The Pharmaceutical & Healthcare Issue

There’s More Than One Side to a Physician

Physician Adoption of the iPad

Social Media Monitoring in the Pharmaceutical Industry

Emerging Markets

Contributors John Kranyak, Laurie Blunt, and Jennifer Goldstein at CRC
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Pharmaceutical and medical marketing research continues to be faced with lightning fast change, including physician’s adoption of technology, the physician as the customer, and emerging markets. Join us as we look deeper into these and other areas surrounding this important segment.
Letter From the Editor

Ch-Ch-Changes

Change happens fast and is often not recognized. The past twelve months have produced revolutionary change in the MR world (including the pharmaceutical and medical marketing research space,) exciting change at MRA, and substantial change for me personally. I have always embraced change and consider myself somewhat of a daredevil (after all, as a born and raised West Coaster, I moved from California to New York, then New York to Dallas, in less than three years), but realize that risk naturally leads to a different set of challenges from the status quo. For example, it has been an experiment in discipline for me to work from a home office after a lifetime of reporting to an off-site office. As opposed to adapting to change after it occurred, I identified it as a real threat to my success before it happened. Thus, a plan was developed that allowed for the fewest unwanted interruptions and the greatest use of time (taking into consideration time zone differences, my daughter’s schedule, and the desire to spend more time with my now-closer parents and other loved ones). As an MRA member, I was impressed with how the need for change was being recognized by the association and with how fast it was taking place over the past year or so. After joining the staff, and as someone who asks for a lot of change, I’ve been even more impressed. One recent and two upcoming changes, which resulted from a willingness to think differently and to remove old barriers, are:

Last month’s Corporate Researcher’s Conference in Chicago.
This was a fairly risky initiative, but one whose time was past due. Before becoming an MRA staffer, I received several personal phone calls from members who had questions about the new format. Yes, there were challenges that had to be faced before deciding to change the “old” fall conference, as well as during the planning, throughout the actual conference, and now that CRC1 is officially “in the books.” The outcome far surpassed expectations, delivering on its promise to provide a unique opportunity to meet new people in an atmosphere of learning and personal development. (See CRC Overview, pages 42 to 44.) Kudos to MRA’s CEO and personnel, the Board of Directors, non-CR attendees, conference partners, and exhibitors (for having the vision and fortitude to make such a significant change).

An even more updated Web site.
In addition to the changes already made, we are regularly tweaking and improving the initial makeover. This requires constant assessment of what and how information is delivered. I am highly enthusiastic about a project that my dear friend and long-time MRA ambassador, Ed Sugar, has agreed to partner on. A new area of the Web site is currently being developed that pays tribute to recipients of MRA’s three most illustrious awards: Honorary Lifetime Membership, Distinguished Service and Award of Excellence. Further, there will soon be a page dedicated to each of MRA’s revered leaders who have passed. While this is no small undertaking, it is an initiative that elicits a great deal of passion and emotion, which makes the effort well worth the outcome. As we pay homage to the trail blazers who dedicated their energy in a way that most of us can only imagine, we are not only showing deserved respect for these legends, but also to ourselves (as an association that serves its members and recognizes its volunteers). Leaders who pass and were the recipient of any of the three awards mentioned above, or who served as the President of MRA’s Board of Directors, will be honored with their own page, and absolutely, this will go back to the beginning of incorporation and might include esteemed members who served prior to the conception of these awards.

“Regardless if you consider yourself a calculated risk taker, or how much you embrace (or reject) change, it is an essential component of relevance. I cannot recall hearing stories about innovative companies whose success was a result of complacency.”

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Immediate and ongoing changes to Alert!
While future plans include a thorough facelift, there was no reason to wait for a complete overhaul before beginning creative experimentation. Therefore, we began playing with this month’s cover and Table of Contents page. We’re excited to begin the process of uncovering a new look as Ann Morgan, magazine...
designer extraordinaire, continues to work on/with a few alternative design styles. Additionally, the goal of doubling circulation has been set, beginning with this issue.

Regardless if you consider yourself a calculated risk taker, or how much you embrace (or reject) change, it is an essential component of relevance. I cannot recall hearing stories about innovative companies whose success was a result of complacency. Obviously, before personal or organizational transformation takes place, there are scores of questions to be asked. Some of the vital answers that MRA gathers before making a significant change include:

- How will our members feel about this decision? How will it affect them?
- What facts should we have before we are able to make this decision with ample confidence?
- What trends, changes or problems, are behind the need for this change?
- Are we dealing with a cause or a symptom?
- What are the key assumptions in our thinking? What do we believe it will cost? What do we believe will be its benefits?
- What difference will this decision make a year from now? Five years? Ten years?
- Is this decision consistent with our values in the past, or does it create the need for a change in direction?
- Will this decision help maximize our key strengths and/or growth?
- What would happen if we did not carry out this decision?

Most featured articles published in Alert! have a common thread based on a theme of change. This month’s issue, surrounding pharmaceutical and medical marketing research, is no different. We hope that the generous contributions offered provide the opportunity to think in ways that you may not have otherwise. In the words of James Baldwin, “Not everything that is faced can be changed. But nothing can be changed until it is faced.”

As always, we count on the readers of Alert! to be fellow change-agents. If you have suggestions regarding innovative change, we want to hear from you.

Amy Shields, PRC is the Editor of Alert!. She can be reached at amy.shields@marketingresearch.org.

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There’s More Than One Side to a Physician – Improving the Depth of Understanding of the Physician as the Customer

By John Kranyak and Laurie Blunt

In the pharmaceutical industry, the physician has classically been the customer of focus. More recently, based on a changing external environment due to dynamics like Health Care Reform and patient accessible pharmaceutical product websites, drug companies have been forced to think about marketing to a broader customer base in more innovative, meaningful and efficient ways, in order to gain competitive advantage. Over the last 10 years, pharmaceutical companies have expanded their marketing (and, thus, marketing research) to additional constituents, including patients, payers, and pharmacists. There has been increasing focus around many of those “other customers,” like patients – especially with the explosion of social media marketing/marketing research, patient blogs and other online communities. But, because physicians still are the customers who prescribe the product, they remain a critical target audience. Pharmaceutical companies have spent many years investing marketing dollars and attention in this constituent, and our knowledge and decisions have long been fueled by the dominant role of prescription databases to help us target customers, as well as to categorize physician behavior. Additionally, since Pharmaceutical marketing research is focused on questions regarding scientific, clinical information, our industry has concentrated on asking our physicians direct questions, expecting and receiving clear, scientific, logical answers.

In attempting to mine new and critical insights from physicians, marketing research faces a couple of major challenges.

1. A customer that is an expert.
   Physicians are highly educated and often possess greater knowledge and experience with a product than the marketer of that product.

2. A relatively small target market. A typical target physician audience in pharmaceuticals may at best have 100,000 physicians, whereas a brand of cereal or car could have millions. And, in most cases, since only the higher volume prescribers tend to be the ones interviewed in marketing research, the target populations becomes even smaller – sometimes less than 10,000.

   The result is a very small target market of highly educated customers, who are repeatedly exposed to multiple layers of pharmaceutical marketing research. We refer to them as “Professional Respondents” since these customers get to the point where they anticipate and recognize what is going to be asked of them, and many times they respond by providing the “right answer,” in a manner typical of that seen in hospital rounds. The right answer becomes, at worst, not always reflective of reality and, at best, does not provide much insightful understanding of the response. The marketing research challenge that arises is to break what we call the “Diagnosing and Triaging of Marketing research.”

   Prescribing behavior can be purchased by anyone; however, true competitive advantage can only be achieved by combining a synthesized, thorough assessment of not just what physicians tell us they do (both from data and discussions), but by gaining an understanding of why they do it. What motivates them, and how we can most effectively communicate with them?

   The challenge, moving forward, is to develop more meaningful connections with physicians in 3 ways:

1. Understanding the motivations that drive decisions;
2. Developing a multi-faceted understanding of the treatment behaviors;
3. And, testing the response to marketing and market dynamics.

The first is centered on the internal motivators that we use qualitative
techniques to explore them. The next two are focused on the resultant behavior that is driven from the combination of internal motivation and external stimulation (e.g., market dynamics, marketing promotion) where we use a combination of qualitative and quantitative methodologies.

What Motivates Them Internally?
There are several qualitative philosophies that can be employed to add depth to an otherwise clinical assessment of pharmaceutical concepts and products.

