ephmra
excellence - community - standards

Welcome to the December 2021 News

Delivering the membership benefits to you

Ensuring you know what's on offer

Welcome to the EPHMRA December 2021 News

Contents

Member News

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

Member Articles

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

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

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

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

System - Apple Mac

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

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

Copy Deadline

For the March 2022 News -
Copy deadline is 15 January 2022
Send to generalmanager@ephmra.org
www.ephmra.org

Get in touch

If you have any enquiries, suggestions or feedback just email us: Bernadette Rogers, General Manager
Email: generalmanager@ephmra.org

November Update from Karsten Trautmann, Merck KGaA, President of EPHMRA

Dear Friends and Colleagues

Good to be back in touch with you after what has been a very different and at times challenging 18 months.

I would like to take the opportunity to share with you a short update on what is going on in EPHMRA being now already in the last quarter of 2021, which is our start of a new membership year.

As we look back on our 60th anniversary year it's a great opportunity to let you know that EPHMRA as an Association is in great shape with our strong membership. Thanks to all the agency members who have been renewing their membership in September and October. It is great to see so much enthusiastic and committed support!

On the Industry member side – we recently welcomed Advanz Pharma and Organon to our increasing list of members and earlier in the membership year Galapagos, GE Healthcare, Angelini, Leo Pharma and Otsuka also came on board along with Lundbeck who re-joined in May 2021.

So what are the plans for this membership year? Our focus is on a number of elements:

Events – are such an integral part of our membership offering to connect and exchange, that on 26 April 2022 we will hold our first in-person event in London – the UK one day meeting. We are right now working on the venue location and will be planning the program with the Convenors shortly. We hope to see as many of you as possible at the event!

The Convenors of the Germany Chapter meeting are also considering an in-person event for May 2022 and we are now assessing the feasibility of this.

We look forward to having the opportunity to share insights and experiences, too.

We work in addition also on the conference in 2022. There are many factors to consider – like what will the landscape look for travel and more importantly for company travel policies? The Board has extensively discussed the challenges and are currently exploring for June 2022 both an online event (to allow members from different geographies to connect) and also an in-person event. We will keep you updated on this.

Training is a key element of EPHMRA and feedback from the membership has confirmed this to be of continued importance. We are looking in a new platform to continue developing our offering, which will be more interactive and offer an improved training journey and enhanced learning experience.

I hope that gives you an overview as to what is happening across the Association and trust that you and your families have managed to stay safe and well.

If you have any comments, suggestions or feedback please do not hesitate to share with me. In the meantime stay safe and of course, do get in touch at any time.

Karsten Trautmann

Karsten Trautmann
Merck Healthcare KGaA
EPHMRA President

Meet the
EPHMRA Board

Who are your representatives on the board?

Karsten Trautmann
Merck KGaA
Board Industry Member
President

Thomas Hein
Thermo Fisher Scientific
Board Industry Member
Past President

Gabi Gross
Thermo Fisher Scientific
Board Industry Member

Richard Head
Research Partnership
Board Agency Member

Xander Raijmakers
Eli Lilly Nederland BV
Board Industry Member

Nicola Friend
AstraZeneca
Board Industry Member

Richard Hinde
Norgine
Board Industry Member

Stephen Potts
Purdie Pascoe
Board Agency Member

Marcel Slavenburg
SKIM
Board Agency Member

Carolyn Chamberlain
Blueprint Partnership
Board Agency Member

Amr Khalil
Ripple International
Board Agency Member

MR Excellence Awards 2022

Submission deadline 28 February 2022

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

It's time to start organising your submission for the EPHMRA Awards - these are outlined below and open to all (including members and non members).

Winners will be announced in April 2022.

The winning papers will receive a certificate and memento award and are offered the opportunity to present at the June 2022 Conference (but this is optional).

1. Making a Business Impact

Sponsored by

Adelphi

This award is for a market research project that has made an impact on the business. It will showcase how, through the project design, implementation and insights generated you have made a difference. Please do highlight in your submission where the company's business has modified and improved its strategy and/or how the project made an impact and helped the client company move its business forward. This Award would ideally suit a joint submission – agency/industry.

2. Innovative Approach

Sponsored by

AA PLUS

Your submission should demonstrate an aspect of a project that was done differently – there was something innovative included or the approach was more cutting edge. We'd like to hear about studies where you have tried new approaches – it may have been successful/partly successful – so tell us what worked/what didn't work and what you have learnt from this.

3. Future Leaders - Case Study Award

Sponsored by

blueprint partnership

Calling all Managers: Please do have a look to see who in your Team could make a submission for this Award!

As a Young Professional, if you've been working in healthcare market research for 5 years or less we are looking for your submission which focuses on one, two to three MR projects you have played a major role in. In your submission please outline the projects, their objectives, and what you learnt in terms of your own professional development from being involved in these projects.

MR Excellence Awards 2022

Submission deadline 28 February 2022

How to submit:

Award submissions should be in the form of a total of 5 Powerpoint slides along with a zoom recording file in which you walk through the slides and give your 5 minute pitch. This recording should be no longer than 5 minutes.

Your submission should be organised around the following headings:

INTRODUCTION

submission title, the name of those making the submission (max 2 people) and their company names, job titles and contact email addresses.

BACKGROUND

METHODOLOGY

TECHNIQUES (highlighting any new or different approaches taken)

CONCLUSIONS

After the submission deadline we will assess the submissions and some will be invited to walk the Judging Panel through your submission and to answer questions.

All awards will be judged according to these criteria:

1. Clarity of the message conveyed
2. How well the message was presented and conveyed
3. How engaging will the message be
4. How new and innovative is the approach outlined

Added value provided by the presentation

5. What is the level of the business impact resulting from the study
6. The paper provided clear and tangible takeaway messages

Who will judge the Award submissions?

Members will be approached to help judge the Award submissions so that they are assessed independently and by colleagues with a range of experience.

Winners

Each Award winner will be required to:

- make a presentation to the EPHMRA membership in May 2022 (May is the appointed month and can't be postponed)
- this will be via zoom and last for 20 minutes with 10 minutes for Q&A
- the session will be recorded and along with the slide deck presented be made available to the membership in the members area of the web site.

If you are chosen to be an Award winner we will contact you in advance of the MR Excellence Award Winners announcement to re-confirm the above.

Any questions? Please do get in touch and send your submission to
generalmanager@ephmra.org
by 28th February 2022

It's great to announce the 2022 UK Chapter meeting which will be held as an in-person meeting in London on Tuesday 26 April 2022.

Our Convenors for the 2022 UK Chapter meeting will be:

- Anna Garofalo, Janssen
- John Grime, Strategic North
- Gayle Hughes, Pfizer
- Alex Marriott, Cello Health

Our meeting will focus on "*The future for MR is bright - how market research is adapting to a rapidly changing landscape.*"

The agenda is finalised and registration is open now.

- EPHMRA member companies – £250 GBP per registration
- EPHMRA member companies – ticket for a colleague who has not attended an EPHMRA in person event £130.00 per registration (one per company only)
- Book a pop up exhibition space in the networking/coffee/lunch area – again limited places available to member companies only: (2mx2m – one bistro table and one power point) £300
- EPHMRA non Member companies (limited places available) - £350 GBP per registration

The fees shown are early bird and the fees will increase each by 75GBP after 15 February 2022.

For the ticket for member companies – for a colleague who has not attended an EPHMRA in person event there are only 10 tickets available - once sold we can't make any more available. You can only by such a ticket with a full priced ticket - they can't be bought on their own sorry. Please book early.

EPHMRA Switzerland 2021 Online Meeting

The 2021 Switzerland meeting ran again as an online event on 28 and 29 September. This allowed members to attend the event from across the globe and broadened the session's reach.

The event showcased a range of outstanding papers as well as 3 highly rated submissions for the 2021 EPHMRA MR Excellence Awards.

A big thank you goes to our meeting convenors who put in a lot of work behind the scenes to plan the agenda and review all the meeting content:

Convenors were:

Angela Duffy - Research Partnership

Letizia Leprini - Bayer

Kirsty Pegram - Bristol Myers Squibb.

