

# Report

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Best Practices®, LLC's Pharma MR Department Study

## Pharmaco Execs Sketch Out MR's Move from "Nice-to-Have" to "Must-Have"

Three short lines about one-third of the way through Best Practices®, LLC's (Chapel Hill, NC) "The Future of Market Research," an investigation through the eyes of 41 pharmaceutical, biotechnology and medical device senior market

research executives, spell out what is most important to these executives' long-term prospects. Their joint, fervent hope is for the research function to work its way from a "nice-to-have" to "must-have" standing a few short years.

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### Current Responsibilities by Activity \*

Activity	Primarily the MRD	MRD & Others	Primarily/Only Others
Market Analysis	60%	33%	8%
Business Intelligence	48%	45%	8%
Comp Intelligence	45%	48%	8%
Product Forecast	28%	48%	25%
New Prod Development	18%	65%	18%
Corporate Forecast	15%	36%	49%
Strategic Planning	10%	68%	23%
Sales Planning	10%	35%	55%

\* Expressed as percentage of respondents

Source: Best Practices, LLC

### Future MR Support of Internal Functions

Internal Client	More	Same
Marketing	40%	60%
New Product Development	59%	41%
Strategy	46%	54%
Executive	41%	59%
Sales	43%	57%
Other*	55%	45%
Finance	21%	79%

\* Alliance management, business development, clinical development, dashboards, managed markets & medical affairs

Source: Best Practices, LLC

The activities that pharma MR department heads say they are generally engaged in today (above, left) and where the same executives hope and plan they will be devoting their time and attention in the near future (above, right).

## PMR<sup>2</sup> News Notes



Pharma MR News You Won't Read Anywhere Else

**A wakeup call?** 54% of global pharma industry execs in eyeforpharma.com's Patients Week survey agreed, "patients are **the most important of pharma's customers**—ahead of both payers and physicians;" 71% claimed patients are 'fundamental in everything I do.' Eyeforpharma Chairman Paul Simms questioned if "the whopping 82% of people who said that pharma needs to invest more in patient services" can exert "significant enough pressure to see through the necessary changes, despite forces preventing things from happening."



Simms

GfK Healthcare (Blue Bell, PA) SVP Doug Willson and AVPs David Hamming and Rob Wynn in the company's October newsletter state "**the medical device sector...has heated up from a MR perspective.**" The paper overviews product design and opportunity assessment research for medical devices. Email [jessica.makovsky@gfk.com](mailto:jessica.makovsky@gfk.com) for a free copy.

**Google Health** will **reinvent pharmaceutical marketing**, believes David Iwanow, Marketing Director at Australia's The Lost Agency Pty Ltd. (Brisbane). In marketingmag.com.au's November 3 edition, he noted Google Health's medical provider/MD data and saluted its ability to suggest medications and treatments as a difference maker.



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## Pharmaco MR's Move to "Must-Have"

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The brunt of this must-read report explains how these MR functionaries believe their departments can achieve that status. And the study just happens to double as a "how-to" for pharma MRDs that want to elevate themselves to a plateau equal with many non-pharma MRDs.

If they have not already done so, the heads of virtually every research, consumer insight and customer understanding function must pivot to strategic, business-building project work. The case could be made that MRDs should have already been paying heed to "strategy" essentials.

Regardless, standbys like proactivity, being consultative and establishing partnerships with vendors need to be augmented with:



- Support for new product development, strategic planning, CI and BI departments
- Global thought leadership
- Low-cost, Web-based methodologies that can engage expanding target populations
- Ability to innovate
- Greater emphasis on decision guidance via interpretation and application of research findings

Pharma MR executive respondents see their future focus on "what we want to accomplish with customers, versus how to

young, aspiring brand managers to commit to what many of their peers perceive as a mundane career in the bowels of the MRD. Suggested required mid-level and senior-level MR personnel skills and focus strongly resemble non-pharma operations. The one exception is senior managers' "ability to integrate across physicians, patients and payers."

