ephmra
excellence - community - standards

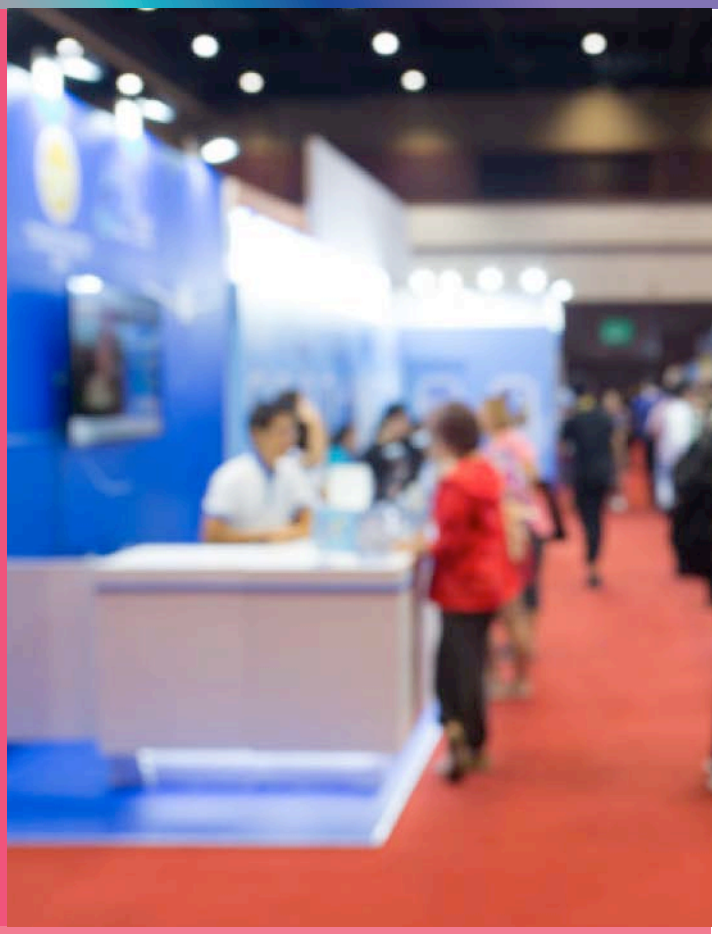
Welcome to the June 2023 News

Delivering the membership benefits to you

Ensuring you know what's on offer

Welcome to the EPHMRA June 2023 News

Contents



Member News

Agency Members can include one piece of News for free: 50 words max (increased from 30 words) plus photo/logo.

Member Articles

In addition we encourage companies to submit articles for publication – these can be on any topic you think the EPHMRA audience would find interesting. There is no charge for these articles but it's an offer only available to Agency Members of EPHMRA.

Each article can be one A4 page long (full page) and supplied ready formatted as follows:

No bleed	297mm x 210mm
With bleed	307mm x 220mm
Type Area	277mm x 190mm

Resolution/Artwork - If using photoshop or software dependent on resolution please ensure that it is set at the correct size and that the resolution is set to no less than 300dpi. Finished artwork needs to be supplied in CMYK with embedded fonts, or text should be converted to outlines/paths and supplied as an EPS. Print quality PDF files are also acceptable. PLEASE NOTE: We cannot be held responsible for any misprint, if fonts are not embedded/converted and the file is not in CMYK.

System - Apple Mac

Programmes - Quark Xpress, Adobe Illustrator, Freehand, Adobe Photoshop

File formats - Graphics should be supplied (CMYK) in the following formats EPS, TIF, JPEGS and Print Quality PDF files.

Copy Deadline

For the September 2023 News -
Copy deadline is 15 July 2023
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

Meet the
EPHMRA Board

Who are your representatives on the board?

Karsten Trautmann
Merck KGaA
Board Industry Member
President

Thomas Hein
Thermo Fisher Scientific
Board Industry Member
Past President

Richard Head
Research Partnership
Board Agency Member

Xander Raijmakers
Eli Lilly Nederland BV
Board Industry Member

Stephen Potts
Purdie Pascoe
Board Agency Member

Marcel Slavenburg
SKIM
Board Agency Member

Carolyn Chamberlain
Branding Science
Board Agency Member

Amr Khalil
Ripple International
Board Agency Member

Ana Maria Aguirre Arteta
Novartis
Board Industry Member

Paul Warner
Vifor Pharma
Board Industry Member

Vijay Chand
AstraZeneca
Board Industry Member

MR Excellence Awards 2023 Winners

Innovative Approach

Sponsored by AA PLUS

Reimagining communications research for an attention starved world

Hannah Mann,
Founding Partner - Day One Strategy

Sarah Morley,
Senior Market Research Manager - Janssen

Business Impact

Sponsored by Adelphi

A Perfect Match: Blending Qualitative Co-Creation and Predictive AI with Strategic Consulting

Sigrun Hofer,
Sr. Manager Business Insights & Analytics - BMS

Prakhar Mishra,
Strategy Insights & Planning Manager - ZS

Mike Storm,
COO & Partner - Neurons

Future Leaders – Case Study Award

Sponsored by blueprint partnership

Hearing the unheard patient voice in digital therapeutics

Abigail Graham,
Senior Research Manager - HRW

Huge thanks to our Judges who, in 2023, freely gave their time to judge the Award submissions.

- Aline Abravanel – Genactis
- Andreas Lecca – L and L Resourcing
- Carolyn Chamberlain – Branding Science
- Daniel Guerin – AplusA
- Hannah Mann – Day One Strategy
- Niclas Holmes – Brains and Cheek
- Rob Seebold – Buzzback
- Vrinda Deval – Glocal Mind

EPHMRA Online event - 3 March 2023

EPHMRA FORECASTING FORUM WEBINAR

Data collection and communication

Part 1: Questionnaire considerations from basic to conjoint

Speaker: Okke Engelsma, Cerner Enviza

In part 1 of a webinar series on data collection and communication, Erik Holzinger (groupH and EphMRA Forecasting Forum committee member) introduced Okke Engelsma of Cerner Enviza, who gave an overview of areas to consider when constructing basic questionnaires through to carrying out a conjoint.

Questions and answers

Questionnaire without questions

Hoogstraten and van Heerden conducted an experiment involving a questionnaire without questions. The study has been replicated a few times and the findings have always been the same i.e. you can get answers when you haven't asked a question.

When asked to respond Yes/Unsure/No, quite a lot of people say yes. If the response is true/false, you would expect 50:50 on the basis of randomness, but it is 60:40.

Hoogstraten and van Heerden also showed respondents a line and asked them to choose a position on it. Most people chose the central area. This was followed with a question about how certain the respondents were about their answers on the previous question. Most of them said they were very certain.

Impossible questions and answers

A different study involved a questionnaire which had good questions i.e. they were constructed correctly with correct response modes. These were mixed with questions where the question and response mode did not work together i.e. they were illogical.

83 out of 85 respondents showed no hesitation in answering these questions. After they had given their answers, they were asked to mark the questions where they were certain about the answer. There was no difference to be seen between correct questions and incorrect questions.

Takeaways

- People tend to have a positive disposition.
- We seem to be quite certain about the answers that we give.
- Having all of your answers does not mean that you have good questions. It shows that people are willing to give an answer anyway.

Bias and other human issues

Bias

The main bias is acquiescence bias which is the bias where you agree with a statement. It is a bias that we as researchers always need to consider.

Social desirability bias involves not saying things which you know are not a good thing to say and are not acceptable, with the result that you therefore adjust your answers.

Satisficing

Satisficing is a strategy where you choose an attribute that says well enough what you want to say i.e. you pick the answer that is good enough from a list.

Heuristics

Heuristics provide short-cuts and an effective way of quickly getting to an answer. They are rules-based and in principle, satisficing is a heuristic. Heuristics can lead to wrong answers.

Takeaways

- We can deal with bias and heuristics by creating good questionnaires that are engaging and are not too long.
- It is a good idea to do the questionnaire yourself and see how it works. If you don't like it, there is a strong possibility that the respondent also won't like it.

Question order

When having a conversation, you begin it generally and do not go immediately into detail. In other words, if you want to know detail, you have to chat first and build to the moment where you can ask for it and the same applies to questionnaires.

A preceding question can always have an impact on the next question and it is therefore important to think how you construct your questionnaire. Likewise, if you ask for prompted awareness ahead of spontaneous awareness, the response will be more limited than the other way around.

Takeaways

- The order of a questionnaire should be like a conversation. It should begin with general questions before moving to more specific ones.
- Any previous question can be a prime for the following question.
- The order of question type is typically spontaneous, prompted, usage.
- KPIs should be at the beginning of the questionnaire.
- Behaviour measures should be before attitude measures as there is less chance that the behavioural questions will have an impact on the attitudinal measures. You do not want to ask about an attitude and then see that it influences behavioural questions.
- Important issues should be brought forward in the questionnaire if it is long. However, the longer it lasts, there is a greater possibility of less involvement, depending on the quality of the questionnaire. The real topic of the research needs to have the full focus of the respondent.

Improving questions

There are many ways to improve your questions e.g. keep them simple, use short sentences and do not use jargon, difficult words or double negations.

Qual research will help you to find what it is that you need to ask in your questionnaire. It will enable you to see the questions that are not really well understood so that you can adjust them to make them clearer.

Using laptops, tablets and phones

Although we typically write a questionnaire in the way that we have a conversation, an online setting should not involve conversational niceties, long introductions and the answer scale in the question. The respondent should read up to 10 words before going to the response possibilities.

Examples

In examples concerning the Scottish independence referendum and Brexit, the Electoral Commission checked that all questions were as unbiased as they could be. In the Scottish example, the question was changed from 'do you agree' to should':

- Do you agree that Scotland should be an independent country? (Proposed referendum question)
- Should Scotland be an independent country? (Referendum question used)

With Brexit, the question was changed as follows:

- Should the UK remain a member of the European Union? (Proposed referendum question)
- Should the United Kingdom remain a member of the European Union or leave the European Union? (Referendum question used)

In other words, there can be a number of ways of asking a question that can lead to quite a different response. The test results on the Scottish independence referendum from the House of Commons Scottish Affairs Committee in 2012 demonstrate this further.

- Do you agree that Scotland should be an independent country? Yes 41%, No 59%
- Do you agree or disagree that Scotland should be an independent country? Agree 39%, Disagree 61%
- Should Scotland become an independent country or should it remain part of the United Kingdom? Independent 33%, Remain 67%

The question in option 3 elicits the lowest percentage for independence. It includes the option of becoming independent or remaining part of the UK. If you ask a question in which you have both options, it is far less leading than if you say 'do you agree' or 'should' because the other option is not given. If you have a question on a very significant issue such as Scottish independence, most people will already know their own position but for those who are undecided, the way the question is phrased can have quite an impact. Changing your question can also be very significant and if you are changing the wording of a question in a tracker, you could achieve quite a different result.

