ephmra
excellence - community - standards

Welcome to the 2023 Conference News

Delivering the membership benefits to you

Ensuring you know what's on offer

Welcome to the EPHMRA 2023 Conference News

Contents

Member News

Agency Members can include one piece of News for free: 50 words max 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 March 2024 News - Copy deadline is 15 January 2024
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

2023 Conference News

Round up from the London Conference

Over 200 delegates gathered in London in June 2023 for the annual EPHMRA Conference – held for the first time in-person since 2020.

The Conference kicked off on Monday 26 June with:

- Committee Meetings
- Workshop: Harnessing the Power of AI

On Tuesday morning (27 June) the Committees were collaborating in their meeting rooms with the AGM taking place at 13.50hrs.

Then the Conference kicked off at 15.30 with the opening address from the President.

Tuesday 27 June

Conference Opening

Karsten Trautmann, EPHMRA President, Head of GSI Center of Excellence, Global Strategic Insights (GSI) Healthcare, Merck Healthcare KGaA

Karsten Trautmann

In welcoming delegates to the 2023 EPHMRA Annual Conference, Karsten Trautmann, EPHMRA President, emphasised how good it was to be back at EPHMRA's first face-to-face conference in four years. Karsten admitted that when he was preparing for his opening address, he wondered how it was going to feel to be talking to a live audience but that it was great to have the buzz, noise, smiling faces and energy that he had already seen in the meetings he had attended so far. Attending an in-person event such as the EPHMRA conference offers an incredible opportunity to meet your peers and colleagues to discuss everything from primary market research to forecasting, competitive intelligence, analytics and much more. In other words, everything that is related to the evolution of our profession and the subjects we deal with on a day-to-day basis.

Karsten moved on to reflect on the past few years when it has not been possible to meet face-to-face. There have been many challenges with our industry during this time, but what remains central is the need to have robust insights and outlooks.

Our organisations look to us to know what is going on and we influence decisions.

Attending the EPHMRA conference offers a massive opportunity to trigger discussions during Q&A sessions, with a speaker after the paper has been presented or with other people in the room who may ask an interesting question that you would like to discuss further. Karsten urged everybody to use this opportunity as we have not been able to have it for the past three years, particularly with exciting topics on the agenda including HI not AI, excellence in research, product launches, forecasting, patient insights, patient centricity and many more.

Karsten emphasised the conference objectives to discuss innovation and learn, share, and listen, with takeaways that you can share with your teams and use to inspire your organisation. We are the drivers of change and if there was no change, there would be no need for insights.

Before closing, Karsten reminded delegates that EPHMRA's committees are its foundation for education, sharing information and bringing young industry professionals on board. Committee members are always looking for new participants. Karsten took this opportunity to welcome EPHMRA's future leadership grant winners who were present, urging delegates to share their expertise and experience with them and in turn, hear about new ideas and disruptive thinking from the grant winners.

In concluding, Karsten reiterated that EPHMRA wants all delegates to leave the conference feeling energised, reconnected and having something to share with colleagues to inspire their organisations.

Paper: Successful launches – the critical role of MR / BI

Speaker: Geoff Birkett, Chief Commercial Officer, Ensysce Biosciences

Convenor: Erik Holzinger, Founder and Director, groupH

Geoff Birkett

Geoff Birkett's considerable experience and expertise is built upon a varied career from sales representative and market research manager to CEO and President. He is a staunch advocate for market insight, and in this opening paper he explained why he views insight as the bedrock and foundation of good product development and successful product launches, using examples such as the introduction of Zomig and Seroquel (ranked by IQVIA as "excellent"), and highlighted key opportunities for insight to both guide and drive launch excellence.

Geoff began with a flavour of the feedback from the audience pre-questionnaire, where delegates described their job as "risk manager", "data", "gaps" and "leadership". Our delegates work in insight to learn, guide decisions, uncover hidden truths, hear the voice of the customer and to shape strategy, and Geoff underlined the importance of our role in today's fast-changing environment. Our audience was polarised on the topic of the future of insight in a post-AI world, but Geoff noted that ChatGPT itself recognised that AI is unlikely to replace market research entirely, due to the importance of human intuition and its importance in understanding customer behaviours, attitudes and preferences.

Successful product launches, Geoff explained, are based on a "killer insight" which differentiates the product within the category. Our role in listening to the voice of the customer, asking the right questions and identifying the winning insights is crucial to product success. Successful launch teams

are characterised by science, discipline and attitude, with leadership being key to success. Geoff sees insights professionals as a critical part of the launch team, with an important opportunity to manage and lead the team to make the right decisions.

In Geoff's experience, launches fail where there is no "killer insight", where the positioning is unclear and inconsistent (both within the team and in external communications), with a poor value proposition compounded by losing sight of the product's USP.

He underlined the role of insight in identifying the key insights, guiding the group to sidestep blind alleys, and looking beyond the obvious to identify potential differentiators. Using Zomig as an example, Geoff explained that in migraine, the obvious focus is on speed of action, but the product lacked superior data on this parameter. Rather than accepting that a 4th-to-market product without speed of action superiority would be unlikely to garner more than 5% market share, the insights team searched more deeply, and identified the importance of "consistency of effect" for patients who wanted the reassurance that the product would work in the next migraine attack. Positioning Zomig as "relief to rely on" delivered the patient benefit of reassurance between attacks, as well as relief during the attack itself, providing key differentiation.

Geoff advocates leveraging the inherent curiosity of insights professionals, identifying emerging themes and investigating them, both in the lead-up to launch but also at launch, with surveillance teams in place to monitor and track customer responses. For Seroquel, this approach identified an opportunity beyond schizophrenia when doctors reported efficacy in depression.

Successful launches, Geoff observes, follow a seemingly simple pattern. They begin with the "killer insight", contextualised within a sound understanding of the market landscape to develop a rational and emotional positioning. Thorough preparation of the company, product and market then enable optimal launch impact, with constant vigilance guiding ongoing product strategy.

Geoff also highlighted some key myths and pitfalls that can derail a successful product launch. These included over-focusing on a few key markets (typically the 5-6 largest global markets), which not only run the risk of hearing only the same voices, but missing insight from other markets which might generate incredible ideas transferrable to other markets.

He cautioned us as insights professionals not to assume that our launch leaders know what they need. We play a key role in presenting possible ideas and options on how to navigate the launch market, with clear evidence-based examples of actions and likely outcomes.

By contrast, he warned us not to assume that patients don't know what they need, and highlighted the importance of looking externally to provide direction and motivation towards delivering on patient goals. Listening to the voice of the customer, and their specific words, can reveal key insights. For Seroquel, a patient's comment that "I feel less wired" provided a basis for product communication focused on "improvement without impairment". For Zomig, a doctor's comment that "a headache can't be disabling" led to the development of a migraine disability scale still used today. Listening to customers enabled the team to identify a key USP for a product that wasn't the fastest nor the most effective, but could deliver consistency across attacks as "relief to rely on".

Geoff underlined the role of insights in supporting our launch leaders, highlighting the stresses of

managing a big launch budget, an even bigger sales target, an unclear USP and the demands of financial analysts and their high-pressure questions, and encouraging us to go beyond our functional area and comfort zone to help the team and its leader.

As well as the hallmarks of launch success, Geoff also identified some of the classic mistakes that can beset launch teams:

- Outsourcing insights to the extent that the core brand team loses sight of the essence and details of the insight can be a critical risk, and Geoff advocates keeping insight and intelligence inside the team (including by embedding the insights generated by external consultants).
- Losing sight of the USP, particularly in the face of competitor activity, is another key risk.
- "The Testosterone Trap", where team members may run away with an idea is another area where guidance and course-correction from insights professionals is crucial to success.
- Pricing before you have all your data and before you have a brand can also waste precious time and resources.

Geoff used Zomig as a case study to describe how an imperfect situation (extreme time pressure) was still able to deliver success by following the launch success principles and avoiding the pitfalls. Three years of drug development were compressed into a year when GSK was required to divest Zomig, which was acquired by AstraZeneca to plug a pipeline gap. On paper, the situation didn't look promising: GSK was a formidable competitor, out-gunning AstraZeneca 4:1 in sales force strength, with better data. The Zomig sales expectations were huge, and team motivation was a problem. The priorities were to prepare the product, company and market, and with no experience in migraine, there were no preconceived ideas with the whole team learning together. Geoff described how the launch team was hand-picked based on merit and attitude, and were enabled to work quickly with creative freedom, with time pressures leading to a minimisation of politics of bureaucracy. The team unified against a highly visible competitor, with crystal clear insight-led positioning meaning that everybody knew exactly what they were trying to achieve and communicate. IQVIA ranked the launch "excellent" as Zomig became the market leader across Europe and hit very ambitious sales targets. In France in particular, Zomig achieved 65% market share. Goeff revealed that this was due to the president of the French operating company, who had a full understanding of migraine, as a sufferer himself, and who was therefore highly motivated and inspired a similar positive attitude in his team.

Geoff concluded with a call to action for all insight professionals: insight is critical today and will be more critical in the future to navigate future changes. Leadership within insight follows the same principles as leadership in other areas, requiring us to be clear, compelling, consistent and compassionate. Our great opportunity is to identify the "killer insight" which offers the greatest opportunity for differentiation and shape the whole product strategy. Embedding insights into the wider organisation can be helped by "keeping things scientific", presenting different options and going beyond our comfort zone to highlight consequent outcomes, and using our influencing skills to work with the team leaders to drive product success. He left us with a concluding image: don't be a pussy cat, be a lion.

Paper: HI not AI: How Novartis gets to patient insights through Human Intelligence and creativity

Speakers: Beyza Klein, Global Patient Engagement Director, Novartis and Sam Knowles, Author and Founder of Insight Agents

Convenor: Stephen Potts, Director, Purdie Pascoe

Sam Knowles

Beyza Klein

Beyza and Sam shared with us an innovative methodology developed to achieve insight-driven decision making at Novartis.

Beyza emphasised that this was not merely a concept, but a working methodology already applied in over 20 indications, in patient insight and also more broadly across integrated insights for multi-stakeholder approaches. The approach enables you to leverage more value from previous investment in existing research evidence, translating what used to be a one-time consumable into a long-term asset, freeing up space, budget and time to focus on enhanced research.

Sam emphasised that, as reflected in the session title, the methodology harnesses human intelligence and creativity, alongside, rather than instead of, artificial intelligence.

Sam first set out the aligned definition of insight – what it is, and what it is not. He recognised that few people in the room, the industry or the knowledge economy would ever say "we haven't got enough data". He noted that data is abundant – sometimes too abundant – but that insights are far more rare, due to the challenges of moving from data to insight by bringing together data from multiple sources and triangulating it. Sam highlighted the importance of human empathy in providing a true understanding of customer needs, and the importance of going beyond data to truly understand the minds and mindsets of patients. This shift from data to insights and wisdom, Sam argued, is what enables us to truly make a difference to patients' lives.

Novartis has defined insight as: "a profound and useful understanding of our customers' attitudes, behaviours or beliefs that enables us to reimagine actions that establishes a deeper connection and relevance between us and their lives". Sam notes that this is a deliberately high bar definition to help to discount data "masquerading as insight", differentiating true insights from the tools that help to reveal the insights, and facilitating a focus on helping Novartis to understand what the data mean, what they tell us about the patient and caregiver reality, and therefore shaping the actions that should be undertaken as a result.

In tandem with the definition of insight, Novartis has defined what is NOT insight, including the obvious information / data / trends / statistics (which are tools but not insights) but also the short shelf-life snapshot such as a casual observation or a snapshot of a dashboard.

Beyza described the insight pyramid of translating one-time consumable information into long-term assets, starting with data and observational studies, moving through human truth as experienced via field visits or observation of market research where we begin to join the dots, through to insight at the top of the pyramid, where the abundance of data have been synthesised and distilled into succinct, scarce but precious insights. She described the importance of synthesis of insight before commissioning new research, to build on existing knowledge and focus resources to do more with less, only conducting further research where it is needed and meaningful and will directly impact decision-making.

Sam then described the "Insights 4 Innovation" methodology, designed to enable development of medicines that meet patients' needs, based on a deep understanding of the patient and carer experience. The methodology is a systematic creative discovery process in four distinct phases:

- Step 1: Imagine: define the problem or the key business questions for which insight is required.
- Step 2: Immerse: gather the evidence from multiple sources, and sort it into themes.
- Step 3: Integrate: an intensive workshop session to discover insights, using both divergent and convergent thinking.
- Step 4: Inspire: a workshop to build a data-driven action plan based on the discovered insights.

Sam explained that the process, called an "insight sprint", can be completed within a week, but typically is conducted over 2-4 weeks to accommodate the commitment of four half-day workshops.

The process involves a cross-functional team from medical strategy, patient engagement, insight and analytics, marketing, government affairs and regulatory affairs, all of whom bring their own knowledge and perspectives to bear upon the process, which sparks thoughts in other members of the team.

The team immerse themselves in a summary of the research, so that they engage in the process of discovery for themselves (and avoid five hours of PowerPoint). A critical element of the process is the immersive patient experience, where the team might participate in patient and caregiver round table discussions, or living a day in the life of a patient, to ensure a full understanding of the patient reality. Sam again emphasised the importance of human empathy in understanding patient needs. This, he explained, is the key reason why the process is based upon Human Intelligence and not simply Artificial Intelligence: AI can bring information together and identify commonalities, and is excellent and convergent thinking, but creativity requires both convergent and divergent thinking. The third step of "Integration" relies on HI to drive the creative exercises with the diverse team to focus on translating the insights into actions.

Beyza described the application of this methodology at different decision points along the product lifecycle, from Proof of Concept to development and ongoing lifecycle management, ensuring that relevant patient insights feed into each decision point and confirming that the product will serve the unmet need at each point.

She noted that the methodology addresses the challenge of embedding insights and actions into the wider organisation, with the co-creating of insights by the cross-functional team removing battles and internal politics.

Our speakers shared a case study of using the i4i process in Glioblastoma: the earliest (and therefore most risky) point in the product lifecycle where the methodology has been applied. In this example, the methodology was used to guide the design of a Phase II clinical trial, to ensure maximum convenience to patients taking part and therefore improve accessibility in a disease with few existing treatments available.

Evidence was gathered from patient journeys, social media listening, qualitative patient segmentation, academic papers and patient / carer videos, alongside the immersive experience of patient / carer roundtable discussions.

Then the cross-functional team came together in creative workshops, using divergent exercises to create choices, and convergent thinking exercises to make choices about which insights to take forward. Sam described the simple template that is used to co-create insights, using two causally connected statements with a subsequent consequence. Examples of the generated insights included the "Emotional Rollercoaster" of making decisions in an uncertain situation, and the anxiety and guilt that ensues, and "Respite" which is required by carers but is rarely available due to the lack of support available.

Some insights immediately suggest patient engagement activities or other actions which could be undertaken, but action planning involves plotting initiatives on a 2x2 matrix of implementation feasibility vs impact, before the preferred initiatives are selected. The process continues with the team reconvening 30 / 60 / 100 days later to update on progress, with a focus not on insight for insight's sake, but insight for action's sake.

The methodology has been published in an open access paper in the International Journal of Healthcare Marketing, and recently won an award from the Patient Engagement Open Forum not only for the methodology but how it champions the patient voice and carries it through into decision-making.

Our speakers summarised the methodology as illustrating the power of HI over AI, noting that AI has a role in sifting and assimilating information and questions, but that HI is required to refine the process and outcomes, before adding the human asset of empathy to enable the team to put themselves into the mind of those they are hoping to serve.

Panel Discussion: Room 101

Panellists: Amr Khalil, Ripple International, Karsten Trautmann, Merck Healthcare KGaA and Gareth Phillips, Research Partnership

Convenor: Hannah Mann, Day One Strategy

Amr Khalil

Karsten Trautmann

Gareth Phillips

Hannah Mann hosted an interesting and entertaining debate session where three panellists each argued for one element of today's industry reality to be banished forever. (The session format was based on the concept of Room 101 from the book 1984 (George Orwell), popularised in a television series, in which anything consigned to Room 101 is never seen again).

First to present their case was Amr Khalil, who argued for the end of Net Promotor Scores (NPS).

Amr explained that the NPS tool is a widely used measure of customer loyalty, developed by Harvard graduate Fred Reichheld in 2003. In response to one simple question – "How likely are you to recommend…" – respondents are divided into brand Promotors (scoring 9 or 10 out of 10), Detractors (scoring <6) or Neutrals (scoring 7 or 8). Taking the percentage of respondents who are Promotors, and subtracting the percentage who are Detractors, give us the NPS.

Amr shared with us his initial enthusiasm for the tool, praising its quick and simple administration through one easy question. However, he now believes that its simplicity is its limitation, rendering it unsuitable for our complex industry.