While the observation prompts the gnashing of teeth by pharma MR execs, the pharma MRD remains generally less efficient, effective and relied upon than its non-pharma peers. It can no longer downplay or ignore technological innovations that

are propelling the entire MR discipline. An ex-senior director of business analy-

sis at a top 10 pharmaco observes: "Market research might have a very nice database, but it's not integrated with other intelligence or project pieces within the organization. Technology nowadays enables us to help companies create an asset around MR." In the next three to five years, 90% of study participants believe "greater use of new/innovative tools and techniques will (positively) inform the function."

Specifically mentioned are:

- Web cam physician interviews from their office
- Patient-doctor in-office dialogue recordings
- Patient diaries

### Crucial Internal and External Pharma MRD Metrics

#### Internal Metrics

- Client feedback
- Project timeliness
- Financial efficiency
- Number of completed projects
- How logically MR designs data analysis, develops storyline of market situation, etc.

#### External Metrics

- Action taken by business based on results
- Impact on brand performance
- Quality of final work (ready & meet business needs)
- MR suggestion/support impact on business decisions

Source: Best Practices, LLC

accomplish it." They are aimed at "understanding the (long-term) future; concerned with new growth, new products and market trends; and zeroed in on specific issues, such as positioning, segmentation, demand and life-cycle management."

In the vein of department personnel, the report's recommended cultivation of junior-level "analytic thinkers" into detailed focused, future leaders stands out, ironically because it seems so distinctly out-of-step with current department functioning. In fact, pharmacos' rotation systems may be incompatible with the concept of convincing

- Biometric/neurological monitoring/eye-tracking
- Structural equation modeling/hazard modeling
- Web-cast focus groups
- Social media/Web analytics

Best Practices®, LLC shared portions of this report with **PMR<sup>2</sup>** for the benefit of our readers. You may buy the complete \$4,100 report by calling 919 403-0251, or online at <http://www3.best-in-class.com/rw15.htm>.

### TargetRx's TargetAdvantage

## Pinpointing Correct Messaging to Physicians

Deep cuts in the number of pharmaceutical company sales reps has not translated into significant or proportionate cuts in field spending. "I've seen numbers that reflect that spending for professional detailing actually rose last year," **TargetRx** (Horsham, PA) President **Craig Scott** told **PMR<sup>2</sup>**. In fact, less (fewer pharmaceutical company sales reps) has meant more (revenues) for TargetRx as leading pharmacos have reconfigured themselves in search of a more workable, efficient and profitable business model for these challenging times.



"Our clients need to accomplish more with smaller sales forces," Scott told **PMR<sup>2</sup>**. "Sales reps are busier and shouldering more responsibility. Physicians are also busier—and less accessible. Those realities make building relationships between pharma companies and doctors that much harder; that extends to understanding each physician's priorities, values and approaches to their practice of medicine."

Commented on fundamental marketplace changes, Scott remarked: "Change is always messy. But I've never seen the pharma market more ready to change." He noted that TargetRx's advanced metrics provide marketing and sales force effectiveness and drivers of prescribing "in context": versus relevant competitors and TargetRx norms—for field activity and effectiveness. From pre-launch to targeting the right, to optimizing messaging and marketing platforms, we describe how well those are performing," he stated.

regarding why individual doctors make their prescribing and treatment decisions. We see **TargetAdvantage** as a top-level requirement for pharmaceutical companies to navigate their transformation to a new commercial model."

Conceived in 2001, **TargetAdvantage's** protracted nine-

year commercialization development curve resulted from the need to "observe and capture shifts in the marketplace over some time, plus test, refine and implement analytical and projection techniques. Our distinction as a company is understanding physician behavior better than anybody else, enabling a high degree of targeting precision—which is the core of **TargetAdvantage**," stated Scott. "Just because two physicians are high prescribers doesn't mean they prescribe for the same reasons." He spotlighted **TargetAdvantage's** 11 "Y-Factors," which singly or as a

**TargetRx President  
Craig Scott**

*Scott declares that in terms of innovation, TargetRxAdvantage rivals that of physician-level prescribing information in the early 1990s and patient-level data in the early years of the new Millennium*

TargetRx's current suite of products—drug forecasting/positioning service **LaunchAdvantage**, promotional campaign developer **MessageAdvantage**, sales/marketing execution deliverer **FieldPerformanceAdvantage** and atypical solutions offering **CustomAdvantage**—are well-positioned to address prevailing industry changes. Now, to this group, the research agency has added **TargetAdvantage**. Scott calls it "our capstone investment and invention, the culmination of years of R&D and predictive modeling."