Takeaways

- Any small changes in wording can change the interpretation and results of a question.
- Don't change questions in a tracker.
- When using computers, tablets and phones, keep questions short and where responses are obvious, do not include them in the question.

Response options

Response options can have an impact on results. Even if you have a great question, if you change something, it could change the answers you get and if you increase the space for an open-ended question, respondents will write more.

Research has found that the direction in which a scale is presented can change the average that you get. It is therefore important to think about how you do your research and how you keep it consistent. With scales of up to 7, it is good to label each point but if translation is required for a multi-country setting, only the endpoints should be labelled.

With lists, most respondents focus on the first attributes and the last ones but splitting the list over up to 4 screens can help to minimise this. Randomising doesn't correct the effect but spreads it evenly among the attributes.

If you have a question that measures importance, you can look at it via mean rating or you can do it by association i.e. does the respondent associate something or not. Association can offer discrimination in the data which can otherwise be quite difficult to get.

Takeaways

- Choose response options that make the task as easy as possible.
- Create options that are interpreted the same by all respondents.
- Don't change response options or directions in trackers.

Advanced methods - Derived importance

Derived importance is used to see what is influencing an area of interest e.g. satisfaction. We want to know how attributes are related to satisfaction and perhaps influence it in order to know which attributes to work on so that they have an impact on satisfaction.

In an example of an asthma questionnaire with three satisfaction attributes in Q5 - speed of onset, side-effects and efficacy - the focus would be changed later in the questionnaire to start talking about respondents with severe asthma. In other words, returning to the satisfaction KPI involves a specific group of patients and a totally different situation. The response can then be correlated with the earlier KPI to see how a specific situation impacts on the total situation. This is known as a touchpoint i.e. different moments when you get in touch with a certain situation to see how the touchpoints function overall and correlate them against the overall KPI.

Advanced methods - Conjoint

A conjoint involves a number of scenarios with different attributes. The attributes are given levels and there is minimal correlation between them. The attributes are independent in the design i.e. if you find an effect for attribute A, you will know for sure that it is an effect for attribute A because there is minimal correlation. Therefore, attribute B and attribute C are also purely measured and we know their specific impacts. This doesn't mean that if you ask the same thing twice, you have something that is highly correlated, even though the design is not correlated.

It is important to think about how you ask your questions and to consider that the wording of attributes can create correlation. You also need to be careful with the number of levels per attribute. 6 or 7 levels is going to have an impact and create bias. If you have 2 or 3 levels for some attributes and 7 levels for another, there is eventually only going to be one attribute that keeps on changing when you go through the scenarios and this will be the one with more levels. This can have an impact on the importance of the attribute.

Overall key takeaways

- People can give an answer to any question but it does not mean that the question was good.
- There are always biases at play but we address this by designing a good questionnaire.
- The design of a questionnaire should follow the structure of a conversation i.e. move from general questions to more specific ones.
- Analyse your questions to assess whether they ask what you want them to and minimise bias.
- Consider response options for trackers.
- Try not to change the question order of trackers.
- Creating a well-crafted and engaging questionnaire will lead to involved respondents and answers that are useful to you.
- Recommended reading: Don Dillman et al. Internet, Mail and Mixed Mode Surveys. The Tailored Design Method (2007)

Q&As

What are the pros and cons of including gamification in surveys?

Gamification can be fantastic in a questionnaire to increase involvement. However, the issue is that you are going to get results which are quite likely to be different from what you usually have. If you have a tracker and make it more interesting through gamified questions, you will get different results which may or may not be more positive. For example, if you use certain things in gamification such as a slider which is like the logo of a brand, you are not exactly asking the same as when you have got a word which is the brand. Gamification is interesting, but you have to be careful when you use it, even though it is a good way of engaging respondents. In another example, if you have six brands for spontaneous awareness and you suddenly put a challenge in, such as 30 seconds to name as many brands as you can, you would get quite a few more brands. It is important to consider what you are measuring.

Do you have any tips on keeping questions short while making sure that ambiguity is reduced?

If you want to keep attention, you need to use shorter sentences. If you give one big chunk of information, you are going to lose attention. You can also bundle several questions to get to the point where you want to be.

What are your views on the impact of utilising matrix grids when rating KPIs versus repeating questions for different patient populations?

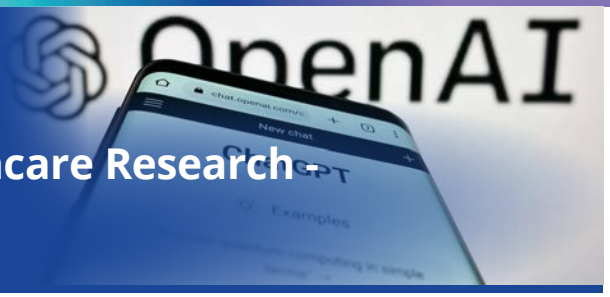
If you have a number of attributes, you will have to repeat them. You otherwise really cannot know how far they apply when you think about something else. There are of course ways in which you can make it easier depending on the type of information that you need. Association grids give you good information and are an easier exercise. Don't make grids too big and have them over a number of screens. You should try to randomise them. You will typically see that if it takes a lot of effort, you will get more flatlining and there will be less variance within your responses.

What about price as an attribute - do you include it as a variable or not?

One of the reasons why conjoint is so good is because you are not just going to ask about price. Price is one the many attributes you see in a conjoint. A good conjoint has strong attributes, but there is no way round the fact that price is important.

EPHMRA Online event - 30 March 2023

ChatGPT, Generative AI and Healthcare Research - Where Are We Now?



Speakers: Abigail Stuart and Hannah Mann, Day One Strategy
Mike Stevens, Insight Platforms
Vijay Chand, AstraZeneca and EPHMRA Board Member

EPHMRA's March webinar brought together an expert panel to look at generative AI including ChatGPT, how it can play a role in the different steps of a market research project and the risks currently involved in using this kind of technology.

What is generative AI?

We have been using AI (machine learning) tools in research for quite some time now and there is a clear distinction between these established tools and technologies and the new approaches which are labelled generative AI.

Analytical AI includes:

- Text analytics which uses Natural Language Processing (NLP) to find themes, content and sentiment in language. It also includes listening to audio recordings and turning them into text so that they can be searchable (speech to text transcription).
- Video analytics which uses machine learning for picking out objects and scenes and understanding the content of what is actually happening in a video for research purposes.
- Emotion analytics which includes tools like Element Human that use webcams to analyse facial expressions and measure eye tracking to build a model for engagement. Phebi is a platform that analyses the vocal content of audio recordings e.g. it may find stress, joy or happiness in people's language.

Generative AI is comparatively new. It uses similar machine learning techniques (algorithms) to generate text, images, video or audio.

- Text generation i.e. ChatGPT is about three months old now and is the fastest growing consumer product of all time. By posting prompts into it, you get synthesis summaries and answers to questions.
- Image generation uses prompts to create artwork or visual output. By entering a text-based prompt, an image will be created.
- Audio generation synthesises voices from text-based input. You can get a report or quotation "voiced" by somebody who has granted a licence to the software provider.
- Video generation uses relatively lifelike-looking avatars to generate content.

By creating a text-based prompt, the machine learning model generates output using NLP and Natural Language Generation (NLG). Although these approaches have been around for decades, what is really new is the scale of the language model that underpins them. The language models are incalculably large and are trained on billions of pieces of text which recognise the patterns in language and make educated predictions about what might come next in a sequence of words. They are doing this at a phenomenal scale and an incalculable number of calculations are being done to generate the output, with the speed of these models surpassing human levels of performance. The more recent models have taken about 18 months to 2 years to get better than human performance.

A model is the engine that lives underneath the application i.e. lots of applications are being built on top of a relatively small number of models.

How generative AI might apply in a healthcare market research project

Looking in more detail at the different stages of a market research project involving dermatology and psoriasis, Day One Strategy gave practical examples of how generative AI tools can be used.

- Desk Research

Notion AI was used in preference to ChatGPT because it is more functional and also uses the same language model as ChatGPT. To generate images, an app called DiffusionBee was used.

• Proposal Writing

To get inspiration for proposal writing and a focus on qual research, the AI tool was given a prompt to describe the drivers and barriers including explanations of fieldwork, interviews and the qual analysis process.

The generated output was descriptive components of the sub-elements of the proposal, such as planning and describing the benefits. This gave a starting point and framework on which to build.

• Hypothesis creation

Many of the applications are extremely useful for hypotheses and generating new ideas, particularly developing personas, segments, unmet needs, drivers, barriers and patient journeys. In this example, the prompt given was five possible reasons why psoriasis suffers might be reluctant to seek treatment. One of the initial factors was around the stigma associated with psoriasis. A second prompt focused on the area of negative stigma to find out more about it.

The generated output was a response that talked about embarrassment, the sense of shame and the belief that the condition may be contagious, as well as the belief that it is perhaps caused by lack of hygiene or cleanliness. This output demonstrated that these tools are useful not just for hypothesis generation, but also to help us see things from a different perspective.

• Research design

The tool was given the brief of "I am a market researcher doing in-depth interviews with people suffering from psoriasis. Please create a discussion guide and create questions in different areas and ideas for projective techniques to explore emotions, drivers and barriers."

The generated output gave questions to be asked about the impact of psoriasis on daily life, the symptoms and the treatments used. These are questions that humans would probably ask with more detail and probes, although if you were new to market research, it would be a useful place to start. The tool was also asked to generate projective techniques and it came back with asking the interviewee to imagine the ideal treatment for psoriasis and describe it. It asked them to give a metaphor to explain their experience of psoriasis and tell a story to describe when psoriasis had had a positive impact in their lives.

• Projective exercises

The prompt for the image generation tool was to create a mood board of images to express how a patient feels about their psoriasis.

The generated output featured pictures of an itchy dog, skin on fire, 'I feel like I am being held in chains', 'I feel dirty', and 'I feel like screaming'. Image generation tools can therefore be used in a qual research process to help patients express how they feel.

• Conversational surveys and robot moderators

Inca is a tool that has the ability to explore responses and go deeper, automatically probing with follow-up questions to open-ended quant questions. It intelligently probes in terms of the answer that has already been provided. Hello Ara is another tool that works in a similar way and is an avatar-based conversational chat agent.

• Synthetic respondents

A world where no actual respondents are needed for surveys and questions can be asked of AI-generated virtual respondents who give you their answers is already here. Using machine learning, it is now possible to take the output from thousands of previous projects and train a predictive model to show what people would have looked at or where their attention would have been drawn to. Dragonfly AI is a tool that is used to look at visual concepts and understand where patients/respondents may be looking and the order in which they are looking at information on the page. It generates heat maps as per predictive eye tracking.

• Analysis and summarisation

Generative AI has the capacity to allow you to interrogate qual data. For example, Yabble summarises text and allows you to analyse the information at a much faster pace. Fieldnotes can be used when you are studying ethnography where you may have hundreds of hours of video content. On this platform, you can hover over the video clip and AI provides a synopsis of the information within that clip.