NPS is used everywhere, Amr noted, with his most recent exposure to the tool being a few days earlier having used Deliveroo to deliver his dinner, which was followed up almost immediately with a text asking him how likely he was to recommend Deliveroo to others. He postulated that a company such as Deliveroo was interested in three key metrics: whether the driver had collected the correct pizza, delivered it to the correct door, and whether the food was still relatively warm upon delivery. For an uncomplicated business model such as this, Amr accepted that NPS served as a quick and efficient metric to assess brand performance.

The healthcare industry, Amr observed, was characterised by far more complexity, including customers, regulators and many other parameters which made a simple numerical score less meaningful. Due to the multi-factorial nature of our industry, moderate scores such as 7 or 8 out of 10 are common, and NPS excludes these respondents from its calculations.

Amr warned against the increasing use of NPS as a key performance metric, citing examples of teams, brands and pharmaceutical companies being evaluated against NPS. He described calls from panicked clients whose NPS scores had gone down, requesting adding NPS to current (unrelated) research interviews to understand why. His belief is that using this simple metric to judge our complex industry is misleading and unfair.

Instead of NPS, Amr suggested that we use simplified elements from existing "voice of the customer" scales or traditional brand loyalty scales, using 1-2 parameters as a marker for brand performance.

While he agreed with challenges from the audience that NPS may have its place in other situations, Amr argued to consign NPS to Room 101 as misleading and unfair, unsuitable for use in the healthcare industry.

Next, Karsten Trautmann presented his case to end unconnected and repetitive primary market research studies.

Karsten observed that generation after generation of marketeers contract in-house staff to conduct primary market research (PMR), with scope focused either on repetition of confirmatory questions, or leading questions to elicit the views that the team want to hear. He argued that much of this PMR sits in PowerPoint slides somewhere, and is lost to future teams due to staff turnover, leading to repetition of the same questions.

Karsten advocated turning repetitive PMR studies into long-term assets to keep the information available to current and future teams, freeing up time and resources to evolve and develop the insight journey and identifying patient insights that help us to increase the value of our products.

Karsten saw a great opportunity for technology to help us move forward. He notes that picking up information and connecting insights is not a new idea in our industry, but that the hurdle is the human effort required to do so, which becomes limited by human and financial resources. He hopes that AI can play a role in tracking and sorting information, making is more accessible, including for professionals who are not experts in information searches, such as adding a synonym layer so the machine can return all options for non-technical staff. Harnessing the power of AI would enable this to be conducted more cheaply and more quickly than by using human effort.

Hannah queried whether this technology is available today or in the future, and Karsten observed that Natural Language Processing already covers different languages and is able to translate, demonstrating that sophisticated algorithms already exist.

Hannah challenged whether researchers would need a different skill set to embrace this change, but Karsten pointed out that our industry skill set has always needed to evolve, citing the example of previous insight colleagues who plotted graphs by hand on paper before managing a transition to PowerPoint graphs. He noted that transition and change is driven by our ambition and vision, rather than by skills development, and he is confident that the required skills will be mastered.

Karsten highlighted the benefits to our industry of avoiding the re-invention of research foundations, and instead using the resources saved to focus on truly insightful research, delivering a higher level of understanding. This increased efficiency would mean not conducting less research, but conducting more of the right kind of research.

Fellow panellists and the audience agreed with this premise, and offered further examples of clients requesting (eg) segmentation studies, blissfully unaware that the same agency had conducted just such a study for the previous incumbent in the client role, with no fundamental landscape change warranting updated research.

Finally, Gareth Phillips controversially proposed the abolition of our jobs as we know them today!

Gareth believes that we have a unique opportunity right now to reimagine how we work and our purpose as an insights industry, and called for strong leadership commitments to provoke change and push the new vision forward.

Gareth characterised the current PMR process as a very human-intensive, manual, process. From conducting a qualitative interview, a survey, analysis, data processing, deriving insights, generating conclusions, recommendations and subsequent actions, he described the time-consuming, human-centric effort required, noting that the approach had barely changed in decades.

What has changed, he notes, is that time is one of our most finite resources, limited by the number of hours in a day, and that we are under continued pressure to deliver more, and deliver faster. He recognises the consequence of this increased pressure, and the human cost in terms of stress, mental health issues and cases of burnout in our industry.

Gareth highlighted the massive acceleration and potential for AI tools to provide support in this situation, with large language models and ChatGPT showing potential to accelerate efficiency, reducing the human hours invested in very manual tasks, and allowing us to focus more on the more interesting parts of insight generation. He quoted an MIT study which found that knowledge workers in industries like ours could perform basic tasks up to 37% faster if supported by ChatGPT, without loss of quality.

Whilst he didn't advocate sharing this news with our Procurement colleagues just yet, Gareth was excited about the prospect of a 37% time saving and the opportunities that the time saved might represent.

He suggested that obvious areas for AI support included first drafts of documents, which would facilitate better use of time in editing the subsequent draft. He shared the example of Microsoft Copilot and its potential to summarise meetings and distil actions, again freeing up time to be invested in higher-value application of human intelligence.

He urged us to embrace the opportunity that we have now, to lead from the front in consigning our current jobs to Room 101 and re-imagining the way we will work in the future.

Hannah noted the sharp intakes of breath around the room when Gareth laid out his initial proposal. Gareth agreed that change can cause fear, but that this evolution would not be about losing jobs but freeing up time that could be used to deliver more impact, more exciting jobs and more rewarding careers.

Hannah questioned whether our skills might be dumbed down, our research commoditised or our professional value eroded, but Gareth recognised the benefits of AI taking over the easily automated, mundane elements of research, and underlined the importance of the human element in taking AI-generated outputs and elevating them to create genuine insight, bringing genuine value on top of the AI foundation. AI, he noted, is very good at identifying common ground and the "average", but human intelligence can identify the valuable insights that often come from the unusual comment or the outliers.

Observations from the floor captured a wide range of concerns, from erosion of insights to the lowest common denominator, virtual respondents and echo chambers of data, to the opportunity to use AI as another tool in our toolkit, to be used alongside, but not instead of, human creativity and skills such as blending our respondents' words with their silences and emotions in order to generate true insight.

As the session closed, the audience voted for the cause they would most like to consign to Room 101. The winner was: our jobs as we know them.

Wednesday 28 June

Panel Discussion: Future of Healthcare Market Research

Panellists: Geoff Birkett, Ensysce Biosciences, Beyza Klein, Novartis, Diane Chayer, LEO Pharma

Convenor: Amr Khalil, Ripple International

Geoff Birkett

Beyza Klein

Diane Chayer

Day 2 of EPHMRA's 2023 Annual Conference began with a panel discussion involving Geoff Birkett, Beyza Klein and Diane Chayer, who together discussed opinion and perspectives on the future of healthcare market research.

Given all the changes that are going on in our industry, what should we be preparing for?

Diane

I will start with a problem which many of us are experiencing: we can't get doctors to travel to locations for interviews. They do not want to go to a facility as it is easier to conduct interviews from the comfort of their homes or practices. I recently observed a moderator ask a doctor about the first time he prescribed a drug, and his reaction was clearly visible on many levels, although this was not picked up by colleagues who were watching virtually. Although we want to interview doctors at a location, we think that this is possibly over. In addition to this, there is increasing pressure on timelines, particularly around brand launches. We are in a situation where it takes longer to recruit and it costs more money to recruit, making timelines longer.

Although it is very valuable, I think that in-person work will become less of a reality in the future.

Beyza

Five years from now, we will be doing many things differently, but the value of insights as a function will definitely be increasing. In Europe and the US, we foresee that patient experience data will become mandatory and you will need to understand patient preference studies, ethnography and behavioural science. Launching a brand will mean something different in five years and will be about the patients who need the care, their supportive environment, their socioeconomic status and their culture. The distribution of primary market research will also be different. From a methodological perspective, I don't think we will ever go back to traditional 'in the room with the mirror' interviews.

Even though, we are not going to get KOLs back in the room, we will still need to capture their reactions. We may need to find alternative ways to carry out in-depth interviews. I think we will have deeper insights through using more innovative or evolving methodologies. We will also need to follow trends and not be reactive. From Novartis' perspective, we are very open to trying pilots and learning about different ways of doing things. In fact, we haven't done one patient preference study that has exactly the same methodology as another.

How do you think technology will affect the way we feed back our learnings from our research?

Beyza

Technology is a means to an end. You need to use it where it fits to be ahead of the game. As only 15% of Novartis' research is patient-based evidence, we use AI to answer key questions and so that we don't exhaust an already limited sample of people who are willing to talk to us. Make it a tool that serves you and your purpose and that way, your purpose can continue to evolve.

You can look at not only doing excellent primary market research, but also its impact and the business decisions it influences.

Geoff

I think the jury is out on this at the moment. People in other functions in pharma have historically looked towards us and we must change our role to be that of a 'trail guide' on how best to use AI. Right now, I think that AI and Chat GPT are not insightful or innovative, but in two years they will be. I think it is up to all of us to get ahead of the curve and be the arbiter of how we use AI and what we shouldn't be using it for. Other functions are going to need a lot of reassurance, and this can be your role. The trick with insights is to change the way they are framed and change the offering you give inside your organisation. AI is probably a friend, but a friend that needs a lot of management.

What types of new skills should we be learning?

Geoff

There will need to be an immense capability to bring all of the information together and I think there is going to be a role for people to comb through the data. Digital hallucinations exist because AI's task is to give you an answer and it will therefore create information and references to give you an answer.

Somebody has got to catch these hallucinations as if you trust this type of information too much, it will end up in reports and you will look bad. It is terrifying that it will make up answers if it cannot find one. Therefore, while AI will take away some roles, it will also create new ones. AI models and systems also may not be able to tell you the right insights to chase. Part of your role will be to make sure that there is still human interaction building on ideas and this is usually the genesis of what makes great products.

How can we reorganise the way we gather insights through working with AI and having the human element?

Beyza

We need to think about diversity. Market research needs to be representative of epidemiology. It is a challenge in pharma and healthcare to be able to understand a representative population. We need to think about how we reach minorities, different ethnic groups and people of different socioeconomic status. If we focus on the right things now, we will have different discussions in five years. We need to be representative so that we can publish and elevate the voice of our stakeholders.

What value do you place on innovation in thinking i.e. how we think and how we analyse?

Beyza

We are very indication-focused. It is an opportunity for agency partners who have access to fieldwork and panels to have syndicated trend data. It would be good to look at the same data to make consistent decisions across the industry to strengthen healthcare systems.

Diane

You can add enormous value by conducting a syndicated study. It has a value, even if it is not a direct value.

How easy is it to get teams together in-person to discuss strategy - is it as easy as it used to be?

Geoff

It is definitely not easy. We have now been programmed to sit at home, but it absolutely must happen to have more successful brands than your competitors. We need to incentivise it so that we have a way to bring people together that is meaningful. It must be fun and value-added with sharp output.

Diane

AI is able to replicate the body language etc. that takes place in meetings. Although I think we will have good substitutes, there is no substitute for cross-functional meetings.

How has reorganisation within pharma affected cross-functional teams?

Beyza

The way we have restructured is around the needs of healthcare today. We are doing more primary market research now. At Novartis, we have three days a week in the office which is helping with networking. In other words, virtual is working with some in-person on top. We have seen AI being used for team-building. Insight-driven decision-making needs to be a full cross-functional team exercise.

Will we move towards closer interaction with internal teams?

Geoff

I hope so - this is where the magic happens. Anything you can to do to use technology and bring teams together in a room has to be a good thing. If you make this a key part of your remit, there are methods you can use to make it interactive, fun and value-added. You can check that the outputs will be meaningful - this will be very important in the future.

How do you measure the impact of intangible things?

Beyza

It is what comes after the evidence is on the table. I would take it as the quality criteria that influences impact.

Paper: Using Health Information Behaviour (HIB) to better understand Patient and HCP needs and decision-making to optimise Customer Engagement

Speakers: Martijn Huisman, SKIM and Kirsty Pegram, Bristol Myers Squibb

Convenor: Elizabeth Kehler, Managing Director, Adelphi Group

A deeper understanding of the implications of Health Information Behaviour (HIB) was the focus of the paper from Martijn Huisman and Kirsty Pegram at the EPHMRA conference.

Martijn Huisman

Kirsty Pegram

The key role of health information

Martijn began by outlining that health knowledge implies that we have access to health information. There is a huge amount of health information available today which has changed our behaviour. We seek out information not only when something is wrong, but all the time to maintain our health, improve it or search out of curiosity. The information landscape and decision-making context has been interrupted with more online and offline triggers and touchpoints than ever before.

Health information is crucial to modern life and healthcare, especially in the context of proactively taking care of our health. It leads to knowledge which informs decision-making. A SKIM study conducted among HCPs in seven countries in May 2022 found that:

- Most people (89%) agree that the widespread availability of health information has positively changed the healthcare landscape.
- 79% say that it has made patients more engaged with their health.
- 82% say that it has made patients more involved in medical decision-making.
- 64% say that it has had a positive influence on patient/HCP healthcare interaction.

Health information is important for:

- Patients, as it leads to knowledge and can inform their medical and lifestyle choices. It can stimulate self-management and improve their interactions with HCPs.
- HCPs, as it enables them to stay up to date with new developments. Their decision-making is dependent on having the right information from the patient as well as from literature.
- Pharma, as it helps to optimise marketing and engagement strategies, improving 'beyond the pill' services and enabling an understanding of what is going on in the treatment landscape.

From Health Orientation to HIB

Martijn outlined that health orientation captures the attitudes, beliefs, perceptions and actions of an individual towards health and from this, there are three key types of HIB attributed to patients:

- Active searching i.e. people with a high degree of engagement who are really interested and involved. They want to know what is going on and talk to their physician about it i.e. they want to search and seek information.
- Passive scanning i.e. people who leave things up to their physician. They do not expect to engage in information but are still exposed to it and encounter it.
- Avoiding i.e. people with a low level of engagement who prefer to keep their health conditions out of their daily lives to avoid anxiety and fear. They want to leave matters up to their physician. They are not interested in engaging with their condition. They use Google or Chat GPT to become informed.

HIB is intentionally or unintentionally how these three types of people search, source and use health information. It is often thought that active searching is the most frequent HIB but passive scanning is in fact the most common, largely because health information is around all of us all of the time.

HIB in market research

Martijn continued by stating that we apply HIB to market research to see:

- When people seek, are receptive to or actively avoid health information i.e. where the touchpoints and tipping points are throughout the patient journey.
- Where and how people engage, search for and obtain information and to what end i.e. what are the information needs, the unmet needs and the sources and channels of information they prefer and avoid.
- How to distinguish patient and HCP types or work towards a segmentation. This is helpful for tailored communication.

A simplified patient journey in an oncology setting was shown, starting with the patient presentation and moving on to diagnosis, the involvement of the multi-disciplinary team with specialist treatment and follow-up. When you apply HIB, you can see where patients need certain types of information, when they are open to this information and when they are likely to avoid it.

- At the beginning, patients are searching for information.
- As the diagnosis comes, some continue to search, while others will avoid information and wait for the physician to inform them.
- The multidisciplinary team is likely to scan information while they wait to be given further details.
- With treatment, some people are likely to actively search for information so that they can engage in conversation.
- In the follow-up phase, patients avoid information or are very passive.

SKIM/BMS case study 1

Kirsty presented two case studies involving work on HIB carried out by SKIM and BMS.

The first case study involved a product for chronic skin disease. About two years away from launching the product, BMS needed to understand the treatment landscape and conducted a standard market research landscaping study. In looking to maximise the value of the study, HIB was investigated to understand treatment decisions, patient experiences and unmet needs.

- Patients at the beginning of their treatment journey were very uninformed. There was a lot of information available, but they didn't know what questions to ask and didn't know where to look. They also didn't ask the right questions.
- As they went through the treatment journey, they learnt from others and became more informed: "I wish I knew at the beginning of my journey what I know now - it would have made my journey easier."
- Looking back, they wished they had had more information and understanding of their disease. This creates an opportunity with patient support groups and HCPs e.g. sharing patient experiences on social media.

There is low knowledge and low involvement at the beginning of the journey, however, the patient gets more engaged as they go through the journey. It is only at the end when they find a treatment that works for them that they wished they had known information at the beginning. There is therefore an opportunity to give patients more support at the beginning so that they have a better understanding, they are more engaged and they can ask questions to their HCPs to get to optimum treatment sooner.

The study also found that dermatologists find it hard to stay on top of the number of advanced therapies coming to market. There is an opportunity to support them by informing them of new developments so they can bring them to the right patients.

The takeaways from this study included:

- A greater understanding of the disconnect between what is best for the patient and how the patient is interacting with their HCP.
- The idea of developing a patient satisfaction tracker to open patients' eyes to where they are on their journey and aspire to more if their treatment is not optimal.