Initially available for 18 therapeutic areas, Scott believes **TargetAdvantage** can be a promotion-efficiency/effectiveness tour de force. "As an innovation in our marketplace, it rivals physician-level prescribing information in the early 1990s and patient-level data in the early years of the new Millennium," he claimed. "It offers clients for the first time clear insights

group isolate the why's behind physician behavior.

He acknowledged that **TargetAdvantage** performs best as a complement and/or a supplement to other TargetRx promotional programs. "**TargetAdvantage** works seamlessly with our other solutions," Scott explained. "Our treasure trove of physician knowledge and predictive modeling support client access in non-personal promotion and multi-channel communication, two growth areas for us." As an example, he recommended **MessageAdvantage**, which helps biopharma companies develop the best message for promoting their products; in conjunction with **TargetAdvantage**, it can deploy specific bundles of messages (combining message order and primary/secondary topics) to particular physicians for the most favorable response, based on documented motivations.

Scott entered the pharma industry in 1982 as a Johnson

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## How *alli*'s Brand Research Choice

On weight control matters, Senior Research Manager-Integrated Insights **Andrea Harkins** was **GlaxoSmithKline's** (Pittsburgh, PA) key consumer researcher in 2004. Immersed in the recently-acquired *alli* OTC weight-loss drug, she said GSK knew that "two-thirds of the population is overweight and the potential for an effective and safe weight loss drug was enormous. We knew *alli* could elicit intense emotional responses. With all our work to that point, we still needed to know a lot about the struggles of overweight individuals," she recently shared with **PMR**. "We really didn't understand the lives or emotions of people who struggle so hard to lose weight.

"We had to understand consumers' reactions to so many things—*alli* labeling, instructions, behavioral support programs, advertising, positioning, support materials, etc. We needed to find a way to work with *alli*'s target market—and to 'live with them ethnographically,'" she explained.

Focus groups were not the answer. "Consumers there tell us what they think we want to hear more than actual insightful emotional elements of their life," Harkins said. "Traditional pieces of qualitative work are usually around a specific issue. You come in, go out, but don't understand their struggle." She tried solutions that read facial emotions and ZMET (Harvard Business School Gerald Zaltman's combined non-verbal and written language research), before industry contacts recommended Communispace online communities.

Its ongoing consumer interaction fascinated Harkins, who like all researchers was accustomed to focus group snapshot insights. "That Communispace would put us in contact with people who would be available to advise us all the time and how close we could get to them tipped the scales to try it. It was a major, expensive step for GSK," she confirmed.

Communispace's best known clients in 2005 were Hallmark and Kraft, and as far as Harkins knew no other pharma company had built an online community. Aside from participants' continuous availability, she was persuaded by its interactivity, dynamics and unique knowledge from immediate follow-up questions. "This was clearly different," assessed Harkins.

Harkins didn't have to press her case for Communispace very hard to *alli*'s launch team, which, she said, "was very willing to try new things." The community concept and applicability was persuasive for its attributes and benefits vis-a-vis traditional qual. "Qualitative was one step at a time, disjointed, without cohesion. Research communities had many moving parts and much detail, but simplified and integrated information pieces—and promised to dramatically boost communication with consumers and bring us closer to them," she stated.

The seasoned researchers referring Communispace saluted the vendor as a career highlight. Harkins was impressed, but felt some queasiness and wondered whether "people would really be active, stick with and remain honest with us, and participate at the level we expected and needed?"

she admitted. Those worries were short-lived.

In 2005, GSK's first community probing weight loss was conceived as a four- to six-month pilot. "Using prior research, we recruited women whom we thought would be successful *alli* users and committed to changing their behavior. In the first 24 hours of the community's launch, the enormous participation and input washed my concerns away," she related. "I was most amazed by the passion and engagement of the people in the community; their delight at our interest in listening to them was obvious, and they agreed to take on challenging assignments. The levels of response to us and to each other were quite unexpected."