- **Right brain research, including Storytelling.** The main goal is to get the respondent to react, not respond, by pulling them out of their comfort zone. Physicians are scientists, trained to think logically and systematically—understanding the results of that logic is vital, but increasingly important is uncovering the emotional, intuitive motivators that drive their decisions down that path of logic. Using storytelling is one way to understand how a physician bases their intuitions and feeling about the patients they treat and this can help marketers prioritize which clinical, scientific messages will deliver or reinforce that emotional—logical connection. For example, marketing research might uncover that as a young person, Dr. X has a strong memory of a parent with long term pain that was chronically undertreated because the treating physician viewed the patient as an overly dramatic complainer. Because of that memory of a parent suffering, Dr. X was inspired to become a physician. Understanding this qualitative emotional finding provides substantial depth to a survey response by the same physician who checks off efficacy as being the most important attribute when making a treatment decision. Given direct questions, respondents will provide direct answers, which are usually correct but not completely helpful. Through storytelling, or other projective techniques, the physician is taken beyond the realm of the scientific and put more in touch with the intuitive feelings that motivate preferences.

- **Real life simulations.** Many times in pharmaceuticals, we have conducted projects that result in very positive acceptance of a product or concept, based on a series of 45-minute focused discussions. Our cautioned response to the overly excited marketers is usually, “well if you have 45 minutes of their undivided attention, they probably will love your concept.” The problem is that getting that 45 minutes will take 6 months of 4 to 6 minutes at a time for a sales representative, further diluted by a multitude of daily distractions, such as treating patients and seeing other sales reps. Using methods to simulate the actual dynamics that the physician faces in the clinical setting provides a better gauge to true physician response. By throwing the respondent “off guard,” the research can get to the emotional, gut response of the physician. Changing the pace of the interview, or using surprise, can be especially effective in promotional testing of creative concepts and branding. Also, techniques which challenge the physician to actually present the messages as if they were trying to persuade someone else, can be effective. Another method is breaking the pace of the standard interview with interruptions by “sales reps” or others—this can put a respondent that is usually logical under enough pressure for the right brain emotions to kick in.

How Do We Motivate Them Externally?
Drug companies have communicated with physicians through various channels: personal representatives, direct mail, web, and more recently, online communities, iPad and smartphone. As a result, physicians have often been inundated with messages and many have decided to disengage because they are overwhelmed or even irritated. For example, some physicians refuse to see pharmaceutical representatives, while others may throw away direct mail without reviewing it, or delete email communications if the sender is a pharmaceutical company. The dilemma has become: how can drug companies refresh customer relationships when many physicians no longer feel the desire to engage?

Brand-focused vs. Customer-focused Marketing Research
Historically, brand-focused pharmaceutical marketing research has prioritized questions that directly relate back to the drug company’s brand. Examples include: How does the physician view our brand? How much would the doctor prescribe in the next X months? What market competitors does he/she prescribe now and why? What is his/her attitude toward the condition that my drug is treating? How do brand messages resonate and influence behavior? Moving forward, true customer-focused marketing research must provide the customer point-of-view from a more holistic standpoint. This customer-focused research goes far beyond traditional brand-focused research such as campaign development.

“The main goal is to get the respondent to react, not respond, by pulling them out of their comfort zone. Physicians are scientists, trained to think logically and systematically—understanding the results of that logic is vital, but increasingly important is uncovering the emotional, intuitive motivators that drive their decisions down that path of logic.”

How do brand messages resonate and influence behavior? Moving forward, true customer-focused marketing research must provide the customer point-of-view from a more holistic standpoint. This customer-focused research goes far beyond traditional brand-focused research such as campaign development.
What was the best marketing experience they have encountered and why?
Additionally, synthesizing quantitative data from various sources, both internal and external, can provide insights into behavioral responses to different approaches in marketing or market dynamics. Capturing the reactions of the target audience to a specific promotion, or measuring the effect of a method of message delivery (direct mail vs. email), illustrates instances of synthesizing data from different sources.

When great customer-focused research is coupled with secondary data sources, like existing prescription and campaign data, and then leveraged appropriately in a CRM database, pharmaceutical companies can develop well informed campaigns that have a significantly better chance of being successful. Pharmaceutical companies have learned how critical it is to gather as much information as possible about their customers holistically, through primary research, which can involve a mixture of qualitative and quantitative methodologies (including ethnographies, online surveys, and focus groups). This marketing research should be done in advance of creating the next set of marketing campaigns so that the best targets can be identified, and the company can get a line of sight into what really motivates and influences them in decision making and prescribing.

Then, marketing campaigns can be crafted with this intelligence to make more impact and an increased return on investment. Closing the loop through follow-up marketing research with campaign targets is also essential to understand what worked well (i.e. what motivated them to take action) and where improvement is needed. This creates a continuous feedback loop with the physicians, leading to a much deeper knowledge of the customer than you could develop through brand focused research alone.

**Conclusion**
Marketing research plays an instrumental role in communicating the voice of the customer to the rest of the organization, through a richer understanding of customer motivations, behaviors, mindsets, preferences and influences. The techniques of less directive questioning, or the synthesis and continuous feedback of various sources of data, both internal and external, can help enrich a deeper understanding of physicians overall (including what motivates them). This customer-focused research goes far beyond traditional pharmaceutical brand-focused research; it is based on gaining more and more knowledge about the customer over time and then using that new perspective to provide what the customer wants and needs- at the right time and through the right channel. This leads to a stronger value proposition from the pharmaceutical company, and therefore a stronger relationship with the customer.

John Kranyak (MRA member since June 2011) and Laurie Blunt (MRA member since July 2011) are both Senior Marketing Research & Insight Managers at Endo Pharmaceuticals. Endo Pharmaceuticals is a U.S.-based, specialty healthcare solutions company, focused on high-value branded products and specialty generics.

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Welcome to
MRA
MARKETING RESEARCH ASSOCIATION
Tell me a little bit about how you got to where you are today with the company?

My grandmother, Betty Perry, founded the company 50 years ago. My sister, Amy Morris, became President of the company 15 years ago. Prior to becoming President, I was managing the office as the Administrative Director. My sister, unfortunately, had an early passing in December of 2010. In the interests of the company, I decided to take over.

What made you decide to join the family business?

My sister needed my help and family comes first. My sister and I were very close. There was a four and a half year age difference but we were more like twins and I wanted to be with her. She loved the business and I loved helping her carry on the legacy.

If you had to put Amy’s legacy into words what do you think it would be?

She was beautiful inside and out, brilliant and an outstanding leader. She was the most unselfish person I’ve ever met.

What was the biggest thing that she taught you?

She never complained. She was so optimistic. She was such a go-getter. She always gave everything 110%. She was just positive all of the time. Even down to the very last weeks of her life, she fought like a soldier. She never ever gave up. She wasn’t going to give in. She was tough. She was a brilliant business woman.

What is it that you do that makes you smile and say “oh my goodness, I’m just like her?”

It’s kind of interesting because I look just like her. Sometimes when I look in the mirror, I see her. It’s kind of happy, but sad at the same time because it makes me miss her. I know when things get challenging around the office, I always say “Come on Amy – help me out here, what are we going to do?” Someway, somehow, we always figure it out and I think that she’s here helping and watching. She was a great leader and set a wonderful example. Her daughter and the success of our company are two fine examples of that.

What do you think your grandmother would want to be remembered for in the industry or would want to pass down to people coming into the industry?

I think dedication to the business. She was very involved and when she saw a change in the industry she changed with the industry. The door-to-door surveys transitioned to mall intercepts. As mall intercepts phased out, she opened our current facility.

How long have you personally been a member of MRA?

Not long, only since January (of this year).

How about the business? Your sister was a member, correct?

Yes, Amy was very involved with the MRA for the 15 years that she was here at the company. She was the 2008 President of the Great Lakes Chapter. She loved the MRA. Just recently becoming a member, I can see why – because it’s like a family. Everyone is so kind and they’ve done so much to honor my sister. This will be the first year they (Great Lakes Chapter) will be giving out an “Amy Morris Award.”

Tell me a little bit about that award.

It’s amazing. The Chapter felt that more than a plaque was needed to represent Amy’s spirit. I had a really nice conversation with her daughter, Alexandra, who is 18 and a freshman at Ohio State University. She suggested a prism, because light shines through and beams everywhere, reflecting a rainbow. She thought it would be great expression of Amy’s spirit.

The Chapter will give away a prism every year called “The Amy Morris Outstanding Member Award”. It will be given to someone who represents her vivacious spirit. Some of the requirements will be: the member must be in good standing with the MRA, must demonstrate an outstanding commitment to the Great Lakes chapter (such as being on the board or helping with event planning or registration). They will also need to recruit new members or...
The human body is constantly under attack. It’s warfare with germs, viruses, bacteria, cancers, and accidents all seemingly out to get us. The average person spends a lot of time, money and effort trying to stay healthy. And when we get sick, we spend even more time, money and effort getting well. In fact, a whopping 17% of the U.S. GDP is spent on healthcare. By the way, this compares to an average of 9% for most of the rest of the world. That’s a very interesting fact, given that the U.S. ranks 42nd for life expectancy.