SKIM/BMS case study 2

The second case study presented by Kirsty involved a cardiovascular product for a rare disease with low awareness, even amongst HCPs.

From the standard market landscaping study which took place to better understand the condition, two different segments of patients were seen in terms of the way they wanted to engage and interact.

- Those who wanted to be in control, ask questions and actively search out information.
- Those were scared and fearful who 'built a wall' to try and forget.

This presents an opportunity for BMS to engage with the patients who want to know more by answering their questions and putting them in touch with patient association groups. BMS can also inform HCPs that low engagement patients exist so that they can help them to get optimal treatment.

The study also found that apart from the KOLs and those who were treating this condition, there was very low awareness throughout the cardiology community. This is a problem from a business perspective because the diagnosis rate is very low, but also creates an opportunity to raise awareness among HCPs.

The takeaways from this study included:

- The creation of a disease awareness tracker and disease awareness activities across multiple channels.
- A number of opportunities to leverage, including a publication about the unmet needs of these patients.

Key takeaways

- HIB helps to identify the behaviours and levers to reinforce, support or modify behaviours across different touchpoints and channels.
- Understanding HIB can help to create actionable communication, marketing and engagement strategies.
- HIB can help to define KPIs and baselines for qual studies and trackers.
- We can use HIB to identify and activate segments, particularly with patients who are very passive.
- HIB can help you to understand what works in terms of quality, channels and tone of voice to engage patients better.

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

Paul Griffiths

Speaker: Paul Griffiths, Client Advocates

Convenor: Stephen Potts, Director, Purdie Pascoe

In his paper at the EPHMRA conference, Paul Griffiths presented ideas that can be immediately implemented by agencies and clients to develop more fruitful, beneficial and commercially successful relationships.

Top 5 things that clients say agencies can do better.

Paul began with a list of the top five things that clients would like more of from their agencies. Clients say that:

- If agencies can use their technical and commercial knowledge to help them move conversations on internally, this will make the research that they do more impactful and more valuable.
- Agencies don't focus on the value they create, but instead focus on what they do. If agencies focus on the value they generate as a result of doing the research, they will help the client to look more strategic and create greater impact in their organisation.
- Agencies need to carry out more consistent communication and interact with the client more frequently. This is not necessarily to generate a response from the client, but demonstrates that the agency is thinking about their goals (both personally and in terms of the organisation) and how they can help them meet their stakeholder's needs.
- Agencies need to do what they can to make the client's life easier, be more effective and use resources better to make the greatest possible impact.
- Clients know when agencies are not well-organised or planning effectively as this is reflected in communications and project management. They would like their agencies to be better organised - not just in the basics but in being more proactive in the way they communicate and work with the client.

Five improvements and actions to implement today that are a win-win for clients and agencies.

Paul moved on to outline five improvements and actions that are a win-win for clients and agencies.

1. Increase the knowledge and expertise of your agency team.

Agencies should offer to second members of their team to clients to meet their resource issues. Clients respond very positively to this as it is a good development opportunity for somebody in an agency as you get to understand far more about what is going on with the client. Most clients are time and resource-bound and by offering support and embedding a member of the agency team, it helps them meet some of their resource needs in a pragmatic and low-risk way. They are not having to recruit and it offers a flexible response to tight resources. Three months is probably the shortest amount of time for the secondment to take place.

2. Communicate more regularly with your client and focus on your client's needs.

Agencies should offer their clients a quarterly account review and innovation session. The purpose of this is to focus on and understand the client's goals. This works particularly well when the client invites some of their internal stakeholders into the meeting and from the agency perspective, there will be an improvement in your understanding of your client's business. It helps the client to look good as they are involving their stakeholders and are seen to be proactive and working with an agency that is high quality and innovative.

3. Keep materials and outputs short and simple.

Agencies should never send long proposals and should always provide an executive summary of the outputs. The client should not have to edit the deck to be able to present it to internal stakeholders. By doing a one-page executive summary and a 3-page short and a 20+-page longer deck, you will be helping the client with their internal communication by demonstrating clarity and brevity of thought. You are not offering options and ideas but are making strong and directive recommendations. This saves the client time in reading enormous decks and it means that they are better placed to have internal conversations. It is a win-win for both sides of the equation.

4. Plan and carry out activities to engage clients.

This is more of an internal issue for agencies, but it has strong benefits for the client. Successful agencies have some form of monthly account activation process and in the meetings, it is about who is communicating to the agency on a regular basis. Ideally, agencies should be talking to their clients outside of projects at least once a month whether this is through meetings, content you are sending them or some other form of engagement. You need to decide as an agency how you are going to do this and you need to make sure there is a plan for this with names against it in terms of who is going to deliver it. You need to hold each other accountable for doing this

activity and making sure it happens. This will not only give you a stronger and more meaningful relationship with your client, but you will also be able to share and review what works and then spread this throughout your agency.

There are big upsides for the client. They want agencies who think about their commercial needs and how they can help them meet their goals. If you are producing quality content and thought leadership that demonstrates that you are thinking about the client relationship as being long-term, this will build trust and rapport. The likelihood is that even if the client does not have budget at the moment, you will be the agency that they come to when they do.

5. Focus on what you do best and communicate the relevant value.

It is not about what you do as an agency, it is about the value you create. Identify the issue that you want to be well-known for solving and couch your marketing and communications in those terms. Focus on the client's issues and goals and how you can help them achieve these objectives. This has a massive benefit for the agency because it means that their marketing communications is far more directed and focused. The agency is doing the things it needs to do because it is focusing on value.

From a client perspective, this is also a big win. Clients will understand much more about what the agency does and the value it generates. It also means that they have content that they can take internally to demonstrate that agencies are bringing value into the business. If you demonstrate value and focus on what you do best and communicate this value proposition, this will help the client to win the battle for budget and meet their own goals.

Key takeaways - call to action

- Agencies get the clients they deserve and clients get the agencies they deserve.
- There is a win-win scenario that means that both sides of the relationship can benefit.
- If you are an agency or a client, what is stopping you from carrying out these improvements to build value, trust and engagement?

Paper: Non-consciously oncology: Prevailing biases in cancer care

Speakers: Katy Irving, HRW and Marianne Ibrahim, HRW

Convenor: Roy Rogers, Director, Research Partnership

Katy Irving

Marianne Ibrahim

In their paper, Katy Irving and Marianne Ibrahim of HRW applied behavioural science to a dataset created from over 100 past projects to look not only at the different frequency with which biases occur within oncology, but how this differs compared to other therapy areas and different stakeholders.

Why oncology?

Marianne began by outlining that we think of oncology as factual, dry and rational, but when we think of cancer, it is supercharged with a rollercoaster of emotions from the confusion and shock of diagnosis to the agony of constantly feeling ill and the fear of your own death. It can also encompass the warmth of support from loved ones, the empowerment of tapping into inner strength, the ecstasy of ringing the chemotherapy bell and the constant anxiety that never leaves because of the risk of recurrence. It is no surprise that the analogy of a battle is constantly being used in this therapy area. At the heart of it all is the patient but we often forget that oncologists, who internalise many of the emotions associated with cancer, are human too.

Biases in the oncology space

Katy continued by stating that HRW wanted to look more closely at the humans at the heart of oncology decisions, using the lens of behavioural science on over 100 projects over the past 3 years.

Behavioural science is a group of academic disciplines that look at how humans make decisions, so that we can better predict and look to influence these decisions by seeing which psychological and cognitive biases are at play. Over 144 biases were found in the projects in different contexts across HCPs and patients, but even the top ten only represented about a quarter of the biases in the oncology space.

The biases were then compared with those in other therapy areas. From this, it was found that there are some psychological biases that occur more in oncology and some that appear more in other therapy areas.

Katy looked in more detail at the contrast effect bias (21% in oncology}. This is a tendency to evaluate a choice differently based on looking at it in contrast i.e. you are looking at it differently than if you were just looking at it in isolation. This occurs frequently in oncology because oncologists treat cancers where the outcome is better than in other cancers i.e. they treat it less aggressively or they are looking at individual therapy options in contrast to other options. In other words, biases like this occur more often in the oncology space because of the nature of this environment.

The optimism bias is 11% in oncology and is more frequent with patients than with HCPs. This bias is a tendency to be comforted by hope for the future but there is a dark side in that it sometimes inhibits action. People feel hopeful but they don't necessarily take the action they need to take.

Cognitive load

Katy moved on to focus on three biases in terms of:

- What the bias is.
- How it applies in oncology.
- How we can tackle the bias.

Cognitive load occurs when we exhaust our mental energy and are more likely to fall prey to cognitive bias or have defaults in our thinking. The load that is weighing on our mind has a real tangible effect in our ability to go forward, make decisions and remember things.

Marianne continued by highlighting that both HCPs and patients experience cognitive load.

- Oncologists often manage multiple tumour types and haematological cancers with each one having multiple treatment modalities and different drug classes. Each drug also has different side-effect profiles, dosing schedules, access and reimbursement status. Oncologists are frequently bombarded with promotions, emails and sales forces trying to get hold of them. They are also trying to keep on top of all the latest oncology developments - and these are just some of the demands of their professional life.
- Patients are usually quite overwhelmed. They are trying to understand what their diagnosis means and what their prognosis is. They do not have an existing mental map for what they are going through and are trying to develop their own coping mechanisms. They are overwhelmed by the impact on their work and family life, all of which adds to their cognitive load.

Although cognitive load is a reality of the oncology environment, behavioural science offers some tools to challenge the burden it places on HCPs and patients.

- We can radically reduce the amount of information that we are communicating to HCPs and patients.

People can only remember around 5 pieces of information at any one time. We need to make sure that what we are presenting is succinct enough to fit into the cognitive load.

- Breaking information down into meaningful chunks on related themes will ensure that it is more memorable.
- Consider readability i.e. if something is easy to read, we assume that it is good. Reduce the reading level of the information we are presenting and spell out acronyms so that people can absorb the details quickly and associate it with higher calibre information.
- Use multimedia with images, sounds and smells which are processed in different regions of the brain. This will make information more engaging and reduce the degree of cognitive load.

Logistical friction

Katy went on to look at logistical friction which is created whenever there is a lot of process, with a risk that people will say that it is too complicated and which leads to them dropping out because they do not know how to overcome the hurdles.

Oncologists have a lot of logistical hurdles including:

At diagnosis:

- Does the patient need to go to a specialist centre?
- Does biomarker testing need to take place?
- Where would the tissue be sent?

With treatment:

- Is the patient able to travel?
- What is the dosing schedule?
- Can the patient travel often to a treatment centre?
- Do forms need to be completed to get the patient access to treatment?

With administration:

- What is the load and capacity of the clinic?
- Are there enough staff to cope with the clinic workload?
- Will the patient need to stay after treatment for monitoring?
- Who will monitor the side-effects and where will they be monitored?

With maintenance:

- Can the patient be monitored at a centre closer to their home?
- Do they need to travel to the specialist centre?
- Do they need to go through any other processes e.g. a hydration protocol?

Patients also experience logistical friction. They have to think about how they are going to get to their appointments and manage their work and personal life. Elderly patients in particular experience logistical friction in the way they access information online.

We can deal with logistical friction by:

- Investing in systems that reduce it e.g. patient transport, autofill forms, reducing the number of forms that are required and employing access coordinators who walk customers through the process.
- Supporting HCPs to take more of a role e.g. training and the use of hotlines.
- Providing a roadmap of what the process involves. It is often the perception of difficulty that puts people off engaging with the process and a roadmap enables them to approach the landscape with a picture in mind.

Ambiguity aversion

Katy then turned to the final bias under discussion - ambiguity aversion. The majority of people when faced with multiple choices will choose the surest option. We tend to dislike the unknowns and therefore choose a suboptimal option where we have a better sense of what the odds are.

Marianne explained that ambiguity aversion is often demonstrated in oncology around sequencing treatments. Oncologists see really good first line data

but get paralysed in prescribing the new first line because they are not sure whether in introducing the new first line, they will be introducing new resistance mechanisms that are not going to work in the second or third line. In other words, if the first line is very difficult for the patient, will they be fit enough to receive the second or third line? It is often portrayed as a battle i.e. you don't know if you are going to win or lose.

While there is inherent ambiguity in most therapy areas, there are some strategies that can be taken to address ambiguity aversion in oncology:

- Social proofing i.e. showing what others have done or do. This shows what the experience might be like and gives a point of reference for what might be ahead.
- Looking at how we frame or present messages. Use imagery or language around predictability, certainty and trustworthiness when possible as these are what people look for in uncertain environments. Trying to showcase where brands can offer this can help.
- Drawing parallels to known therapies and looking at analogous situations in other therapy areas that the HCP or patient might have been exposed to.

Key takeaways

- There are psychological biases that are more common in oncology which are relatable to a wide variety of other therapy areas.
- The interpretation where the bias is applying can be different from situation to situation. Everything is context-specific and paying attention to the context is critical for the correct application of behavioural science.
- Understanding and applying behavioural science gives us a better opportunity to understand oncologists and patients as humans and cater to their needs effectively to help improve their experience and behaviour.

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

Speakers: Lucy Ireland, Hall & Partners and Agathe Acchiardo, ThinkNext

Convenor: Amr Khalil, Managing Director, Ripple International

Lucy Ireland

Agathe Acchiardo

In their presentation to the EPHMRA conference, Lucy Ireland and Agathe Acchiardo looked at the different dynamics and expectations of younger patients in terms of what they want from their healthcare, the information they are using and their different needs compared to older generations.

Why is it important to think about the next generation of patients?

Lucy began by explaining that it is important to consider the next generation of patients in order to:

- Make communication, education and design for patient support as effective as possible.
- Explore different ways to drive for earlier diagnosis.
- Anticipate the needs and expectations of patients in the future for drugs in development.

Methodology

Lucy outlined that this presentation is based on the results of a quant survey of 10,500 adults across the US, China, Japan, the UK and Germany, with the data split to look at three generational groups in terms of chronic conditions.

- Gen Z and millennials i.e. under 40s (1982-2015)
- Gen X (1965-1981)
- Baby Boomers (1946-1964)

Three consumer trends were explored in the study:

- Health on demand.
- People, not patients i.e. a more holistic view of how to help people.
- Health'fluencer i.e. changing communication channels.

The study aimed to understand changes in terms of behaviours, beliefs and expectations with trends that develop over 3-7 years i.e. trends that have a sense of longevity.

Health on demand

Turning to the first of the three trends, Lucy highlighted that growing up in an online world, the younger generations have incredibly high expectations of all services across all aspects of their lives being available on demand in a convenient and frictionless way. These expectations are spilling over into their demands in the healthcare world.

Gen Z and millennials report that they are increasingly struggling to attend in-person appointments with a doctor because the doctor is too far away or they have difficulty in getting transport, but the issue is much bigger than this. The younger generations are living in an always-on, boundaryless life where work can happen at any time. The idea of a formal life schedule where you have a formal slot to see somebody is disappearing.

Although they feel like they don't have time to go to see a doctor, this is not just due to physical distance, as 45% of respondents who said they are struggling to see a doctor in person live in cities, compared to 23% who live in suburbs and rural settings.

Unsurprisingly, younger generations are moving towards using digital solutions instead of face-to-face and there is a much higher use of digital devices in this group compared to Gen X and Baby Boomers. This is part of the expectation of immediate on-demand access to healthcare systems. 43% of Gen Z/millennials have used a video consultation with an HCP, compared to 28% of Gen X and 17% of Baby Boomers. Likewise, 45% of GenZ/millennials have used a consultation via chat/messenger with a doctor, nurse or therapist, compared to 26% of Gen X and 17% of Baby Boomers.

One of the fears of Baby Boomers and a barrier to digital adoption is the loss of face-to-face which they truly value, while younger generations are much more comfortable with the digital health world. Baby Boomers need to see a digital offering as an add-on, not a replacement. 65% of Gen Z/millennials reported that they have greater trust in a doctor working with the assistance of an AI diagnosis tool, compared to a doctor relying only on his/her judgment. This fell to only 38% of Baby Boomers.

The survey results indicate that less time seems to equate to more connectivity. 73% of respiratory patients who report struggling to see a doctor had a smart inhaler versus 32% of all respiratory patients. There is therefore a much higher use of smart devices among people who are not getting to face-to-face appointments.

Trend implications to consider include:

- Supporting how HCPs and healthcare systems can reimagine how they deliver care to meet the needs of younger generations.
- One size will not fit all and tailored touchpoints will be needed with generational differences in mind.

- An understanding of which patients value digital tools.

People, not patients

Lucy moved on to look at how expectations are changing in terms of the patient/doctor relationship. The doctor is no longer the chief knowledge-holder and younger generations have higher expectations of how they are being treated, leading to some challenges around the quality of interactions with doctors.