Day 1: Tuesday 28 September 2021

Highlighting the pivotal role of market research in the success of Corporate Affairs' 'Because there is more to do' campaign

Speakers: Kirsty Pegram and Anita Kaelin, Bristol Myers Squibb

Kirsty Pegram,
Associate Director,
Market Research
Innovative Medicine,
EMAC,
Bristol Myers Squibb

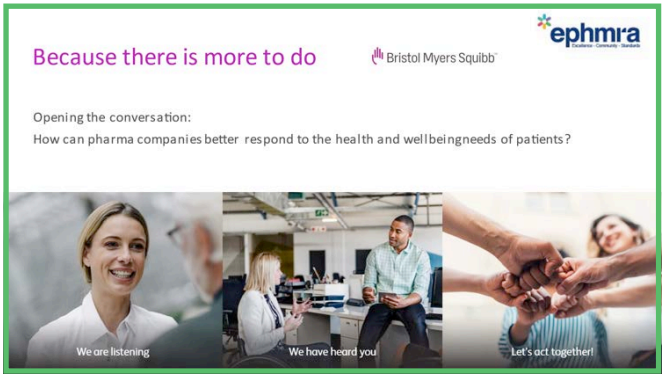
Anita Kaelin,
Director of Corporate
Affairs,
Bristol Myers Squibb

Kirsty Pegram and Anita Kaelin of Bristol Myers Squibb (BMS) opened the EPHMRA Switzerland's 2021 online meeting with a presentation on how market research has been fundamental to a major corporate affairs campaign.

'Because there is more to do'

The 'Because there is more to do' corporate affairs campaign was based on the premise that BMS can do much more than just provide medicines to patients i.e. it can also support patients' families and caregivers. The campaign began in 2020 in Austria, Belgium, Denmark, Finland, the Netherlands, Norway, Switzerland and Sweden and is a long-term initiative with three phases:

- "*We are listening*".
- "*We have heard you*" i.e. reporting back, having an open dialogue and learning.
- "*Let's act together*" i.e. acting together to drive change.



The aims of the campaign were to identify:

- The challenges facing patients, HCPs, caregivers and patient organisations across the patient journey.
- Unmet needs.
- The improvements that are needed to make a difference.
- The role that pharma can play in terms of unmet needs.
- What stakeholders think in terms of how BMS can make a difference.
- What patients and stakeholders think of the pharma industry.

The involvement of market research

A complex piece of market research was designed with Ipsos to field a number of different surveys to different respondent groups including HCPs, patients, caregivers, advocacy groups and the general public in the eight markets. Two different types of market research were carried out:

- A public survey was open to everyone and took place from November 2020 to January 2021. An open invitation from BMS was single-blinded and asked people to share their views and opinions on the pharma industry and the healthcare challenges that they face on a day-to-day basis. The respondents were contacted via a number of different channels including social media, paid adverts, BMS' website, direct mail and print advertising, with BMS leaders posting videos on their own social media accounts to highlight the survey and widen the reach. A total of 821 people responded who were predominantly patients, healthcare and pharma professionals.
- A patient and HCP survey took place from January to April 2021. This was more of a traditional survey and was a deep dive double-blinded approach, looking at unmet needs, challenges and what BMS can do. The survey was recruited via an Ipsos panel with 839 HCP responses from GPs, cardiologists and oncologists and 214 responses from oncology or atrial fibrillation patients and caregivers of these patients. Additional qual research was carried out using 40 patient advocacy groups.

A high level of engagement was achieved across all channels over the benchmark for responses.

Key findings

A variety of unmet needs and opportunities for pharma to support throughout the patient journey were uncovered by the surveys e.g. improving a patient's understanding and diagnosis through to helping patients cope with the financial burden of their condition. In particular:

- Patients want pharma to help and there is an expectation that it will help.
- 94% of HCPs want BMS to deliver innovative medicines and 88% expect the company to be a responsible corporate citizen. 86% want it to improve patients' quality of life, 85% want patients to get fast access to treatments and 85% want BMS to contribute to a cost-effective healthcare system. This attitude is mirrored by patients and caregivers.
- Helping patients deal with the emotional impact of their condition on them and their families was a consistent need that came up in all markets, although it wasn't clear from the survey results how pharma should help, where it should intervene and what it could do.
- 28% of HCPs said that they wanted pharma to help patients with the mental stress caused by their condition and 31% of patients said that they would like some kind of post-treatment service.

However, there was not always consensus between the different groups involved in the surveys and there were a number of differences between markets.

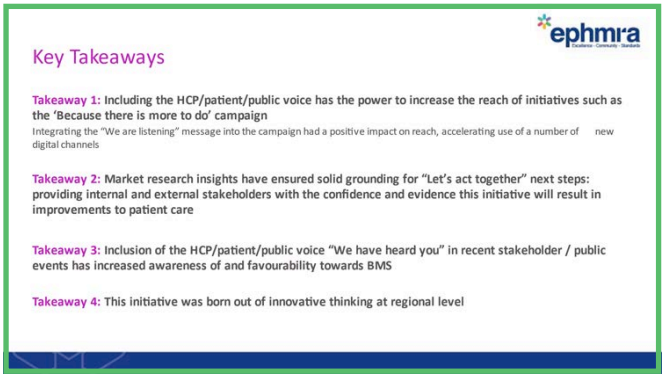
Next steps in phase II

BMS is inviting other stakeholders to the table and a public event was held on 30 September 2021 to discuss the survey results, with a specific focus on the area of emotional support. Next steps will include local deep dive stakeholder dialogues to identify and prioritise areas to tackle.

Key takeaways

This was an ambitious and novel project to look at what BMS can do better moving forward, with key takeaways including:

- Carefully think through the optimum phrasing of the outcomes from the start and feed this into the design of the questionnaire.
- Work backwards from the claims you want to make and make sure that the survey is as succinct and user-friendly as possible.
- Keep public surveys short and streamlined to ensure greater completion and reduce the burden. Keep detail to a double-blinded survey.
- Take time to get the wording of the survey completely right. A workshop at the start of the project would have helped to align on the concept of unmet needs and the role of pharma which would have led to fewer iterations.
- Including the HCP/public/patient voice has the power to increase the reach of initiatives. Integrating a "we are listening" message had a positive impact and accelerated reach across digital channels.
- Market research insights have been the foundation for the 'let's act together' next steps. They have provided both evidence and confidence that the end of the initiative will result in improvements to patient care.
- Inclusion of the multi-voice approach in 'we have heard you' has increased awareness of and favourability towards BMS.



Coping with a rare bleeding disorder in the midst of a pandemic

Speakers: James Roberts, Psyma Health & Care and Giovanni Pisa, Sobi

James Roberts,
Vice President,
Strategy & Insights –
Psyma Health & Care

Giovanni Pisa,
Associate Director Market
Insights & Analytics –
Sobi

James Roberts of Psyma Health & Care and Giovanni Pisa of Sobi presented the results of research on the impact of the pandemic on patients in the haemophilia community, especially with regards to medical care and overall health pre-, during and post-Covid.

Objectives

The research aimed to:

- Obtain a better understanding of haemophilia patients during the pandemic.
- Understand how the pharma industry can develop tools and innovative ways to support patients and improve their quality of life in this unprecedented situation.
- Explore how digital tools can help to reach out to patients.
- Understand the challenges facing haemophilia patients and how they can be supported.
- Explore what the pandemic has done emotionally and physically to haemophilia patients and how the pharma industry can make a positive impact in their lives.

Approach

The research was conducted in the UK, Spain and Germany, with all three markets chosen because of the significant impact of Covid in them i.e. they were representative across the EU. There was almost an equal split between adults suffering with haemophilia and caregivers, including those of children (16/12). Panel recruitment was involved and respondents needed to go through screening criteria.

The two pieces of research were designed to run consecutively and for one to support the other.