• Knowledge management

Market Logic is a tool that is widely used as an insights and research knowledge platform. It is a place to store all reports and data and has a conversational interface to research the data and ask questions and queries. The data therefore lives much longer within the organisation.

The risks involved with generative AI

There are three main areas of risk which are currently associated with generative AI.

• Privacy and confidentiality

This is particularly important for ChatGPT because it explicitly states in its Terms & Conditions not to upload private and sensitive information or commercially confidential information. This is because it is using the data that you upload to improve its learning model which poses challenges for confidentiality and compliance. Although you must not upload private information to ChatGPT, there are specialist tools such as Yabble that have the right protections in place. However, with any of these platforms or technologies, it is important always to check the terms and conditions on privacy and data.

• Erroneous results

Generative AI tech is not completely reliable at the moment for fact-based information such as market data.

• Explainability

Although the language models provide a summarised answer, they do not reference the source of the information. It is therefore impossible for us to know if the data has been pulled from sources you would consider to be trusted and reliable. However, newer models, such as You.com, combine a traditional search engine with synthesised responses and a list of sources plus the chat interface.

Key takeaways - where generative AI is being used today and what is coming in the future

There are four immediate opportunities where the speed and efficiency of AI can assist us as researchers.

- Brainstorming and hypothesis development can help in developing personas and identifying ideas for drivers and barriers.
- Building outlines for documents which can be finessed.
- Drafting content to help get you started.
- Helping to analyse unstructured data such as open-ended responses from online surveys.

Newer models can assist with:

- Handling simple discussion guides and questionnaires where there is already a best practice in place but which need to be customised or updated for specific topics or therapy areas.
- Conversational interfaces for surveys which will become much more advanced with probing in more intelligent ways.
- Robot moderators which may be coming much faster than we imagine but not for sensitive or complex topics. They might play a role for things like online qual research.
- Conversational knowledge search platforms which are going to be used by companies to extract value from internal information sources, providing a first port of call for initial hypothesis development, ideas or initiating a full-blown research project.

Q&As

• Is this technology an opportunity or a threat?

It is a mixed bag but it can definitely be an opportunity. Interns are using basic AI to polish the questions and fine-tune the language they are using in surveys. However, because there is no compliance or governance around generative AI and specifically its use for market research, there is no way for us to police whether HCPs are responding to an open-ended survey in an iterative manner or if they are using generative AI to build their responses. The other area of concern is security. If you are using something that is open source like ChatGPT and you are typing questions in, you have to be really careful around confidentiality as answers can show up somewhere else in someone's responses.

• What is coming to help us with these issues?

Organisations like EPHMRA will distribute information around best practice, with guidelines to make sure that we use this technology in the right manner and we are not exposing ourselves to any compliance issues. Having these guidelines in place at a company level and community level is an important step in the right direction. As this technology becomes more prevalent with synthetic data versus real data, it is going to be increasingly difficult to tell the difference between a human-generated response and a computer-generated response.

• What are the differences between the technologies?

Notion AI uses the same language model as ChatGPT but it is more highly functional and has lots of different features. You can use it to summarise or write bullet-point summaries. It works in a more user-friendly way.

• Does Notion AI use the inputs to train its model?

If you use the free version of ChatGPT, anything you paste into it will be used to train the model and this is why it has been released to the public to get a lot more data. If you use an application such as Notion AI, it doesn't use the data to train the GPT model. However, if you are in particularly sensitive markets from a privacy and personal data perspective, this doesn't mean you are in the clear. If you are working with your own data, you need to make sure that you are comfortable with the kind of content you are putting in. If it is personally sensitive or company sensitive data, you have to make sure you are using it in a compliant way.

• What are the main benefits for healthcare market research?

Generative AI can be useful to plug the gaps where you are going to have a limited pool of patients or HCPs in rare or orphan disease spaces where recruitment is quite challenging. You may be able to use the technology as it evolves to build synthetic patients/HCPs to marry in with respondents to see the responses. If you are new to a disease area, you can use it as an encyclopaedia tool to get up to speed with the disease area. However, if you use the open version of ChatGPT, you don't get any sourcing information back so you don't know where the information is coming from.

• Can this technology help to find KOLs?

It can generate names which you can then check on Google to see if they are bona fide KOLs. The technology is not great for actual facts and it is not necessarily going to tell you the answer - it can do, but it might not be right.

• What are the top 3 AI platforms?

It is early days. Tools like Jasper are being used to generate blog posts and social media posts for digital marketing. Open AI has now created applications for other people to use and there are more being built that have research-specific applications. Some of the areas of biggest development are in the front end of the research design process i.e. generating discussion guides and surveys. There are tools that have online survey applications such as Question Pro and Protégé which have GPT-based survey builders and qual analysis is being built into online qual research platforms like Recollective. There are also standalone text analytics from companies like Yabble. There is a lot happening but many platforms do similar things and there is a lot of 'me too' product development. It is important to focus on the application areas. If you find a tool that works in your workflow, is highly functional, meets your needs and is compliant, don't worry if there is something better out there.

• Please can you clarify how Dragonfly AI uses eye tracking AI and how this is different from traditional eye tracking.

Dragonfly doesn't use any humans. The AI has been trained to understand or predict where humans would look. It shows the different number of attention points and the order in which they are most likely to absorb the information. A page is put onto the platform and a heat map is produced 30 seconds later. Although it misses out the human element, you get the same output. It is a predictive model rather than using humans.

- With these models being probability based, doesn't this create an inherent bias towards the mean or most likely answer?

The risk is that we end up with a bland regression to the mean with everything trending to the average answer. We need to be careful with the adoption and roll-out and make sure that we are not using these tools to design servers or using them in the analysis that may just look for the most common. The language model predicts the most likely next word in a sequence and the chances of it surfacing something that connects the dots or extremes is going to be quite slim. There are many risks and bland greyness is one of them. The other risk is that they generate so much content that there is a text apocalypse that has been generated that is going to fill the internet and is going to be fed back into models to train them. Feedback loops could become quite challenging to manage.

- How do we tackle the issue of bots replying to surveys?

This is potentially less of an issue in healthcare market research. It is an enormous issue in broader online consumer market research. One of the ways to check whether it is a human answering the survey is that open-ended questions are included, generating answers that don't fit with the rest of the survey. However, the likelihood that people will be able to use these language models to fraudulently complete a survey is increasing all the time. There are tools like DetectGPT and a few others that are trying to identify whether or not a given piece of copy is likely to have been generated by an AI bot. The survey tool Question Pro actively works on trying to authenticate open-ended answers to determine whether or not they have been created by a bot. The whole industry is fighting a rear-guard action against this.

- Are there any specific ways to write prompts to yield better results?

This is becoming a job specialism. If you put a certain type of prompt in, you will get nonsense out but if you follow up and drill deeper, you will get better responses. There are certain functional tips and tricks, such as using colons and line breaks. There is also an e-book called "Prompt" by David Boyle and Richard Bowman which gives ideas for hypothesis generation and segmentation using ChatGPT prompts.

- Is it too early to input business data into these platforms?

There are applications that you can feel confident in using because they have the right protections and data storage. You need to make sure you are using the right platform and don't make any assumptions. The big growth in meaningful types of these applications will be in combining the large language models which understand how language works generally with proprietary data and knowledge to be able to have a conversational interface to explore the data and draw things together. Market Logic has recently launched a product called Deep Sites which uses the open AI language model and ring fences all of the data that is proprietary to you so you get the best of both worlds. It is important to do thorough due diligence in terms of privacy and security. If you are using a model to run predictive analytics and you are training a model based on more diverse historic data, you run a risk if the model is not secure.

- Do synthetic responses remove the emotion that adds to human research and mean that AI does not accurately reflect real person participation?

Dragonfly AI is great at pre-cognitive attention such as feedback on layout and design. It is not great for telling how the patient responds to the content and how they respond emotionally to the visuals. Complementing Dragonfly AI with more traditional research will give you the full picture.

- Should development be paused on AI?

We need to think more carefully how we use the technology because of its environmental impact. It uses a huge amount of energy to process all of the data. We need to be more mindful of how we use it and not waste energy. However, the genie is out of the bottle. There is currently insufficient investment in ethics. Generative AI needs an industrial scale ethics framework around it because of its potential to do a lot of harm. You can't put a break on it, but you can help to anticipate around the risks involved.

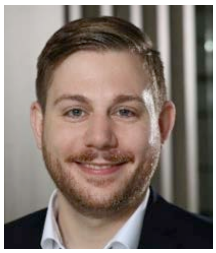
2023 Germany Chapter Meeting - Berlin - Thursday 20th April 2023

The meeting focussed on 'Shaping the future of MR together'.

We had a great in-person meeting in April 2023 at the BETAHAUS Berlin and sold out all 60 tickets.

A big thank you to our meeting Convenors:

Katja Birke, Managing Director, Produkt + Markt GmbH & Co



Yannick Rieder, Manager Market Research & Competitive Intelligence, Janssen

Barbara Lang, Point Blank Research & Consultancy

Upcoming Events

2023 sees the return of our first in person conference since 2019 and already over 75% of the tickets have been sold. It will be held over 3 days at the Hallam Centre in London and starts with our AGM on the Tuesday afternoon.

Workshop: Harnessing the Power of AI
12 noon – 17.00
Discussion and training workshop on AI to understand how to harness its full potential in the future of healthcare market research with a deep dive into three AI techniques.