New insights instantly added to her positive impression. Harkins noted, "The community told us it is harder for women to lose weight than men, and I could immediately ask what that meant and about the differences. We later heard that many women had learned about *alli* from men."

The pilot community continued into 2006, with some tweaking. Community participation fell off as the project matured, so membership was refreshed every six months. The new blood also fulfilled the need for new faces as *alli*'s campaign evolved.

Thrilled by cooperation and results, in 2007, GSK created the "*alli* First Team," where 400 potential *alli* users received free samples for six months. They agreed to complete weekly surveys about product usage, weight loss, behavioral change and what was working/not working for them. "This group became our advisors for refinement of all elements of the *alli* program, and revenues hit \$155M in the first six weeks after launch," commented Harkins. In 2008, GSK recruited a new overweight community of nonusers for the now-established *alli* brand. "It was strictly to learn," admitted Harkins.

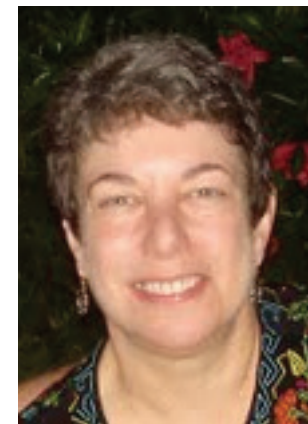
With those community experiences under her belt, Harkins assumed unrelated responsibility for shopper insights. A community—the Shopper Idea Exchange—was the first research initiative to earn funding. "It is designed to increase GSK's in-store marketing effectiveness in seven company product categories (including oral care, cold sore medication and weight control products). "There is no requirement to be a purchaser of a GSK brand. We examine how people shop and why they shop at different retailers. So," she offered, "we can interact with heartburn sufferers who shop at **Target** about what they want. In fact, **Target** adopted chain-specific ideas generated from GSK weight-loss members."

The Shopper Idea Exchange has uncovered the existence of different shopper segments (e.g., oral care consumers con-

## Morphed into a GSK OTC Staple

cerned with their mouth and the product attributes that can benefit them). "It has delved into what a health and wellness section should look like, as one example," Harkins summarized. "We've asked shoppers about such a section, how they would organize it, etc. They've created some incredible pictures; some have literally drawn the bricks for the store. Private label store brands have also drawn interest and activity. It's been so useful that we are continuing the shopper community into next year."

Most of GSK's OTC brands have dipped their toes in the shopper community. "A brand, sales or shopper marketer submits an activity request form to take part. Community participation and engagement is variable; some brands, categories and retailers have more issues than others," she revealed.



**GSK Senior Research  
Manager-Integrated Insights  
Andrea Harkins**

With only a research coordinator at Harkins' side to help keep track of GSK communities, Communispace's presence remains essential. In Harkins' words, it is "incredibly important to sales, marketing and merchandising executives inside and outside the building." The vendor has helped GSK schedule, prioritize and design activities to optimize answers, and it conducts all community analysis and back-end reporting.

"In one *alli* community, the Communispace facilitator noticed a very depressed person. The facilitator contracted her right away, spoke sympathetically and provided a phone number to call for help," Harkins said, evidence of Communispace's understanding of its process and conscientious facilitation.

Every week, participants in Shopper Idea Exchange are expected to log in to the site, get three assignments and engage with others at least once. Incentives are small, usually a monthly \$10 Amazon.com gift certificate. "For a tough activity—say to go shopping and take pictures—we offer extra incentives," Harkins noted. "Reports about community activities are regularly posted on our 'Insights and Trend Bank' for everyone at GSK Consumer Healthcare."

Upper management is cognizant of GSK communities. In Q2, the Shopper Idea Exchange was written up in an internal GSK publication as the biggest news coming out of NA operations.

Online communities have opened Harkins' eyes to the value of qual. With her psychology background, quant and stat-orientation, and client- and supplier-side experience, she acknowledges limits to community insights and puts more weight on qualitative. "The only concern is appropriate information utilization. We're not doing quantitative work in a community," she described. "I make sure that everyone

understands that this is qualitative. It helps us formulate insights for development and hypotheses to test, and we shouldn't make decisions based solely on it."