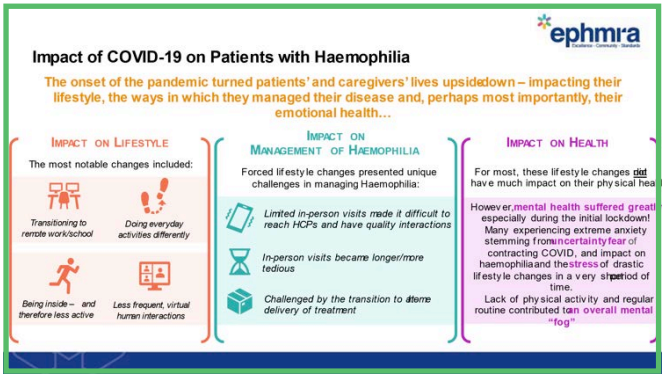
- 60 minutes of homework was spread over 7 days using an interactive online tool where people could log in at their convenience. This provided flexibility in terms of creating engaging activities that enabled a greater understanding of the emotional consequences of Covid. The exercises aimed to elicit respondents' playful and creative side to get closer to their emotions, with activities including:
- A picture collage.
- "Mad Libs" involving filling in the blanks.
- Polling activities.
- Designing a T-shirt at different time points before, during and after Covid.
- Emoji matching.
- Grading exercises.
- This was followed by a 60-minute telephone conversation where some of the homework responses were explored further.

The research took place from July into early August 2021 i.e. when people were starting to get outside more, but before the Delta variant hit.

Results

There were three areas in which insights were obtained:

- The impact on patient lifestyle included reduced social contact.
- The impact on the patients' management of haemophilia included limited in-person visits to doctors, limited social interaction with other patients and the switch to at-home delivery systems which were challenging in Germany and Spain but less so in the UK, where it is a more established practice and delivery companies were proactive.
- The impact on physical health was not significant, but there was a huge impact on mental health, especially during the first lockdown. Patients were uncertain and feared contracting Covid. This represented huge distress and was the major impact.



Respondents estimated an average overall health score before and during the pandemic. Before the pandemic, it was an average of 7.3 but during the pandemic it was 7.1. The issues affecting this were:

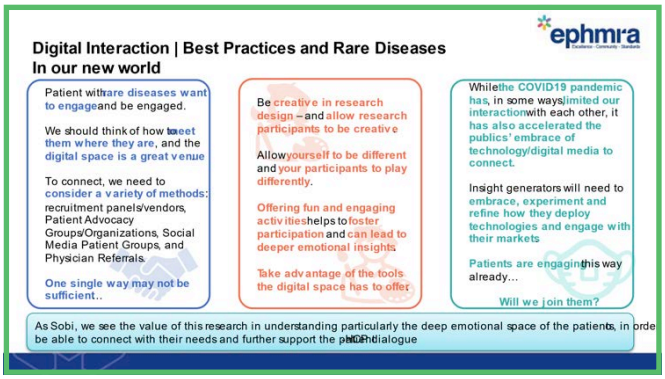
- The transition to a fully remote lifestyle and working environment.
- Limitations in terms of social interaction.
- Some patients lost their jobs.

The decline in physical activity was very disadvantaging, although some patients reported that they increased their physical activity during the pandemic which was more positive. Being forced to spend more time with their families was also seen as positive.

Significant challenges for patients included:

- Access to care. It was harder for patients to see HCPs face to face and telemedicine was not perceived positively at the beginning.
- When face to face appointments were permitted, patients reported that they were more strenuous and time-consuming than before. Everything took longer and the logistics were harder. Patients who had previously relied on public transport had to find other ways to get to their appointment.

The T-shirt exercise in the homework section of the research revealed that prior to Covid, patients were accustomed to living with haemophilia and were very resilient. They had daily routines which helped them and they had quite a positive outlook in general. During and post-pandemic, there were feelings of fear, frustration and uncertainty although over time, the patients developed a more optimistic and hopeful attitude.



Key takeaways

- This research enabled an understanding of the deep emotional space of the haemophilia patients, including their needs and challenges with medical care.
- Patients with rare diseases want to be engaged and be heard. We should listen to them and connect with them via a variety of different methods including social media channels and groups. One-way dialogue is not enough.
- Research needs to be creative so that it engages participants better, especially for a very personal topic. Take advantage of new and innovative ways to communicate as patients have frequently embraced new technologies.
- Don't be conservative - our patients are engaging digitally and we need to meet them where they are. Find ways to work with this responsibly and deploy these technologies.
- Allow respondents to be creative - this requires a more open approach. By allowing the respondents to play, you will get a deeper connection.

Let's get personal - from observing to engaging patients in virtual times

Speakers: Laura Feuck, Roche Pharma AG and Claudia Remmele, Point Blank Research & Consultancy

Laura Feuck, Market Research & Data Science - Roche Pharma AG

Claudia Remmele, Senior Research Consultant - Point Blank Research & Consultancy

Following their successful appearance at the EPHMRA Annual Conference, Laura Feuck of Roche Pharma AG and Claudia Remmele of Point Blank Research & Consultancy closed the first day of the EPHMRA Switzerland 2021 online meeting with their presentation which looked at evolving from observing to engaging with patients virtually, based around a patient panel and what has been learned from working with patient experts.

Background

Ahead of the launch of a new drug (Evrysdi) for Spinal Muscular Atrophy (SMA), Roche wanted to get patient insights and create impactful services for SMA sufferers. SMA is a rare disease with less than 2000 patients in Germany so a classic approach via a series

of market research projects was not appropriate. The idea of a qual patient panel was developed to provide an opportunity to work with the SMA community collaboratively in a long-term iterative process and in a co-creation setting.

SMA is a rare neuromuscular disease which affects people in many different ways. It is usually diagnosed in early childhood and leads to increased muscular weakness and muscular atrophy. Some conditions leave patients reliant on wheelchairs, feeding tubes, ventilators and care personnel, but there are also patients who can eat and walk on their own depending on the severity of the disease. There are three types of SMA, with Type 1 being the most serious. As it is a chronic disease, there are small children and babies with SMA as well as adults who have lived with it for their whole life. Thankfully with medication, the progressive nature of the disease can be stopped or slowed down.

Panel Set-Up

As the SMA community is very heterogenous, a representative panel could not be created and the patients were looked at more individually. A wide range of patients and parents who felt comfortable sharing their thoughts were sought and patient organisations helped to find parents of children with SMA as well as adult patients. The chosen people were members of patient organisations and agreed to work on a long-term basis. Every participant has a one-year contract with Roche which covers a certain workload of consultancy hours and the contract is renewable after a year. This is a major difference compared with traditional market research i.e. the patients are not anonymous to Roche and Roche is not anonymous to them.

Research plan

A research plan was set up in 2020 to select questions to ask the panel, focusing on the needs and hurdles of people touched by SMA and what could support them in their daily lives. Post-launch i.e. after March 2021, questions were asked about additional needs and how Evrysdi is perceived in the market.

Since January 2020, the panel meets every other month to discuss topics and answer questions. The long-term set-up of the panel allows iteration from needs to ideas to prototypes, enabling a topic to be worked on over several projects, as well as a deep dive into specific aspects. Other stakeholders, such as physicians, have been involved to provide feedback on the panel's ideas and this input is taken back to the panel to improve ideas.

The questions for the panel come from a variety of internal Roche stakeholders, such as the medical team, the sales team and external agencies such as the communications agency. The core panel team consists of Roche Market Research, Roche Patient Partnership and Point Blank. This team consolidates the questions going into the research plan and individual team members are also integrated depending on the topic under discussion. For example, a colleague from the communications agency was involved in the creation of the website with the panel and the medical manager helped in the discussion over the handling of Evrysdi. This creates an agile approach which always involves appropriate stakeholders, with the core team taking the lead and acting as the primary contacts for the panel participants.

The first panel round was in January 2020 and involved 15 participants (4 adults and 11 parents.) The aim was to understand the needs, hurdles and barriers for SMA patients in everyday life, as well as what it means to live with SMA, both as a patient and as a parent. Participants met on an online platform and filled the platform with questions from which a large number of helpful insights were obtained.