2023 Conference Programme

EPHMRA Office: Euston Suite, 1st Floor

Main Plenary Room: Council Chamber
Plenary Room 2: Baker Suite (watch via relay with a coffee)

Monday 26 June

Committee Meetings	**09.30**	**–**	**17.00**	
Classification				
Data & Systems				

Tuesday 27 June

Committee Meetings				
Classification	**09.00**	**–**	**17.00**	
Data & Systems	**09.00**	**–**	**17.00**	
Ethics	**09.00**	**–**	**12.00**	
Board	**09.00**	**–**	**12.00**	
LDC	**09.00**	**–**	**12.00**	
AGM	**13.50**	**–**	**15.05**	**Council Chamber & Baker Suite**
Conference – Plenary and parallel sessions	**15.30**	**–**	**18.00**	**Council Chamber**
Welcome Drinks	**18.00**	**–**	**19.30**	**Regent Suite & Hallam Café**

Wednesday 28 June

Conference – Plenary and parallel sessions	**08.55**	**–**	**12.00**	**Council Chamber & Baker Suite**
Lunch	**12.00**	**–**	**13.15**	**Regent Suite & Hallam Café**
Conference – Plenary and parallel sessions	**13.20**	**–**	**17.45**	**Council Chamber & Baker Suite**
Evening event	**18.30**	**–**	**22.30**	

Thursday 29 June

Conference – Plenary and parallel sessions	**09.00**	**–**	**12.40**	**Council Chamber & Baker Suite**
Lunch	**12.40**	**–**	**13.30**	**Regent Suite**
Conference – Plenary and parallel sessions	**13.35**	**–**	**16.00**	**Council Chamber & Baker Suite**

Tuesday – Summary of Timings

Tuesday 27 June

Committee Meetings			
Classification	**09.00**	–	**17.00**
Data & Systems	**09.00**	–	**17.00**
Ethics	**09.00**	–	**12.00**
Board	**09.00**	–	**12.00**
LDC	**09.00**	–	**12.00**
AGM	**13.50**	–	**15.05**
Conference – Plenary and parallel sessions	**15.30**	–	**18.00**
Welcome Drinks	**18.00**	–	**19.30**

Speakers and Papers – What to Expect

13.50 – 15.05 Council Chamber

AGM

For member companies only

15.05 – 15.30 Regent Suite & Hallam Café

Coffee

15.30 – 15.45 Council Chamber & Baker Suite

EPHMRA President – Conference Opening

15.50 – 16.30 Council Chamber & Baker Suite

Launching products that make a real difference – the critical role of MR insights and BI

Geoff Birkett, Chief Commercial Officer, Ensysce Biosciences

Convenor: Erik Holzinger, Founder and Director, groupH

16.35 – 17.10 Council Chamber & Baker Suite

HI not AI: How Novartis gets to patient insights by applying Human Intelligence and creativity

Sam Knowles, Chief Data Storyteller, The Insight Agents and Beyza Klein, Global Patient Engagement Director, Novartis

Convenor: Stephen Potts, Director, Purdie Pascoe

This paper aims to tell the inside story of Novartis' journey over the past two years to empower global, crossfunctional teams to become increasingly patient centric. It details how a hybrid team – across functions inside Novartis and with expert, external support – developed, piloted, refined, and codified the i4i Patient Insights DiscoveryTM process. In its first two years, the process has mostly had a strong patient focus. But it was developed, by design, to be stakeholder-agnostic, also able to surface and articulate patient, caregiver, and healthcare practitioner insights. 4 At a time of tightening budgets and demands from leadership to demonstrate better impact, this paper aims to show how to do more with less; how to turn existing research outputs into a more profound and useful understanding of what it means to live with specific diseases or conditions from all perspectives. And this paper aims to showcase the power of bringing together cross-functional teams and having them work in new and unexpected ways. Not only does the i4i methodology bring the best out of diverse groups; it also bonds them together with a common purpose. The paper will give examples of insights generated by i4i Insight Sprints in many disease areas, from leukemia to cardiovascular disease, dry eye disease to kidney failure, MS to food allergy.

17.15 – 18.00 Council Chamber & Baker Suite

Room 101

Convenors: Amr Khalil, Managing Director, Ripple International and Hannah Mann, Founding Partner, Day One Strategy

Join the Convenors in Room 101 with Karsten Trautmann, Head of GSI Center of Excellence Merck Healthcare KGaA and Gareth Phillips, CEO Research Partnership

EPHMRA will ask the panel to join them in live debate about which 3 things they wish to banish from research forever in order to make way for newer and better ways of working, powered by new technology. This session promises to be lively, informative and entertaining!

18.00 – 19.30 Regent Suite & Hallam Café

Welcome Drinks

Wednesday – Summary of Timings

Wednesday 28 June

Conference – Plenary and parallel sessions	**08.55**	–	**12.00**
Lunch	**12.00**	–	**13.15**
Conference – Plenary and parallel sessions	**13.20**	–	**17.45**
Evening event	**18.30**	–	**22.30**

Speakers and Papers – What to Expect

08.55 – 09.05 Council Chamber & Baker Suite

Introduction to the Day

09.10 – 10.00 Council Chamber & Baker Suite

Future of Healthcare Market Research

Convenor: Letizia Leprini, Global Competitive Strategy Lead, Roche

Our Panel Discussion on the Future of Healthcare Market Research will feature industry and agency expert speakers.

Panel Discussion with Letizia Leprini, Global Competitive Strategy Lead, Roche who will be joined by Geoff Birkett, Consultant, Beyza Klein, Global Patient Engagement Director, Novartis and Diane Chayer, Head of Global Customer Insights, LEO Pharma.

10.05 – 10.40 Council Chamber & Baker Suite

Using Health Information Behaviour to Better Understand Patient and HCP Needs & Decision-Making to Optimize Customer Engagement

Martijn Huisman, Associate Director, SKIM and Kirsty Pegram, Director BI&A, EU Cluster Market Research

Convenor: Elizabeth Kehler, Managing Director, Adelphi Group

Together with Bristol Myers Squibb (BMS) we demonstrate how health information behavior is applied in market research to understand patient and HCP needs and decision-making in order to optimize customer engagement strategies. By bringing together findings from recent client projects, a SKIM market research study among physicians in the EU5, Netherlands, and the US, as well as academic theory and research, this paper will:

- Introduce the notion of 'health information behavior' to analyze and understand in a systematic way the different levels of patient and physician engagement with – and use of – health information.
- Highlight the crucial role of health information in the treatment journey, particularly for medical decisionmaking, for both patients and physicians.
- Present the health information behavior framework and demonstrate how its use enables clients to capture specific and tangible insights revealing customers' information behavior, use and needs as well preferred information sources and channels.
- Demonstrate the added value of incorporating health information behavior in a variety of market research studies and the impact of it on client strategies. Concretely, we will expose how health information behavior helps to identify 1) key patient and physician types (segmentation), and 2) information touchpoints and 'tipping points' in the treatment journey. These offer engagement opportunities for pharmaceutical and med-tech companies, as well as a foundation for tailor-made communication.
- Illustrate how health information behavior helps pharmaceutical marketers to understand patient and physician information behavior, unmet needs, and decision-making, and how these insights are leveraged for customer engagement strategies, product launches, as well as support and information services.

10.45 – 11.10 **Regent Suite & Hallam Café**

Coffee

11.15 – 12.00 **Council Chamber & Baker Suite**

How to enhance your service to Your Pharma industry clients and stakeholders: Five improvements and five actions which can be implemented today

Paul Griffiths, Client Advocates

Convenor: Carolyn Chamberlain, Global Commercial Director, Branding Science

Paul's work with both client teams and PMR agencies means that all parties can better understand what they might do to build closer and more productive relationships.

Paul does this for both parties in the relationship by gathering objective feedback (through one-on-one interviews) from research, insight and data clients and stakeholders. He communicates and synthesises this feedback so that client teams and agencies can change behaviour and practice.

As a result of this knowledge and experience, in this talk Paul will detail:

- The five most important improvements that agencies and their clients can make to elevate the quality and impact of the relationships for both parties.
- The five practical and tangible actions that agencies and clients can make to deliver these improvements when they return to their offices.

12.00 – 13.15 **Regent Suite & Hallam Café**

Lunch

13.20 – 13.55 **Council Chamber & Baker Suite**

Non-consciously oncology: Prevailing behavioural biases in cancer care

Marianne Ibrahim, Research Director, Oncology and Katy Irving, Global Head of Behavioural Science, HRW

Convenor: Roy Rogers, Director, Research Partnership

Oncology is a unique and specialised area; often facing life-and-death decisions in an increasingly complex treatment landscape: so what drives oncologists' decisions on how to act? Although often characterised as a 'pure science' decision, cognitive biases are systematically uncovered in oncology research. In a review of over 100 oncology projects featuring behavioural science analysis, we highlight the themes that come up most often in oncology compared with non-oncology projects, and how these differ across different contexts (tumour types, areas with more vs less treatment choice, rare vs common cancers) and how anyone working in this space can use this information to supercharge their research

- To debut the learnings from a BRAND NEW analysis of over 100 projects conducted in oncology therapy areas using behavioural science.
- To highlight and explain key cognitive biases present in this area and how these can be overcome
- To help delegates understand how cognitive biases differ based on different contexts and the benefits (across all therapy areas) of taking a tailored/expert-led consultancy approach to applied behavioural science.

14.00 – 14.35 **Council Chamber & Baker Suite**

In this era of patient centricity, do we really understand how patient needs are evolving?

Lucy Ireland, Partner, Hall and Partners and Agathe Acchiardo, Think Next

Convenor: Amr Khalil, Managing Director, Ripple International

As pharmaceutical companies are moving to a more patient-centric viewpoint, understanding patients' needs is critical. A lot of investment now is in pipeline products and treatments that will not be ready for many years. Hence it is really important to understand how patient needs will have changed by the time these treatments are launched to ensure that Go to Market models are effective and the trial end points are those that patients will be looking for. New generations of patients (Gen Z and Millennial) are starting to reach the age -especially Millennials- when they are more likely to live with a chronic illness. Our paper is designed to explore how their needs and expectations are different to existing Gen X and Baby Boomer patients. The aim of the paper will be to provide new insights about patient needs, to start discussions about how we, as an industry, can best support these new cohorts of patients living with a chronic condition. We will also highlight trends that we should consider in our patient journey or other studies, as well as in discussions about patient communications or support programs.

14.40 – 15.15 Council Chamber & Baker Suite

Gender identity perspective - deep dive into oncology screening

Tracy Machado, Senior Research Director, Elma Research and Alberto Giovanni Leone, IRCCS Istituto Nazionale dei Tumori di Milano

Convenor: Georgina Cooper, Partner, Basis Health

This paper highlighted that there is a real need for specialists to be more responsive and empathetic to emerging patient populations. OncoGender is a self-funded project that aims to share light on a phenomenon that is still little known and understood: transgender and gender nonconforming (TGNC) people's access to clinical check-ups, screening, and treatment. A privileged look at the issue of inclusivity of healthcare via the implementation of a compelling group of Italian specialists (market researchers and oncologists) and the collaboration with AIOM (Italian Association of Medical Oncology) resulted in powerful insights on how to enhance current practices and shape policy.

15.20 – 15.45 Regent Suite & Hallam Café

Coffee

15.50 – 16.25 Council Chamber & Baker Suite

Oncologists: Uncovering their deepest desires

Abigail Stuart, Founding Partner, Day One Strategy and Julie Jenson, The Hidden Depth

Convenor: Georgina Cooper, Partner, Basis Health

"Your customers don't care about you. They don't care about your product or service. They care about themselves, their dreams, their goals. Now, they will care much more if you help them reach their goals, and to do that, you must understand their goals, as well as their needs and deepest desires." Steve Jobs To drive brand uptake, clients need to better understand who their customers really are. They often come to a therapy area with (incorrect) pre-conceived notions of what drives a particular specialty. We need a deep understanding of what motivates them (psychologically and otherwise) as people. We need human intelligence Yet this is hard and increasingly harder to do with very functional and superficial market research interviews that are guided mostly by the product profile and market landscape.

Parallel Session – Analytics and Forecasting

14.40 – 15.15 Oxford Suite

Beyond the buzzword: Can Behavioural Science improve pharma forecasts? Speakers: Celine Talon and Ivo Moes, SKIM

Drug forecasts based on mathematical models are helpful in informing market strategies and mitigating some of the uncertainties of drug development. However, these mathematical forecast models tend to come with some margin of error. While it remains difficult to predict outcomes of clinical trials, human behaviour contributes to this error margin as well. During this roundtable we invite industry and agency representatives to engage in a group discussion on whether behavioral science models could be leveraged to improve the accuracy of forecasting, what methods are already being applied, or what such methods could look like.