No wonder healthcare, especially in the United States, is such a thriving industry. Whether it is pharmaceuticals, hospitals, doctors, insurance, or equipment; the business of prevention, care and healing is huge. With very little effort, I can name 10 friends and family members who work in some field related to healthcare. I bet you can do the same. As we know, an industry this large impacts many other industries. It drives a tremendous amount of business for advertising, transportation, advocacy, materials and manufacturing, technology, and yes – marketing research.

There are very few marketing research firms that don’t do some healthcare related research. On the other extreme, there are many large research firms that do nothing but healthcare related research. Now that I think about it, I need to increase my estimate of 10 from up above. If I include marketing researchers I know that work in healthcare, the number easily jumps to 50. That’s pretty amazing, given that I’m only an occasional researcher on healthcare topics. When I ask people why they work in healthcare marketing research, I rarely hear anything about passion for the industry, helping mankind or any other such noble reason. What I hear is that healthcare spends a boatload of money on marketing research and that they are one of the least cost conscious buyers of research week. Then there are numerous consumer advocacy groups calling for even more regulation. Some of this regulation is good and necessary, but much of it is misguided. Too often, a legislator thinks they have a good idea, or they see an area where they suspect abuse, and they introduce some new regulation. In almost all cases, they didn’t do their homework. They haven’t thought through all of the ramifications of the new regulation.

So who does their homework for them? A large part of that falls on the shoulders of the MRA. In fact, we are the only marketing research organization in the United States that has full-time staff based in Washington, DC, solely for the purpose of government advocacy and education. Yes, you might call them lobbyists, but in this case, all of their lobbying is to protect our industry from unneeded or damaging legislation and regulations. The MRA team has been on the forefront of stopping some legislation that was so damaging it would have put many healthcare related marketing researchers out of work. We also maintain a localized, grassroots network of advocacy volunteers across major state capitals.

Indeed, healthcare marketing research is still healthy, but it could catch a big, nasty, regulatory cold any day now. It’s important that we work hard to protect it, just like we each work hard to keep ourselves healthy. One of the best ways you can do this is to support the MRA. While you may think of the MRA as a place for education, a chance for business development or just a place to socialize with your comrades, remember the critical role your association plays in advocacy.

Ken Roberts, PRC is the Chairman of the Marketing Research Association and President of Cooper Roberts Research. He can be reached at kroberts@cooper-roberts.com.
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In Amy’s case, she’s typing away most hours of the day and night. Of course, I would only know this if I, too, was working diligently to wear the letters off of my laptop’s keys during most hours of the day and night, but that’s another story.

Amy is a veteran industry advocate with long roots supporting MRA. She has generated a new, aggressive editorial calendar for 2012 which will further improve the quality and relevance of what we publish. She has hit the ground running, with this issue being a great example. Expect great things from Alert! under her leadership, and design refinements from MRA’s Ann Morgan, in the coming year.

Another harbinger of 2012 is that planning for MRA’s iconic Annual Conference has begun in earnest. Remarkably, this event isn’t until June 4-6 in San Diego, but we’ve held a series of planning meetings this week, structuring the event that will take place there, both logistically and topically. It’s a long process and nowhere near complete, but we’re very excited about it.

In part to guide us, we’ve been studying the excellent feedback received from the attendees at our new Corporate Researchers Conference held in September in Chicago. Conference attendees are not afraid to tell you how they feel, both the good and the bad, both of which I find helpful.

Alice Butler of M/A/R/C Research, the strong chair of MRA’s Education Committee, spearheaded this survey which revealed that attendees value content over presentation, really don’t want sales pitches of any kind, and want most to learn how to do their jobs better from real researchers in the field.

This last is a tall order, as case study methodologies and results typically are viewed as company-proprietary – “We don’t want to give away our secret sauce recipes” – but Linda Ashcroft from Taco Bell and Gayle Lloyd of Batesville Casket found the right balance of disclosure delivered with an interactive approach to wow the audience at CRC and score among the top six presenters there.

We are actively on the hunt for remarkable researchers like Linda and Gayle to grace the pages of Alert! and dazzle Annual attendees in San Diego this June. Please contact us if you are or know one.

As we retool both Alert! and Annual, these new and improved strategies are the direct result of our clarion focus to understand and support you, with even more to come in 2012.

David W. Almy is MRA’s CEO. He can be reached at david.almy@marketingresearch.org.
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The Modern-Day Physician: Adoption of the iPad in Pharmaceutical Marketing Research

By Jennifer Sturtz Goldstein

If Norman Rockwell were to paint a picture of the modern-day family physician, it would look very different from his famous 1929 illustration of a middle-aged male accompanied by a shiny medical bag at his feet, feigning concern as he applies a stethoscope to a young girl’s toy doll.

After more than 80 years since the masterpiece’s completion, the classic archetype of the doctor portrayed by Rockwell has evolved, and the differences are vast:

- The male character may be replaced with a female in her 30’s.
- The black leather bag could be substituted with a lighter, more ergonomic satchel.
- The doll’s examination would be absent (what doctor has time for playing around in this era of managed care?).

And while the stethoscope would remain in the picture, it very well may be accompanied by the doctor’s new medical “instrument” of choice: the iPad.

A new kind of “tablet” in doctors’ hands

These days, when doctors use the word “tablet” in conversations, they are probably not referring to a pill, but rather to a powerful communication and reference tool that they use on a daily basis.

According to an ITG Marketing research study of more than 600 primary care physicians (PCPs), nearly two-thirds of these doctors indicate that they have an iPad or other tablet PC device (though the majority are iPad owners), and 68% of non-users plan to acquire one in the next year. Contrary to what some may expect, nearly 40% of current users are age 50 or older, and 70% of those 50-plus who do not currently have a device intend to purchase one next year.

Nearly all of the doctors in the ITG study use their devices for professional purposes such as researching diseases and medications, viewing lab reports and radiology images, and accessing their patients’ electronic medical records (EMRs). This trend is on the upswing, with 86% stating they will increase the time they use their tablet for professional purposes over the next year.

Tablets are becoming a mainstay in medical bags so that they can be used at point-of-demand. Doctors report regularly accessing their devices from a variety of locations, including within practice offices, hospitals, long-term care centers, and of course, at home. Almost 40% of physicians say that tablet usage is becoming standard practice in their clinical settings, particularly those who access EMRs and view lab reports.

Physicians can also expect their pharmaceutical and medical device sales representatives to increase tablet-based detailing activities. While only 41% of doctors participating in the ITG study say they’ve been detailed on an iPad or other tablet, it is expected this number will steadily increase. This will be a welcome change, as doctors report nearly universal levels of satisfaction with tablet-based detail experiences, and overwhelmingly prefer an iPad over a laptop or paper for detail delivery. Among those who have not yet experienced a tablet detail, almost 60% indicate they would be interested in receiving one in the future.

What does this mean for the marketing researcher?

The implication for marketing research suppliers and their clients who frequently conduct research with doctors is clear: in order to keep up with the times and remain competitive, you must provide solutions that are not only compatible with tablet technology, but can effectively leverage the many benefits it presents.

Understanding the advantages

There are numerous advantages to tablet-based marketing research. Below are just a few examples of how the benefits apply to all research stakeholders including suppliers, their clients, and the respondents, themselves.

- **Tablet devices can enable you to deliver richer insights to your clients:** Research conducted on tablets enables respondents to provide immediate feedback at the point of a research experience. In fact, programs can be designed so that participation can occur even if a respondent is not online; the data is simply uploaded the next time the device recognizes a Wi-Fi or 3G connection. Immediate responses to research questions will likely be more detailed and accurate than if they were based upon recall, hours or days later. This is particularly relevant when your respondent is a physician who is exhausted after being on call for 12 hours. Subsequently, the data you are analyzing is of higher integrity, and the report you deliver to your clients will be more robust.
- **Tablet-based research will result in lower costs and increased convenience for everyone:** It was only a few years ago that the idea of web-enabled interviews was practically revolutionary. While these practices have come a long way in terms of ease and sophistication, many companies still have to incur costs such as shipping webcams or other equipment to respondents. With a physician’s iPad2, for example, video functionality is already built into the device and interviews can be held using free services such as Skype or FaceTime. Both the moderator and the respondents can participate in an interview from their own homes or offices, using equipment that respondents are already familiar with. Clients save costs on equipment, travel and other incidentals, while achieving their research objectives.
- **Increased choices of methodologies:** Tablets present numerous options for research conducted on tablets enable respondents to provide immediate feedback at the point of a research experience. In fact, programs can be designed so that participation can occur even if a respondent is not online; the data is simply uploaded the next time the device recognizes a Wi-Fi or 3G connection. Immediate responses to research questions will likely be more detailed and accurate than if they were based upon recall, hours or days later. This is particularly relevant when your respondent is a physician who is exhausted after being on call for 12 hours. Subsequently, the data you are analyzing is of higher integrity, and the report you deliver to your clients will be more robust.
- **Increased choices of methodologies:** Tablets present numerous options for...
data collection that may have been ruled out in the past. For example, suppliers can now recommend field-based ethnographic studies, which can be accomplished by respondents videoing their experiences themselves (goodbye video crew!). With appropriate HIPAA authorizations in place, patient-physician product discussions, or other interactions, may also be recorded. A tablet’s camera can also serve as a great collection tool, such as in the case of a project requiring a respondent to take inventory of office medical equipment or supplies. Lastly, pulse surveys which require only moments of a busy physician’s time, can be easily completed: all doctors need to do is maintain a live connection on their tablet, and they can quickly plug in their feedback between patient exams or chart reviews.