Establishing a panel relationship

People touched by SMA know the most about SMA i.e. they are experts. This expertise is honoured in a number of ways:

- Participants are met at eye level and treated with respect.
- Dialogue is open and the core panel team listens out for the topics that participants want to discuss.
- Communication is transparent and participants are offered added value.
- The core panel team is open about what is achievable and a warm and trusting atmosphere is established.
- Participants are included in the projects that are developed together e.g. the editorial board of a patient website.
- There is a strong shared purpose to find solutions to make life easier for people touched by SMA.

Challenges faced by panel participants

SMA does not define everything in patients' lives and it has been essential to see the whole individual and look at their lives outside SMA.

Living a self-determined life is key to living with SMA. It has also been important to address areas such as fertility and pregnancy, keeping the dialogue open and never supposing that the topic is not relevant. The desire to have/not have children is an important discission as it is difficult to go through pregnancy with SMA.

Methodology

The main goal was to co-create relevant solutions. An initial workshop planned for March 2020 was moved online which was in fact the better solution for the panel. Working online and remotely can feel very close and communal and a warm and trusting work atmosphere could be established. Using online methods also gives a virtual window into SMA lives at home and sometimes at hospital.

Tool Box

An online tool box is used for every panel round, from which the best method is selected depending on the abilities of the participants, the topics and the questions. Each panel round has its own methodology which can include:

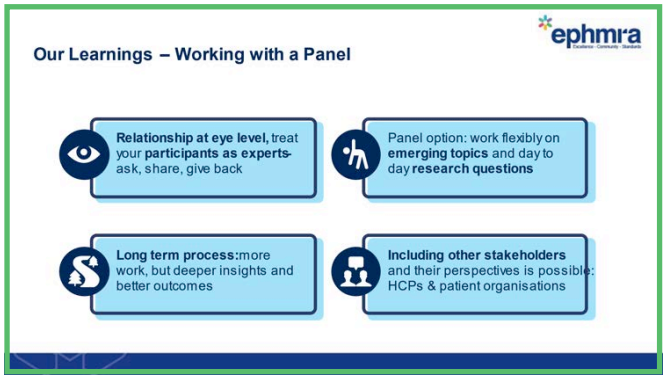
- Zoom online meetings in a big group with all of the panel members to present information and updates and discuss current projects.
- Zoom Break-Outs to focus on topics and break out into sub-groups to work creatively in smaller groups.
- A virtual white board to serve as a creative working space.
- A qual online platform to ask questions, get answers and write blog entries. This is good for one-on-one sharing of personal experience and also to evaluate concepts and projects.
- Individual calls are made to ensure that everyone can participate.

Panel outcomes

The panel outcomes to date include:

- A website for the SMA community containing SMA information. The website is barrier-free and after its launch, an editorial board was established with panel members who publish new articles and videos.
- An SMA app which facilitates data management. SMA patients have a lot of data to manage from different physicians and because SMA is a rare disease, physicians are often not familiar with it. This is why the patient must be the expert and have all the right data at hand.
- A folder of materials based around Evrysdi. The folder includes a section on fertility, contraception and pregnancy as the panel suggested that more information was needed on this topic i.e. it was included at their request.

Since the launch of the panel in 2020, 9 panel projects have been achieved with more to come. All 15 SMA participants are very active and are willing to share their opinions. SMA panels have also been established in other countries and for other indications.



Key takeaways

- Online methods are more than a makeshift solution. The method mix can be adapted to the individual's needs and this makes participation easy with the right option for everyone. This is important in progressive diseases such as SMA and makes online methods more inclusive.
- The SMA core panel works via Zoom. Seeing the participants in different situations gives extra context and additional insight, while catching up at the beginning of each session creates personal atmosphere.
- In an online setting, different approaches and methods are needed. Some can be discussed in an open forum while others are more appropriate in a one-on-one setting.
- Be willing to enter into a relationship at eye level. See the participants as experts and treat them as such. This needs commitment - the panel relationship consists of giving and taking. Don't just ask questions - listen to what the panel members want to discuss.
- A long-term process involves more work and more obligations. The relationship does not end after the Zoom session, but you will get more back and jointly develop patient-centred offers as a result.

- The initial set-up of a panel takes longer than a one-time market research project but once you have it, you can quickly get feedback on currently emerging topics.
- Panel collaboration with other stakeholders is possible, such as physicians and patient organisations. Being patient-centric does not mean only working with patients. It means getting a holistic view of the disease.

Day 2: Wednesday 29 September 2021

Can I have your attention please? Optimising detail aid effectiveness using AI predictive attention analysis

Speakers: Abigail Stuart and Dan Gallagher, Day One Strategy

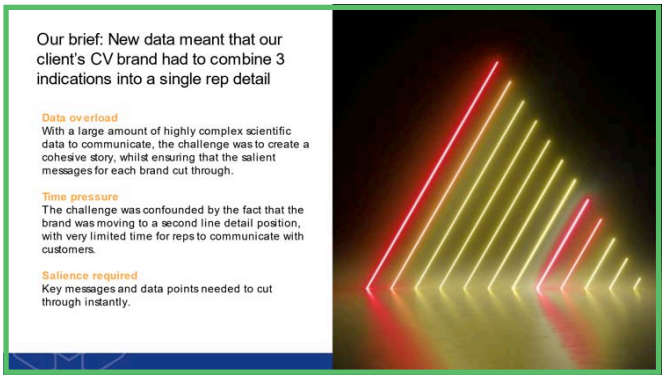
Abigail Stuart,
Founding Partner –
Day One Strategy

Dan Gallagher,
Account Director –
Day One Strategy

Abigail Stuart and Dan Gallagher of Day One Strategy began day two of the EPHMRA Switzerland 2021 online meeting with a look at how AI can be used to keep and measure attention spans and how this can be added on to qual research.

The rise of the attention economy

There has been a transition over the past few years in terms of our ability to focus and concentrate on just one thing. Our attention spans are waning and it is therefore getting harder for our clients to hold and retain customers' attention.



This situation has been caused by the vast amount of digital information that we are now consuming. A Microsoft study has found that the human attention span has dropped from 12-8 seconds in just a few years i.e. less than the attention span of a goldfish. We are being bombarded by information all of the time but our brains have a limit on how much visual information we can process. At the same time, all of this information is reprogramming us to expect fast and easy answers and we don't want to try very hard to understand the messages being communicated to us. This means that there is far more content and information flowing than we have capacity to process, turning attention into a commodity with companies fighting to capture it.

- There are now 200m items of content being produced every second.
- We are being exposed to 10,000 pieces of advertising on a daily basis.
- In our pre-cognitive state, the time required for the brain to engage with a brand message is 0.4 seconds.

It has therefore become much more difficult to gain awareness and convey a message, particularly when dealing with complex scientific content. Attention is now an important KPI which is part of our research processes.

The brief

The client had new data which meant that their cardiovascular brand had to combine three indications into a single rep detail. This area is highly scientific and challenging to communicate with the three indications around one brand. There was new data to show to physicians while ensuring that each of the salient messages about the indications was cutting through. The brand was also moving to a second line detail position creating time pressure in dealing with customers. It was therefore important that the key messages and data points could cut through immediately.

The volume of information to communicate to physicians was potentially overwhelming and doing it in a one-hour interview was going to be too overloading and too complicated for them to process and give well-considered answers. It was therefore essential to understand the visual cues that would help do this.

The 'sprint labs' approach

For the primary research, a 'sprint labs' approach was taken. This is online asynchronous research with interactions with respondents taking place across three days and the same sample completing each day of activity. The first two days of activity took place online with participants completing 20 mins of activity via a platform at their own pace and convenience. The third sprint was a follow-up traditional telephone interview.

- Day 1 - context and background were assessed with a focus on initial gut reactions to the detail aid. Initial KPI ratings and the rationale for these were also obtained.
- Day 2 - perceptions of the detail aid were further explored, starting with recall and the key messages that stood out. The detail aid was then assessed page by page, using the tools available on the platform such as annotation.
- Day 3 - this added a traditional qual element to understand perceptions and what was driving them.