15.20 – 15.45 Regent Suite & Hallam Café

Coffee

15.50 – 16.25 Oxford Suite

TPP Design for commercially focused Qualitative and Quantitative Market Research

Speakers: Okke Engelsma, Cerner Enviza and Erik Holzinger, groupH

We would argue that this is an essential first step in any brand launch, rather than later in the journey. Research already uses qualitative discussion and traditional projective techniques, but true understanding arises from a new way of looking at a specialty and using analysis paradigms from other areas. Using Oncologists as a starting point, we will delve into their underlying motivations, fears and other drivers that might impact how they interact with patients and how they make decisions. With this information clients can make better decisions about their strategies and tactics used when interacting with Oncologists

16.30 – 17.05 **Council Chamber & Baker Suite**

Dynamics and disconnects - A fly on the wall in patient consultations

Lauren Halliwell, EU Neurology Market Insight Manager, UCB and Victoria Weaver, Director, Basis Research

Convenor: Elizabeth Kehler, Managing Director, Adelphi Group

Our goal was to understand the disconnects between patients and physicians in order to try and address them in support of a new product launch. As an industry, we know about these detachments and often hypothesize about them, but they are hard to research and difficult to prove. We leveraged an innovative patient-centric methodology - Simulated Dialogue - to fill this gap. Sensitive to patient needs and engaging for physicians, it provides a ground-breaking depth of insight to enhance the development of medicine and care.

This case study shows the technique in action for a specific product launch in a rare disease and suggests how it can be more broadly employed in pharma and the wider research industry in the future.

17.10 – 17.45 **Council Chamber & Baker Suite**

More than "just" an insight: how a fully integrated client + research + consultancy team went beyond the brief and into action

Tom Markham, Account Director and Erin O'Hare, Senior Consultant, Lumanity Consulting

Convenor: Sarah Phillips, Vice President, IQVIA

Our client needed an ownable, credible voice with consumers in the fight against antibiotic overuse and proprietary data to drive partnership engagement. This paper demonstrates how the combination of Strategic Consulting and social media listening (SML) enabled our client to understand what consumers currently talk about when they discuss two distinct, but interrelated subjects - sore throats and antimicrobial resistance - and how COVID has altered the discussion around antibiotic usage in sore throat, including consumer perceptions and misconceptions, to help feed into future external communications.

Thursday – Summary of Timings

Thursday 29 June			
Conference – Plenary and parallel sessions	**09.00**	–	**12.40**
Lunch	**12.40**	–	**13.30**
Conference – Plenary and parallel sessions	**13.35**	–	**16.00**

Speakers and Papers – What to Expect

09.00 – 09.05 **Council Chamber & Baker Suite**

Introduction to the Day

09.10 – 09.45 **Council Chamber & Baker Suite**

SHAPE:Sickle Cell Health Awareness, Perspectives & Experiences Study, Collaborating to highlight the impact of a misunderstood condition

Annabel Su, Associate Director, IPSOS and Giovanna Barcelos, Senior Manager, Value & Evidence Global HEOR - PFIZER

Convenor: Carolyn Chamberlain, Global Commercial Director, Branding Science

Sickle cell disease (SCD) is a rare disease (for example, 1 in every 2000 live births in UK) that has a significant burden on the lives of those affected. It is a genetic condition that mainly affects those from African and Caribbean backgrounds and some populations from Asia and the Middle East. Research on the impact of SCD on patient quality of life (QOL) is limited, especially the disparities and unmet needs faced. There is even less data on the experiences of caregivers, who care for those living with sickle cell disease.

This dearth of research highlights the need for greater understanding of the experiences of living with SCD around the world in order to determine the actions needed to overcome these. The SHAPE (Sickle Cell Health Awareness, Perspectives and Experiences) study aimed to broaden the understanding of experiences, concerns and unmet needs of people living with

SCD, as well as those caring for and treating people living with the condition. The SHAPE survey is a multinational patient, caregiver and healthcare professional (HCP) burden of disease study. It was developed by Global Blood Therapeutics (GBT) and Ipsos in partnership with a steering committee of SCD experts, including patient association representatives (patients and caregivers) and HCPs from Europe, the Middle East, Latin America and the United States. Results of the SHAPE study help further emphasize the impact of SCD on quality of life (QoL), highlight some of the health inequities in SCD and raise the need for improved awareness and education alongside better treatment, care and management of this serious but misunderstood disease.

09.50 – 10.25 Council Chamber & Baker Suite

Shedding light on the subconscious component of thinking with Neuromarketing to support market research in the pharma world

Marina Panizza, General Manager, Stethos

Convenor: Roy Rogers, Director, Research Partnership

We are led to believe that our analytical thinking is the main actor, but the one who influences most of our choices is actually rapid thinking (system 1) which operates automatically with little or no effort and no sense of voluntary control. Therefore, to understand how we react to stimuli and how we process complex content, we have to go beyond the declared that is the result of analytical thinking. We are helped by neuromarketing, which becomes a useful tool, in synergy with more traditional market research methods, for analyzing and understanding the value of the messages that are conveyed to our recipients. This market research includes three methodologies: qualitative (in-depth individual interviews), Eye Tracking and Facial Emotion Recognition to test the visual of Kesimpta. We will show how an analysis integrating neuromarketing techniques with the more traditional interview can better account for the conscious and subconscious evaluations made by the medical profession that influence the interpretation of data. We will show in particular which insights are offered by neuromarketing and how they are integrated into research to contribute to a more precise reading of the phenomenon.

10.25 – 10.50 Regent Suite & Hallam Café

Coffee

10.55 – 11.55 Council Chamber & Baker Suite

The employee is now your most influential stakeholder

Gethin Nadin, Multi-award-wining Psychologist and bestselling Author

Convenor: Sarah Phillips, Vice President, IQVIA

More and more organisations are developing and evolving their Employee Value Proposition as the evidence mounts that the more you support your people the greater the organisational success. The traditional employment model – come to work, do the job, get paid and sort out any home issues yourself has long passed; we are no longer in a transactional employment world.

Employees drive success more than any other stakeholder and the more we can successfully manage and adapt to our employees' growing needs, the more resilient and sustainable our organisations become. Returning to keynote, in this talk Gethin will look at how companies need to pivot their Employee Value Propositions to be more centred on wellbeing of their employees to be able to better harness their potential and contribution.

12.00 – 12.35 Council Chamber & Baker Suite

Understanding Millennial GPs: The future workforce in a digital world

Mandira Kar, Research Director, Research Partnership and Ana Claudia Alvarez, Global Customer Insights, SANOFI

Convenor: Tracy Machado, Senior Research Director, Elma Research

To explore millennial GPs' use of digital channels in their interactions with patients, peers and pharma companies, their preferred channels for achieving different goals skill and career development, diagnosis and deciding treatment options, and their expectations of pharma companies in helping them meet patient goals. This paper will help understand how millennial GPs navigate an omnichannel environment and the best way to communicate with them.

12.40 – 13.30 **Regent Suite & Hallam Café**

Lunch

13.35 – 14.10 **Council Chamber & Baker Suite**

Cx – Winning heads and hearts

Vivienne Farr, Managing Director, Narrative Health and Florent Buhler, Commercial Excellence Director, EUCAN Oncology Marketing, MSD EUCAN

Convenor: Stephen Potts, Director, Purdie Pascoe

MSD operate in a highly competitive oncology space. Like many, they had tracking data to measure their performance vs. competitors but there was uncertainty as to how this actually translated to the real-world customer experience; both with their products and the company at large. As far back as 2016, research from the Harvard Business Review indicates that overall customer satisfaction tends to be universally high, and is rarely a competitive differentiator. The most effective way to reach customers is to move past customer satisfaction and connect with customers on an emotional level. Against this backdrop, MSD wanted to ensure that they understood the perceptions and experiences of their customers in order to develop these deeper emotional connections, build trust and meaningful differentiation from their competitors. This paper will outline: • How we understood both the internal affiliate and external customer perception of their performance • Now (in the 'as-is' state) and in the future (in the 'to-be' state) • Enabling us to identify the 'service anticipation gap' • How we reframed the research through the customers' eyes using discourse analysis to challenge existing internal perceptions • Most importantly, how MSD Europe used this as a catalyst to disrupt the business and drive Cx to the heart of what they do.

14.15 – 14.50 **Council Chamber & Baker Suite**

Menopause: unlock marketing insights using semiotics.

Rachel Lawes, Lawes Consulting

Convenor: Roy Rogers, Director, Research Partnership

This paper focuses on a case study: menopause. In many countries, as women's issues gain recognition, menopause has become a newly visible and exciting topic. Women want to raise awareness, share their experiences and be positive about each stage of their lives. They also want to be free from distressing symptoms, and all kinds of OTC and prescription brands are keen to help. It's a busy market and a rapidly changing category. Public beliefs and ideas about menopause, its meaning and its array of symptoms, are very culturally specific. When these beliefs and ideas are in a stage of rapid change, there are new business opportunities for brands. But they also have to work much harder to keep up.

14.55 – 15.20 **Regent Suite & Hallam Café**

Coffee

15.25 – 15.55 **Council Chamber & Baker Suite**

Panel Discussion

15.55 – 16.10 **Council Chamber & Baker Suite**

Conference Closing

15.55 – 16.10 **Regent Suite**

Join us for a farewell drink

2023 Conference Steering Committee

Amr Khalil
Ripple International

Carolyn Chamberlain
Blueprint Partnership

Stephen Potts
Purdie Pascoe

Elizabeth Kehler
Adelphi Group

Erik Holzinger
groupH

Sarah Phillips
IQVIA

Tracy Machado
Elma Research

Judith Lawrence
Basis Health

Roy Rogers
Research Partnership

Letizia Leprini
Roche

A big thank you to our Convenors!

AI Workshop – 26 June

Harnessing the Power of AI

26 June 2023: 12noon – 17.00hrs – Ticket is £200 + VAT

Venue: Hallam Conference Centre, 44 Hallam Street, London, W1W 6JJ.

Discussion and training workshop on AI to understand how to harness its full potential in the future of healthcare market research with a deep dive into three AI techniques.

This workshop will take place on 26 June 2023 from 12 noon to 17.00hrs local time. If you are looking to have interactive discussions on AI techniques such as ChatGPT and sentiment analysis then join the conversation. Hear what other delegates' experience is and how they are using the available tech.

What works? What doesn't work? Where can these add value?

The focus is on how can the technique be used in healthcare MR, where fits, what is the added value it can bring.

Convenors: An-hwa Lee, Basis Health and LDC member and Seb Newton, Associate Director, Purdie Pascoe

You can attend this Workshop without registering for the Conference.