Online communities have also taught the GSK OTC research team the crucial lesson that the best research value doesn't come from the lowest-priced methodology. "The durability and efficacy of the work in terms of retailers

### Community Insights for *alli*

In a document ("Use Only as Directed") detailing assorted cases studies of its online communities, Communispace describes GSK's *alli* brand as "a pioneer in the use of unbranded patient communities to support the launch of Rx to OTC product switches. It states that the *alli* brand benefitted from:

- Two years as "the center of gravity and a resource to all agencies and partners involved in the market launch."
- Foundational research into target markets, "triggers to starting and stopping *alli* treatment, experiences with other products and programs, language and imagery that resonated versus repelled, how patients sought out weight loss information, their motivators and support systems."
- Community members "took community facilitators into their homes, heads, pantries, medicine cabinets and purses; to the stores they shop in and to the websites they frequent."
- Community members showed facilitators their weekly food journals, pictures of their pantries and refrigerators and commitment letters they had written to themselves.
- As the *alli* launch approached, communities simulated and tested "absolutely every element of their roll-out and marketing campaign—from the design and usability of the website, to print and television advertising, to in-store displays and in-pack materials."

"Use as Directed" (email Robert.Gohn@text100.com for a copy) portrays other medical situations for an online community, including Rx brands, contacts between pharma sales reps and physicians, medical assistance groups like the National Comprehensive Cancer Network and other healthcare professionals.

is not to be taken lightly," she noted. "A successful shopper community helps us and our retail partners."

GSK actively engages community members in three to four weekly activities. Harkins, GSK's online community guru, says success necessitates: 1) allotting substantial time for sales, marketing and customer marketing to prioritize their goals and provide input, 2) involving legal early on to consider intellectual property issues and adverse reporting, 3) carefully fleshing out research's information aspirations from the community, 4) distributing findings as they are generated and informing aligned strategies and 5) bringing the community members "alive." **PMR**

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**Pinpointing MD Messaging** (Continued from page 3)

and Johnson brand manager for **Tylenol**. Barely nine months into the job, the first cyanide poisoning scare occurred, a shocking episode that some time later reinforced his belief that “adversity is the mother of invention.” The philosophy would reverberate and be implemented decades later at TargetRx. He continued building his resume at J&J through 1995. In 2004, as president of Catalina Marketing Corp.’s healthcare division, Scott helped polish CMC’s direct, tailored messaging to consumers.

Scott took the helm at TargetRx in 2008. “The business had grown to a certain point, and there was clearly room to improve performance,” Scott related. “I thought that even with its very leading-edge products and services, more attention could be paid to what was going on in the marketplace.” TargetRx offerings were solid solutions; Scott wanted its products and services to be seen as revolutionizing pharma industry research.

Traditional pharma market research, Scott noted, provides clients with a good marketplace overview, but is often backward-looking and lacks usable business-building insights. “Our metrics go far beyond what is obtainable elsewhere,” he claimed. TargetRx has tracked

physician behavior for 10 years on more than 500 products, in the process building a database composed of 78,000 opted-in physicians for research.

**TargetAdvantage** gauges/projects physician behavior based on a decade of asking questions TargetRx believes are predictive of Rx-writing. “We focus on four drivers of prescribing: product availability, patient environment, promotional environment and payer environment. Physicians make decisions based on some algorithm of those four areas depending on their personal habits,” Scott explained.

**TargetAdvantage** applies its 11 evolving “Y-Factors” to establish proper MD targets and messaging. “Each doctor’s individual set of Y-Factors is consistently updated within each therapeutic category to reflect evolving market dynamics. Through our foundational database, we can bring more insight than companies can on their own,” Scott remarked. New Y-Factor attributes are possible with emerging marketplace needs.

**TargetAdvantage** can help rightsize a sales force by identifying those physicians who are more receptive to personal promotion and who are amenable to alternative channels. It can help optimize communication decisions with physicians based on their individual level of concern with efficacy or safety or convenience—or some combination of these attributes. “Pharmaceutical and biotech companies discover every day which **TargetAdvantage** application best meets their particular needs,” observed Scott. “It is only conjecture at this point, but, for example, doctors treating with

biotech products may be more concerned with price and managed care factors given the presence of buy-and-bill arrangements within specialty therapies.”