The sprint approach provided real benefits, especially with such a challenging brief.

- It is realistic and reflects how doctors digest information in reality in short sessions.
- It also gives the chance to assess recall between sessions, reflecting on what the doctors have digested.
- Creative activities such as emoji annotation and quali-quant ratings scales can be employed, as well as emotional image board activities.
- It provides high levels of engagement. Doctors can complete tasks in their own time around their busy schedules and enjoy doing some of the activities.

Dragonfly AI

In parallel but separate to the primary research, the detail aid materials were fed through Dragonfly AI. This is a pre-cognitive attention analytics AI tool which analyses content independently from live participants.

When it comes to analysing attention in the pre-cognitive state, Dragonfly AI can instantly predict what the human brain sees first and how it processes information.

It simulates attention in the human brain and can work on static or dynamic content, in this case, a static detail aid. It tells us how the human brain digests content in its pre-cognitive state within the first 1 or 2 seconds of engagement. Dragonfly AI has been refined over 10 years of lab research with a view to defining human visual algorithms and is validated by MIT as being 90% accurate. Unlike eye tracking, there is no need for any human involvement and it enables static and video content to be analysed in an unbiased way.

Dragonfly AI also delivers several attention-based KPIs:

- Saliency - how well the visual elements stand out within the context to capture attention. This is delivered via a heat map output.
- Attention regions - i.e. the amount of content that is optimum for the human brain. Humans can perceive up to a maximum of 5 salient regions in the pre-cognitive state when processing new information.
- Digestibility flow - the visual hierarchy that supports the processing of information. From this we get a sense of how the human eye navigates a piece of content and it tells us the order in which we process information.

How Dragonfly AI was integrated into the methodology

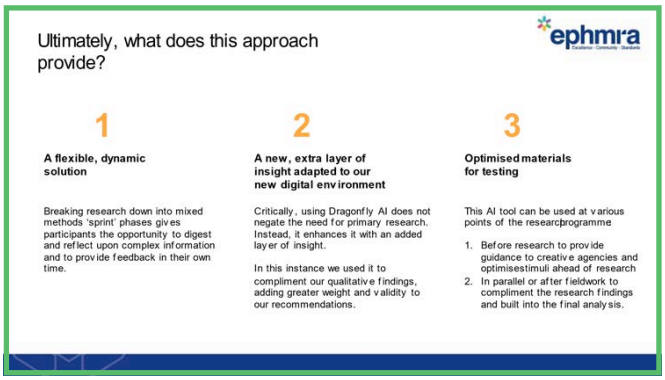
Dragonfly AI was run in parallel with the primary research and combined the analysis from both, adding an extra layer of insights to complement the primary research. It can validate and back up findings and in this case, it provided an objective and robust recommendation. Dragonfly AI can confirm if there are too many visual regions on a page, leaving the brain confused and unable to focus on clear messages. It can also show information that is missed in the pre-cognitive state. From this, it was possible to provide recommendations on how the key information should be focused, removing content that was distracting from the key messages.

Dragonfly AI can:

- Remove subjectivity.
- Capture what customers would instantly see without bias.
- Indicate how logical the information hierarchy is.
- Provide guidance on how to make the layout more attention-grabbing and easier to process.

This multi-layered approach went beyond the usual reliance on what doctors say. The findings from the primary research could be married with those from Dragonfly AI to give more robust strategic

recommendations to influence change, providing a more objective approach which was received positively by the client.



Key takeaways

This multi-layered approach provided:

- A flexible and dynamic solution. Participants had the flexibility in terms of time to complete tasks when it suited them and the asynchronous approach provided in-depth feedback. It broke up the analysis of the detail aid across different sessions, helping doctors to digest the information and provide insightful responses.
- Using the AI tool provided an extra layer of insight and adapts to the new digital environment. Using these tools does not negate the need for primary research but it can be used to confirm hypotheses and add validity to qual findings.
- It optimises materials. Dragonfly AI can be used before research to optimise stimulus or it can be used, as in this case, in parallel with research.

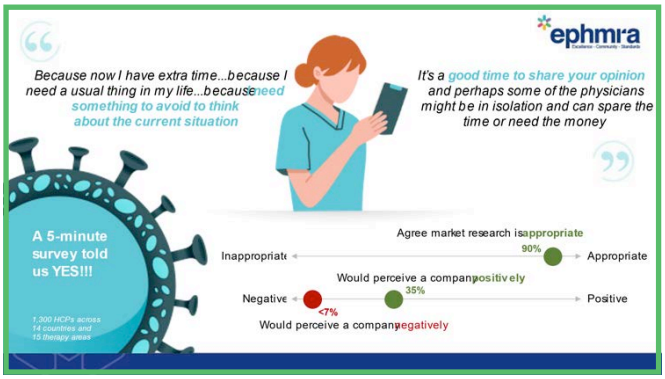
Cutting through the Covid: How an innovative syndicated solution helped the pharmaceutical industry determine which resources to develop and deploy by pinpointing the impact of Covid-19 on clinical practices across Europe

Speakers: Kelly Warth and Jean-Olivier Marty, Instar Research

Kelly Warth, Managing Director, Instar

Jean-Olivier Marty, Group President, Instar

The presentation from Kelly Warth and Jean-Olivier Marty of Instar Research looked at how work in the Covid-19 space has fuelled new innovations in market research and what some of these technologies might mean for the future research landscape.



Market research during the pandemic

Everybody in market research is familiar with the impact of Covid-19 on our industry, HCPs and patient care and in March 2020, this was unchartered territory. Our clients did not know if it was appropriate to continue with market research and what burden this might place on HCPs. They also wanted to know how best to support HCPs and patients.

Instar conducted a large-scale survey using its own in-house directory of HCPs to pre-determine if market research was appropriate going forwards. This involved over 1,000 HCPs across 14 countries and 15 therapy areas. Over 90% of respondents said that they were willing to participate in market research and there was an extremely high level of positivity in terms of how this activity would reflect on the pharmaceutical industry. There was also an overwhelming desire from HCPs to have their voices heard and taken to the industry at such a difficult time. The USA was the most positive country, with 95% of HCPs willing to participate (this aligned with the views of the EPHMRA meeting delegates in a quick poll during the presentation.) Of three EU5 countries (Spain, the UK and Germany) who were asked how positively they would respond towards market research in terms of their perception of the pharmaceutical industry, Spain was the most positive with just under 50% (again aligning with the views of meeting delegates.)

Next steps

Although there was clear permission from the survey to continue with market research, Instar wanted to minimise the burden on HCPs and therefore developed a syndicated solution which covered the USA, Canada and the EU5 in 5 priority

areas (haematology, oncology, dermatology, gastroenterology and rheumatology) with a 15-minute design that would still address all of the business challenges in a more flexible way. It was also modular so that it could be changed as Covid evolved i.e. redundant topics could be removed and new ones added. Underpinning the design were three needs:

- Understanding the level of concern for HCPs and patients.
- The impact on clinical practice in terms of patient workload.
- The need for the pharmaceutical industry to offer additional support.

The solution

To capture as much depth of insight within a quant survey as possible, Instar deployed its in-house chatbot software. Chatbot is prompt-based software that enables the probing of the answers that are given. It leverages a database of over 20,000 open-ended questions and allows for simple follow-up questions depending on what the respondents are saying. Using chatbot therefore facilitates a vast increase in the quantity of information and the level of detail that is being shared by respondents, resulting in a good understanding of the emotional responses in the context of Covid.

Chatbot is only useful if it is fed information and throughout Covid, answers and responses were fed in from previous waves so that it continued to be precise and relevant. Using chatbot is more engaging than traditional open-ended questions and the tone is more informal than a traditional survey. It will also keep probing to make sure that it goes as deep as possible within the context of quant market research.

How chatbot dived deeper into Covid concerns

Through intelligent probing, Instar ended up with excess of five-fold the volume of information from the same position.