**Where to begin and what to look out for**

The thought of implementing a tablet-based research solution may be overwhelming, particularly for smaller consultancies and those only accustomed to traditional data collection methods. Whether you are building or buying a solution, the following considerations — while not an exhaustive list — must be considered before you launch your system.

- **Survey design must be optimized for the respondent**: Ideally a survey taken on tablet would look identical to one displayed on a computer’s web browser. However, special consideration must be given to the unique features of a tablet, such as touch-screen functionalities. Respondents won’t be using their mouse to click on answer choices as they typically do, so the interface must have selection tools and buttons that are easy to control with the touch or swipe of a finger. Additionally, many individuals find it challenging to type on a tablet keyboard, and therefore open ended responses may have to be limited or alternatively, captured through voice-enabled functions. Lastly, given that some file formats do not function on certain devices (as has historically been the case with Adobe Flash and the iPad), research stimuli must be designed with options so they can be viewed on all tablet devices.

- **Reported data must be compatible with systems on the supplier end**, with proper bandwidth to support large files: Given the growing number of tablet devices and the different operating systems on which they run, it is critical to ensure that whatever data is recorded on the respondent’s end can be processed seamlessly on the analyzer’s end. The solution must be compatible with your preferred statistical package and able to export data in your desired format (i.e. SPSS, XLS, CSV, etc.). Additionally, if you are asking doctors to send data in the form of videos or voice files, you must have the appropriate bandwidth to accept large files. For larger organizations or ones that have numerous data exchange systems, your solution must be designed with an application programming interface (API) that will communicate with other programs and databases.

- **Customer service/tech help must be trained to guide respondents through potential tech glitches**: Customer service can make or break any experience, whether it’s at a restaurant, on an airplane, or in a retail store. The same can be said for a marketing research experience, particularly when your respondent is a KOL or physician with limited time. If a respondent runs into difficulty viewing research stimuli on their tablet, they should ideally have access to live technical support that can walk them through potential solutions. Alternatively, a very clear, detailed help section or live chat function may suffice. Without such support, you run the risk of losing a respondent which can be particularly deleterious if your project encompasses a difficult recruit. A research supplier may want to consider contracting tech support organizations that are familiar with various devices and survey software packages to support their work.

- **Ensure that your business, your data, and your respondents are protected**: When conducting marketing research for healthcare or pharmaceutical clients, you are often privy to extremely confidential information about physicians, patients, and products. Given that doctors access their tablets from numerous settings, you cannot guarantee that they are participating in your research in a secure environment. Therefore, it is critical that your data — regardless of its form — is collected and transferred with the highest level of security possible. There are companies that specialize in providing enterprise-wide web security and privacy solutions to incorporate into your system. In doing so, you will build trust among your clients, and engagement among your respondents.

**Key takeaways for research suppliers and clients**

Let’s face it: iPads and other tablet devices are here to stay — and most of us welcome their presence in our lives. If Norman Rockwell were alive today, perhaps he too would use a tablet to help create his next masterpiece!

For research suppliers, it’s time to get on board with your tablet-based solution, if you haven’t done so already. Your clients will expect it, your respondents will embrace it, and if that’s not compelling enough, your competitors are already doing it. That being said, you must be thorough and thoughtful in developing the solution. Speed-to-market of your new capabilities will be irrelevant if the service you’re offering is in risk of security breaches, or is plagued with design or technology-related problems that will frustrate respondents and clients, alike.

For marketing research clients, especially those at companies already using tablet devices to detail and market to physicians, you will want to engage research firms that have adopted tablet technology options. It is important, however, to confirm that your supplier has the tools, support and security in place to ensure your tablet-based project is successful. To build confidence that you are engaging the right research partner, consider requesting customer references or blinded examples of completed projects.

The advantages of tablet-based research are clear. The insights are just waiting to be collected and absorbed. The time is now, and the opportunity is at your fingertips...literally.

**Jennifer Sturtz Goldstein** (MRA member since August 2007) is the Vice President, Research Operations at ITG Majestic Market Research. ITG delivers the highest quality healthcare and pharmaceutical market research quickly -- combining survey results with empirical data to deliver innovative and actionable syndicated and custom reporting.
As you may have read or heard, there has been considerable criticism about traditional marketing research methods from well-known authors. Gerald Zaltman, a marketing professor from Harvard, wrote in his book *How Consumers Think* that “The tools that marketing abuses such as surveys, depth interviews, focus groups and traditional approaches do not get deep enough. About 95% of what we think is located in the unconscious.” In *The End of Marketing as We Know*, specific to qualitative methods, Sergio Zyman, a marketing consultant and author, declares that he has come to believe focus groups are a total waste of time and that “focus groups are overused… general qualitative research is subject to bias.” A controversial article by Jason Anderson recently appeared in a newsletter from AMA’s *GreenBook*. The article, “8 Things I would do if I Were a MR Company”, states that the number one thing to do is *get out of the survey business*. He argues that clients have less expensive options at their disposal, such as Zoomerang, Survey Gizmo, Survey Monkey, etc. “You have been disintermediated by your clients,” Jason said, “Get over it and move on.”

With such encouraging words, I began to read and research more about the future of marketing research. In the IBM white paper, “The Future of Market Research,” text analytics were named as the next logical step for researchers (to help their clients uncover insights with blogs and social media sites). The claim is that with text analytics, we can discover how frequently a product, feature or brand is mentioned, and make attitudinal assessments (positive, neutral, negative) for each statement.

After working in the marketing research industry for more than 10 years, particularly within the pharmaceutical space, my company began to explore social media in Mexico with our large international pharma and medical clients. After attending several seminars organized by the top US and global marketing research organizations about this topic, it seemed the safest thing to do was explore tools for monitoring social media as a new way of doing research. We did not want to get behind on any new research trends, so tried software available in the market from a variety of companies.

But, being specialized in the pharmaceutical market, there were a variety of questions and tests that needed to be addressed.

### Is social media a viable source of information for the pharmaceutical industry?

At first glance, the response seems obvious. In actuality, it does not appear so black and white since not all pharmaceutical companies are currently even using social media. Findings from research that we conducted in Mexico with 70 companies in the industry revealed that 40 of these companies have some presence in social media. But, when delving deeper, 29 of those 40 have very poor fan showing in social networks such as Facebook, Twitter and YouTube.

- 10,000 fans or more → 2 pharmaceutical companies
- 5,000 fans → 3 pharmaceutical companies
- 1,000 fans → 3 pharmaceutical companies
- 100 to 999 fans → 8 pharmaceutical companies
- Less than 100 fans → 13 pharmaceutical companies

While only two of the companies had a substantial number of followers, we needed to understand more about goals and expectations (before making conclusions about success or failure). Most pharmaceutical companies utilizing social media are doing so to build a presence that will benefit promotional activities, customer relationship management, and/or public relations (see graph below.) And while it might seem implausible for these companies to promote RX products on the Web in the first place, it is reasonable for them to at least hope for improved reputation levels through these increasingly popular outlets. Regrettably, 53 percent of the pharmaceutical companies interviewed are not obtaining the success they expected, precisely because in order to achieve their goals (promotions – CRM – PR), a much larger audience is required.
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Is social media a “panacea” that surpasses other research methodologies?

My opinion is no, it does not. As with any methodology, there are advantages and disadvantages. The primary advantages of social media as research include its immediacy, ease of access, and the reach to relevant conversations, which clearly can provide meaningful data for companies. Alternatively, it seems reasonable to believe that it might be a more appropriate method for companies with a clear “hook” or loyalty. Engagement certainly continues to create buzz in marketing, but is it feasible for all brands? It may not be simple for pharmaceutical companies to provoke engagement with RX and over-the-counter products, whereas consumer brands can more readily engage the consumer. Coca Cola can effortlessly gain hundreds of thousands of followers; is it reasonable to assume the same for a pain reliever?