**TargetAdvantage**’s KNOW-Y Web-based software interface helps clients smoothly access data and organize them across many tabs, including therapeutic categories, physician specialties, population types, prescribing deciles, geographic regions (standard or custom), data measures and Y-Factors. Each TargetRx client forwards its unique analytical focuses (such as sales force designations or behavioral segments). Scott said TargetRx “cooks the pharmaceutical company’s data into the knowledge base of physicians, either the customer-defined list of physicians or TargetRx’s

much larger universe.”

Client input has helped determine the 18 original therapeutic areas. Those are most important to them and adequately supportable by the agency. “As either of these factors changes, our ‘active’ market list will be revised accordingly,” Scott acknowledged. “When a client submits a specific market of interest that’s not on the list, we try to accelerate that development as warranted.”

Scott asserted to **PMR<sup>2</sup>** that “the industry has been craving for this pinpoint targeting for years, and, as such, we expect it to alter the way clients utilize our full suite of products. Success at TargetRx will be evident if our services become part of the firmament of how brands operate their business in the same way that some data sets have become part of the infrastructure of pharma companies in the past.” **PMR<sup>2</sup>**

For more information, contact: [cscott@targetrx.com](mailto:cscott@targetrx.com)

**Theoretical TargetAdvantage Application**

- **Issue:** Hypertension product with efficacy and dosing advantages is strongly supported by compelling clinical data. There are murmurs about safety problems with the brand. What is the most effective way to communicate these benefits and mitigate safety concerns to high-prescribing physicians?
- **Application:** Identify the most-responsive physicians to a specific Y-Factor or group of Y-Factors.
- **Criteria Selection:** High-writing PCPs in the HTN market, practicing in Territory X. Index on Dosing, Efficacy, Safety and Clinical Data.
- **Output:** Among targeted doctors for whom safety is not a strong driver of prescribing, efficacy and clinical data are highly influential. Dosing generally has a muted effect.
- **Implication:** The product carries clear dosing advantages; however, physicians on your list (after excluding safety-driven MDs) are unlikely to be swayed by this attribute. Focus on efficacy and data. And re-run your doctor list with a different Y-Factor that may be exploitable by the brand.

Source: TargetRx

**PMR<sup>2</sup> News Notes**

(Continued from page 1)



Potts

Take to heart this essential pharma MR insight from a **Kantar Health webinar**: MD-Asia/Pacific **Stephen Potts** emphasized that emerging markets are *crucial not in the future, but now*. On top of local understanding, these markets require new strategies for several reasons, including rapid change in many localities. These markets are not easy pickings, he added; intense competitiveness is becoming the rule.



A must-read in the Oct. 27 **Wall Street Journal**: “Physician Panel Prescribes The Fees Paid by Medicare,” a page 1 story detailing how (under the auspices of the American Medical Association) 29 physicians meet to divide Medicare dollars. Call **PMR<sup>2</sup>** if you can’t access it yourself.



Some in pharma may feel they outsmarted the Obama administration and legislators during 2010 health care bill negotiations, but **CBR Pharma Insights** (Monroe Township, PA) says U.S. consumers feel pharma has worsened their individual situations with “**exorbitant Rx pricing** not fully justified in the current poor economic climate.”



Jesse Williamson, VP, Global Advertising Strategies (New York, NY), projects, “Given globalization, the impending number of key patents held by major industry players and, to some extent, driven by the release of 2010 U.S. Census Data, we **expect pharma companies** to devote **significant resources** to the **under-served and untapped** (U.S. and international) **cross-cultural populations**.”



Tolve

Andrew Tolve’s interview at eyeforpharma with Vitality (Cambridge, MA) CEO David Rose disclosed **16 different barriers to Rx adherence**. “Many are subconscious,” he said... Tolve also posted an assertion by InfoMedics (Woburn, MA) CEO Gene Guselli that pharma marketers need to “shift from the role of ‘influencers’ (in the relationship between physicians and patients) to ‘connectors.’” Some of his solutions: personalized disease forums, unbranded websites for patient education... The sixth edition of the **EphMRA Lexicon** (containing concise definitions of common healthcare MR terms) is available.