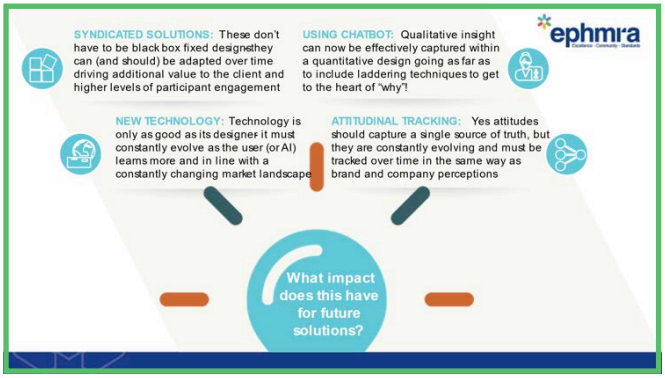
An important element was to understand how HCPs and practices were changing over the course of Covid. To achieve this, Instar leveraged its ThinkTime methodology which is anchored in behavioural science and the concept of fast and slow thinking. It could therefore capture not only how physicians were evolving in terms of their practices and attitudes, but also the strength of conviction between three different factors:

- Physicians expecting patients to cancel/postpone appointments.
- Physicians expecting delays in treatment to last several months.
- Physicians limiting the number of patients seen for the foreseeable future.

The agreement on these statements was particularly high during the first wave conducted in May 2020 and the time taken to answer the questions was quite quick i.e. there was a strong level of conviction around the expected changes.

Looking at the results from the following wave in summer 2020, the level of agreement on the statements decreased and the timed response was quite a lot slower than before. This goes some way to explaining the degree of uncertainty and that physicians were unsure about the long-term impact of the pandemic.

Looking at the third wave in winter 2020, the agreement with the three statements kept decreasing but there was more certainty about the level of agreement. This showed that physicians were more comfortable about what the future looked like.



Key takeaways

- Syndicated studies do not have to lack agility or insight. They can be flexible and highly valued by HCPs. In Instar's example, they were highly valued by clients and were even used by some of them in their Investor Relations reports.
- Quant research does not have to be limited to just the 'what'. It can answer the 'why' in a robust and in-depth way using chatbot. It can also deliver both rational and emotional insights.
- Technology is only as good as the design itself. It must continue to evolve over time and cannot remain static to be relevant.
- Attitudinal insights will change over time. Treating them in the same way as brand or company perceptions will provide richer and more strategic tactical insights to help answer key business needs.

Building collaboration and facilitating decision-making at speed with innovative technology

Speakers: Lucy Ireland and Mary Ann Slater, Hall & Partners

Lucy Ireland,
Partner -
Hall & Partners

Mary Ann Slater,
Strategy Director –
Hall & Partners

Lucy Ireland and Mary Ann Slater of Hall & Partners concluded the EPHMRA Switzerland online meeting with a presentation on their award-winning research study and platform for communication.

Background

In 2020 at the height of the first peak of the Covid pandemic, Astra Zeneca (AZ) received unprecedented clinical trial outcomes which accelerated the launch plan of an oncology drug by two years. They therefore needed to organise a launch campaign that was very clear but also needed to be done very quickly at a time when Covid was challenging all of us to work in different ways.

Methodology

There were three client needs to consider:

- There were many stakeholders involved and the launch plan was very high profile. All of the stakeholders needed to make different decisions within the overarching decision-making about the campaign. They all needed a consistent story because they needed to make these decisions together and they also all needed different amounts of information.
- There were incredibly tight timings and the creative agency had to work very fast to get the materials ready for each of the stages of the testing. They therefore needed real-time insights.
- The campaign involved multiple stakeholders working in multiple time zones across three continents. It needed to accommodate this and be 'always on delivery'.

Everyone on the study therefore had to face the day-to-day disruption of Covid plus the accelerated timeline. Information needed to be understood quickly without adding to the overload and at the same time, the creative agency needed to know the detail i.e. which part of the message was not working so that they could take decisions very quickly.

Process

Hall & Partners began with a detailed planning session with the client, looking at:

- Who is involved?
- What decisions is each stakeholder making?
- What information did they need?
- Who had access to what information?
- What level of detail did each stakeholder group need?
- What format would be best for each group?
- When would the stakeholders need this information and how often would they need updates?

It was decided that story-telling was critical to how the information would be sent out. The information would therefore be a mix of stories and a dashboard hosted on one platform (The Hub), designed specifically for the sharing of research insights with three sections:

- The core sharing of insights via stories on the insights page. A chat function was at the end of the stories so the team as they read it could communicate with each other by leaving comments.
- A dashboard for the data that included infograms with an overall viewpoint and then individual executions. The dashboard also included a few visuals of the key areas that were being collected within the qual interviews as it was helpful for the creative agency to see the detail.
- A knowledge library which stored research materials and presentations in one place, arranged by phase of research.

Hall & Partners provided specific guidance on story-telling and a template to help ensure that all stories posted were concise and impactful:

- The headline needed to be short and to the point in no more than 10 words. It needed to tell what the story was about.
- The story needed a strong hook i.e. the reason for people reading the story in one or two sentences.
- Pictures, videos or graphs were used to draw in people.
- Within the story itself, there was a one paragraph summary. The story then followed with an introduction, insights and a conclusion. Following this, there was a link to PowerPoint slides with the data from the interviews so that people could get into the detail if this was required.

The stories were delivered to the inboxes of different stakeholders at agreed frequencies and at set points within the study where each stakeholder needed to be involved.

Outcomes

Using The Hub meant that:

- Decisions could be made confidently and at speed. The three phases of research were delivered within 6 weeks so that the concept, messaging and detail aid could be tested. AZ had the materials fully tested and ready to go for their launch which was only a quarter later.
- The real-time results enabled the AZ team to respond to the research results as soon as they were ready. This shortened the feedback loop between fieldwork, decision-making and the next phase of the work.
- Using stories and the platform helped to increase engagement. It was a fresh interface for many and gave stakeholders the opportunity to chat and comment to each other.

Key takeaways

- The study was very time-intensive. The template for the stories made the process as efficient as possible, although writing the stories was time-consuming because careful thought was needed to curate each story to make it as effective as possible, short and succinct.
- The stories acted sometimes as replacements for video check-ins, leading to reduced agency involvement at certain points where there may have been the possibility of adding extra insight.

EPHMRA Webinar: Ethics Update and Discussion - 18 November 2021

Speaker: Camilla Ravazzolo, and Debrah Harding, EFAMRO

November's ethics update from Camilla Ravazzolo of EFAMRO focused on some of the main topics that have arisen through EPHMRA's enquiry service, as well as providing country-specific updates on France, Turkey, China's Personal Information Protection Law (PIPL) and the issue of incentives payment via bank transfer i.e. the trackability of incentives.

France

EPHMRA is monitoring the new anti-gift legislation very closely in collaboration with ASOCS (the French market research association) and Syntec, who are both working with CNOM (the French national council for doctors). All updates on this situation are available on the EPHMRA website and EPHMRA will advise as soon as possible if any changes arise.

The major issue with the new anti-gift regulations is around the notification to CNOM about the incentives provided. This needs to go through the IDAHv2 platform which has proved quite difficult for users. CNOM has therefore agreed to receive explanatory letters while the IDAHv2 platform is adapted for research activities. The letter needs to set out why incentives are being used, which incentive is being paid to whom and that you have been unable to submit this information via the platform. All of this is within the framework of the anti-gift law thresholds which require either notification or approval from CNOM.

While CNOM has agreed to receive letters in respect of doctors, the EPS platform should be used for other equivalent councils (e.g. pharmacists, dentists etc). The EPS platform is easier to use than the IDAHv2.

Data collection companies can contact CNOM directly with queries, although communicating with them is more effective if it is carried out by Syntec and ASOCS because it is association to association.

Turkey

The EPHMRA ethics committee has been made aware of a recent change in Turkish law concerning payments to hospital-based physicians. The hospital 'owns' the time of the physician so any payment to a physician must be made through the hospital with the hospital potentially taking a proportion of the payment. This applies to all public hospitals and each of them has a different payment system in place. The ethics committee has checked with several field work agencies and full-service agencies who have confirmed that the new system is proving difficult. There is additional bureaucracy and it is difficult to conduct research with physicians in Turkey unless they are paid an incentive.