Social networking analytics provide data that, even though converted to positive and negative comments, is still qualitative in nature. You cannot gain the in-depth information you need to explain the “why.” There are likely trends to be found by monitoring social media, but even these findings should be approached with caution since people typically discuss things that are relevant to themselves, not companies, within these online communities.

Finally, social media presents some bias as a communication tool. Expressions and comments on Facebook, Twitter or blogs, may not always be taken at face value. According to the research we conducted in Mexico, the platform that provides “better” results for pharmaceutical organizations is (not surprisingly) Facebook, followed by Twitter and then YouTube. It is plausible that the same results might apply in the US.

Should we forget traditional research methods such as focus groups and surveys?

Of course not. We need other research tools to compliment findings from social media monitoring. The data garnered from online analytics should be crossed with that from other methods to achieve more conclusive results. Of the companies that participated in our research study, only 8 are using social media as a research tool. Although Mexico may be behind the U.S. with adoption of technology, this still strongly supports an assessment that companies are depending on other methodologies to collect information (and are not solely relying on social networks as a source of research).

Do all the companies in the pharmaceutical industry need to have a presence in social media?

Because our survey clearly found that not all pharmaceutical companies are involved in social media, we asked “why not?” The primary response is because they simply don’t see the purpose. They are marketing very specialized drugs to a reduced target and the money spent for social media exposure could, instead, be spent in different (more productive) ways. Additionally, there is the concern for a conflict with the health authority (COFEPRIS in Mexico, which is the equivalent to the FDA in the U.S.).

Final comments and conclusions

At this point, social media is a compliment to other research techniques, not a substitute or replacement. If used in a proper manner, insights gained from these platforms can provide swift information for specific applications, including:

- Launching a new product
- Packaging changes
- Label/logo testing and modification
- Patient satisfaction with service
- Product or brand satisfaction
- However, it cannot conclusively provide:
  - Specific, in-depth, qualitative insights
  - Detailed segmentation of consumers, patients or clients

It would be imprudent for marketing researchers to ignore this new source of market information, or to pretend that it doesn’t exist. Instead, take it into account and determine how it represents an opportunity to improve current marketing research systems, in union with other sources of data. Let’s encourage pharmaceutical clients to listen to conversations about their brand, their company, possible side effects of a drug, and even potential bad intentioned rumors. By monitoring the image and reputation level of the brand, companies can better be equipped to react if a crisis arises. It’s clear that we need to better understand the weaknesses and strengths of our competitors in social media, to further educate ourselves with this market’s trends, and to detect new opportunities for collaboration.

Javier Cervantes (MRA member since May 2007) is a Partner at Psyma Latina, a full-service marketing research agency.
WorldOne ensures your data contains nothing but the truth. Our panel consists of over 750,000 medical professionals worldwide, each panelist is phone verified and continually monitored for security. As a market leader in Global Healthcare Fieldwork, we are committed to the highest standards when it comes to building and maintaining our research panel. With credentials and data you can trust, feel confident in your decision and in WorldOne. For more information visit, www.worldone.com
Healthcare / Pharmaceutical Research: Creativity or SOP?
By Dr. Michael Latta

In the 1800’s, Jean-Baptiste Alphonse Karr, a French author, journalist, and self-proclaimed critic said, ‘The more things change, the more they stay the same.’ In another famous comment, George Santayana said, ‘Those who do not remember the past are condemned to repeat it,’ and ‘Habit is stronger than reason.’ Having done healthcare and pharmaceutical Research since 1981, I can confidently say Karr and Santayana are both right. From my perspective, marketing research, as a discipline, shows incredible creativity in the application of new technology to conduct healthcare and pharmaceutical research, but the research topics are pretty much SOP. The research landscape has three sides: market research, marketing research, and hybrid. These three approaches have different goals and applications.

**Market Research** is highly structured and numeric. It is descriptive in nature and provides general information on size and structure of a market. It is inflexible due to data not being collected for a specific purpose known ahead of time. It tells us how strong the wind is blowing and what is in the market now or historically. Market research data is typically collected by the government (census), third parties like IMS, or other data aggregators and warehouses, and is thus not proprietary. Technology has had some, but not a great, impact on market research and SOPs.

**Marketing Research** is semi-structured and can be numeric or qualitative. It is inferential in nature and provides specific information on the six Ps – product, price, promotion, place, package, partners – as well as competition and potential change in the marketing of a company’s products and services. It is highly flexible and collected for a specific purpose known ahead of time. It tells us which way the wind is blowing and why the market is the way it is now and how it may change.

**Hybrid Research** is becoming popular as a way of crossing-over or connecting market and marketing research data, to produce a more complete picture of the market and its dynamics. Technology has had its greatest impact (and changed SOPs) in hybrid research. Technology has also allowed this approach to be simultaneously descriptive and inferential in some respects. Some of these systems are more flexible than others and some are standard without modification. An example of the new hybrid research approach comes from AlphaDetail providers of Medical Intelligence. The diagram below describes the structure of this system.

Here, secondary data is market research and primary data is marketing research feeding the system. Data comes from both AlphaDetail’s tracking study systems and a client’s secondary data files.

Recently GreenBook.org did a survey of research practitioners and found the following:
- 83% are somewhat or very familiar with hybrid research
- 90% recognize leading hybrid research providers
- 65% believe more comprehensive insight is the primary benefit
- 38% feel hybrid is a mix of phone, internet, and focus groups
- 51% believe hybrid is a mix of qualitative and quantitative methods
- 64% say hybrid is good for Concept Testing
- 55% claim it’s good for Message Testing
- 49% feel it’s appropriate for Ad Testing
- 42% would use it for Naming Studies
- 38% would do Packaging Tests with it

Two other new approaches that are creative in nature are 1) gathering data in eDetailing to market products and feed predictive analytics, and 2) data mining social media websites. eDetailing is popular among physicians according to Datamonitor and provides several touch points with a physician or other respondent over time and through a variety of communication channels:
- Recruiting is done through e-mail, direct mail, web opt-in, SEM, or rep-delivered invites
- Content is delivered through a website, eDetail viewing, Q&A, embedded surveys
- Fulfillment can be done through rep follow-up, honoraria delivery, or sample delivery
- Re-recruitment and retention can be done through e-mail and/or direct mail

The system provides opportunities to make a brand impression, and several opportunities to gather marketing data from the targeted physician to feed a predictive analytics system that delivers real-time results on the desktop.

Social Media data comes in many forms:
- Blogs (Blogger, LiveJournal)
- Micro-blogs (Twitter, MyLife)
- Social networking (Facebook, LinkedIn)
- Wikis (Wikipedia, Wetpaint)
- Social bookmarking (Delicious, CiteULike)
- Social news (Digg, Mixx)
- Reviews (ePinions, Yelp)
- Multimedia sharing (Flickr, Youtube)

On Facebook, polls can be done within a friend network. Although these polls are not like traditional marketing research,
they can be useful as another source of high validity data. In that approach, a product or service website must be good at attracting friends to ensure the success of a Facebook poll. Recently patients have turned the tables on companies using this approach and have banded together to do their own blogs and polls. Using social networking, they have been able to influence the pharmaceutical industry and the FDA through the power of social media.

Companies use social media in a hybrid approach by converting qualitative written data into quantitative numerical data in massive amounts. This conversion makes the idiosyncrasies of language and identifying who is influential as key aspects of data mining social media. The Social Avids are the thought leaders of the digital world. Avids dominate the online conversation, exist in all demographic groups, and use social networking sites to make decisions. Making sense out of the written and spoken communications while identifying network influence patterns are the keys to success in mining social media data.

The GreenBook Research Industry Trends (GRIT) wave completed this summer shows widespread use of new research technology, including online communities of Avids (35%), data mining (32%), social media analytics (29%), text analytics (22%), and mobile research (21%) replacing traditional methods.

This trend definitely is not SOP. This trend definitely is creative.

Dr. Michael Latta (MRA member since January 2006) is the Executive Director, YTMBA Research, at Coastal Carolina University in Myrtle Beach, South Carolina.
"We did our best to make this one difficult."

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Emerging Markets: A Land of Contrasts
By Graeme Jacombs

Over the last five years, the emerging markets have leapt to the front of many pharmaceutical companies’ priorities. But given the amount at stake when getting a drug to market and keeping it there profitably, it is still surprising how many companies take what is essentially a one size fits all approach to their pre and post launch strategies across developing countries. From Algeria to Indonesia to Poland to Venezuela, the market opportunities and the challenges that face a new product vary as much as the countries’ distinct geographies. Understanding these unique characteristics is critical to identifying where to invest and how to bring a brand successfully to market.

