and questions covered, including key findings. In a project of this scale, it would be easy for key questions to slip through the net, or to be repeated, and insight management will help to ensure that all findings are covered in the final report.

Paper 18: The future is already here: How to find the edge in strategic innovation.

Speakers: Hannah Osborn, Vox.Bio and Eduardo Manso Del Valle, Omron Healthcare

Hannah Osborn, Head of Market Research, Vox.Bio

Eduardo Manso Del Valle, Consumer and Market Insights Manager, Omron Healthcare

In the final paper at the 2022 EPHMRA Annual Conference, Hannah Osborn and Eduardo Manso Del Valle presented an award-winning case study on strategic innovation in the area of medical devices.

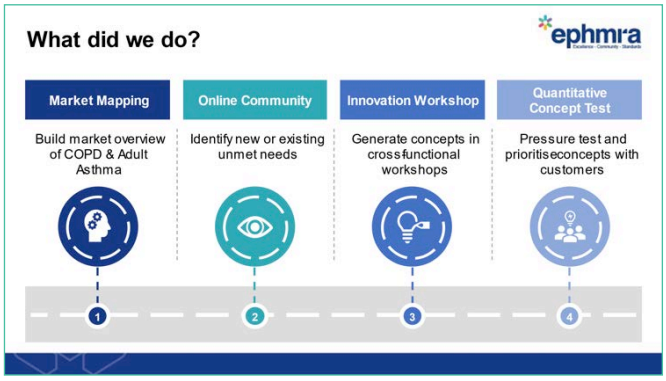
Why do we need strategic innovation?

Hannah began by outlining that the whole healthcare system has to engage with innovation and ensure it is an easy adoption process.

- All patients, especially those with chronic disease, are looking for comfort, normality and a better way of managing their condition which has a limited impact on their day-to-day life. Innovation is looking at meeting their needs, not just from a clinical perspective, but also their experience with their illness.
- We need to innovate better and more efficient ways of working and delivering healthcare that not only give patients better outcomes but also improve the experience of healthcare providers.
- Manufacturers want to create tools that make a difference to patient outcomes but they also need to differentiate in an increasingly crowded market and drive their growth as well.

Case study

Eduardo introduced the project which started in 2020 when in response to the Covid-19 pandemic, one of Omron's categories started selling a high volume, whilst some of their other respiratory categories saw a downturn in sales volumes. Omron therefore needed to diversify its respiratory portfolio but realised that it did not know enough about some of the relevant target customers or patients to create something meaningful for them.



Hannah continued by explaining that there were four key steps involved.

1. Market mapping

Secondary research and any existing internal knowledge were used to build a market overview about what is going in adult asthma and COPD, particularly unmet needs, patient pathways, treatment and diagnostic methods, as well as patient numbers and volumes. The Omron team was new to this disease area and all of this data was used to shape the research and come up with hypotheses.

2. Online community

The Vox.Bio team spoke to 24 patients and 12 nurses who did a number of different exercises on a week-long community platform where they could take

videos and share their experiences. Being in their homes virtually via the platform provided real in-the-moment insights from the respondents.

3. Innovation workshop

Vox.Bio sent Omron pre-read materials and tasks beforehand so that they came to the workshop reasonably knowledgeable. The workshop was split into three sessions:

- The first day involved having patients present to have a fireside chat and some of the analysis was shared with them. Exercises took place to break down the issues that the patients were facing that Omron were tackling.
- On the second day, a number of different business units and specialists across Omron shared their innovative ideas to promote cross-learning.
- The third day was an ideation day where innovative techniques were used to look at how everything could be brought together with new solutions that might work. It ended with the patients and nurses from day 1 coming back in to evaluate the first very rough draft ideas and say if they were terrible or if they would be interesting and exciting for them.

4. Quant concept test

Eduardo and the Omron team developed the concepts further for a few to be tested robustly and quantitively via an online survey.

What was learned and what could be done differently

1. Market mapping

Hannah explained that from the agency side, the market mapping exercise got the internal team up to speed with the very latest innovations and devices that were coming out in the respiratory space. It also helped to shape the primary research and it was necessary to think broadly, challenge assumptions and approach the exercise with an open mind.