EPHMRA is engaging with TUAD (the Turkish research association), Ipsos Turkey and ERA Research Turkey in order to investigate the issue and find practical solutions. Steps have already been taken to clarify the process and involve research-based pharma companies in the discussion. Talks are ongoing and any further updates will be communicated via the EPHMRA website.

China

China's Personal Information Protection Law (PIPL) came into effect on 2 November 2021. It comes a few months after the data security law was passed and has many similarities with the GDPR. It will apply extraterritorially and will have a strict enforcement regime. The PIPL sets out the rules for:

- Lawful processing.
- The sharing and disclosure of personal information, including sensitive personal information e.g. children's personal information.
- Data subject rights, similar to the GDPR.
- Data controllers, such as the appointment of DPOs to carry out DPIAs.
- Restrictions on international data transfers.

As EPHMRA members should be compliant with the GDPR, which is the most stringent regulation worldwide, all mechanisms and processes should already be compliant with the PIPL. There are a few differences between the GDPR and the PIPL but they are not major e.g. legitimate interest is not included.

Incentives via bank transfer

The issues of incentives payments via bank transfer and traceability vary from country to country. For example, in the UK and Italy, records must be kept longer for tax purposes while in Denmark, incentives can only be paid through a selection of mediums.

Free to Access Data Sources

We are updating our resource Free to Access Data – this was last updated in 2010.

It's a repository of reports, web sites, information resources – each giving health status information, population data, epi data, births and mortality etc etc.

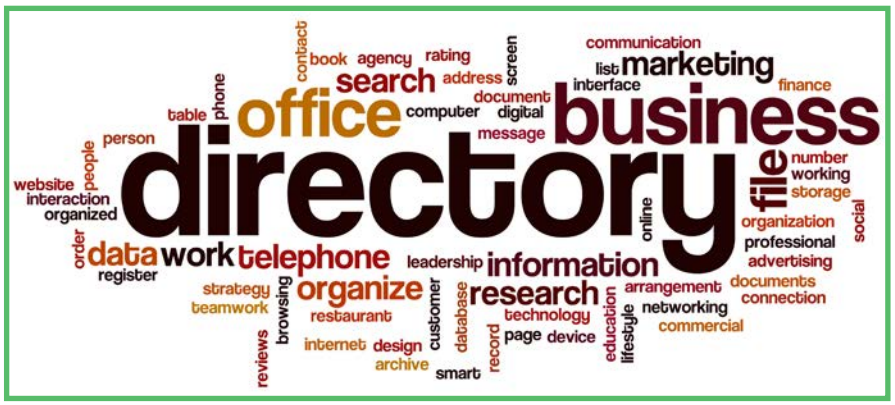
We aim to build the database in excel and ensure you can filter and search.

Next update in Q1 2022.

EPHMRA Directory

FREE LISTING

EPHMRA celebrates 60 years in 2021 and we really do set the gold-standard in healthcare market research and will continue to build on excellence.



WHERE TO START?

The best starting point is the EPHMRA Directory, this enables healthcare intelligence and market research suppliers to connect and advertise their services for FREE with the opportunity to receive an enhanced listing if you are an EPHMRA member.

THE LEADING DIRECTORY FOR HEALTHCARE Market research Suppliers

Listing your in the EPHMRA Directory provides you with the opportunity to share your services & areas of expertise – a great platform to showcase your business to the right target audience.

You don't have to be a member to list your company in the Directory.

Non-members of EPHMRA can advertise their business in the directory for FREE, or can access an enhanced listing as a member, or by upgrading for a small annual fee.

For Your Free Directory Listing: https://ephmradirectory.org/sign-up/

Virtual vs. in-person research:
In defence of a hybrid approach

Dr. Anne-Sophie Lenoir *Director, Branding Science - anne-sophie.lenoir@branding-science.com*

At the start of the COVID crisis, market researchers had to transition all research to virtual settings practically overnight: they responded by finding creative workarounds and experimenting with new tools, which allowed business to continue almost seamlessly. But with this success came a price. As in-person events resume and we start debating whether future meetings should take place in person, we take stock of this natural experiment to draw implications for the future.

Benefits of virtual research

Virtual qualitative research, of course, existed long before COVID turned our lives upside down. For years, researchers had relied on mobile diaries, virtual IDIs, and online communities to meet specific client objectives or circumvent geographical constraints. Then, suddenly, we had to turn to virtual research for everything. There is no question that we, as an industry, made it work, and even thrived. The virtual setting has several advantages: the pool of potential respondents is broader, costs are lower, and travel is not required, lessening the environmental impact. The virtual model is serviceable for most, if not all, research purposes, especially if we consider the range of tools available to users – although some flexibility is arguably lost when it comes to interactive and creative tasks.

From a fieldwork standpoint, virtual research is a seductive solution: the lack of geographical constraints is particularly appealing for small universes, where we might otherwise see the same respondents repeatedly in key cities. Overall, virtual fieldwork logistics are considerably simpler, technical challenges notwithstanding. As we move into the new normal, we may also find that respondents now require higher incentives or compensation for travel costs to take part in in-person research. Whether respondents are willing to go back to the facility at all, and if so when, is likely to vary by country. In many cases, these benefits will, with good reason, continue to tip the balance towards virtual research.

The added value of in-person research

And yet, in-person research has advantages that go far beyond getting a better read of the respondent's body language. Being in the same room allows for a wider range of creative tasks and projective techniques that can help overcome rationalisation. Stimulus materials can be used in a more flexible way. Having the option of moving around the room and engaging in dynamic work can also help with going beyond the obvious. While we can use virtual research to obtain the information we need on a basic level, meeting with people in person gives us a chance to build deeper rapport, to make a human connection that cannot exist in the same way using only virtual channels. This is especially true when it comes to focus groups: ensuring engagement from all participants is much more demanding online – a challenge that is likely to persist at least until high-quality virtual reality becomes widely available. In some instances, such as when testing large devices, a virtual approach might simply not be feasible; in other cases, for instance in patient research, limiting the respondent pool to the digitally literate who can take part virtually would result in a biased perspective.

The impact of this decision is not limited to the research outputs. We have found it also affects project dynamics, including the degree to which both clients and researchers get to take time out from their day-to-day responsibilities to focus on the project without interruptions and fully engage with the research. Spending time with the client in person at an offsite location, researchers can collect high-quality feedback and comments that help them refine the materials and contextualise findings in a way that is difficult to replicate online. Important ideas often emerge from these informal discussions between interviews. These add significant value to the project and the analysis. Central locations days have long served as a team building exercise for both the client and the research team: for example, they often represent an opportunity for global clients to meet local affiliates and get their buy-in. In contrast, fully focusing on online discussions as a passive listener is challenging for most stakeholders, and the richness of informal exchanges cannot be replicated.

Capturing the best of both worlds

Fortunately, it does not need to be an "either / or" proposition. There are multiple hybrid options along the continuum from purely virtual to solely in-person that allow researchers to select the optimal combination of channels for each business issue, technique, and client. Research facilities nowadays are well prepared for hybrid approaches. At a high level, we recommend virtual-only research in small universes where geographic constraints need to be avoided, and to clients whose business we know well and who fully trust our decisions. To clients who want to be hands-on and engage with the project, new clients, and those testing large devices, we recommend an in-person component. A single, hybrid central location day featuring a combination of in-person and remote interviews, with the rest of the interviews conducted online, can already provide many of the benefits of offsite, in-person research, while avoiding most of the drawbacks. If even that is too challenging, there are still significant benefits to taking the time to attend a virtual central location day away from the office, even if all the respondents are remote.

Custom combinations of virtual and in-person engagements that make the most of each approach to meet client and project needs while addressing practical constraints will become a marker of successful research in the new era. Close collaboration with clients and fieldwork colleagues will be key to achieving this.