12 noon

Welcome and start with a light sandwich lunch

12.45 13.00

Convenor introductions and setting the Objectives for the Workshop, how the Workshop will run

13.00 – 14.00

Speakers Topic Introduction (20 min each)

Speakers will outline the topics to be covered and some of the common themes that run across the AI techniques we can use in healthcare market research.

Each set of speakers will first spend 20 minutes giving an overview of their topic.

1. Supercharging Traditional Research with AI

Speaker: Michael Donaldson, Director at Ideas.AI Basis

In this session Ideas.AI Basis will provide:

- Introduction to big data analytics and disruptive technologies, specifically AI and GPT-4 (leaving space for Hannah's discussion on ChatGPT).

- Discussion on the merits of social data as the dataset upon which AI is leveraged to identify consumer / patient discourse and needs online:
  - What is Social Data – accessing publicly available data, specific sources etc.
  - The inherent issues with Social Data – unstructured, noisy, and enormous.
  - The value AI and GPT-4 offers – data manipulation, analyses, and visualisation.
- The outputs that GPT-4 on Social Data can provide:
    - Structure – Landscape of Health Care needs, their size and growth of discussion.
    - Inform – Based on the Social landscape, what should be investigated further through traditional research practices.
  - Thought Leadership – How can the findings from the social landscape guide policy or support targeting patient groups.
- Finish by summarising what they will learn if they join the breakout session i.e., how to leverage large social datasets via AI to guide and inform healthcare discussion that takes place in 'home' environments.

2. How can AI Techniques be used in Healthcare MR

Speakers: Abigail Stuart and Hannah Mann, Day One Strategy

In this session Day One Strategy will provide:

- Context as to what ChatGPT is and how it sits within the area of generative AI (and what it has to do with GPT4 - referencing Michael's prior session)
- Highlight the key areas where we feel ChatGPT adds greatest value specifically for research projects i.e.
  - Desk research - showing examples
  - Hypotheses generation - showing examples
  - Ideation - showing examples
- Touch on how NOT to use ChatGPT for research and what it is not good for i.e.
  - To feed in any client / private / proprietary information
  - To give you 'the answer'
  - To be used as a replacement for actual research
- We will finish by summarising what the delegates will learn by joining the the breakout session i.e. best practice for search prompts and live experimentation around a hypothetical brief.

3. AI Text and Sentiment Analysis

Speaker: Paolo Gambetti, Head of Innovation at Purdie Pascoe

In this session, Paolo will introduce an AI text and sentiment analysis tool which can used across qualitative and quantitative research. Specifically covering:

- Initial background research and selection of the tool
- Evaluation, review, and implementation of the tool's capabilities
- Navigating the process of adoption within an MR company (incl. addressing any reluctancies)
- What do the results look like and how have these been measured
- What are the potential risks involved when using AI text analytics
- Future anticipated use of the tool and potential opportunities going forward
- Conclusions and Q&A.

14.00 – 16.00

Working session(s) with speakers (incl. rotation) with coffee break

Basis Ideas.AI:

Here we can take questions as required but could also work on:

- Visual illustration of what AI does to social datasets of millions of conversations – from unstructured to structured.
- Using hypothetical insight(s) output to showcase how the AI and Social datasets combination can inform thought leadership, guide policy discourse, inform brand positioning.

What the participants will get out of this session:

The participants should leave this workshop with a clear understanding of how GPT-4 and Social datasets can augment supercharge traditional methods while supporting their use cases.

Day One Strategy:

Breakout session:

Here we can take questions as required but could also work on:

- 'Best practice' for optimising your ChatGPT to help get the best outputs in a shorter period of time
- A hypothetical research challenge for the audience to experiment live with ChatGPT

What the participants will get out of this session:

The participants should leave this workshop with a clear understanding of how ChatGPT can be used within their day to day roles, its limitations and pitfalls and areas of greatest application.

Purdie Pascoe:

Breakout session:

During this breakout session, we can address questions as needed and also focus on the following points:

A quick demo of Caplena, including codeframe creation, coding of the OEs, and filtering/sorting/visualizing the results.

Discussion of the opportunities and limitations of the software.

What participants will gain from this session:

Participants should leave this workshop with a clear understanding of the software and its potential applications in various projects.

16.00 – 16.45

Speaker summary and Ask the Speakers / Convenors Q&A

16.45 – 17.00

Wrap up and Close

2023 Basel Meeting

To be held on the 21 September 2023 at the Pullman hotel Basel

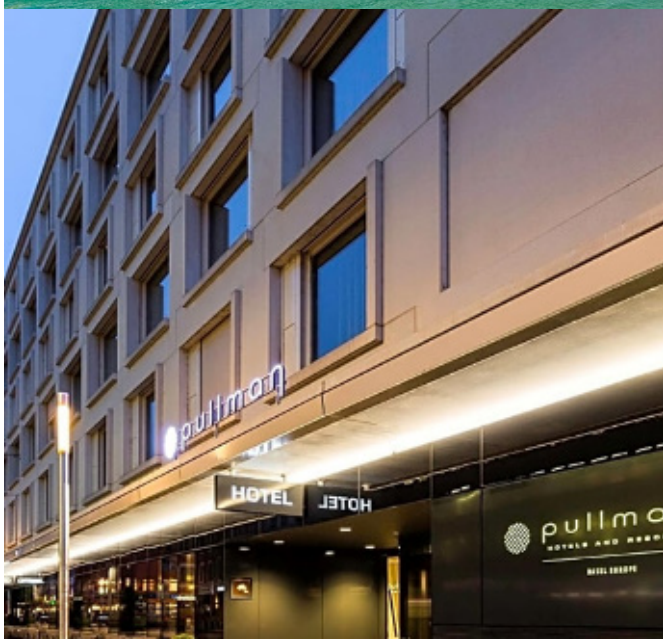
'Using AI to Power Insights and the Business'

With thanks to the Convenors

Angela Duffy, Senior Director, Research Partnership

Fenna Gloggner, Director, Global Customer Insights, Idorsia Pharmaceuticals Ltd

Hannah Osborn, Founding Partner, Pure Healthcare Strategy



You can register and secure your spot as tickets are limited to just 60 delegate places.

REGISTRATION FEES and Ticket Details:

Fees:

Industry Members

2 for 1 tickets - MR departments of 5 or less. Total fee = 450 CHF

2 for 4 tickets - larger MR departments. Pay for 2 get 4 places. Total fee = 900 CHF

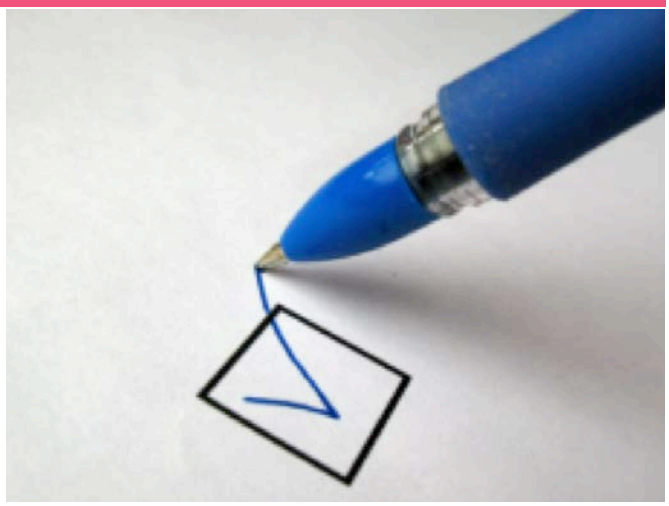
Single industry place tickets - 5 tickets available: 450 CHF each

Agency Members

Agency places available – 450 CHF each

Ethics Update

In 2023 EPHMRA issued its FAIR MARKET VALUE (FMV) - INDUSTRY MEMBERS SURVEY which offered a summary for France, Germany, Italy, Spain and UK.



Pro-Forma Consent Forms

EPHMRA has finalised its Consent Pro Forma Template covering: Germany, France, Italy, Spain and UK.

These member resources outline the requirements for ethical and legal Requirements for Consent.

There are legal, ethical and practical requirements which need to be considered when gathering consent from participants. These requirements apply irrespective of whether participants are patients or healthcare professionals (HCPs).

The EPHMRA guidance provides the requirements together with specific requirements when collecting data from the United Kingdom, Germany, France, Spain and Italy.

Log into the EPHMRA website – Resources – Ethics.

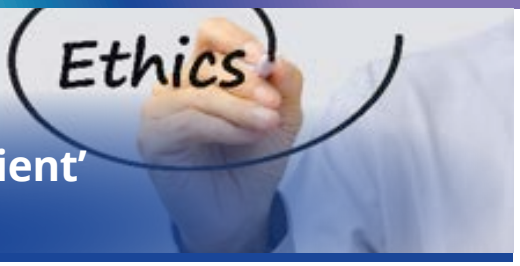
Background and Scope

No standardised FMV rates exist, with each pharmaceutical company establishing their own rates. EPHMRA has undertaken a member consultation to explore current FMV rates, and how they differ by company, country, and type of healthcare professional being interviewed.

Nine pharmaceutical company EPHMRA members responded to the survey, providing anonymised data on FMV rates used for market research incentives.

EPHMRA has produced a summary report as an infographic – courtesy of Seb Newton of Purdie Pascoe.

This is available when you log into the EPHMRA web site – ethics area.



EPHMRA Online event - 9 May 2023

Ethics and Compliance - 'Naming the Client'

Speakers: Debrah Harding and Kaleke Kolawole, The Market Research Society

In the latest EPHMRA webinar, Debrah Harding and Kaleke Kolawole of The Market Research Society (MRS) addressed issues and questions on the naming of the client in relation to GDPR requirements, as well as giving an update on continuing explorations with regulators regarding potential future change.

The legal definition of a controller

The naming of the client continues to be an area of concern within the EPHMRA membership and within research more generally, with misunderstanding about what is and is not allowed. Much of this revolves around the legal definition of a controller in relation to GDPR requirements.

In GDPR terms, "'controller' means the natural or legal person, public authority, agency or other body which *alone or jointly with others, determines the purposes and means of the processing of personal data*; where the purposes and means of such processing are determined by Union or Member State law, the controller or the specific criteria for its nomination may be provided for by Union or Member State law."

In other words, the controller is the client or organisation which alone or jointly is involved in determining the purposes and means of a given research project.

What is meant by purposes and means?

'Purposes and means' are the why and the how.

If a client is involved in determining the means and the purposes of processing i.e. the why and the how or both, they are a controller or they could be a joint controller with another organisation such as a service provider. If they only act on instructions, they are a processor.

There can be quite a nuanced relationship i.e. it is not just about a controller and a processor. There can also be a combination of roles where, for example, one organisation determines the essential means and purposes, while another determines how this is done. You could have an organisation separately determining the purposes and essential means for the processing. You could also have a situation where a service provider is both a processor and a controller with the client always as a controller.