More and more patients, especially younger ones, report that they are frustrated when talking to their doctor. More than half (54%) of younger patients feel that there is not enough time to ask questions and get all their questions answered. There is also a significant number of younger patients who feel that the doctor is lacking empathy when interacting with them (52% for Gen Z/millennials, compared to 28% for Baby Boomers).

There have been recent stories in the media that empathy is an area in which AI can perform better than doctors. Part of the reason for this may be that doctors have been trained in terms of evidence-based medicine which may have moved their focus away from a more empathetic-based approach. For a few decades, there has been an approach of top-down dialogue between the doctor and the patient but frustration is emerging because patients are increasingly expecting to have a more active role in their treatment.

The next generation is much more comfortable about formulating demands to their doctors, such as about specific medication. About a third of the Gen Z/millennials have requested a specific prescription based on what they have read on a website which is a behaviour that is much rarer for Baby Boomers (10%).

Younger patients do not always feel listened to and 26% of Gen Z respondents felt dismissed when talking about their symptoms to a doctor, with only 10% of Baby Boomers experiencing this.

There has also been a shift in the expectation of the quality of the dialogue. When asked what they thought was the reason for the discrimination, age is the number one factor for the younger generation, but also the number one reason for the Baby Boomers who felt that they were dismissed because they were getting old.

There is an impact on the mental health of patients who don't feel listened to and feel that they are not getting the support they should receive. A high proportion of patients across all generations (39%) said that they have been struggling with the mental health aspects of their chronic condition. It is more than half of Gen Z (55%) but also 40% for Gen X. It is less for Baby Boomers (16%) because they are less accustomed to talking about their mental health.

Trend implications include:

- HCPs need support in understanding and navigating the changing expectations and dynamics in the patient/doctor relationship.
- The need to consider more patient-focused end points (quality of life, mental health) in drug development.
- Authentic empathy needs to feature strongly in communication materials for patients and caregivers.

Health'fluencers

Lucy discussed the final trend concerning new behaviours that are emerging in patients seeking health information.

Younger generations expect a reframing from doctors around expertise. It is not only about clinical expertise - it is also about living with the condition and the emergence of the notion that the patient has a very specific type of expertise that the doctor may not have.

Unsurprisingly, younger generations are turning to online influences to get information about their chronic condition.

There is a 20% difference in the reliance of Gen Z and Gen X/Baby Boomers on doctors and nurses. On average, Gen Z is more likely by 13% to 17% to turn to online influences such as patient forums and patient advocacy groups. In terms of their last health-related decision, only 48% of Gen Z/millennials said that their doctor was one of their go-to sources of information, compared to 61% of the older generations.

There are also clear generational differences in the use of social media and the platforms that patients might use.

- Only 5% of Baby Boomers use specific groups on social media and if they do so, it will be on Facebook.
- With Gen Z, 33% turn to TikTok, Instagram and Twitter. Facebook is not in their top 3 anymore.

Significantly, the differences between format are not as stark as expected and the written word is critical. While there is an increasing move towards training materials and patient materials on video for all generations, the number one preference is for something that is written. This is via websites for Gen Z and Gen X and via leaflets for Baby Boomers. Video is number 2 for Gen Z but it does not feature for the two older generations.

Lucy introduced a diabetes case study in which the client had traditionally separated Type 1 and Type 2 patients. However, it was realised that it was much more fruitful to blend together Type 1 and Type 2 patient groups but divide them by age with patients who were less than 40 and those older than 40. One-third of patients under 40 said that they would have been influenced by another patient on the internet. This was significantly different from patients who were older. There were similar findings about the use of social media which was much more important for the younger generation.

Trend implications include:

- Supporting patients with 'life advice' rather than just medical information.
- Considering that the information channels may not just be different for different disease areas but they can also be very different for different age groups.
- The importance of the patient influencer on social media who is critical for the paediatric and young patient audience.

Key takeaways

For therapy areas with multiple age groups:

- Patients should not be divided just by clinical type. Patient journey studies should be much longer pieces of work from the initial diagnosis to looking at the different life stages of living with a chronic condition.
- Think beyond the science to offer empathetic human support.
- Communication strategies need to allow for generational differences.
- When designing products within R&D, it is critical to think of the patient of tomorrow i.e. looking at wider trial end points that are going to be required.

For Gen Z and millennials:

- Engage with patient influencers, work with them, and learn.
- Use a mix of multimedia sources - and don't lose the need for text.
- Take a 'digital health' first approach.
- Keep pace with expectations, including on empathy.

For Gen X and Baby Boomers:

- This group is where many current patients are. Their doctor is probably their primary information source.
- Continue to provide information in a written format as well as video.
- Don't dismiss these groups as being non-digital. They will be using digital health tools but they might be using different digital health tools.
- Position telemedicine as an add-on, not a replacement for face-to-face. Work with doctors to optimise their face-to-face time with these generations.

Paper: Gender Identity Perspective - Deep Dive into Oncology Screening

Speakers: Tracy Machado, Elma Research and Alberto Giovanni Leone, Istituto Nazionale dei Tumori di Milano

Convenor: Georgina Cooper, Partner, Basis Health

2023 Winners of the JH Award for best Conference Paper

Tracy Machado

Alberto Giovanni Leone

In their presentation at the EPHMRA conference, Tracy Machado and Alberto Leone discussed a study on the access to healthcare experienced by transgender and gender diverse people, focusing on diagnostic and therapeutic pathways in oncology as well as clinical trial inclusion.

Background

Alberto began by explaining that the project was initiated when the Italian association for oncology (AIOM) started to consider if the unique health needs of transgender and gender diverse people were optimally addressed in the field of medical oncology.

According to the most recent estimates, around 4% of adults in western countries identify as transgender or gender diverse (estimates are from 1% to 5% among adults but rise from 2% to 8% among adolescents).

Gender diverse is a much wider term than transgender. It is used to define those individuals whose gender identity is not aligned with what is considered to be their gender norm.

A scoping review of transgender and gender diverse people was carried out, focusing on epidemiology, cancer prevention, primary prevention and barriers to healthcare. Although all of the data came from retrospective studies and therefore needed to be interpreted with caution, key factors arising included:

- A higher incidence of certain types of cancer. There were differences when comparing breast cancer epidemiology in transgender women where there is a higher incidence of breast cancer, probably due to the effect of HRT.
- There is also a higher rate of tobacco consumption, alcohol use and a higher rate of HIV infection.
- There is poor compliance with cancer screening programmes. The lower adherence to screening programmes was one of the main problems identified from the scoping review. It may lead to a delay in cancer diagnosis and probably also to worse survival outcomes.

- There were also social barriers to healthcare. In the US and in Europe, transgender individuals reported that they were discriminated against by healthcare providers. The most common form of discrimination was misgendering i.e. healthcare providers using wrong pronouns or wrong names both when talking to them and in health records. The 'vicious circle' is fuelled by resistance on the part of transgender individuals to embark on a path of prevention due to fear of discrimination. At the same time, lack of training and education can generate discriminating behaviour and attitudes towards transgender people.

Goals of the study

Tracy moved on to state that the aim of the study was to shed light on the issue of health management and access to healthcare for transgender and gender diverse people, as well as their attitudes to medical screeners and healthcare in general. In particular, the study looked at:

- Access to diagnostic and therapeutic pathways in oncology.
- The problems encountered and experienced by transgender and gender diverse people.

The aim was to arrive at solutions capable of mobilising the Italian institutional healthcare system to challenge the status quo and ensure adequate care for this population.

Research approach

Tracy outlined the three key steps in the study:

- A working team was set up to share responsibilities and different perspectives.
- Qual interviews were carried out with transgender women to explore their awareness of their gender identity, their journey, pain points, unspoken words and the difficulties of their transition.
- Quant surveys were carried out with oncology professionals and with transgender and gender diverse individuals to measure the power of their insights.

The Working Team

Alberto explained that the working team was made up of medical oncologists, scientists, researchers and statisticians representing different backgrounds and from different locations in Italy. Collaboration was important among these different professionals and all of them brought different types of knowledge to the project. The medical oncologists brought their clinical expertise in terms of diagnosis, the treatment of cancer and analysing the unique clinical needs that may arise when treating transgender patients. The statisticians were fundamental for analysing the data, interpreting it and for providing a strong methodology. Representatives from Elma Research bridged the gap between the working team and the transgender community, with the team holding monthly meetings which measured progress and helped to pace the work with small intermediate goals that resulted in increased efficiency.

Qual interviews

Tracy stated that the qual interviews informed the survey design and ensured that the correct language was used. Partnerships were very important between the working team and three Italian LGBTQ+ patient associations, who were a vital part of the research to get the language correct and fine-tune the materials. Likewise, specialist associations enabled the oncology language to be fine-tuned.

The oncology professionals were recruited by AIOM who sent a survey link to their associates, while the transgender and gender diverse individuals were recruited via the three patient association groups who sent out the survey link. The survey was conducted in Italy but it was also translated into Spanish, English and Portuguese to guarantee wider coverage.

Quant Surveys

Tracy continued with an explanation of the two quant surveys. These were up to 20 minutes long with oncology professionals (305) and transgender and gender diverse individuals (190). Both surveys were approved by the AIOM ethics committee and the patient associations. With the oncology professionals, the key topics addressed were:

- Attitudes towards health and healthcare needs of transgender and gender diverse people.
- Risk factors for cancer.
- Healthcare education needs.
- Attitudes towards gender identity.
- Barriers to services.
- Discrimination and the impact of discrimination.
- Their experience in treating transgender and gender diverse individuals.

With the transgender and gender diverse individuals, the survey addressed:

- Access to healthcare services.
- Cancer risk perception.
- Sources of healthcare information.
- Discrimination that they had personally experienced overall and by healthcare professionals.
- Their perceived reasons for discrimination.

Three key insights emerged from this research:

- The importance of education. Over three-quarters (78%) of the transgender and gender diverse individuals said that there is a need for education to be put in place for healthcare professionals to address a lack of experience and knowledge before implementing any national policies. Nearly three-quarters (72%) of the oncology professionals acknowledged that they would benefit from more education. A further 56% said that this training should be mandatory.
- The importance of respectful communication. Around a third (32%) of the transgender and gender diverse individuals said that they had experienced discrimination from healthcare professionals. This

was described as verbal attitudes being perceived as disrespectful. Medical sites were the fifth most frequent place of discrimination, following outdoors, schools/universities, public transport and nightlife. Nearly half (46%) of the oncology professionals recognised that transgender and gender diverse people are discriminated against when accessing oncological services. Over a quarter of them highlighted difficulties in the healthcare profession and a fifth of them had witnessed discriminatory behaviour. Physicians' difficulties included a lack of comfort when treating transgender and gender diverse people, a struggle to provide assistance due to a lack of knowledge, fears and prejudices and a lack of experience.

- The consequences of discrimination. 71% of transgender and gender diverse people said that they had never participated in any screening or prevention programme. Nearly three-quarters (73%) of the oncology professionals agreed that discrimination is leading to transgender and gender diverse patients not participating in screening. Around two-thirds added that they delay addressing healthcare issues because transgender and gender diverse people lack trust in HCPs.

Outcomes

Alberto outlined the clear outcomes from the study which have included:

- Publication of the scoping review in the JAMA oncology journal.
- The drafting of a comprehensive position paper which will contain ten recommendations for gender sensitive cancer care.
- Outlining concrete steps to improve the cancer care experience for transgender patients.
- Raising awareness to ensure that the medical community becomes more informed about the unique challenges faced by transgender and gender diverse individuals. A practical idea would be to alert transgender and gender diverse people to register with their alias name if their name is not recognised legally and their self-identified gender in the hospital health records providing there is an easy opportunity. This will enable them to maintain their sense of self and security at a first meeting with a doctor who would communicate with them accurately.
- The future creation of the first national registry. The data in this study only comes from retrospective studies so there is a need to register transgender and gender diverse patients in a specific registry to collect data, ideally expanded to other countries to create a European registry. This would involve collaboration with international partners and international LGBTQ+ associations to create a European network for improving cancer care.

Top Tips

Tracy summarised several top tips arising from the study:

- Collaboration is critically important. This study would not have happened without the inclusion of AIOM and ICCS plus the patient associations.
- It is also important to have a solid starting point. This study began from a meta-analysis conducted by Alberto and his colleagues in autumn 2021 to capture the current state of unmet needs.
- Including initial qual interviews will help to craft the fieldwork materials and fine- tune the language, so that the right content and language can be used to address transgender and gender diverse people. The output from these interviews enriched the analysis with the use of videos as deliverables.
- It is important to ask for direct feedback from this community to avoid discriminatory language. The specialist associations reviewed and approved the surveys prior to launch.
- Build trust, especially when working in highly sensitive areas. This was key to the success of the study.
- Plan for publication at the outset. Ensure that a medical writer is on board at the beginning and that you get full approval from the ethics committee for the entire project and specifically for the questionnaire. Do not leave it to the last minute and plan upfront.
- Remember that you are in it for the long haul. The work on this study began in autumn 2021 and it is still ongoing. It is essential to recruit the right ambassadors.

Considerations regarding clinical trials

Turning to the inclusion of transgender and gender diverse patients in clinical trials, Alberto stated that implicitly and explicitly, they are almost always excluded. However, there are steps that can be taken to address this:

- Avoid presumptive language when drafting clinical protocols. The inclusion criteria usually state woman - cervix, man - prostate. This excludes transgender patients i.e. it excludes a woman with prostate.
- Allow Gender-Affirming Hormone Therapy (GAHT) during clinical trials. Many drugs have exclusion criteria for experimental drugs but if there is no scientific and documented interaction between hormone therapy and the experimental drug or procedure, GAHT should not be interrupted. If it is an exclusion criterion, transgender patients will not participate. It is important to consider that hormone therapy for transgender patients is a life-saving therapy and reducing or interrupting it may increase the risk of suicide (this is scientifically documented).
- Allow HIV+ patients under treatment to be included in clinical trials. Unless there is a scientifically documented interaction between the experimental drug and antiviral therapy, it should not be an exclusion criterion. It is a discrimination factor against several groups of patients (gay and transgender) who are burdened by a higher prevalence of HIV and there is no evidence that this must be an exclusion criterion.

In screening criteria, instead of asking about gender, ask what sex was assigned to the individual on their birth certificate, followed by what is their gender identity today and whether they have undergone a gender affirming procedure. If the answer to the latter question is yes, ask what gender affirming procedure they have undergone e.g. psychological counselling, hormone therapy or surgery. It is vital to include a prefer not to answer option.

Key takeaway

- The study highlighted important gaps and discriminatory events which have been presented during AIOM ethics days with oncologists, researchers and journalists present. It has prompted important reflection by all stakeholders in the healthcare world.

Paper: Oncologists: Uncovering their deepest desires

Speakers: Abigail Stuart, Day One Strategy and Julie Jenson, The Hidden Depth

Convenor: Georgina Cooper, Partner, Basis Health

Abigail Stuart

Julie Jenson

In their paper, Abigail Stuart and Julie Jenson shared a research approach that has gone beyond traditional methodologies to access the deeper emotions of oncologists and enable a greater understanding about what influences their decision-making.

Why do doctors behave as they do?

Abigail began with an overview of why doctors don't behave in expected patterns. Although we believe that if the evidence is strong enough doctors will be convinced, this is not always the case and this is why some brilliant products with strong evidence fail to reach their potential.

Doctors are humans too, but we sometimes forget this in our research approaches. They make their decisions based on more than just facts and this is where deep and hidden emotions can sometimes come into play.

However, unearthing these emotions can be extremely challenging for a number of reasons:

- Doctors are trained to suppress their feelings.
- They are often making complex decisions where emotions can intertwine with rational experience and logic, making it very difficult to separate them.
- Sometimes they have to make decisions under extreme time pressure. It is no wonder they do not have time to recognise their own emotions and feelings.

As an industry, we have different methodologies to access doctors' emotions, including ethnography and observational techniques. Abigail explained that The Hidden Depth Method was used in this study involving 8 UK oncologists, who were engaged in completely unstructured conversation over three and a half hours with storytelling and psychoanalytical techniques used to delve deeper.

Findings

Julie outlined the key findings from the study:

- The oncologists saw themselves as researchers and scientists rather than clinicians. They were focused on data, evidence and protocol so that they could help patients make informed decisions.
- They emphasised how important it is to be fair i.e. they needed to treat the largest number of patients possible.
- They said that they were realistic and pragmatic. They emphasised how much detachment they have mastered in terms of being able to deal with situations they are facing. They appeared to be emotionally well-balanced and enjoyed a productive relationship with pharma.