Day One

The changing face of the GP practice and COVID-19's positive legacy

Written by Ben Lorkin – Senior Director at Day One Strategy

In today's sound-bite laden and increasing extreme political narrative, it's rare that I take much notice of who says what, so I was surprised to find myself loudly shouting with disagreement at Boris Johnston's recent declaration that ***'all patients should be seen face-to-face by their GP.'***

It isn't that I don't think they should, rather just that only patients **who need** to be seen face-to-face, should. Because, delivering speedy diagnosis, effective management, and prompt referral, within the primary care setting has always been challenging. Patients can be stoic, normalise health problems as old-age, default to a 'doctor knows best mindset' and, can lack tools and resources to engage with and challenge GPs appropriately.

GPs themselves, and by their own admission, can be guilty of not always listening to patients as much as they should, not asking enough questions or using the armamentarium of instruments they have available to them. Misdiagnosis and delays in referral are common.

But let me be clear, this it isn't a critique of GPs, just a reflection on the challenges faced in delivering primary care within a ten-minute appointment. Where there are insufficient GPs to meet the demands of patients and within a system that means anyone who wants to present simply shows up at the practice and GPs have no choice but to just muddle through.

Then, as if being a GP was not tough enough already, COVID-19 happened.

Remote tele-consultations, with all the technology, language and diagnostic challenges that come with them, become the norm. But for their many flaws, and flaws to be expected given the sudden adoption, they were and are time effective.

They also helped encourage a generation of people to accept tele-health as a possible alternative to face-to-face care. Tele-health allowed thousands of people to receive care and advice when the alternative was not available, and we can now clearly see what the long-term benefits of remote healthcare really could be. For they provide:

1) Patients with someone to talk to and speedy access to care
2) Reduce the number of patients unnecessarily presenting to GPs face-to-face and clogging up the system
3) Allow for better quality of care because GPs have more face-to-face time to spend with those who most need it

So, no Boris, I don't agree that all patients should be seen face-to-face, nor do many GPs and nor do the British Medical Association who say, '**it is disappointing to see there is no end in sight to the preoccupation with face-to-face appointments**.'

And maybe, just maybe, if Boris took a leaf out of qualitative research and did a little more listening to come to recommendations based on insights from actually talking to people, we might have a real chance of transforming a system that is in desperate need of change.

COVID might have forced tele-health on us by necessity and it shouldn't completely replace face-to-face consultations. But if tele-health helps to address the deep-seated structural problems within the system, and ultimately deliver better care, then it should absolutely be here to stay and absolutely be embraced and encouraged.

Ben Lorkin at Day One

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At Day One Strategy we help the healthcare industry make better informed decisions. By combining technology and human intelligence we generate rapid results and innovative insight-led solutions to support confident decision making.

For more information on Day One and our services please email hello@dayonestrategy.com

research partnership

Nudging someone in the right direction isn't always easy – that's where behavioural science comes in

Dan Coffin Director, Research Partnership

All of us in the industry work hard to achieve one fundamental outcome – to ensure as many patients as possible benefit from the right treatments. But at times like these, where new habits and behaviours are emerging all the time, keeping on top of how best to do that and knowing which buttons to press and how to press them isn't always easy.

For those of us working in market research, we understand your primary focus is optimising efforts to drive customers toward the brand. We ensure you are well equipped to understand what drives your customers and what needs to be actioned in order to influence their behaviours.

For this, we harness the power of behavioural science, the cross-disciplinary, open-minded science of understanding how people behave. We incorporate this not only into our everyday thinking but also our approach to healthcare market research. Essentially, it is about unearthing what truly makes people tick – healthcare professionals, patients, carers, payers or any other stakeholder – and developing tangible actions and interventions to effectively nudge their behaviours to achieve more desirable outcomes.

Right now, there's an opportunity for marketers to really garner a competitive advantage by identifying novel interventions and solutions to influence behaviour. Take digital health as an example – not only has digital consumption increased exponentially during the pandemic, but stakeholders' willingness to embrace digital has never been so prevalent.

Never has there been such amenableness to change. As such, pharma has needed to accelerate its digital prominence – through digital patient platforms or customer engagement tools – and now the big questions include: how can we best optimise that engagement? How can we improve the impact? How can we maximise those platforms to gain leadership?

Behavioural science will help you to better understand the relationship and engagement that your stakeholders have with digital channels and enable you to develop solutions that enhance their impact.

We've launched a new best practice guide for applying behavioural science when gathering insights into customers, markets or therapy areas. Visit our website today to request your complimentary copy. Alternatively please contact me at: danc@researchpartnership.com

MAKING HEALTHY HABITS STICK AFTER COVID

Since COVID-19, there has been a dramatic shift in consumers' mindsets globally towards healthier lifestyle habits. Global digital market research company, Borderless Access, set out to find out what South Africans changed about their lifestyles and how food and beverage companies can help support consumers.

Renewed focus on health and fitness

Many South Africans used the weeks of lockdown as an opportunity to reset their health and fitness routines.

Of the 300 South Africans surveyed, 74% said they now consider health and fitness to be very important with eating healthily and exercising being placed at the top of their list of healthy habits. This was followed by eating more fruits and vegetables, drinking more water and more home-cooked food.

"Covid-19 and the lockdowns over the last year definitely inspired South Africans to focus on being healthy and fit," says Bev Tigar Bassett, AVP - Business Development at Borderless Access. "The most common changes we found people made during the pandemic was introducing home workouts into their routines and eating more healthily."

Making healthy habits more permanent

Most of those surveyed were keen to continue with some of the healthy habits they developed during the lockdown, such as eating less meat, avoiding carbs and practising regular relaxation techniques, such as meditation.

"But many admitted that once things got back to normal, they were likely to drop many of their newfound healthy habits," adds Tigar Bassett.

While 82% of South Africans said they ate more fruit and vegetables during the pandemic, only 66% expected that they would continue with this habit. And although 68% said they exercised more during the pandemic, only 56% said they would continue with this regime. Another 71% said they ate more home-cooked food, but only 50% expected that this would carry on once Covid was over.

Product innovation is key

When it came to making healthier food and drink choices, the study found that for South Africans, taste was paramount in their decision to choose healthier products. For example, choosing lower sugar variants of their favourite soft drink brand. Interestingly, price was one of their lowest considerations.

Of the sample, 77% of South Africans said they would choose low and zero-calorie soft drinks to reduce their sugar intake and as part of their desire to maintain a balanced diet. About 24% of consumers surveyed said they were more likely to make their decision based on taste, compared to just 6% who said they considered the cost compared to the regular version of their favourite brand.

The study suggests that one of the best ways to encourage consumers to choose lower sugar variants is not punitive taxes, but instead focusing on how to make healthier products more appealing.

"For food and beverage companies, a focus on product innovation – such as improving the taste of lower sugar food and drink options as well as educating consumers through marketing campaigns and further improving labelling information, for example, could help people make more permanent changes to their behaviour – assisting them to keep healthy habits beyond Covid while maintaining product/ brand affinity," Tigar Bassett concludes.

Bev Bassett (Tigar)

Borderless Access: AVP-Business Development, Sub-Saharan Africa

MacromillCarenet, a research company specializing in the healthcare sector. We answer your needs through our leading Japanese physician panel (140,000+), general/patient panel (10 million+) with our researchers who have extensive medical and healthcare market research experience, and various survey methodologies. Contact: y_liu@macromillcarenet.jp

Lightning Health has had a very busy 2021! We have opened a new office in central London and have trebled the size of the team. In 2022, we will continue to grow and support our clients in obtaining stakeholder insights through the Lightning Insights platform.

Research Partnership welcomes Richard Goosey as Head of Analytics. Richard is a Fellow of the Market Research Society and Royal Statistical Society, and is currently the Chief Examiner for the MRS Diploma in Analysing & Interpreting Quantitative Data. Richard is also an invited member of the EPHMRA Forecasting Forum.

Earlier this year, HRW were delighted to welcome our newest Associate Vice President, Michael Harris, based out of our Manhattan office. Mike is a seasoned project Director, with vast experience in both qualitative and quantitative research, as well as expertise in user experience, and device research.