Article 13 and Article 14 of the GDPR

The reason why being a controller becomes an issue is because of Article 13 of the GDPR, namely:

"Where personal data relating to a data subject are collected from the data subject, the controller shall, at the time when personal data is obtained, provide the data subject with all of the following information."

There is a long list of 'following information' that includes the identity and contact details of the controller and where applicable, the controller's representative.

Therefore, Article 13 states quite clearly that if an organisation or an individual is identified as a controller, then their identity and contact details must be provided. There is no exemption from this legal obligation and it is an absolute requirement to provide transparent information about controllers to data subjects.

There are also a number of additional requirements under Article 13 and Article 14:

- Article 13 states that recipients or categories of recipients must be named i.e. if a client receives personal data such as photographs, audio-visual recordings or transcripts, they must be named as recipients. This is a separate naming to the naming of the client as a controller. In this case, they must be named because they are receiving information.
- Article 14 states that where personal data is not obtained directly from a data subject, there is a requirement that the source of the data is disclosed. If a client provides personal data such as a sample from a customer database, they must be named as the source of the information if requested.

There are therefore three different naming conventions within GDPR and all of them are absolute requirements.

There are no exemptions to:

- Naming a controller when you are doing data collection.
- Naming any recipients who receive personal data.
- Identifying the source of data if you are using a customer database.
- Determining who are controllers.

Determining controllership

The need for controller identification rests on their ability to determine the how and the why i.e. their influence over the collection and processing of data.

There is often an argument that as the client does not get identifiable data, they therefore cannot be a controller under GDPR. However, both legislation and test cases that have gone through the courts have made clear that access to identifiable data is not key to determining controllership. It doesn't matter if a client only gets anonymous data or aggregate data, the fact that they determine the how and the why means that they are the controller and all of the controller requirements apply. The level of control of the client over the collection and processing of data is always the core issue that must be considered when thinking about controllership.

Within the EDPB and different national regulators, there is a considerable amount of guidance about determining controllership i.e. how you work out whether the purposes and means have been influenced by a client. A number of factors have been identified that regulators consider when determining whether somebody is a controller. For example, does the entity decide:

- To collect or process the personal data.
- The purpose or outcome of the processing.
- Which personal data should be collected.
- Which individuals to collect personal data about.
- Whether they will obtain a commercial or other benefit from the processing.
- To process personal data as a result of a contract between the entity and the data subject.
- About the individuals concerned as part of or as a result of the processing.
- To exercise professional judgment in the processing of personal data.
- To have a direct relationship with the data subject.
- To have complete autonomy as to how the personal data is processed.
- To appoint the processors to process the personal data on their behalf.

Many of these factors are the sort of activities that a client could do for any project. There are lots of factors in the list which is the reason why the general rule has been that clients are controllers.

Why does the naming of the client cause problems?

The naming of the client can cause problem in three key areas:

- Methodologically - it can introduce the potential for bias and influencing responses.
- Commercially - it can challenge clients' ability to protect their IP and confidential information such as product development.
- Regulatory pressure - it can cause a potential conflict with other Codes such as the ABPI promotion rules.

When might a client be a third party rather than a controller?

The MRS has considered if there is a set of circumstances where a client is a third party and no personal data is being provided by them so they do not need to be named. This is being explored with two sets of regulators:

- The Information Commissioner's Office in the UK.
- The Data Protection Commission in Ireland.

The two regulators have been purposefully chosen. In the UK, the Information Commissioner's Office is one of the only regulators in the world who have already issued detailed guidance on the research provisions of the UK's Data Protection Act and the GDPR. They have a good position on how research fits within the GDPR and they are open to exploring lots of different research scenarios to help them to understand research better.

The Data Protection Committee (DPC) in Ireland is a very influential supervisory committee on the European Data Protection Board (EDPB) which is responsible for producing guidance about the GDPR at a European level. The DPC is particularly experienced in health studies and health research because there is separate legislation within Ireland that regulates health studies. Within the EDPB at a European level, the DPC takes a lead in these kinds of discussions. Exploring these issues with them is enabling the MRS to help influence other regulators around Europe to have more of an understanding about how our healthcare and research sector works. This includes exploring with both commissioners the characteristics needed for when a client may not be a controller.

Research scenarios are reflecting the nuances and challenges of naming the end client, with the objective for the case studies to open conversations at an institutional level about the present challenges the industry faces e.g. the erosion of confidentiality. The current status of these issues is not being met with a comprehensive response from the regulators. While there is an acknowledgement that the end client may not be a controller, the default position is that if the client sets a research brief, they are inevitably the controller and therefore must be named at present, with no option to derogate from the prescribed legislation to identify controllers.

Scenarios in which the client is not the controller

In scenario 1, a pharma company commissions a healthcare research project. The company has no input into the design of the project, no customer data is used, no identifiable data is shared and the research provider is the controller of the project and will meet all controller obligations to data subjects. The company believes it is a third party and is therefore not named. The company will have to justify its reasons for determining it is not a controller and non-identification by completing a Data Protection Impact Assessment, including any mitigations to ensure that data subjects' rights are not being affected by the company not being a controller.

In this example, the client commissions the research but has no ongoing input into the research project. It is essential to be clear about the basis for this requirement while recognising that the determination of roles is always fact-specific. There are arguments for the client not necessarily being a data controller. These include:

- Lack of access to personal data. The GDPR lays down legislation for the protection of data subjects with regards to the processing of personal data. In this case, the client has no access to any personal data at any time during the project which seems to be an extrapolation of the scope of the GDPR beyond that intended.
- The data processing is taking place because of an information demand from the client but they did not initiate the data processing. If initiating the demand is considered the only qualifying criteria for a data controller, then every initial service user would be a data controller for any service that they use.
- There is also no determination of both the purpose and the means. The GDPR definition states that data controllers determine both the purpose and the means of the data processing. Whilst a commissioning company may be considered to provide the process if they have the information needed, they do not generally get involved in defining the means. The means include the methodology, the sample size and the structure and these are usually defined by the agency to whom the work is sub-contracted. Commissioning clients do not often meet both qualifying criteria to be a data controller.
- There is a wide meaning of purpose. It can mean anything from a vague need for information to a detailed and tightly defined set of objectives.

In the second scenario where the client is not a controller:

- Customer data is not used e.g. panel data or free find sample data.
- Clients are not involved in the research design or processing and do not receive any identifiable data.

Current advice

- It is important that the data controller is named as part of the single process of collecting personal data but this may be more appropriately done at the end rather than at the beginning of a survey.
- It must be made clear to the data subjects that the controller will be named at the end of the data collection exercise.
- Assurances must be provided to data subjects that any personal data collected will be deleted if at the point that the data controller is revealed, they object and/or no longer wish to participate.

At your own risk of breaching GDPR

Clients who do not want to be named at all in the research project can complete a Data Protection Impact Assessment to mitigate the impact on data subjects and their EU GDPR rights as much as possible. Participants are recruited on the basis that they will not be informed of the identity of the client and the research supplier will be a joint controller with the client for any data subject requests which result from the data collection. Whilst Data Protection Impact Assessments are useful, they do not overcome the fact that there is no option to derogate from the prescribed GDPR legislation to identify and name controllers. You would therefore be in breach of GDPR.

Next steps

The MRS is continuing to work towards finalising case studies with both regulators to illuminate the issues and challenges around naming the client. It is hoped that the case studies will be used as a catalyst for broader discussion at an EU level and some will be published in the IOC's research. The discussions will be ongoing through this year and into early 2024.

Q&As

- Do sponsors have to be revealed if they are watching live webcams?

Yes - they would have to be revealed. The transmission of a recording of a session is data processing. The individuals are identifiable and if they are being observed, the observers are in receipt of identifiable data so they have to be named according to Article 13.

- What if the client only receives blinded transcripts?

Yes - they still have to be revealed. The legislation says that to be a controller is to be at the front end and determine the purpose and the means. It is not about whether you receive personal data or not. The fact that a client initiates the project and that data is going to be collected and processed is enough for them to be a controller and require to be named. The courts have tested this on more than one occasion and have been quite clear that it doesn't matter if the data is identifiable or non-identifiable.

- What about the client in a third party scenario?

The one area where the client is defined as a third party is in syndicated research i.e. you buy into something that is done by a service provider. This is the only accepted circumstance where being a third party applies. The MRS is trying to find another series of circumstances and push the point of how much involvement the client really has with the processing and the way a project is run to see if there is more latitude i.e. how much input they are providing into the design. It would be helpful if EphMRA members could provide some scenarios that could be run past the regulators on the sector's behalf as realistic examples are always helpful.

- When does a client's name have to be disclosed when you are doing a recurrent study in different waves? Can you only disclose the client's name after the last wave or at any time when a data subject withdraws from the study?

This is difficult because of Article 13 and the need for recipients of identifiable data to be named. If you are naming a client after multiple waves, it could involve quite a significant period of time between the data collection periods which would be challenging. The data subjects have rights and if they do not know where the data has gone, they cannot enact their rights. By the end of the first data wave, you would have to name the client. The regulators will look if the data subject's rights are affected by not naming the client until later.

- With syndicated research, if the client doesn't add in any custom questions, are they able not to be named as the data controller? Is there a difference between custom questions and general questions?

When you are buying into a product to gain access to it and you are not changing it at all, the client is a third party. Once the client has more influence as to what is happening and the end result, you are getting into the purpose and means. You are getting into more of a controller relationship with what is happening with the project.

• Would the respondent still have the rights if the agency is named as a joint controller in a tracking project?

The practical nature of research means that you are often relying on the service provider in terms of data subject rights. They would often be the only ones having access to identifiable data. If a respondent wants data deleted, the client will not be able to do this and the service provider will have to do it. Having the service provider take on some of the responsibility will certainly help to show that you are meeting the controller requirements, but it doesn't take away the absolute requirement in Article 12 that any controller must be named.

• Is there a risk of promoting the client when naming them during interviewing patients?

This is being explored with the regulators. The MRS thinks this is a real tension and this is why it wants to get a set of scenarios where there is a way through these issues with a better outcome for the sector.

• Is it sufficient to ask respondents if they want to know who the data controller is and then only provide it if they ask for it?

There are no opt-outs for GDPR. It is an absolute requirement.

• Can the client be named at the end of an interview if they are only watching live virtually?

It doesn't make any difference. The participant would need to be informed of the observation and who is observing. Data going down digital cables is deemed as processing.

• What about double-blinding and GDPR?

There are good reasons for double-blinding but it doesn't change the requirements of the legislation.

• What if we have 15 or so sub-contractors in a study who are also meeting controller requirements. Do we need to name them all?

If you buy data from a panel company, the service provider will be the processor. The panel owner will be a controller. This is replicated across the entire research supply chain. You need to think about all the different parties involved and what they are. You need to assign different leadership and roles to different parts of the data supply chain.

• What about naming the study sponsor?

At the moment, the client will always be the controller at the top of the project, but the MRS is trying to find some more flexibility and elasticity in how we work.