**“Just-Released” Studies of Note**

**U.S. medical device and diagnostic company innovations are compromised**, according to a study of 200-plus small- and medium-sized businesses. The work by Stanford University Consulting Professor of Medicine Dr. Josh Makower and Abed Meer was supported by the Medical Device Manufacturers Association and National Venture Capital Association. It claims Europe can roll out medical device and diagnostic innovations two years faster than in the U.S. due to the latter’s regulatory “unpredictability and inefficiencies.” Dr. Makower said he is unaware “of any evidence that shows this approval lag provides safer products for U.S. patients.” To see the report, email: [mirijanian@gmail.com](mailto:mirijanian@gmail.com).

Manhattan Research (New York, NY) reported “a

**PMR<sup>2</sup> Conference Watch**  
January 2011

1/13-1/14 **2nd Tracking & Reporting Aggregate Spend**  
Exl Pharma; Washington, DC; Washington Marriott  
Contact: (866) 207-6528, [info@exlevents.com](mailto:info@exlevents.com)

1/13-1/14 **Social Media for Pharma**  
Marcus Evans; Washington, DC; Four Points by Sheraton  
Contact: Michele Westergaard, (312) 540-3000 x 6625  
[michelew@marcusevansch.com](mailto:michelew@marcusevansch.com)

**February 2011**

2/01-2/02 **Pharma Market Research Conference**  
Pharma Market Research Conference; Parsippany, NJ; Hilton Parsippany Hotel  
Contact: [info@pharmamarketresearchconference.com](mailto:info@pharmamarketresearchconference.com)

2/28-3/02 **Maximizing Relationships with Non-Physician Practitioners and Influencers**  
Exl Pharma; Philadelphia, PA; Hyatt at the Bellevue  
Contact: (866) 207-6528, [info@exlpharma.com](mailto:info@exlpharma.com)

PMR<sup>2</sup> welcomes information on upcoming pharma MR events. Please submit details at least two months in advance. See the box at the bottom of the right-hand column on page 8. **PMR<sup>2</sup>**

**strong comeback of live video detailing** “after a false start in the early 2000s. MD adoption has more than doubled in the past two years. We expect it will likely plateau for the next few years,” assessed Senior Director-Research Monique Levy... Cutting Edge Information (Durham, NC) published “Driving Successful Pharma Brands: Case Studies of Real Product Launches”... **MediciGlobal** (King of Prussia, PA) launched “**Optimizing Recruitment**,” the first of several global benchmarking surveys designed to assess biotech and pharma approaches to patient recruitment and trends that could improve understanding and greater efficiencies. For the survey (and results when compiled), see [OptimizingRecruitment.com](http://OptimizingRecruitment.com).



Levy

**Government Interventions**

**Alarmingly-high Rx writing** by select U.S. physicians (e.g., 97,000 in 18 months by a Miami doc and 14,000 for a single drug by a TX doctor) prompted Sen. Charles Grassley (R-IA) to call for a fraud investigation by DHHS or the Centers for Medicare/ Medicaid... FDA’s final rule concerning **obligations of sponsors of clinical trial adverse reaction reporting** permits differentiation between adverse and suspected adverse reactions, as well as determination if an adverse reaction is life-threatening... **The Hill** reported PhRMA (Washington, DC) push back “against calls to allow Medicare to negotiate drug prices on behalf of” Part D enrollees.



Grassley

**News in the Numbers**

**Of 500 PCPs** surveyed by MDLinx, “an almost unprece-

dented” **97.8% have seen a rise in patients’ financial concern** in the past six months; 94.6% have witnessed patients rationing and foregoing medications and treatments... ProPublica, creator of a new nationally searchable database of payments made to physicians, revealed **43 physicians** who have **earned over \$200,000** since 2009 as dinner speakers promoting pharmaco Rx drugs.