Julie explained that this methodology is not only focused on what people say but how they say it i.e. inconsistencies, symbolic codes and what is not said. A number of inconsistencies emerged with the oncologists:

- They are detached but also had vivid and instantaneous recall of specific patients, their treatment choices and outcomes.
- They were using terms such as cure, survive, treat and manage and were refusing to define or distinguish between them.
- They talked about protocols, statistics and population-based evidence using metaphors.
- They didn't want to talk about treatments, as they are a tiny part of a much bigger equation where often the most effective treatment might not be the best choice.
- They calmly said that some of their patients would choose to follow a psychic's advice over their own, but these conversations were not making them angry. This is unusual - most other specialties would show a lot of anger over situations which they can't control.

Why are oncologists different?

Julie referred back to Level 2 of The Hidden Depth Method triangle when reflecting that what makes oncologists different is what they specialise in. They are not just treating a medical disease, as cancer is a cultural phenomenon. It has become a symbol of all of the worst things in life all at the same time. It forces us to look at death, suffering and loneliness which are things that we spend most of our lives running away from. Oncologists seem to handle these issues not by rising above them, but by becoming hyper-human.

Julie moved on to the next stage of the study which involved translating the insights into language that the oncologists would recognise and a brand could use. Statements were constructed based on what had/had not been heard and these were taken back to the oncologists to see what they provoked. These conversations confirmed the duality i.e. the oncologists were both hyper-human and hyper-objective as an expression of compassion. Compassion is more complex than sympathy and empathy. It is more pragmatic and what was observed with the oncologists was an extreme pragmatism.

Why does this matter to pharma?

Julie highlighted that these insights create an ideal basis for pharma to talk to oncologists. The world of oncology is changing and the pharma industry is changing the world of oncology through new choices, more evidence and many more marginal gains.

However, this also means that pharma is going to have to persuade oncologists, not just demonstrate evidence to them. To persuade them, it will be essential to understand what they value and this is where depth helps inform strategy.

What oncologists value is what their patients value i.e. they are mirroring the same anxieties, fears and uncertainties. They understand that decisions rest with the individual and are not entirely about objective data. The conversations that oncologists are having with their patients and therefore the conversations that pharma should be having with oncologists are not about survival. They are about dignity, legacy and freedom of spirit. This may seem an impossible task for a pharma company, but the treatments that pharma has made have created this new world and it therefore demands a new language that aligns the questions of science with questions of living.

Key takeaways and opportunities for pharma

- Connecting with oncologists is much more challenging than ever before. It is a more crowded treatment landscape with an influx of new treatments. Oncologists are targeted with a high volume of information. Clinical differentiation may now no longer be enough. Creating meaning beyond your product is therefore becoming much more essential.
- Oncologists, more than any other specialty, place the emphasis on what matters to their patients. They want to facilitate meaningful lives for their patients. It is not as simple as quality of life. The meaning could come at the expense of quality of life for some patients e.g. some choose to continue with treatment while experiencing terrible side-effects, while others don't.
- In oncology, it is fine to fully embrace the patient perspective in treatment decision-making. In some other areas, this is seen as a bit of a nuisance and doctors will impose their treatment decisions on the patient. In oncology, doctors see patient empowerment as important. They want to make treatment decisions together to facilitate meaningful lives.
- Oncologists are motivated to treat the many rather than the few i.e. showing commitment to affordability and accessibility resonates with their values and helps to foster meaningful relationships.
- Knowing your customer inside out is fundamental for the success of any brand launch. It is also useful when you have a specific issue/diagnosis where you want to understand the issue better.
- Building meaning beyond your product helps to connect with doctors' deeper emotions and foster deeper relationships with them.
- Our future as insights professionals depends on our ability to embrace everything that technology has to offer, but also to combine this with human intelligence.

Paper: Beyond the buzzword: Can behavioural science improve pharma forecasts?

Speakers: Céline Talon and Ivo Moes, SKIM

Convenor: Erik Holzinger, groupH

Céline Talon

Ivo Moes

The use of a behavioural science model to improve pharma forecasting was the focus of the paper from Céline Talon and Ivo Moes at the EPHMRA conference.

Approaches to pharma forecasting

Ivo began by outlining that a product launch takes considerable investment and several years to achieve and at early stage, pharma companies look for some kind of forecast. Forecasting comes in different shapes and sizes and informs many of the decisions from phase I onwards. At phase II, pharma companies use forecasting to inform their decision-making on areas including clinical estimations as well as the marketing strategy, clinical trial planning and portfolio planning.

Forecasting can be carried out using 'gut feeling' through to different types of mathematical modelling. Ivo explained that at SKIM, conjoint modelling, patient record forms and scenario allocation are used to create a forecast. While mathematical models help to reduce some of the uncertainty over a product launch, there are always components of a phase II clinical trial that are unknown e.g. the outcome of the trial, the efficacy and the safety data. There is a margin of error which is sometimes quite extensive and SKIM wanted to see if some of the inaccuracy of the models could be reduced by considering other factors that come into play.

Ivo ran through the '4P' questions that need to be answered before beginning forecasting research.

- Purpose i.e. what decisions does the pharma company need to make? What is the business question that needs to be made with the output of the forecasting?
- Playing field i.e. what does the competitive landscape look like? Is there a high unmet need?
- Product i.e. what does this look like? Does it compare to other treatments that are currently being used?
- Patient i.e. which patient types will be served by the new product? Is it a niche indication or will it be broadly used?

While taking these questions into account shows some of the inaccuracy of a pharma forecast, decisions are ultimately taken by the prescribers who are influenced by many different rational factors when they think about a new product coming to the market.

Applying the COM-B model to forecasting

Céline continued by introducing the COM-B behavioural science model which SKIM uses in quant approaches.

COM-B looks at

- The physical and psychological capability of doing something.
- The social and physical opportunity i.e. the environment around the individual and what influences them.
- Reflective and automatic motivation i.e. going behind the obvious. Automatic motivation might have bias or scepticism.

COM-B looks at things holistically to see where the biggest gaps are.

Adopting the new treatment is the goal and is at the centre of the wheel in the diagram. As researchers, we need to ask ourselves if the HCP has the capability, the skills and the environment to do this, not only from a structural perspective but also in terms of influence.

Additional questions can be included to add a further layer to the forecasting. The questions in the table on the left are based on clinical elements. The table on the right shows automatic (emotional) motivation which can be hard to capture in quant.

Key takeaways

- COM-B can help in tackling three common forecasting biases:
- Novelty - "this is a new product and it should be good".
- Adoption - "I need to see how it works with my patients".
- Influence - "I want to see with my colleagues and experts how it works".
- Using COM-B can impact on forecasting approaches:
- Traditional - we ask about the willingness to prescribe and apply a correction for overstatement. We may apply a mathematical model on top of this to arrive at the final forecast.
- Integrated - COM-B is calibrated as an extra KPI and there is a correction for forecasting biases.

Paper: TPP Design in Qualitative and Quantitative Primary Market Research

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

Okke Engelsma

Erik Holzinger

In their breakout session, Okke Engelsma and Erik Holzinger offered practical hints and tips on shaping a TPP for both quant and qual purposes, using the word A T O M I C as a basis for different areas of focus.

Alignment

Erik began with a reminder that there are often different versions of the TPP in circulation, with different departments making amendments to it. The first priority is therefore to get everything into one space to see what you have got and then consolidate it. If you have the information and see that it doesn't align, you will have to get an approved or validated TPP from the client that everybody is happy with. Since the TPP is sometimes based on hypotheses and very different levels of ambition, you can end up with a variety of opinions as to what you should put forward.

Visual Format

Erik highlighted that while this is different in all projects, you should expect to see safety, tolerability, efficacy, administration and a couple of other boxes in the format. It needs to be clear and easy to read and the structure is more important for quant. Okke added that it is important to think about how the information is presented and how much is presented, as there is only so much information that anybody can take in.

Standard of Care - Differentiation of the product

Erik emphasised that it is important to carry out upfront work to understand what the standard of care is and what the future standard of care will be. Get into the mindset of the doctor or payer in terms of how they are going to look at the TPP. Differentiation is the most important part of the discussion before you talk about other ways to position and launch the product.

Minimalism

The TPP is presented as part of the discussion with the doctor, but usually doctors don't feel comfortable to take more than 60 seconds reading it. If you can't read it in 60 seconds, it gets unwieldy. Erik stressed the importance of saying something with the least number of words and if there are different scenarios, state what is different and people will understand. This also applies to the number of attributes - you don't have to mention everything if it is not important. Okke added that in some therapy areas, it makes sense to include much more detail which will not be the best thing to do in other situations. Know who you are talking to and what they are interested in.

Intuitive

It is important to check whether the TPP is intuitive to read and the information is listed in the right order. You might want to look at the information hierarchy as part of the pilot.

Completeness

Before the pilot stage, the client has to approve the TPP, including from a compliance point of view because it is a research material. It is hopefully aligned at this stage before it is tested with physicians or payers when you can see and feel if it is meeting its objectives.

Erik concluded with a reminder that after the pilot, the TPP needs to be aligned again among the teams.

Paper: Dynamics and Disconnects - A Fly on the Wall in Patient Consultations

Speakers: Lauren Halliwell, UCB and Victoria Weaver, Basis Health

Convenor: Elizabeth Kehler, Managing Director, Adelphi Group

Lauren Halliwell

Victoria Weaver

The paper presented by Lauren Halliwell and Victoria Weaver at the EPHMRA conference focused on the use of simulated dialogue to explore the dynamics and disconnects between patients living with a rare disease and their physicians.

Why use simulated dialogue in this study?

Victoria began by stating that traditional research methodologies can fail to uncover the dynamics and disconnects between patients and physicians. Effective patient-physician communications positively influence health outcomes but in many therapeutic areas, gaps and disconnects exist which can lead to poorer patient outcomes. Traditional patient-physician interviews uncover one-dimensional insights that need to be pieced together, leaning on unverified perceptions and hypotheses that can incorporate the bias of the analyst.

Lauren explained that UCB wanted to explore the disconnects and dynamics between patients and physicians ahead of a product launch for a rare disease. There were some factors which meant that traditional research methodologies were less likely to uncover these insights.

- The product launch was for a rare disease and therefore a small universe. With rare diseases, the dynamics between patients and physicians can be even more disconnected and difficult to uncover due to the low prevalence, leading to an imbalance in the understanding of the disease from both the patients and the physicians.
- The nature of the disease meant that symptoms could present ethical concerns in terms of asking patients to participate in studies where they may struggle to speak for an extended period of time.

Methodology - what is simulated dialogue?

Simulated dialogue is both sensitive to patients' needs and engaging for physicians to provide the depth of insight required to enhance the development of care and support solutions. It has the power to identify communication breakdowns and other unmet patient needs.

In simulated dialogue, a skilled actor plays the role of a patient during a simulated consultation with an HCP. The goal is to see how communication breakdowns can lead to patient needs being ignored and sub-optimal patient care so that solutions can be identified.

In this study, Victoria explained that there were three key phases:

- One to one TDIs were conducted with patients to understand their lived experience and explore how they felt that dynamics played out in their consultations with physicians.
- In the second phase, patient profiles and patient charts were created using the information from the first phase. This enabled a clear crib sheet to be developed for the actor to use.
- The simulated dialogue took place in phase 3. For this study, a 15-minute consultation took place in which the patient/actor and the physician were the only people speaking. This was followed up by a 60-minute exploration with the moderator to understand the physician's responses. The patient consultation simulated what actually happens in practice. UCB became a fly on the wall during this process and provided additional probes for the patient to ask the physician, allowing it to become an interactive and iterative process in which communication breakdowns were happening in real time.

Video was used to provide an opportunity for the patient/actor to express their concerns before and after the consultation with the physician. In this case, the physician was not acting in the ways that the patient wanted them to in order to treat them better.

Practical hints and tips on using simulated dialogue

Lauren moved on to outline a number of practical tips and suggestions to consider when using simulated dialogue:

- Use gender-neutral names that are appropriate to the market you are conducting the research in when developing the patient profiles. This allows for patients to be played by men or women, ensuring there is no gender bias.

- Draw on the patient insights from phase 1 to ensure that the profiles are as true to life as possible.
- The patient charts that are shown to the physician during the role-playing exercise must be highly detailed. For example, when showing the patient's treatment history, you should provide drug names and dosages rather than just referencing drug class.
- Create no more than two to three profiles so you do not dilute the insights.
- Brief the actor about the entire patient journey, treatment landscape and how each stakeholder might describe the symptoms e.g. the doctor might call it something different.
- Give the patient/actor a transcript to read through so that they can hear how patients describe their experiences.
- Be sensitive to market nuances e.g. the use of language.
- Share a full interim report with the actor so that they can understand the consultation dynamics including introductions, evaluations, treatment discussions and questions that the patient would ask, as well as the anticipated frequency of appointments.
- During the simulated dialogue, remain flexible. The actor needs to improvise and you need to be on hand to help the actor as the doctor asks them questions that they might not be expecting.
- Confirm the willingness of respondents to participate and outline in the screener what is going to happen.
- Selecting the right platform is also important to allow multiple respondents to come in if needed be it the moderator, the actor or the physician.

Benefits of simulated dialogue

Lauren outlined I key benefits arising from the use of simulated dialogue in this study.

- A huge benefit was being able to observe the session in real time. This provided the opportunity to ask additional probes and explore sensitive situations and topics as they arose. The methodology goes beyond a standard patient journey and gives insight into the relationship between the patient and the physician and how this relationship impacts on the care the patient receives.
- Simulated dialogue is patient-centric and empowering for the patient to be able to tell their stories.

- It is engaging, interactive and realistic. The physicians really got involved, adding their own flavours and discussions to the role play. There was also greater willingness to participate.
- Simulated dialogue also helps to overcome challenges in small populations, such as in rare diseases. In these populations, there are not many patients to participate in research but it does not mean that their voice should not be heard.

The methodology proved that there was a significant gap and disconnect in the communication between HCPs and patients. In particular:

- HCPs and patients have opposing perceptions of the degree of unmet need due to their different frames of reference and lived experience. HCPs perceive the unmet need to be lower than in other disease areas because of the clear treatment pathway with multiple options. There was a lower risk of mortality and the perception was that there was less burden of disease.
- The study revealed the patients' needs for additional support and better medication and that these needs were being overlooked and deprioritised.

Evidence of the difference in perceptions was considered acceptable in terms of disease control and the impact on quality of life. However, the study identified:

- A communication divide where HCPs were satisfied with moderate control while the patients wanted more.
- The location of the gaps in the treatment journey e.g. treatment initiation, where the research pointed to an obvious misalignment in terms of expectation.
- Specific nuances in terms of the different language and terminology that is used by patients and physicians which led to communication breakdowns.

By highlighting the different stakeholder experiences and expectations, the research has directly influenced the strategic plan for both the pre-launch and launch phases of UCB's assets in this therapy area. Initiatives have been developed which address the disparity and therefore add value to patients. The research was also used in a workshop with HCPs and patient associations to identify tools and services that UCB can provide to bridge the gaps and prioritise specific points on the treatment journey where the disconnect was found to be most prominent.

Key takeaways and conclusions

- Think about the benefits of using simulated dialogue and the power it has to identify communication breakdowns and discover unmet needs that traditional methodologies might struggle to locate both pre- and post-launch.
- For agencies and recruiters, simulated dialogue is an approach that engages both physicians and patients, delivering better participation while remaining patient-centric.
- Consider simulated dialogue when planning any type of research.

Paper: More than "just" an insight: how to make your insights go further with collaboration

Speakers: Thomas Markham and Erin O'Hare, Lumanity Consulting

Convenor: Sarah Phillips, Vice President, IQVIA

Thomas Markham

Erin O'Hare

In their paper, Thomas Markham and Erin O'Hare described how close collaboration between Lumanity Consulting, the client and its Social Media Listening team transformed insights to create tangible outputs and actions.

Background

Erin began by highlighting that the study involved work done over the past 10 years for Reckitt on the Global Respiratory Infection Partnership (GRIP). Reckitt is committed to tackling Antimicrobial Resistance (AMR) which is a leading cause of death worldwide and kills about 3,500 people each day. GRIP was founded by Reckitt and involves a variety of healthcare experts including pharmacists, ENT specialists, academics and infectious disease specialists who come together to look at preventing AMR. They are passionate about preserving antibiotics for future generations.

Partnering with patients during the pandemic

Erin continued by saying that the idea for the study arose at a meeting between Reckitt and Lumanity in 2020 when the government was urging people to re-socialise. It was based around the hypothesis that:

- The Covid pandemic had led the general public to become more interested, educated and receptive to information around viral respiratory infections and the use of antibiotics.
- There had therefore never been a greater moment to engage on this topic with viruses being on the news daily i.e. would it be possible to help people to understand that antibiotics would not be effective for Covid and that they are not effective for most viruses, including sore throats.