Member News

Day One Strategy welcomes Jo McDonald as Partner, leading oncology and rare disease, alongside esteemed Research Director, Gemma McConnell. Their combined expertise, alongside the agency's tech capabilities, will foster innovation and enhance client deliverables.

So far, 2023 has been keeping Blueprint Partnership busy! We've delivered more 'Customer Truth and Brand Architecture Workshops', focussed on ideation, challenging, and converging on the priorities for developing successful brands. We ensure customer insights are central throughout all workstreams so you can be confident when making the critical decisions.

Since 2017, Vox.Bio has delivered industry-leading market research to healthcare and life science organisations, in 2023 we launched a new look. Our rebrand shows off the strength of our insight and research, and how we give clients the power of knowing that their strategy will succeed. Learn more at www.vox.bio

Smart Analyst Syndicated Insights has joined Research Partnership from sister company, Putnam. Smart Analyst provides therapeutic intelligence on current and emerging treatment and market landscapes. Complementing RP's existing syndicated portfolio - Therapy Watch and Living with - Smart Analyst underlines RP's continued focus on growth to support clients' needs

Spanning 3 continents with a wealth of experience in over 30 different countries, our leadership team includes Niall Baker (Ireland), Kyle Haynes (USA), Tracy Machado (Scotland), Gregg Quy (South Africa). We may be from different parts of the world, but we are all Elma... and we are here to inspire.

Research Partnership
Inizio Advisory

MIND THE GAP: ARE DIGITAL HEALTH SOLUTIONS REALLY PATIENT CENTRIC?

Daniela Anselmi Associate Director

Is telemedicine beneficial for all healthcare conditions, or could this be a good time for pharma to revisit the patient journey and address any gaps?

The pandemic impacted global healthcare systems in a multitude of ways. One area that saw dramatic change was in the digitalisation of healthcare, which suddenly began to accelerate at an extraordinary pace with higher demand for telemedicine services and digital solutions, such as online booking systems, consultations and prescription services. Over the course of the pandemic, use of these services has steadily increased and, although social distancing rules have now relaxed, many of these practices remain.

One of the arguments in favour of the increased use of digital health solutions has been patient preference. According to the Deloitte Center for Health Solutions, interviews held with technology executives and leaders of healthcare systems evidenced the belief that digital transformation initiatives are mainly consumer-centric, with 92% of respondents stating that better consumer satisfaction and engagement are top goals of their digital investments. But is this actually the case? Is telemedicine beneficial for all healthcare conditions, or could this be a good time for pharma to revisit the patient journey and address any satisfaction gaps that may be developing?

Global market research was recently conducted to understand the impact COVID-19 was having on patient management. Interestingly, the research was conducted both during and after the height of the pandemic and included patients, HCPs, nurses and carers, so we were able to a collect range of perspectives in each different scenario. The disease is one that often carries with it a social stigma, which means the patient's healthcare experience is particularly critical. Unfortunately, what we found was that respondents had many concerns regarding the increased use of digital health solutions.

Patient anxiety

For this set of patients, the rapid adoption of telemedicine during the pandemic was one of the major changes they experienced in their healthcare journeys. And although they recognised the benefits of remote consultations, including the reduced time commitment versus their regular face-to-face consultations, many expressed a dislike of them. They felt less comfortable discussing their condition in the locations they were dialling in from because of a lack of privacy. Because the virtual consultation was shorter than in-person, many also feared things may have been missed and many wondered if there was a risk the HCP might be missing visual signs of new symptoms or disease progression.

Disruption to diagnosis

Beyond remote consultations, the study revealed the pandemic also had an adverse effect on various stages throughout the patient journey including presentation, diagnosis and ongoing management. At the height of the pandemic, diagnosis and monitoring tests were, for the most part, carried out using remote home testing kits with the results shared either via an automated text message or in a remote consultation. HCPs reported that this led to a reduction in the number of patients getting tested due to concerns surrounding the delivery of home testing kits to their home addresses. Only patients that were unconcerned with the social stigma surrounding their conditions felt comfortable ordering a test. For those patients already receiving treatment, and who felt comfortable using home testing kits to manage their conditions, many reportedly missed the opportunity to go to a hospital to interact with HCPs and other patients. Our research found that the opportunity to feel a sense of community in the hospital waiting room is important for those living with a stigmatising condition, who otherwise tend to feel isolated or even rejected.

Sensitive scenarios

A poll was conducted with 90 healthcare professionals (HCPs) across Europe to understand perceptions and the use of digital health solutions more broadly. All HCPs involved specialised in the treatment of conditions that are often considered 'taboo', including oncologists and infectious disease specialists in France, Germany, Italy, Spain and the UK.

The findings were mixed. Although almost half of HCPs agree that digital solutions can help improve patient management, over half of HCPs (57%) are not certain that patients themselves are satisfied with the use of digital health solutions. Findings suggest that, although HCPs believe these services are intended to improve patient management, they are also aware of the unintended consequences. In fact, there is a certain level of agreement that these services are creating new problems: 42% of HCPs strongly agree that digital health solutions are generating new gaps and/or unmet needs among patients.

So what does this all mean for the pharmaceutical industry? The research findings show that, in the past two years, HCPs' use of digital services has undoubtedly increased, especially for: remote consultations (66% of HCPs reporting increase), online repeat prescriptions (60%), online booking consultations (49%), remote triage questionnaires (39%) and home testing services (33%), and that perhaps this is a trend that is set to continue. Yet, as a result, gaps in patient satisfaction also seem to be appearing. It seems that digital technology and evolving patient expectations may be pushing the pharmaceutical industry into uncharted territory.

Pharma brands may need to revisit their understanding of the patient journey post-pandemic. Market research will give them the required insights to ensure that newly developed digital solutions and services are keeping the patient at the forefront, especially if they employ a methodology that includes all key stakeholders involved in care delivery and attempts to mimic the real world as closely as possible.

Given rising costs and the stress on many global healthcare systems, change in how healthcare services are delivered seems inevitable. But hopefully with the right adjustments made to the way technology is used, it will continue to be of benefit to patients.

To find out more please contact:
daniela.anselmi@researchpartnership.com

Deprivation and disease:
addressing health inequalities

It's widely recognised that **social and economic factors impact on people's health**. Covid-19 has starkly highlighted persistent gaps in health and healthcare access. People with more income deprivation and less access to hospital care are more likely to have **a late diagnosis or to not have the chance to access clinical trials**. This includes serious mental illness, obesity, diabetes, cancer, and other conditions that ultimately lead to worse health outcomes.

What is missing in this debate are the **deep human stories and solutions** that can help pharmaceutical companies advocate for change among national decision-makers. We as research agencies are often placed in privileged positions on the 'front-line' of the lived experiences of such challenges, from both patients and HCPs alike. Our insights have the potential and power to **advocate for policy change and galvanise funding for vital patient support initiatives**.

What are the implications for pharmaceutical companies?

While health equity is largely viewed as the domain of governments, providers, and payers, pharmaceutical companies can, and must, play a role in closing gaps in medical access and outcomes. In fact, pharmaceutical companies are uniquely positioned to help reduce health disparities. From drug development and clinical trials to medication adherence, pharmaceutical companies have a reach that cuts across the entire health ecosystem and patient journey.

Leading pharma companies **adopt medicine strategies and integrate health access initiatives** within their overarching business models. Companies have been found to be meaningfully contributing to better health outcomes in low- and middle- income countries by being sensitive the to complex interplay between income, geography and access to health. This in turn has resulted in **pharma companies opening up the market to certain treatments and procedures otherwise not available to certain segments of the population**. While the sector has targeted disparities globally, the COVID-19 pandemic put a spotlight on prominent vulnerabilities in developed nations.

To have an impact, health equity must become a priority as both a moral and business imperative – with commitments by corporate leaders to engrain health equity within the product life cycle.

What does this mean for research / best practice?

Research agencies need to continue to be **sensitive to the multifaceted and complex nature of heath inequalities**, and design research bearing in mind some of the root causes of inequality. For example, where you were born or live is often a strong predictor of a person's medical history. Such social determinants as housing, food and nutrition, transportation, and employment status can affect 50% of health outcomes. Further, less tangible factors such as bias at the bedside can have a detrimental effect on outcomes. Conscious or unconscious, bias creeps into clinical decision-making. This impacts what tests patients are given, how they are treated, and, eventually, their outcomes. Research samples need to include representation of these populations so as to capture the disparity in research findings.

Research can be leveraged as justification for and monitoring of health inequalities and disparate access. This mindset facilitates a 'proactive' approach to health inequalities and offers innovative actionable solutions to address treatment access. **Raising awareness of these health inequality challenges** and unlocking powerful patient stories can elevate the profile of a particular treatment / service a pharma company can offer. Further, opportunities for public relation activities can be leveraged on the back of these insights to engage the general public and shed light on these challenges.

Elma Research is a specialist market research company in the healthcare industry. Our research helps different stakeholders to better understand the needs of people living with various health conditions. Should you wish to find more information about us, please visit our website **http://www.elmaresearch.com/**

Gregg Quy Head of International Business Unit at Elma Research

gquy@elmaresearch.com
+44 7719319020

Committee Updates

ATC Classification

https://www.ephmra.org/classification/anatomical-classification/

The Anatomical Classification of Pharmaceutical Products has been developed and maintained by the European Pharmaceutical Marketing Research Association (EPHMRA) and is therefore the intellectual property of this Association. EPHMRA's Classification Committee prepares the guidelines for this classification system and takes care for new entries, changes and improvements in consultation with the product's manufacturer.

The contents of the Anatomical Classification of Pharmaceutical Products remain the copyright to EPHMRA. Permission for use need not be sought and no fee is required. We would appreciate, however, the acknowledgement of EPHMRA Copyright in publications etc.

Users of this classification system should keep in mind that Pharmaceutical markets can be segmented according to numerous criteria.

2023 ATC Vote

Industry members have been emailed the 2023 ATC vote.

Agency Board Member Votes

The EPHMRA Board is due to be voted in again for the 2023-2025 term. Nominations are in and voting is underway. We have a great list of candidates for the 5 vacancies on the Board - thanks to everyone who put their name forward.

Melanie Rankin
Research Director,
7i Group

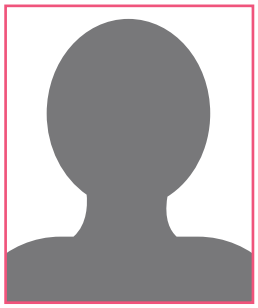
Elizabeth Kehler
Managing Director
Adelphi Research

Michael Pepp
Research Director
Blueprint Partnership

Carolyn Chamberlain
Global Commercial Director,
Branding Science

Adele Li
Senior Client Partner
Cerner Enviza

Anna Vagramova
Director
East To West Marketing



Frank Desbuquois
Managing Director
Medicys

Stephen Potts
Director
Purdie Pascoe

Amr Khalil
Managing Director
Ripple International

Marcel Slavenburg
Senior Director
SKIM