Even narrowing down the emerging markets to the seven forecast to generate the greatest growth – Brazil, Russia, India, China, Korea, Turkey, and Mexico – there are enormous variations in wealth, disease patterns, access to healthcare, regulatory environments and cultural attitudes to health. All of this has a major influence on which indications offer the greatest opportunity and how physicians and patients respond to a new medicine.

Vast differences are found from one emerging market to the next in patient biology and disease incidence and prevalence. Diseases such as liver cancer and head/neck cancer have a relatively high prevalence in Asian populations, for example, and cancer mutations are more frequent than in Caucasians. Some stark differences can also be seen in treatment patterns: gastric cancer is the most common form of cancer in both China and Japan (unlike the West), but in Japan it is often diagnosed quite early in disease progression, thanks to a screening program, and can therefore often be treated surgically. Dissimilarly, in China the disease only tends to be diagnosed at a late stage, by which point surgery has much less to offer and chemotherapy is needed. Although both countries share high disease prevalence, the opportunities for a pharma company that come with age (cardiovascular, musculoskeletal, respiratory) will continue to grow, presenting a significant medical need, and an opportunity for the pharmaceutical company that can meet it. South Korea, although far more developed than China in terms of healthcare infrastructure, faces a similar demographic challenge thanks to a low birth rate (less than 1.0 in Seoul and

as Mexico, India and Algeria share much lower prevalence rates, closer to that of the developed world.

Demographic trends also vary between developing countries, leading to very different healthcare needs and opportunities for new medicines. China, with its one child policy still in place, has a population that is relatively stable in size, but aging in profile. Chronic diseases that come with age (cardiovascular, musculoskeletal, respiratory) will continue to grow, presenting a significant medical need, and an opportunity for the pharmaceutical company that can meet it. South Korea, although far more developed than China in terms of healthcare infrastructure, faces a similar demographic challenge thanks to a low birth rate (less than 1.0 in Seoul and

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Busan, Korea’s two biggest cities) and impressive longevity (the life expectancy of Koreans is the second longest among OECD countries). Compare this to Brazil and India, where high birth rates and comparatively low life expectancy (14 years lower in India than in the US) are resulting in growing and more youthful populations, presenting very different healthcare needs and potential gaps for new products.

Of even greater significance when developing and successfully implementing strategies across emerging markets are the very different regulatory and funding environments. At one end of the spectrum are highly regulated countries such as South Korea and Taiwan, with well developed government-funded medical reimbursement schemes; at the other are the likes of India, Egypt, Vietnam and Venezuela, with relatively few regulations, and where the cost of treatment is largely paid out of pocket by the patient. Understanding the access environment in each country is vital if you are to bring a product successfully to market. The ability to adapt to change is equally important, as companies in South Korea have found recently when the government unexpectedly announced...
a 20% reduction in drug reimbursement. The goalposts seldom stay long in the same place in emerging markets.

Finally, there are cultural considerations that can have a major impact on the effectiveness of communications strategies. It is a common misconception that people in developing countries aspire to the values of the developed world and that therefore brand imagery that has worked well in the US or Europe will be similarly successful in less developed markets. However, there is a strong underlying patriotism in countries such as China and India, and West is not always seen as best. Colors, symbols and imagery that work well in Europe may be completely inappropriate in an emerging market. As a simple example, the color white is often associated with death and mourning in Asian countries, while red symbolizes prosperity and good fortune – an important consideration when picking the color scheme for your new brand campaign!

Cultural considerations are also critical when implementing market research among physicians in emerging markets. This is especially important when trying to understand the underlying issues and hidden barriers that may be holding a brand back, as seen in the Case Study, “Improving market share by uncovering unspoken barriers to prescribing.”

The emerging markets are lands of immense and fascinating diversity, ripe with opportunity for pharma companies with the flexibility and local insight to address the individual challenges that each country presents.

Case Study: Improving market share by uncovering unspoken barriers to prescribing

**Challenge**

Our client, a leading international pharmaceutical company, asked us for help in resolving the challenge that doctors across the Asia Pacific region – Korea, Taiwan, the Philippines, Thailand, Malaysia and Singapore – were openly positive about their product yet were prescribing generics by default, resulting in a market share below 8%. The client had run in-depth interviews and tried other research techniques to establish a reason for this but could not get to the root of the problem.

**Process**

Doctors naturally see their role as a very rational one, even though inevitably emotions are involved in brand choice, so direct questioning would yield incomplete results. Also in Asia Pacific, physicians (and especially specialists) are unwilling to disagree or debate in a group scenario as this causes loss of face. We decided to use duos with projective techniques and role play to get the doctors to express their emotions about the drug without having to take ownership for their thoughts. For example, doctors took turns in the roles of product champion and “product opponent.” We then ran a two-day workshop with the local client, head office staff and their ad agency, to brainstorm around the findings and to uncover the core barrier to improved product uptake…or the killer insight.

**Outcome**

The duos revealed that the doctors were not confident the drug could deliver results that merited a premium price point. In fact, they felt they would be personally risking their career or business by prescribing it.

**Catalytic moment**

The workshop we held was the key to working up the “killer insights” that completely changed the client’s point of view. It became clear to them that selling their product was not just about marketing the attributes. Consequently, they agreed to focus on developing support systems to empower the doctors and help them answer patient questions and concerns. The workshop was also the first of a series held every six months between regional and local teams, their agencies and our teams, to ensure continued success.

Graeme Jacombs is the Deputy Managing Director, Asia Pacific, Middle East and Africa, at Kantar Health. Kantar Health is a global, evidence-based decision support partner to the world’s leading pharmaceutical, biotech, device and diagnostic companies.
The Art and Science of Telling the Mechanism of Action (MOA) Story
By Donna Kelly and Alice Liftin

Product development is shifting to niche compounds, biologics and vaccines.

As opposed to the 20th century, when blockbuster agents were tweaked to produce many similar compounds (e.g., 13 angiotensin receptor blockers), product development in the 21st century will focus on more targeted and specialized agents with the goal of providing more effective treatment for smaller subsets of the population versus the scattershot approach of some of the previous century’s medications. For example:

- In 2009, the FDA approved 18 new molecular entities (NMEs) and 20 vaccines; in 2010, 21 NMEs and nine biologics license applications (BLAs) were approved, demonstrating the pharmaceutical industry R&D shift towards biologics, vaccines and monoclonal antibodies.
- The European Medicines Agency has emphasized development of treatments for rare diseases. From 5,000 to 8,000 distinct rare diseases exist today, affecting 6 percent to 8 percent of the total population — in other words, from 27 million to 36 million people in the EU alone.
- From a development point of view, rare diseases often have less competition, so market entry, even for a small number of patients, can yield financially profitable results. For example, Novartis CEO Joe Jimenez has stated, “Our approach is to go after areas of high unmet medical need, irrespective of the market size.” (Wall Street Journal, April 3, 2011) As a practical matter, that means going after pivotal data on a rare disease before expanding the label to include major market diseases like cancer.
- Oncology itself represents more than 200 cancer types, many of which afflict relatively small numbers of sufferers. Developers often assume that while a novel molecule may prove successful and be approved for one cancer, the mechanism of action (MOA) may be such that it can be applied to several cancers and thus be worth the substantial R&D investment required.

Patients are on more medications than in the past
Data shows that the number of people on multiple drugs has steadily increased over the past 10 years, due in large part to the aging populations in western/industrial countries. This leads to greater challenges keeping track of drug interactions. Because of the growth of polypharmacy, it becomes a medical (as well as a medical-legal) challenge for physicians to understand which medications may be used by a given patient, and which may not. Understanding the mechanisms of action of multidrug regimens has thus increased in importance for practitioners.

Understanding drug MOA will become even more important
As market researchers, we often hear rank-and-file physicians tell us that they “don’t care” about how the drug works, just that it does work. They say they have forgotten most of what they learned about biochemistry in medical school and have no interest in the “gory details” of how a drug acts upon the body’s physiological processes. Often, when we ask physicians to “build the most compelling story” for Product X, they will underplay the importance of MOA in that story in the abstract, but unfailingly include it as part of the introduction to the story, as the setup for why the new agent should be used. As a result of this physician ambivalence about MOA, marketers are challenged to leverage a drug’s MOA in a way that makes physicians care about it.

While physicians have always needed to have some understanding of drugs’ mechanisms of action, their need to understand MOA as a way to make decisions about treatment will become even more important as totally novel MOAs are introduced and more patients are on multiple-drug regimens. In a poll and threaded discussion conducted by GHK HealthCare and WebMD (Medscape Physician Connect from WebMD, the largest physician-only social network on the Internet), physicians were asked to respond to several questions about new medications’ MOA. The graphic below summarizes their responses to three of the poll questions.