The study aimed to understand how attitudes and perceptions had shifted before and after the advent of the pandemic.

Why social media was used to give proprietary data

The social listening approach can function as a time machine. Thomas explained that social data was used to look at the past three years of conversations around sore throats and antibiotics i.e. before and after the advent of the pandemic. Compared to primary research techniques, this approach meant that:

- Pre-Covid conversations could be understood without the gift of hindsight.
- It was clear how the fear of Covid had exploded the whole way in which people deal with and behave around sore throats, as there was a great amount of discussion around viral and bacterial infections, as well as heated debate around the rumours concerning antibiotics being given for Covid.

- People did not realise that antibiotics were often being given as a preventative measure to prevent concomitant infections.
- There was also an uptick in the discussion around natural remedies and what people can do for sore throats at home to avoid having to go to healthcare centres.

Lumanity worked closely and collaboratively with Reckitt's own Social Media Listening team to build searches and carry out analysis in Reckitt's own licenced social media listening platform. This meant that at the end of the analysis, Lumanity could hand over the searches that had been created to enable Reckitt to continue looking at this conversation for future tracking.

It was also a cost-effective opportunity to use social media to tackle big issues across incredibly diverse markets in looking at antibiotic use in sore throats and the impact this had across AMR.

Through the large data sample and the number of conversations that arose from social media, the illicit use of antibiotics in sore throats could be uncovered in ways which people might have been more reluctant to share in interviews or surveys. It was also possible to look at what is actually going on in terms of how consumers are using and seeking out antibiotics when they have a sore throat.

There was a huge number of contradictory beliefs and behaviours that were exhibited by the people whose conversations were being read. These different personas were mapped out on two axes:

- How pro-antibiotic use or how anti-antibiotic use these people were.
- How health literate they were and to what extent they were exhibiting misconceptions. This gave five segments.

Underneath each of these groups is a set of misconceptions which the different personas exhibited to varying extents.

- For example, the challenge posed by the determined pro-antibiotic consumer relates to the behaviours and beliefs exhibited online by people who know they want antibiotics and will go out of their way to get them. This is the threat posed by this segment when it comes to AMR.
- The first two segments involve conversations that are taking place without a discussion of whether the sore throat is viral or bacterial. It is not that these people are saying that antibiotics are effective for both viral and bacterial sore throat– - they are not making the distinction outright.
- The fear of catching AMR is a misunderstanding of how AMR works. It is a fear that if you take too many antibiotics, you may become personally resistant to them, or you will catch AMR. While there is a grain of truth in this, it has been misinterpreted.
- Another misconception is the fear of creating a superbug in your own body i.e. if I take too many antibiotics, I might end up making a superbug that will kill me.

All of these misconceptions contain an element of truth and also point to a real educational need.

From insights to actions

Erin outlined how the insights from the social listening approach were translated into actions including:

- The personas and misconceptions were brought to the GRIP members as well as a pharmacy audience at a workshop at the International Pharmaceutical Federation. The team were able to work through the challenges with the pharmacists and bring them together into a framework to help them talk to patients when they present with these kinds of demands.
- A White Paper was produced that brings together some of the data on the problems alongside some of the research.
- The misconceptions have been translated into TikTok videos in Mexico to reach the target audience. This has translated into great results for Reckitt and many markets are extremely excited about it, with different countries doing their own videos.

Key takeaways

- Context is king. A deep relationship between the agency and client is key in order to be able to take research findings and produce tailored recommendations that the client can actually work with. Understand what the weapons are in the client's arsenal that you can make work harder for them.
- Content is currency. Turn your insights into publications, White Papers and frameworks so you can change behaviours and give the client greater ROI.
- While we often deal with facts, publications and statistics, social media provides the emotional, intangible and irrational. It is often emotional factors that underlie people's behaviour and feed into threats. Behaviour can be changed through speaking to people on an emotional level.

Thursday 29 June

Paper: SHAPE: Sickle Cell Health Awareness, Perspectives and Experiences Survey Collaborating to Highlight the Impact of a Misunderstood Condition

Speakers: Giovanna Barcelos, Pfizer and Annabel Su, Ipsos

Convenor: Xierong Liu, Senior Director, Ipsos

Giovanna Barcelos

Annabel Su

In their paper, Giovanna Barcelos and Annabel Su explored the role of market research to better understand rare disease through a case study on Sickle Cell Disease (SCD), which highlighted how extensive collaboration uncovered new insights about this misunderstood condition with the aim of driving positive change for patients, caregivers, pharma and HCPs.

The need for research

Giovanna began by explaining that SCD is a rare genetic disorder which has multiple complications that start from infancy and go through into adulthood, often affecting more than one member of the family. It places a substantial emotional and physical burden on patients and caregivers and most patients face considerable discrimination around the disease. In Europe, the majority of patients who have SCD are immigrants. They attend A&E with pain episodes which are not very well understood and which require opioids, leading to stigma around patients being seen as drug-seekers. In addition, SCD can lead to impaired cognitive function that can affect education, employment and socioeconomic status.

As very little research has been carried out in this area, Pfizer wanted to:

- Create more awareness about the unmet needs of patients as there is very limited research around SCD.
- Better understand the burden for the patients and their caregivers e.g. their quality of life and the health inequalities that they face.
- Better understand and share the experiences of those impacted by SCD, not just patients but their whole communities.
- Publish the voice of SCD patients in congress presentations and the media to create greater external awareness.
- Be part of the solution by tackling the challenges faced by the SCD community and bringing SCD up the health agenda.

The SHAPE survey stands for Sickle Cell Health Awareness, Perspectives and Experiences Survey.

The solution - a multi-phase approach

Annabel continued by introducing the multi-phase approach that was taken.

One of the key objectives was to understand SCD better in terms of the unmet needs and challenges. It was also important that the results were fit for publication which was why the core component of the research was a quant study that could capture every sample size across 10 markets from which the results could be published in scientific/medical papers. Caregivers and HCPs were included to give a 360-degree understanding of the SCD experience.

There was also an ethnography element as patients were asked to self-film in their daily lives which supplemented the insights and brought to life the challenges that they live with. A PR agency helped to develop messages that would feed into publications, abstracts and the media to generate further impact.

There were a number of key challenges:

- It is always difficult to recruit for rare disease populations, especially for ethnic minority groups who are less likely to engage in market research.

- It was important to bring something new to SCD while delving into more sensitive topics such as finance and mental health.
- There were many stakeholders involved so it was important to build relationships and maintain engagement.
- It was necessary to ensure that all insights were fit for publication and stood up to scrutiny.

The study was differentiated because of the extensive collaboration that was used to gain a holistic understanding of the disease. The team partnered with SCD experts at every step of the journey and these included patient advocacy groups and HCPs based in each of the 10 markets. A stakeholder steering committee was formed across the study which was integral to the project's success in ensuring that the research met the needs of everybody involved, with materials co-created with patients and caregivers.

Even though SCD is considered a rare disease, it was important that a robust sample size was recruited across the markets to enable publication. Everyone on the steering committee was involved in helping to recruit and while consumer panels were used as a standard way of reaching HCPs, patients and caregivers, all invitations were created from scratch, emphasising the objectives of the research and allowing patients to have their voice heard. Patient advocacy groups sent out these invitations to their networks via email, Facebook and Instagram and patients/caregivers also referred other relevant respondents. Regular check-ins took place to make sure that these relationships were maintained and bespoke social media adverts were created which were placed on key websites and forums to maximise reach.

The engagement with patients was continued post-methodology, with personalised thank you notes sent to respondents. This had a big impact as patients often express that they feel disregarded when their responses are collected for research. A webinar was also hosted where patients, caregivers and HCPs who took part in the research could listen back to the insights they contributed to.

What was the impact of the research?

Giovanna continued by summarising the impact of the study from Pfizer's perspective:

- It has helped to elevate unmet needs across different stakeholders in the SCD community.
- It has provided localised evidence. Pfizer wanted to divide the survey into local cohorts so that local stakeholders could understand what was relevant for their own patients and their needs. This has been key to making sure that these patients have access to innovative treatments and to moving SCD up the health agenda.
- It has helped Pfizer to shape its strategy and business decisions. Understanding patients' needs and what is important for them will help to inform clinical trials e.g. fatigue is being captured in upcoming trials.
- Impactful solutions have been developed for the overall care of SCD patients and the survey has been critical in informing these decisions.

Giovanna also outlined that the study has been published widely at a number of conferences in 2022 and 2023, with local conferences having local evidence from local patients and HCPs. The published research has also received extensive global media coverage which has highlighted the challenges and inequities that SCD patients live with.

Key learnings

Annabel brought together three key practical learnings from the study:

- The recruitment was much more targeted than usual which meant more adapting and learning along the way. This will help with engagement and success in recruiting for future projects.
- Strong, frequent and tailored communication was required with many stakeholders being involved. It was important that the relationships with patients,

advocacy groups and HCPs were upheld, as well as balancing patient needs versus publication needs. Explaining this from the start could have made the process smoother.

- It was important that everything was done correctly and to a good quality and standard, making sure that the right people were reached to uncover new insights. This meant that the original timeline of six months was extended to over a year.

Key takeaways

- Pharma, patients, HCPs, caregivers, KOLs, suppliers and agencies can be brought together to help pharma to make an impact and drive change. This approach can be applied to different kinds of patient research in the future, particularly for rare or chronic conditions that are not so well understood.
- Patients are the experts. Listen and learn from them throughout the whole journey to reap greater benefits and insights.
- There is a lot of power in publishing the patient voice. The publication of insights from patient research widens access to learnings and can be used in scientific papers and patient awareness campaigns. Sharing the patient story can lead to more investment in their condition and provide reassurance that the pharma industry is listening to them.

Paper: Neuromarketing: Shedding light on the subconscious component of thinking to support market research in the pharmaceutical world

Speaker: Marina Panizza, Stethos

Convenor: Roy Rogers, Director, Research Partnership

Convenor: A case study on the use of two neuromarketing techniques in conjunction with traditional market research methodology to generate detailed insights on brand communication was presented at the EPHMRA conference by Marina Panizza of Stethos, with input from Cristiana Perone of Novartis.

What is neuromarketing?

Marina began by explaining that our brains are programmed for saving energy and to achieve this, we have two systems that work in collaboration with each other for analysing stimuli and experiences.

- System 1 is unconscious thought. It elaborates information in a very quick way (less than 10 seconds). It operates on low energy and is useful to analyse all of the sensations experienced daily. It enables us to survive in a complex environment.
- System 2 is activated when we need to process more complex information. The energy used through activating System 2 is higher and our objective is to use it as little as we can. It confirms what has already been decided by System 1 and our emotions and decisions are often made by System 1 more than System 2.

Daniel Kahneman created System 1 and System 2 and neuromarketing starts from his premise that:

System 2 is what we think we are, System 1 is what we are deep inside.

Marina continued by outlining the two neuromarketing technologies that were used in the Novartis case study to create added value and more

interesting insights alongside traditional market research.

- Eye-tracking is used for understanding how we read visual content and can be particularly useful for analysing visual tests. It depicts visual attention, how our pupils are moving while reading a document or stimulus, the movement of our eyes and also contraction. Through analysing the movements of our eyes and their time of fixation, we can understand visual pathways and fixation points.
- Facial coding analysis is useful to understand the emotions that are generated by a stimulus. It can subtly analyse our facial expressions to understand what we are feeling during the reading of a document or any other kind of experience. Traditional facial coding analyses six main emotions: joy, fear, anger, sadness, surprise and disgust/displeasure. It is also able to detect the level of interest and confusion i.e. two affective attitudes.

In pharma, neuromarketing is still in its infancy, probably because we think that the materials we are dealing with need to be very scientific and rational. However, it is important to remember that physicians are people like us who are driven by System 1.

Case study - Novartis

Marina introduced the case study by stating that Novartis wanted to do something different to analyse a visual aid for a recently launched innovative product in multiple sclerosis. In particular, Novartis wanted to:

- Look at what needed to be changed or amended on the visual aid.
- Obtain suggestions for how the sales rep could manage the visual aid so that the drug could be differentiated from competitors through its scientific profile.

Neuromarketing was proposed using eye tracking and facial coding analysis to find out the unconscious reactions from the respondents. Traditional face-to-face market research to gather feedback was also carried out via individual interviews.

In Italy, there are only a few highly specialised MS centres and 18 neurologists were interviewed by Stethos across three locations in Milan, Rome and Naples to see if there were any regional differences. The neurologists were segmented based on three different profiles:

- A - innovative early adopters of new therapeutic options who are aggressive in the treatment of MS.
- B - patient and safety focused physicians, with an emphasis on the long-term treatment of MS.
- C - late adopters who prefer to let other physicians experience working with new drugs.

In phase 1, the neurologists were shown the visual aid via a video and eye tracking and facial coding analysis was used for about 15 minutes i.e. the length of the visual aid. It is important to note that with facial coding analysis, there can be different levels of reaction (arousal) towards the same stimulus. In this study, it enabled the team to understand the levels of affective attitudes i.e. interest and confusion in the same part of the video.

In phase 2, a traditional qual interview of 60 minutes was carried out to go through each page of the visual aid with the aim of analysing the main messages and collecting suggestions for amendments.

Results - neuromarketing versus traditional qual interviewing

Marina moved on to present the analysis of two pages from the visual aid using the different methodologies.

The 'Mechanism of Action' page aims to show that the drug is different from its main competitors. It is critical to understand this page in order to understand the uniqueness of the drug, but from the qual interviews, the physicians suggested that this was a page that they needed to move through quickly and was of little use overall.

Using eye tracking, the heat map highlights the points of fixation. It shows that the image was not read, or it was read in a way that was too superficial. The slides Marina presented showed the pathway in terms of how the page was read and the heat map picks up the points of reading (the title, the image and the comments on the right). The pathway shows that points 3 and 4 have been read but at the end and the most important words were not read. The physicians were asked to describe the main meaning and concept of this page and they did not say anything about these points. The data from the facial coding shows confusion at this point i.e. the physicians saw the data but wanted to go faster through it.

The recommendations arising from this analysis included:

- Removing some of the text because there was too much information on the page. If there is less information, there is a higher probability of communicating the correct message more effectively.
- Emphasising to the sales reps that it is particularly important to explain the image on the page.

The second example presented by Marina looked at the Safety Data page.

The qual interviews found that on this page, the physicians were expecting to see more detail about the side-effects of the drug, following on from the previous page which showed the safety profile. However, they instead saw information about the Infusion Related Reactions (IRR) i.e. the pages were not coherent with their expectation and the table about side-effects did not give enough information. They stated that they would like to see more information in the table with other details about the side-effects and they therefore did not really understand the meaning of the visual aid i.e. this page was more about the incidence of IRR rather than the other events.

The neuromarketing found that the page generated confusion and misunderstandings. The eye tracking shows both the pathway and the time of fixations and from the pathway, the physicians read the title and then moved to the table. They probably did not see the relation between the title and the table. The time spent on the main message in the second sentence was too low to enable the physicians to understand the meaning of the page and the objective was therefore not met.

The recommendations for this page included:

- Emphasising the objective of the page (the IRR) and changing the format, with the table replaced by a graph that shows the degrees of the IRR in terms of percentage and administration.

Key takeaways

- Neuromarketing can be used to refine communication.
- If you want to use neuromarketing in pharma market research, you must be innovative and open to exploration.
- Combining traditional interviews with neuromarketing techniques when testing materials is a great way to collect actionable insights.
- Use facial coding analysis in addition to other neuromarketing approaches, such as eye tracking, and not alone.

Paper: The Employee is Now Your Most Influential Stakeholder

Speaker: Gethin Nadin, Chief Innovation Officer, Benefex

Convenor: Sarah Phillips, Vice President, IQVIA

Gethin Nadin

In his keynote paper, Gethin Nadin focused on the growing movement from employers to put the employee at the centre of their business and how this is producing better results for organisations.

Changing expectations

Gethin began by outlining that employees remain central to any organisation and account for about 22% of most companies' operating costs. There have been several generation-defining events over the past few years which have reshaped the employee experience and what employees think they need from their employers. In particular, employees aged under 40 (i.e. about 50% of the workforce) have been at the sharp end of many of these recent events.

Employee expectations about the workplace and their employers have increased significantly. The pandemic provided a period of reflection for many employees and people gave up on certain industries as a result. Research carried out by Benefex has found that:

- 99% of employees globally said that wellbeing was one of their top priorities.
- 77% of HR leaders say that wellbeing is now the most important part of the employee experience.

We are therefore starting to see that the workplace and wellbeing are two things that go together. This reflects changing expectations about what work is for. The Benefex research involved 7000 people in 5 countries and found that for 92% of global employees, wellbeing is their number 1 priority when choosing a new role. They want to work for an employer who is going to be there for them and support them i.e. an employee who is cared for will achieve more.