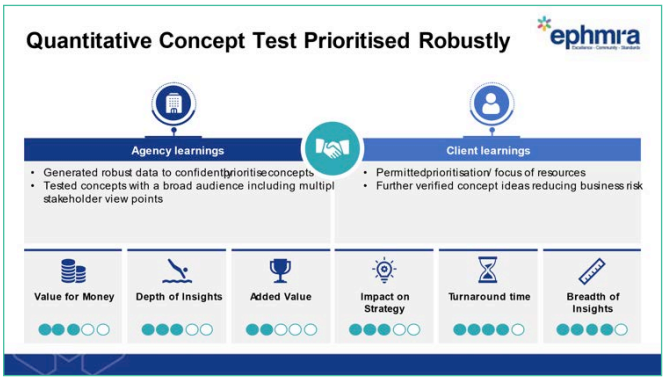
Hannah stressed that it is important to distil the data so that you see the 'wood from the trees' but you still need the 'so what' so that it is not a static data dump. The mapping took longer than the team expected it to so it is important to allow enough time to go through the secondary research and think it through. Hannah admitted that the way this market research was reported should perhaps have been quite different from the way typical market research is reported i.e. it is necessary to adapt ways of sharing the information for different internal stakeholders and transform the information so that it lives in the organisation for longer.

2. Online community

True-to-life insights that were in-the-moment were obtained via the online community and a variety of tasks and activities were used to keep the engagement going. The patients and nurses were allowed to communicate with each other which provided a source of advice and support, with the videos being particularly insightful. Eduardo admitted that seeing patients day-to-day was very powerful and not something that many of the Omron team were used to. Hannah emphasised that it is important to use the full functionality of the platform and have training on it as there are often things you can do to keep patients engaged. Although the 24 patients and 12 nurses were carefully recruited to get a spread of ages and backgrounds, it would be preferable to have larger sample sizes and a longer period of engagement if the community was run again in the future.

3. Innovation workshop

All the participants enjoyed the innovation workshop and got a lot out of it. Bringing the patients and nurses into the workshop created a shared customer voice and their experiences could be passed on to the Omron team, who had so many ideas that no tricks were needed to encourage everybody to think innovatively. Customer feedback on the first rough-cut ideas was also very helpful to shape things. Omron had the possibility to invite colleagues from many different regions which is something that had not taken place before. In return for a couple of days of their time, they left with a deeper understanding of asthma, COPD and the needs of patients that they can use in their own regions. Bringing in the customer voice was a critical success factor and there was broad collaborative engagement for the three half-day workshops.



Areas for improvement could include

- Doing fewer exercises and allowing more time for each, ideally in-person.

- Spreading out the sessions to allow for more digestion and assign homework tasks between one day and the next.

4. Quant concept test

The quant concept test was good for getting vast numerical percentages which are important for future investment into the concepts. It was a good way of prioritising and reducing business risk with a robust sample.

Key takeaways and impact of strategic innovation for Omron

- The project demonstrated who Omron is for new people.
- It was proof that Omron is always open to innovation and happy to embrace it.
- Omron now feels empowered and confident to help this consumer group as much more is known about them and their problems.
- The project challenged assumptions about unmet needs.
- It made Omron much more of a joined-up organisation through using market research to develop concepts that will have an impact on patients, with clear and robust data that demonstrated that the ideas worked on made sense and were validated by consumers and HCPs.
- Omron began by not knowing very much about these patients and ended up with a community of worldwide innovators that have continued to work together after the project. The data now exists to prove that the ideas will work in the markets.

Conference Closing

Karsten Trautmann

The EPHMRA President, Karsten Trautmann, closed the conference, noting how quickly the 3 days have passed, thanks to the stimulation of the inspiring speakers and insightful participation from everyone.

The papers, he observed, linked with his opening remarks on transformation, and we have heard papers on transformation of how we interact with patients, how we approach analytics, forecasting and behavioural science, as well as highlighting the innovation across our industry.

He thanked everyone for making the conference such a success, from the programme committee, speakers, convenors, participants, committees, the Board,

and conference organisers, noting that, thanks to Bernadette and her team, the technology ran without a hitch!

All papers will be available on the EPHMRA Vimeo channel, with access details to follow via email.

Although the conference may be seen as the culmination of the EPHMRA year, there is still a lot happening in the near future, starting with the post-conference newsletter coming out over the summer, but also a range of upcoming events:

- 27 September 2022: Basel meeting (in person)
- 18 October 2022: AsiaPac conference (online)
- 2023 – UK and Germany Chapter Meetings (in person)
- 20-22 June 2023: Antwerp – Annual Conference (in person)

The call for papers for the 2023 conference will be published in July, and Karsten encouraged our submissions, before wishing everyone a great summer break and closing the conference.