As these results demonstrate, the majority of physicians believe that for new medications, an understanding of the MOA helps them make better clinical decisions. Physicians’ comments on the
WebMD threaded discussion explain the value that a good understanding of the MOA provides:

- The MOA is the gateway to understanding where that drug might fit in our own, “personal” formularies that we use for our patients. [Specialty: Pediatrics]
- It is helpful to understand the mechanism of action, especially in regard to drugs that are “new” to me; allows me to know how to categorize the drugs. [Specialty: Family Medicine]
- Another [value] for knowing mechanism of action is when considering off-label uses, especially when considering less common uses for a medication. [Specialty: Neurology]
- Understanding the underlying mechanism of action is crucial in psychiatry. Many of our medications antagonize or potentiate each other; and our meds are notorious for side effects. Understanding the MOA helps us best match the medication to the individual patient and to the individual patient’s other medication. [Specialty: Psychiatry]
- The best objective rationale for using one medication over another is often based upon its MOA. [Specialty: Orthopedic Surgery]
- In cancer therapy, we now have multiple options. Many affect the same pathway. If I don’t remember how a drug works, I could replace one microtubule inhibitor with another, while a much better strategy would be to go to a different type of agent. [Specialty: Oncology, Hematology]

The ideal MOA explanation tells a story that both physician and patient can use

The pharmaceutical industry has emphasized the development of a strong selling story for new medications. Most often, this story focuses on the benefits of the medication and the MOA may be relegated to a reason to believe the product’s benefits.

Novel mechanisms are the focus of R&D pipelines, so in the future physicians will face even more choices involving new approaches to treatment and will need to understand where new agents fit. Prior to gaining clinical experience with a novel agent, physicians will lean on the MOA to make decisions about when and how to introduce the new agent into treatment regimens. Thus, a story
that communicates this idea clearly is needed.

The ideal MOA explanation, similar to the overall drug’s selling story, needs to possess the characteristics summarized in the graphic above. Several of these criteria are interrelated and more conceptually than actually distinct, but describing them separately may help us understand the multidimensionality of successful MOA messaging.

**Clinically meaningful MOA**

Perhaps the most important contributor to the successful use of MOA is to explain how the agent works in a way that is *clinically meaningful* to practitioners. A drug’s MOA can help connect the dots regarding *why* the physician should care about how it works. It can also enhance the credibility of a new drug’s superiority claim. Physicians are often reluctant to try a new agent and may be hesitant to accept that a new therapy is as good as reported, versus current therapy. A clinically meaningful MOA can lend credence to claims of superiority for a new drug’s use as a reason to believe the promise, based on scientific, rational MOA grounds.

The very 21st century notion of targeted therapy is itself an MOA construct and inferentially conveys to the physician two things: that the therapy has a narrower side effect profile and is therefore less toxic to the patient; and/or that it has more missile-like (and therefore potent) efficacy.

**Practice-changing MOA (helps underscore what is unique/novel about the drug)**

Very much related to the “clinically meaningful” requirement of successful MOA deployment is whether it conveys that the drug will be *practice-changing* (e.g., will require the replacement of, or addition to, current treatments on a routine basis). Inherent in the practice-changing nature of a drug’s MOA is its *uniqueness* – what unmet need does it address, what new target does it hit?

For example, a new cardiovascular agent used its MOA to challenge the market leader. It claimed, importantly, that it was a first-in-class agent – so it was a unique MOA – and was effective in patients regardless of their CYP2C19 (enzyme metabolizing) function. This was opposed to the market leader, which acknowledged that poor CYP2C19 metabolizers did in fact exhibit higher CV event rates than those with normal metabolizing function of that enzyme. Potentially, this clinical benefit could challenge the current agent’s position because it helps physicians understand who of their patients will be eligible for this new treatment (versus current therapy), and may also help answer the clinical question of why the market leader works in some patients but not in others – a discomfiting issue for physicians when they prescribe an agent and it fails the patient for unknown reasons.

**MOA provides non-rational/emotional end-benefit**

Also connected to the clinical meaningfulness of a drug’s MOA is whether it can tie the product’s use to a non-rational/emotional end-benefit for the physician, or the patient. If it can provide a clear emotional benefit, it has gone a long way toward focusing physicians’ interest. For instance, a widely used oncology agent conveyed its anti-angiogenic MOA in very broad terms: it helped to cut off the blood supply of cancer cells and thereby reduce the tumor’s ability to replicate. This inferred applicability to a wide range of cancers and provided several end-benefits to physicians: it made this agent an easier (risk-reducing) choice; it made it easier to explain to patients and caregivers who might need persuading to sign on for a toxic oncology therapy; and it added to oncologists’ sense of confidence that they were making the right treatment decision. These emotional end-benefits may all have added to the success of this oncology drug.

Developers do need to be careful not to hang their hats entirely on MOA, since its uniqueness may be superseded over time. It may also backfire if the benefit promised by the MOA is not fully borne out in clinical practice. In the case of the oncology agent referred to above, its MOA story became such a powerful support for its broad use in many cancers that when it recently failed to show benefit in a new tumor type, some oncologists began to rethink their use of the agent in general!

**Parsimonious MOA – simple and nontechnical**

Even in very data-driven therapeutic areas (such as oncology or anti-infectives), rank-and-file practitioners desire an MOA story that expresses how the drug will fit into their treatment regimen. As noted
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earlier, practicing physicians do not necessarily know/remember the science or the terms associated with a product’s MOA – and don’t like being reminded of their deficiencies in biochemistry. If the MOA can, in simple terms, describe what a product does or how it works, and makes intuitive sense to them, it helps them accept the agent.

A good example of how a complex physiological process can be simply explained to physicians and their patients is a new cancer vaccine that is indicated for some types of advanced prostate cancer (PCa) patients. This agent provides a simple and nontechnical story to physicians as to how vaccines work, as well as how their procedure for pheresing a cancer patient’s own blood cells, treating them with the product, and then re-injecting those blood cells into the patient work. On its home page, this new agent is described as “the first in a new class of autologous cellular immunotherapies that use a patient’s own antigen-presenting cells (APCs) to stimulate the body’s immune system against prostate cancer.” This description communicates what the agent does and how it does it, in a concise and clear manner.

For patients, this agent’s immunotherapy MOA is explained even more clearly as a story: that it “stimulates a patient’s immune system to target and attack prostate cancer.” (As an aside, the terms “attack” and “target” also resonate with cancer patients and practitioners, who often envision cancer treatment as a “battle”—i.e., it also communicates in a way that emotionally resonates.)

Memorable MOA – tells a story graphically or visually

Once the clinically meaningful story can be told in relatively simple, nontechnical terms, it helps to add graphical or visual representations for increased memorability and comprehension.

A noteworthy trend among drug reps is to employ visual tools, such as iPads, in physician details to help describe their products in a memorable and graphical way. One recent study conducted by GfK noted that some physicians found animated MOAs on an iPad to be an extremely useful method for explaining relatively complex MOAs.

Another approach to making a drug’s MOA – and therefore the product – memorable to physicians is to have its name describe its activity. For example, some cancer agents are described as having a “dual MOA,” which allows the physician to intuitively understand that it can provide a one-two punch to the tumor. In the HIV world, there is a class of drugs that prevents the HIV virus from entering a cell — they are called entry inhibitors and thereby provide a reminder of how and why they work. In head and neck cancer, some agents are described as radiation sensitizers, which reminds practitioners why these agents should be used (it enhances radiation’s benefit) as well as when (in early line therapy) and how (in combination with radiation).

Can be easily explained to/grasped by patients

If your MOA story is simple and nontechnical, as well as visually depicted, it can also be put to good use when physicians need to explain the new drug to patients (when MDs need to persuade patients to accept the new agent). Our research has found that physicians increasingly need to provide a persuasive argument for their treatment decisions to the patient or caregiver, as these stakeholders become more vocal about their own concerns and needs.

Moreover, a clear, nontechnical (and when possible, visual) representation of the MOA can be very useful to other health care professionals, such as practice or infusion nurses, who are often called upon to interact with the patient and answer their questions about the drug.

In summary

The ideal MOA message is clinically relevant for the physician and helps the practitioner explain the treatment to patients. Those agents that seem to have crafted a successful MOA story have in common the following characteristics:

• The MOA communicates a practice-changing message (helps underscore what is novel/unique and how this may change the treatment approach).
• Is parsimonious, simple and nontechnical.
• Is memorable — may be based on analogy or graphical representation.
• Conveys emotional benefits.

Donna Kelly is Managing Director, and Alice Liftin is Senior Vice President of GfK HealthCare, which offers marketing research consultants to domestic and global health care marketers.