Employee wellbeing

Gethin moved on to talk about wellbeing which has become a huge global business with around 900,000 apps available to assist with different areas of your life, although less than 14% have any evidence of effectiveness. There are many definitions of wellbeing.

On a basic level, wellbeing is defined by healthcare, education and living standards, all of which have been increasing year on year for 20 years around the world and Gethin showed how we balance the resources we have available to us with the different challenges that we face in our lives.

Work isn't working

Many people are starting to reject the idea of the old way of working. In the UK, 1 in 10 under-23-year-olds say that they don't want to actively participate in the workforce at all and are rejecting capitalism. Their expectation is that when they leave education, they are going to be doing something else other than working for an employer.

In particular, the UK is facing two inter-related socio-economic challenges:

- The crisis of persistent low productivity growth across the economy. We have barely recovered to pre-2008 levels of productivity.
- The extremely low levels of wellbeing right across the workforce. People are stressed and under pressure. They are rejecting work in a way that they haven't done so before. Employees are having to work harder than their parents to achieve less and this is starting to affect their view of work.

Wellbeing is therefore not just about doing the right thing for employees. There are strong business reasons for it to be at the centre of organisations. It can be linked to productivity and supporting it can create more high performers in the business.

The majority of people no longer believe that if they work hard at work, they will get the pay and rewards that they deserve. 85-86% of people globally say that they are just a cog in a machine and no longer believe that they are working for an organisation with purpose or meaning. They do not feel that they are a valued employee and feel that they are part of a production line.

The US data showed that employees started to believe that their employer cared about them from after the financial crisis in 2008. In 2020, there was a big spike because of the pandemic and a stronger belief that employers cared about their people with greater direct communication from CEOs and Board members via Zoom. UK data from the first lockdown showed that two-thirds of employers said that employee engagement scores had gone up. By the second lockdown, employees were 25% less likely to believe that their manager cared about them.

Dates that affected the employee experience

Gethin moved on to outline two key dates that have significantly affected the employee experience in the last 20 years.

In 2008, the financial crisis happened and for most people under the age of 40 in the workplace now i.e. about 50% of the workforce, it introduced major financial instability for the first time. The crisis had a significant effect on many things from education to health and the idea of a job for life disappeared. It started to bring about feelings of hopelessness.

In 2020, the Covid-19 pandemic began and played a big part in shifting the focus onto mental health. Although people now have more support than they ever have, they are also struggling more than they ever have. Burnout is becoming a feature of the modern workplace and about 88% of people globally have reported being burnt out over the last two years. People have put themselves under pressure to work harder, including working from home.

In the UK, 185.6 million working days were lost to sickness in 2022. Much of this was fuelled by Long Covid and an increase in mental health conditions. There has also been a rapid increase in musculoskeletal claims around the world. As more people are working from home, they are leading a more sedentary lifestyle. People are spending too much time sitting in one place and in many cases, their homes are not designed for home working. All of this has an enormous cost for employers.

The impact on the younger generation

Younger people have been at the sharp end of the two major causes of poor mental health and financial instability since 2008. It is affecting their expectations of work and almost every facet of the employee experience. This is the group that economically speaking, are the unluckiest generation in history. They are the only generation since records began who have not started to accumulate more wealth than their parents.

Just over a third of under 35-year-olds in Europe are still living with their parents and this lack of independence into adulthood might have a long-term effect on them. Home ownership in the UK has halved so people getting to 40 are as likely not to own their own home as they are to own their own home. People are generally having to work harder just to accumulate the same wealth and opportunities that their parents did.

Nine areas of long-term societal impact i.e. the aftermath that employers need to be aware of.

Gethin gave an overview of nine areas of long-term societal impact that employers must start to address.

- The increased importance of community and other people. This was decreasing but picked up as a result of the pandemic. We started to realise that we needed other people when we were forcibly removed from our colleagues at work and our family.
- People now trust government less than at any point over the last 30 years. The most trusted institution in the lives of people globally is the employer. The employer is now trusted more than most governments in 72% of 41 countries.
- Widening geographical inequalities. If you are a global employer, the challenges your people are facing in one country are different to the challenges they are facing in another country. Treating all employees the same is not the fair thing to do. Some people in different regions need different levels of support. Inequalities also exist within countries.
- Exacerbated structural inequalities that exist in society. The pandemic made the gender pay gap worse around the world. In the UK, 78% of those who lost their jobs during the pandemic were women. We have therefore reversed some of the progress that has been made in the workplace.

- Worsened health outcomes. The pressure that has been put on state and private funded care around the world is having a big impact on employees and is affecting their ability to live happier and healthier.
- Greater awareness of the importance of mental health. This continues to be a focus for governments and employers around the world.
- Pressure on revenue streams. Many businesses saw revenue drop during the pandemic and have been more cautious with money during the current financial situation. Businesses are still not certain where the situation is going to go. Getting people to be more productive, happy and safe at work is an important part of addressing the pressure on revenue streams.
- Rapidly changing labour markets. If interest rates start to go down and we get to deflation, the labour market will change rapidly again. Employees will change from being influential and having choice to having to stay in their job as there won't be jobs available. You might have people working for you just because they have to work for you.
- Renewed awareness of education and skills. Experts think that those who were in education during the pandemic will be affected for 10 years, particularly for those who went through higher education. These people will be coming into the workplace but might not bring the confidence and skills that an employer would be used to.

Disruption from the inside out

Gethin continued by stating that the social contract at work has broken down. This is starting to change society i.e. not just the workplace. Many more shareholders are saying that they will only invest in businesses that take employee wellbeing seriously as revenue and profit will not occur unless this happens.

Employees are now the most influential stakeholder and 40% of people globally think they are more vital to a company's success than its shareholders, investors and customers. Most people now think that in order to create a successful business, you have to focus on your employees and everything else will fall into place. When businesses start to do this and invest in their people, they are creating enduring company values. It is a longer way to profit but companies are getting enhanced profits by investing in their employees first.

Over 200 CEOs of the largest corporations in America have now decided to change their statements of purpose so that they put employees on the same level as the needs of shareholders. They have said that they need to encourage every large employer across the US to invest in employees and spend more money in supporting them and looking after them. They think this starts with paying them fairly and providing them with the benefits that will support them.

The evidence for putting wellbeing first

Gethin outlined the clear evidence-based links between wellbeing and productivity and referenced a number of studies which support this. If you have an employee who feels cared for and looked after, you will get higher performance. Some of the ways we have historically tried to grow productivity have actually undermined wellbeing e.g. mass layoffs and overtime.

Research from Benefex has found that almost 70% of HR leaders globally believe that wellbeing is the biggest driver of offering benefits. Benefits are now being used almost entirely to drive the wellbeing agenda. When companies put people at the centre of their business and invest in their wellbeing, there is higher productivity and returns go up.

There is a significant correlation between life satisfaction and work satisfaction. A major study spanning 6 countries and 9 years found that to have high performing teams, it is essential to put wellbeing first. Happiness and wellbeing are more of a cause than a consequence of success i.e. the more that people are happy and content, the more we are likely to have successful teams.

Another significant study looked at 158,000 people across 450 different employers and found that the healthiest workplaces save on average 7.5 days of unproductive time per year. This equates to employing another 5 people for every 100 people employed. The productivity gains can therefore be extremely significant.

A further recent study with a sample size of 2 million employees globally and involving the analysis of 337 different studies across 230 different organisations and 49 industries found a significant strong

correlation between wellbeing and profitability. In other words, creating the environment in which people can be successful leads to productivity gains.

In a major study between Harvard and Oxford Universities, the closest link yet was found between employee wellbeing and organisational success across almost every measure and in almost every industry. This was mapped across different industries in different countries. This study goes further in proving causality and found that employee wellbeing is a predictor of higher profits and higher shareholder returns.

A better employee value proposition

In bringing his paper to a conclusion, Gethin stated that for us to be successful, we need to put more things in place that are going to support people and enable them to lead happy, healthy and productive lives.

There has never been a better time to get this right. Younger employees in particular are more likely to engage with some of the benefits put in place to support wellbeing. Benefits have gone through a significant change and the strategic advantages of this are starting to be seen.

Key takeaways

- Diversity, inclusion and wellbeing are symbiotic. The most marginalised people tend to suffer with the poorest mental health and have greater wellbeing problems.
- There is still a future for the office i.e. getting people together and spending time together.
- Raise the employee voice and give employees the opportunity to say what they think and listen to what they have got to say.
- Facilitate autonomy wherever possible. There are huge links between wellbeing and autonomy. When we trust people to do their job, their wellbeing improves.
- As an employer, do what you can when you can and provide a safety net for employees against the worst things that life can throw at them.
- Enable flexible working and allow people to build work around their lives.
- Foster community. The more that social capital can be built in the workplace, the more resilient employees become.

Paper: Under the Skin of Millennial Physicians: How a Digital Ethnographic Approach Captured What Physicians Are Engaging In

Speakers: Mandira Kar, Research Partnership and Ana Claudia Alvarez, Sanofi

Convenor: Tracy Machado, Senior Research Director, Elma Research

Mandira Kar

Ana Claudia Alvarez

In their paper, Mandira Kar and Ana Claudia Alvarez presented a study on how the needs of millennial GPs are different to those of older generations, why an alternative approach was taken to uncover greater insights and the impact that the findings have had for stakeholders at Sanofi.

Context and objectives

Ana began by giving some background context to the study.

- According to WHO, by 2025, 75% of the workforce will be millennials with an increasing number of female physicians.
- Millennial physicians are unique and different, having grown up in the digital age. They have different mindsets, values, behaviours and attitudes.

- They are digital natives and expect that their professional and personal lives are integrated. They are surrounded by digital technology and social media. 3 out of 5 physicians under 35 use Smartphones during consultations and they use social media more than their predecessors.

The millennial GPs' attitudes to patient care and their engagement with pharma is also different from older generations. There is less reliance on pharma companies for information and increasing scepticism about them. Sanofi therefore wanted to understand why their perception of pharma companies is different from their predecessors and how and why their perceptions are formed, as well as understanding their different attitudes towards patient care, optimising patient outcomes, what is preventing them from achieving their goals and how pharma companies can support them.

The goal was to develop effective omnichannel communication by transforming the current communication model from push to pull.

The approach

Mandira continued by emphasising that it was critical to look to a non-traditional approach and a digital ethnographic approach was therefore taken which was immersive for the participants. This approach offered the advantages of:

- Focusing not just on understanding the person in the white coat but what is beyond this i.e. what is driving them, their aspirations, their relationships with their colleagues, their thoughts about pharma companies and what their daily lives look like.
- Focusing on behaviours that are spontaneous, intuitive and done without much thinking.
- Getting into their homes, offices and other locations via mobiles, tablets, work laptops and office PCs.
- Finding out the content and channels they are engaging with and the kind of things that are holding their attention, also what is not interesting, frustrating and annoying for them.
- Looking at their behaviour to understand what is shaping and defining it.

Methodology

Mandira outlined the three-phase methodology from Me to Medicine that was taken.

- A 'Rewind' brainstorming exercise aimed to understand the experience of Sanofi stakeholders in marketing involving millennial physicians.

Secondary learnings were also weaved in to give a preliminary understanding of the segment. This helped to frame the business challenge, the research objectives and the kind of GPs that the team wanted to meet.

- This was followed by an 'Immerse' phase involving 12 GPs across 4 European countries who downloaded a mobile app on their phones and started documenting every aspect of their personal and professional lives for 15 days. This was a highly engaged GP segment who provided 280 images and 293 videos which totalled 12 hours of footage.
- The 'Examine' phase looked at the GPs' relationship with pharma companies via IDIs and projective techniques which focused on understanding their perceptions including their scepticism.

Throughout the study, considerable flexibility was built in because of the understanding that the GPs are very busy. Realistic expectations were also agreed in terms of what they could/could not record and the footage they could provide.

Results - Universal truths

Mandira continued by giving an overview of the 8 universal truths that emerged from the lives of the millennial GPs and which became the springboard for 8 engagement pathways. Each pathway captures an omnichannel need and demonstrates what the physicians are doing, what they are seeking from pharma companies and how pharma companies can support and communicate to them in a way that makes a difference to their lives.

Mandira then took a closer look at two of the universal truths.

1. Universal truth: Millennial GPs are caught between personal and professional aspirations.

The millennial GPs want to achieve a balance between their personal and professional aspirations. They understand that to be a successful GP, they must not only gain practical experience but broaden and

deepen their knowledge. They want to have fulfilling careers but they also want to be successful GPs who feel the pressure to learn in a short space of time.

While they have a large repertoire of digital diversity, this also involves an overload of information. They are therefore looking for effective ways to minimise so that they can maximise their personal and professional aspirations. They are:

- Customising i.e. their topic of interest is filtered, curated, summarised and delivered by digital influencers. This saves them time from navigating clutter and doing it themselves. The digital influencers are independent trusted sources. They are respected and enjoy high credibility among GPs, some of who are paying the influencers via a subscription model.
- Minimalising i.e. they are looking for integrated content and channel integration with flexibility, convenience and a seamless experience. They are looking for all of the content under one umbrella with easy to navigate and easy to find content.
- Wanting flexible formats that allow them to multitask and maximise their time e.g. attending evening webinars or listening to an audio podcast.
- Finding that data aesthetics is very important to them because it helps them to process the data faster. The headline is the filtering tool - they will then bookmark it for further reading later on. Visualisation of the data is very important i.e. how it is organised and structured as well as the data density. They want to see the data well-organised and colour-coded so that they can process it faster.
- Wanting mentoring with trackers that recommend training for upskilling to the next level of their career.

2. Universal truth: Millennial GPs are patient champions.

Millennial GPs have become doctors because they are driven by a higher altruistic purpose. They consider themselves as an extension of the patient's family and aim to have a lifetime relationship with the patient and their family. The building blocks of this relationship are compassion, empathy, trust and transparency i.e. they see their role as being more than a clinician. They also want an unfiltered understanding of the patient which comes from being a good listener and having insights about the patient beyond what they see and hear in the consultation room. They are passionate about the way that modern medicine works.

The first step in this relationship involves getting the diagnosis right and being able to offer safe and effective treatment to the patient. This helps GPs to gain the trust of the patient. Happy patients validate GPs which in turn builds their confidence and validates them as good GPs.

Engagement pathway

Mandira then highlighted a number of tools and techniques that can aid millennial GPs in building enduring relationships with patients during their consultations.

- A handbook containing charts, easy records and references curated by the GPs themselves which provides easy at-a-glance information for repeat reference.
- The use of a digital library that is a curated collection of resources saved as their favourites.
- The use of an information leveller that keeps the GP updated on changing protocols, and new launches that could have an impact on patient management.
- Micro-customisation of content that is relevant to the patient profile.
- The use of Smart consultant tools i.e. apps that are used during a consultation to confirm a diagnosis and access quick information when the GP is in doubt. The rule with the apps is that there should only be 10 seconds to get to the content because they will get caught out by the patient.
- Diagnosis skills from global experts on perfecting the art and science of diagnosis.

Key takeaways and impact of the findings for Sanofi

Ana brought the paper to a conclusion by summarising how the findings of the study have been used within Sanofi.

- The findings helped have helped Sanofi to understand the similarities and differences between millennial and traditional GPs. Based on these insights, Sanofi has amended the business strategy for numerous brands and has started to address the unique omnichannel needs for millennial GPs.
- The findings have been used to update and amend current projects and plans that have been discussed with leadership. The global customer engagement team has also integrated the findings into their plans for next year.
- A millennial compass has been created as a go-to manual for creating omnichannel plans that involve millennial physicians, not just in general medicine but also in other therapeutic areas.
- The findings have made the unfamiliar familiar. They have shifted the mindset of stakeholders about how Sanofi communicates with millennial GPs. The methodology uncovered powerful insights and digital ethnography has now been recommended as a methodology to other business units across the organisation.
- Sanofi has realised that it carries out many activities that are not communicated externally but which will resonate with millennials. These activities are now being communicated to the physicians.

Paper: Cx - Winning Heads and Hearts

Speaker: Vivienne Farr, Narrative Health

Convenor: Stephen Potts, Director, Purdie Pascoe

Vivienne Farr

In their paper, Vivienne Farr and Florent Buhler presented a case study about the importance of customer experience and some of the challenges when using insights as the basis for organisational change.

Background

Vivienne explained that MSD's Keytruda is the world's largest ever oncology brand and has shown double-digit growth year on year. It is unusual for a brand at this point in its lifecycle to wish to talk about customer experience, but MSD approached Narrative Health after the Covid-19 lockdowns to see how the landscape was evolving. In particular, MSD wanted to:

- Look at the potential risks as the landscape was getting more competitive with many more oncology brands.
- Keep their commercial advantage for as long as possible.