### PMR<sup>2</sup> Domestic News

**Epocrates, Inc.** (San Mateo, CA) acquired Modality, Inc. (Durham, NC)... After M3 (Washington, DC) purchased global MR firm EMS Research (London, UK), it rebranded as **M3 Global Research**... Omnicom Group, Inc.’s Adelphi Worldwide (New York, NY) invested in Cologne, Germany-based Face to Face GmbH and bought Excerpta Medica (Amsterdam, The Netherlands)... **All Global’s** (New York, NY) **Snapshot** service analyzes custom survey responses inside of 24 hours... Cadient’s (King of Prussia, PA) **REVEAL** platform combines competitive analysis, Web analytics, social monitoring and customer insights... **Decision Resources** relocated its headquarters to Burlington, MA.

### M&As and Collaborations

The difference-maker is information timeliness—not the **hybrid MD-detailing model** itself created from Quintiles (Durham, NC) and Kadriège’s (Paris, France) new global alliance. “Many companies are piloting a hybrid model (blending face-to-face physician discussions with live, remote phone and Internet e-detailing interfaces),” admitted Kadriège Chairman Olivier Cadou. Quintiles VP-Commercialization, Michael Ackermann, added, “We can revolutionize the lifecycle implementation of a brand by customizing physician detail in accordance with pharma and biotech companies’ lifecycle needs”... **ReTargeter’s** (San Francisco, CA) social platforms enable pharmacos to promote their Facebook and Twitter presence to their audience Web-wide, integrating those with online ads, boosting brand awareness and improving display campaign ROI.

### PMR<sup>2</sup> Kudos

At PMRG’s October 25 Awards Dinner, Delta Marketing Dynamics (Syracuse, NY) President **Bill Little** received the **R.R. Fordyce Award**. Genentech (South San Francisco, CA) Senior Market Planning Manager & Patients Insight Lead **Laura Sullivan** was named **Marketing Researcher of the Year**, and **Circle of Excellence Awards** were bestowed on IMS Health (Plymouth Meeting, PA) GM **Liz Coyle**, AstraZeneca (Wilmington, DE) Pharma Senior Director **Derek Jones**, KGC (Sarasota, FL) Principal **Kendall Gay** and G&S (Indianapolis, IN) Co-Founder **Gary Schwebach**.

### PMR<sup>2</sup> Motions & Promotions

GfK Healthcare appointed **Stephen Hearn**, who was CEO of GfK Kynetec, its London, UK-based global head. A new global leadership board includes: **Peter Eichhorn** and **Gerald Mueller** (Nuremberg, Germany), **Maureen McLaughlin** and **Jim Callandrillo** (East Hanover, NJ), **Barry Zimmerman** (Blue Bell, PA) and **Chris Krattiger** (Basel, Switzerland). Ex-GfK Healthcare CEO **Dr. Richard Vanderveer** becomes a strategic consultant... PhRMA

(Washington, DC) hired President & CEO **John Castellani**... American Medical Association EVP & CEO **Michael Maves** departs when his contract expires next June... Synovate Healthcare named **Paul Villa** SVP-Payer & Market Access Research... MedPanel (Cambridge, MA) hired SVP-Innovation Services **John Bojanowski**... MedAssurant Inc. (Bowie, MD) recruited Chief Strategy Officer **Hammad Shah** and SVP Pharma & Life Sciences **Stephen DeCherney**... **Dr. Shane N.O. Williams** joined Egon Zehnder International’s (New York, NY) NA and Global Life Sciences Practices... WorldOne (Charlotte, NC) appointed **Nina Hogan** Manager-U.S. Panel Strategy & Development... Phoenix Marketing International (Rhinebeck, NY) appointed VP-Healthcare **Elan Katra**... Zitter Group (Millburn, NJ) named VP Business Development **Shannon Biehl**... Universal Survey (New York, NY) recruited **Greg Kotovos** to be its Chief Sales and Marketing Officer.

**IntrinsiQ Tandler** (Montreal, Canada) hired President **Anthony Aversano**... Purdie Pascoe (London, UK) installed Director of Syndicated Services **Véronique Schnoering**... Synovate Healthcare (Hamburg, Germany) hired Head of European Oncology Monitor **Chris King** and Oncology Business Consultant **Dr. Nicole Oehlich**. PMR<sup>2</sup>



Villa



Hogan



Kotovos



Aversano



Oehlich

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