- Understand from a customer perspective what their needs were and how important customer experience was given that Keytruda was such a strong product.

Tracking data confirmed that MSD and Keytruda were doing very well, but the data also raised big questions about whether these differences were meaningful i.e. understanding the whys.

Evidence that the customer experience really matters

Although the data shown is from the consumer world, there is similar evidence emerging in pharma. Data from McKinsey shows an almost twofold greater likelihood to prescribe amongst those who had a positive prescribing journey and positive interactions versus those who had a positive prescribing journey without positive interactions.

MSD was certain that customer experience would be important to deliver on for Keytruda but there was a recognition that getting a big organisation to change can be difficult.

The approach

Vivienne went on to state that a top-down and bottom-up approach is needed to drive change within an organisation.

- It was critical for MSD to get affiliate buy-in from the beginning so that they didn't discount the findings. This can be challenging and it is important to allow sufficient time to achieve it. The affiliates had input into the sample and the materials and they also were given teasers for what was coming.
- It was also important that the customer experience was explored to see if there were any gaps. It was critical to understand the external perspective i.e. if there was any difference between customer expectations and their experience and the internal perspective - how fit for purpose were the company's processes and motivations to deliver on the customer experience.

Understanding the internal and external perspective

Vivienne explained that in order to begin to understand the internal perspective, a kick-off meeting was held that looked at the state of the nation and MSD's internal set-up. The key areas of understanding focused on:

- The customer i.e. how well did MSD know their customers? What existing personas and segments did they have? What were their objectives and approaches for different customer groups?
- The organisation i.e. how well was it set up to meet this need? What were the areas of friction and what was working well and less well in terms of how the organisation was structured to give a good customer experience?
- The staff i.e. what were their different touchpoints? Who was customer-facing and what roles and interactions did they have? What was behind the scenes in terms of resourcing and coordination?
- The strategy i.e. what did MSD already have and how well was it communicated? What had been done well so far and how much was it embedded in the organisation to get an initial temperature check?

Various exercises were run as part of the Destination Mars workshop to understand:

- What was missing and what MSD didn't do at all in terms of customer experience.
- What MSD does on an ad hoc basis that means that they are having to reinvent the wheel every time.
- What they have in place in terms of procedures that they do rarely or don't repeat all of the time.

- What they are doing well and they are doing all of the time that they think everybody is following.

This helped to understand what the relative strengths, weaknesses and opportunities were.

To understand the external perspective, exploratory interviews used a range of techniques to:

- Get deeper into the customer's understanding and hear about their roles and their clinical, practical and emotional needs, frustrations and challenges.
- Understand the interactions that customers are now having with pharma.
- Understand what MSD could do better to meet the clinical, practical and emotional needs customers have and to improve engagement.
- Look at the customer experience gap i.e. what are the opportunities in the current state and the future state.

Discourse analysis was also used to take a forensic look at doctors' language and understand not only what they said but gain a deeper insight into their subconscious company associations, needs and assumptions. This provided an invaluable lens to see interactions through the eyes of the doctor and it allowed MSD to understand about their expectations at conscious and subconscious levels.

Outputs and resultsTurning to the outputs, Vivienne said that at a fundamental level, the research highlighted that MSD had been focusing a lot on the product but there was still a significant opportunity to improve the service and relationship aspects.

The research also showed how the expectation and omnichannel needs were different post-Covid by markets. Some markets still preferred a more traditional approach while others were more service-orientated. The markets where a more product desired delivery was required were the markets where Keytruda was doing better. In the markets where there was more of a desire for service partnership, Keytruda wasn't doing as well.

In addition:

- The research provided a platform to engage with senior management to try to change from top down.
- It highlighted opportunities where MSD can really care for its customers more consistently through meeting their needs.
- The sales and marketing team are engaged with the insights i.e. the gaps between customer expectations, needs and experience.
- The research provided an opportunity to celebrate some of the good work that MSD internal stakeholders are doing.
- If more time had been available, other touchpoints could have been explored e.g. online communities or autoethnography.

Key takeaways

- The research has led to significant change within MSD.
- It has led to the adoption of a customer experience team and a greater focus within the organisation.
- It has led to a customer experience KPI being adopted.
- There has been a programme of skills development among the customer facing teams. This has led to the development of a set of three personas and the tools to meet customer experience needs.

Paper: Unlock Marketing Insights Using Semiotics

Speaker: Rachel Lawes

Convenor: Roy Rogers, Director, Research Partnership

Rachel Lawes

Using semiotics to reframe the narrative and communications around the menopause was the focus of the paper from Rachel Lawes at the EPHMRA conference.

What is semiotics?

Rachel began her paper with an overview of semiotics. Communications are essential in building certain versions of reality. When we create healthcare communications, we are creating a certain version of the world which our patients and customers are obliged to inhabit.

Semiotics involves decoding the words and images that are being communicated. It is also about getting inside the reality of brands and patients and is therefore a very useful way to obtain insights about people.

Semiotic codes relating to the menopause

Rachel moved on to explain that semiotic codes or discourses are styles of communications i.e. a certain way of talking about things. This could involve anything from signs and symbols to colours, typefaces, or a human face or figure.

Rachel outlined three different semiotic codes relating to the menopause that can be identified in examples of healthcare communications.

1. Loss and recovery

The message behind this semiotic code is "You can get your life back". This is commonly seen throughout pharma and is predicated on the idea that you used to have a great life, then something bad happened and you lost control of it, but you can get it back on track. It is a story of sudden failure or loss and recovery.

It is also a classic tactic used in advertising i.e. a problem is set up and a solution is offered. Rachel showed that the Menopause Charity is here to help with the various issues that can arise as a result of the menopause.

The Therapeutics MD viewpoint more positive in the use of the image to advertise oestrogen gel. The woman looks happy because she has regained her sex life.

2. Refuse Defeat

This semiotic code takes a more aggressive attitude i.e. refuse defeat and just say no. This story, which demands inclusion and participation, can be sold to people who are suffering from chronic conditions and who are willing to fight a battle. It is about embracing change and there is also a theme of enjoyment.

The adverts for Bupa involve a two-part story, beginning with the 'bad old days' when medicine was very sexist and everything was made into a disorder. We have now evolved a superior view of health and a more enlightened view of women.

If you are a woman, you don't have to sit in the doctor's office and be patronised - you can spend the time doing the things you want to do.

The Sport England advert was part of the 'This Girl Can' campaign which was designed to get women and girls involved in sport. It made a point of being inclusive of everybody i.e. all types of women, regardless of disability, race and age.

3. We are all in this together

Rachel explained that although the focus of her paper is menopausal, this semiotic code is perfectly tailored for millennials i.e. where the spending power will be as they approach the menopause in the next 10 years. If you are a brand owner, you will want to bring millennials on board so that when the menopause comes, they will be thinking in a positive way about what you are selling.

The subtext of the Pfizer advert is 'let's talk to each other'. This is a millennial approach i.e. let's share our vulnerabilities and feelings. The premise is that the middle-aged woman has tried to get her daughter to talk about periods with limited success. Her mother turns the tables on her by trying to get her to talk about the menopause.

The Tena advert is perfectly pitched for millennial customers who are cognisant of the recent spike in loneliness as a result of the digital culture and the pandemic. It is plausible to think that if there is a lot of loneliness around in general, some of it is related to the menopause.

Millennials were also the target for the Menopause Mandate campaign for World Menopause Awareness Month in 2022. This campaign was about educating each other and doctors to have a better experience of the menopause and better access to HRT when the time comes. A TikTok comedienne with a large millennial following was used to get her audience on side and lay the ground for potential future engagement.

How could we talk differently about the menopause?

Rachel drew her paper to a close by stating that if we look outside the category, it is possible to find compelling communication which reveals what we could be doing for the menopause but which we are not doing at the moment.

In the Therapeutics MD advert, the woman is looking seductively and directly into the camera and into the gaze of the male viewer. She is an object who has been arranged for us to admire and consume and she is happy about this situation. There is no subjectivity in the image.

Rachel contrasted the Therapeutics MD advert with the advert from Pfizer for Viagra. Although the market for Viagra is men from their 40s, men in this group do not want to look at pictures of men their own age because it makes them feel bad. The campaign therefore featured men who were much older. In this advert, the milkman and the pool boy are of retirement age but the pool boy is doing the job of a much younger man. Both jobs are associated with having access to women. These men are not reclining and are full of vitality and strength. Their gaze is directed at a woman. They are subjects and are in control. They hold all of the power and do not need to allure and entice the viewer.

Menopause advertising would look something like the advert above if women were really being addressed and were empowered. In this case, the woman is the person who is viewing the advert and is the subject with the man as the object. This is the approach which should be taken if we were looking for a way to be original, different and innovative with regards to the menopause.

Key takeaways

- There are semiotic signs and codes everywhere you look but don't just repeat the codes.
- Once you have identified the codes, try to identify what is missing by looking at other categories. Be brave with the information you find.

Panel Discussion: Embracing AI before it embraces us: Navigating our way toward the future, staying relevant while elevating our value as an industry

Panel members: Vijay Chand, AstraZeneca, Alex Kirkman, GSK

Convenor: Elizabeth Kehler, Adelphi Research

The 2023 EPHMRA Annual Conference was brought to a close with a panel discussion, convened by Elizabeth Kehler with panel members Vijay Chand and Alex Kirkman, which looked at AI and its implications and potential in our industry.

The AI revolution

Vijay

- With any revolution there is a lot of disruption and there are winners and some losers. Through talking about AI during this conference, one thing that came to my mind was that in all of the industrial revolutions that have taken place in the past, one common theme was the fact that the manual worker was disrupted. If you were in an office-based profession, it was an advantage because you were able to do more with the effects of each revolution moving forwards. With the AI revolution, we have more of a problem. This is the first time that a machine will be able to do certain tasks faster and more reliably 24/7 than an office-based professional. People don't like change unless they

are forced to change. We are now in a situation where we will have to adapt. It could be a great opportunity for us to learn some new skills.

How will AI be monitored?

Vijay

- Within two months of coming out this year, generative AI tools had 100 million users. Chat GBT last month had 1.8 billion visits. Fortunately, we work in an industry that is more conservative. At Astra Zeneca (AZ), there is a firewall and you can't use AI in the corporate network. There are some rules of engagement even if you are using it in your personal life. AZ is assessing where it could be useful and is putting together some guidance and governance around it. We are protected to an extent so the evolution may take more time.

Alex

- With any revolution, you have a change curve to go through. At the moment, we may be interested but we realise that we have to learn a new skill. We need to work out how we can get through the change curve quickly without it taking three times as long initially.

Do you think that because we are such a regulated industry, we are more protected or less so?

Vijay

- Synthetic data is not completely real. Some of our data providers and industry partners are starting to look at where there are gaps in coverage with HCPs and patients to see if we can augment this data with something that is more synthetic. If somebody is sending me synthetic data, unless they tell me, I would not be able to tell the difference. This is where although we are very regulated, it could slip through when we start to use this information inadvertently and by proxy use AI data to look at performance areas of our brands.

Comments from the floor

- It is good to keep on eye on FMCG. They don't have the same level of regulation that we do so they can take more risks with synthetic respondents. For example, an avatar is created and the system then goes away and searches every reference, behavioural element and piece of research to built a composite model i.e. a probabilistic model. You can then come back to the avatar and start asking it questions e.g. if you were presented with this product, how would you adopt it? This has started to generate answers and has been used as the first pass for market research. If you weren't told it was a synthetic respondent, you would not know.

Is there a responsibility to get as much real data out so that the synthetic data is drawing on better sources, particularly if we are going to start relying on it in our industry?

Alex

- You could potentially do qual research on one patient and come up with a forecast for a whole product. This would not be the right thing to do but as long as we understand the benefits and limitations, it could be a quick thing to do. You could do it with multiple product profiles. We need to understand both the benefits and the pitfalls.
- At GSK, we have been told that we are not allowed to put company information into Chat GPT. There are conversations happening about whether we can have a private version to have our data in there so that we can mine our own data but other people can't.
- At the moment, you need AI plus human quality control. I would not expect somebody to use AI to produce a discussion guide. Human interaction will improve and sense check the situation as we go along.

Comments from the floor

- It is not a case of discussing whether AI is going to happen or not. It is here and I think it is going to be quite exciting. We have evolved as part of each industrial revolution and this will happen with AI. We will work out how AI can complement what we do and the regulators will have to find a way. There are lots of negatives to it but I think there are many positives. We are starting to use it in our business as a primary market research agency and we are looking at ways of how we can use it internally to improve efficiencies and free up time. There are dangers with it, but society will work out a way of managing it.
- I want to understand where AI is being used on my projects. I think there are real efficiencies to be had and while I am happy to include AI as a tool, I want to know where it is being used and how it is being used in terms of synthetic respondents and data, also for the confidentiality of our commercially sensitive information including our insights. If you are an agency, how can I be sure that you are not accidentally sharing our insights with our competitors?
- We have a private sealed Chat GPT version in our company. There are some restrictions on it but we specifically decided to go down this route to understand the capability and how we can leverage it without exposing sensitive information to the outside world. We need to understand how AI information will eventually influence results. We also have to keep in mind that Chat GPT is 2021 data. The technology is fast but what about the content? I think this is a critical discussion that needs to take place. We are all fascinated by it but it is outdated already.
- One area that could be a limiting factor is if you are dealing with pharma companies that are listed on the stock market. They are all fixated on ESG (Environmental, Social, Corporate Governance) scores at the moment. The different between Chat GPT 3 and 4 is that there is an exponential explosion in terms of the carbon footprint it is leaving behind. If companies start to include AI in terms of their carbon tracking, this could be curtailed.
- From what I heard from an AI specialist at a previous EPHMRA conference, you need enormous data to produce or train an AI. The pharma industry is the industry with the most data and the best data about buyers, prescribers etc. but this is far away from being able to train an AI. We have to distinguish between the areas where we can use AI. I use AI where there is a lot of data for programming. You describe the problem to Chat GPT and it writes you the programme. It still produces a lot of errors and you have to know what you are doing, but it saves you a lot of time.

What about the cost of running AI?

Alex

- AI loses money every single time a search is run because of the computational power of it and the running costs. All the people using it are taking advantage of a price that is heavily subsidised. There is a big question about whether it is financially sustainable. To currently run Chat GPT, you have to be Google or Microsoft because of the cost.

Comments from the floor

- It depends if the update is faster than the money running out. 100 million users does sound a lot but the UK population is 60 million. If it gets to a billion, the cost ratio will go dramatically down. It will open the door for smaller companies to start running the same thing.
- Perhaps the cost will make us be careful about how we use it. It may help us shape what its value and purpose is and how it works alongside humans.

Key takeaway

- Don't be scared. Adoption is the key. Educate yourself and find out what is out there. Be curious and get ahead of the curve.

Thanks to the Conference Programme Committee

Amr Khalil
Managing Director,
Ripple International

Carolyn Chamberlain
Global Commercial Director,
Branding Science Group

Elizabeth Kehler
Managing Director,
Adelphi Research

Erik Holzinger
Founder & Director,
groupH

Georgina Cooper
Partner, Basis Health

Letizia Leprini
Global Competitive Strategy Lead, Roche

Roy Rogers
Director, Research Partnership

Sarah Phillips
Vice President, IQVIA

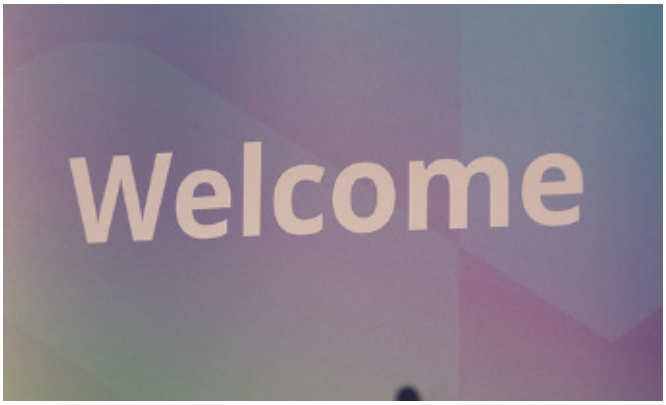
Stephen Potts
Director, Purdie Pascoe

Tracey Machado
Senior Director, Elma Research

Thanks to the Conference Sponsors

Elma Research | QualWorld | Survey Healthcare Global | Medefield | AplusA

Young Professionals Winners



Evening

Join us in London for the 2024 Conference:

Leonardo Royal Hotel
10 Godliman Street, London, EC4V 5AJ, UK

The very centrally located conference venue is located very close to St Paul's Cathedral. Nearest Tube Stations: St. Pauls and Blackfriars.

London 25 - 27 June 2024

2024