New Member Spotlight, continued from page 13

Where is your favorite vacation spot?
That would be Destin, Florida. It is one of the most beautiful beaches in the country.

What are your plans for the future?
I plan to follow in the footsteps of my grandmother and my sister. They did such an outstanding job with the company. It’s about taking care of your clients, client satisfaction, building relationships and changing with the industry.

Geri King (MRA member since April 2003) is Field Director at Issues and Answers Network, Inc. in Virginia Beach, VA. Issues and Answers Network, Inc. is an independent global marketing research firm providing scalable research services.

If you would like to recommend an MRA member with a special story or background to be interviewed for a future Member Spotlight, please contact the editor at amy.shields@marketingresearch.org.
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Since its public debut in the early 1990’s, the Internet has evolved from a quiet yawn to a roaring behemoth, rapidly advancing into ever increasing areas of our lives. Perhaps the most notable impact has been its effect on business, particularly over the past 5-7 years. In this short time, the Internet has become the new marketplace, a firmly established virtual commerce arena that has given convenience a whole new meaning, empowered us to comparative shop across the entire globe, and in many well-known cases, wholly supplanted bricks and mortar stores.

For businesses, having a website is no longer a “nice-to-have”; it’s the price of admission. But just as the ability to reach new customers has exponentially increased, so too has the competition, and companies are in a perpetual race to win share of voice and share of revenue. It’s no mystery, then, that companies must dedicate significant dollars and resources to optimizing their websites and continually hone their mix of customer-centric technologies and strategies to maintain an edge. But how do they know if these efforts are paying off?

This need to understand the return on their investment opened the door for a new industry: Web Analytics. Paralleling the evolution of Internet technologies and capabilities, web analytics providers appeared on the scene, each offering proprietary methods and tactics for measuring website performance and gauging success. Today this niche is essentially owned by a small handful of recognized providers, all of whom have a suite of tools that can measure your website to an astonishing level of granularity and capture a staggering amount of data. This focus on capturing ever-increasing amounts of data is no surprise, given the philosophy this industry has been espousing for years...
Assess other channels, including online advertising and social media, with the promise of providing a comprehensive view of how a company’s marketing mix is performing.

It could and should work beautifully, except for one very real problem: Web analytics providers aren’t analysts or researchers, and most companies don’t have the in-house expertise to effectively analyze the overwhelming amount of data they receive. Although it’s often served up in attractive dashboards, dashboard views do not equal analysis (just like Google does not equal research.) The result is that companies are unable to quickly make informed business decisions because they are mired in data overload.

If the web analytics industry wants to deliver real value to business clients, it must acquire analytical expertise and expand its service offerings to include real data analysis, rather than simply data delivery. The increasing ubiquity of—and our reliance on—the Internet makes critical the need for companies to receive clear and quick insight about how their website is performing, coupled with specific recommendations for how to improve it.

Jason Ten-Pow (MRA member since February 2008) is the President of Research Operations at OnResearch Inc., a full-service, online market research consultancy located in Toronto, Ontario that enhances and optimizes communications with their client’s base through an innovative suite of online technologies and market research expertise.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Website Appearance</th>
<th>Web Metrics Providers</th>
<th>What Customers Want</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990’s</td>
<td>• Plain • Text filled • Limited graphics • Not user friendly</td>
<td>• Visitor traffic • Raw data collection • Clickstream analysis</td>
<td>• High volume of visitors • Low bounce rate</td>
</tr>
<tr>
<td>2000’s</td>
<td>• Graphics, improvement in visual appearance • Improvement in usability • Numerous pages • Visual audio component included</td>
<td>• ASP solutions • Browser tagging • Conformity in features offered in all vendors</td>
<td>• Track visitor behavior and attitudes • Improvement on website satisfaction • Low bounce rate • High volume of visitors</td>
</tr>
<tr>
<td>Present day</td>
<td>• Interactive and real-time human feedback (eg. “live support chats”) • Visually appealing • Able to link multiple components of business</td>
<td>• “interactive dashboard” • Data collection on variety of metrics • Different types of data collection</td>
<td>• Better, more insightful data • Easily understood analysis • Practical and applicable solutions</td>
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Sample Considerations for Market Researchers: Better Treatment of Panelists Means Higher Quality (and Happier) Respondents

By Matt Dusig

Today more than ever, brands across the globe are fighting for every discretionary dollar by gathering more and better consumer intel. As brands have become increasingly invested in collecting, interpreting, and monetizing quality data, our industry has responded. The latest stats show worldwide market research spending and growth—at least in the U.S.—is significantly up from 2009 to 2010, so Inside Research reported this month. I suspect that statistics for this year will show an even greater increase.

At the same time, other studies show that businesses and brands are concerned that they don’t have the information they need to capture online consumers. According to a recent report by the 2011 Digital Marketer, a full 90 percent of U.S. businesses suspect that their customer and prospect data might be inaccurate in some way.

Outmoded Imperatives Clash With Online MR Objectives

In my view, two outmoded imperatives clash with the current objectives of market researchers and their clients, actually hampering the industry’s ability to deliver online sample quality and quantity.

The first imperative concerns the industry’s general attitude toward panelists. An interesting, and perhaps unintentional, sentiment has emerged among industry insiders, which over time has leached the humanity out of the data and inadvertently led to sample burn. Research analysts have come to regard panelists as “sample,” not “people.” How the status quo evolved is understandable, even if it isn’t defensible. Pushed by brands to discover everything consumers think, feel, like and dislike, it’s been easy to forget the humanity behind the data that fuels our industry. Yet these panelists are in reality our neighbors, our friends, and our family members; in short, they are “us.” And they certainly understand the concepts of time management and reward motivations. Participating in an online research panel can often be a tedious experience, during which panelists attempt surveys with the best intentions, and spend a great deal of time trying to qualify inside narrow quota segments—only to frequently be terminated or screened-out with little or no compensation for their time. Is it any wonder many opt-out and stop taking surveys altogether?

Second, and closely related, the industry’s cost-per-interview (CPI) pricing model needs to be re-tooled. It’s past time that we do so, given the maturity of online sampling as a segment of the business. Paying only for completed interviews has leached the humanity out of the data among industry insiders, which over time has eroded the field’s integrity—and inadvertently led to sample burn. Further, the “blame” of poor sample quality often falls on the sampling company’s recruitment and delivery methods, with survey design considered a close second. In reality, the pricing model is often a critical component of ensuring quality results.

Challenging the Sample Status Quo

So, I pose to our industry these challenges: Let’s remember the people within the sample and more fairly compensate survey takers, with the goal of making the entire process more enjoyable. And let’s take advantage of the technology tools that are readily available to the market research industry. It’s 2011, not 1995. No research company should still be burdened with heavy manual processes; everyone ought to embrace automation and enjoy the efficiencies that flow from it.

Of course, clients need to balance the attainment of high quality sample against often strict budgets—everyone understands that, too.

Better treatment of panelists—both attitudinally and in payment practices—will enable the industry to ensure quality sample by providing the kind of rewarding (read: fairly compensated) experience to all panelists that encourages participation and supports high retention.

This approach is more than possible—it has become necessary. It has the potential to yield benefits that cascade throughout the market research chain—but only if we work together.

Matt Dusig is co-founder and CEO of uSamp, the Answer Network, a technology and online survey respondent company that develops collaborative market research tools for fostering more rewarding, profitable relationships between organizations and the people they serve.
Riding Out the Winds of Change
By Paul Kirch, PRC

We’ve all experienced the winds of change at some point or another. If you’re like me, it seems more like a storm than a simple breeze, since it’s rare I’m facing just one change at a time. When you experience a job change, move to another state, divorce, loss of a close family member and a home sale all at the same time, it definitely makes for an interesting ride. During that period, change was all around me. When it seems to all hit at once, the key is to not drop anchor, but ride out the storm, doing your best to focus on the opportunities that come from the challenges. It may not always be apparent, but I assure you, opportunities are there if you’re ready to receive and are in the right frame of mind.

I’ve learned to embrace change and I have grown into a person who looks for opportunities when change occurs. This has helped me achieve things I wouldn’t otherwise be able to, since you have to be in the right frame of mind to see when opportunity is staring you in the face. Don’t get me wrong, I’ve had my bouts with negativity throughout my years and I used to let stress all but consume me. Fortunately, I’ve found much healthier ways to address life’s changes and challenges, reducing my stress level and making me more capable of maintaining a positive outlook.

With many colleagues and friends either out of work or fearing layoffs, it’s fitting that we address change in this issue of Alert! Changing jobs or a career can be frightening, especially if the change wasn’t in your choice. Even if it was, it’s a scary prospect, since we often move on because the grass looks greener somewhere else, thinking a change will bring a renewed happiness. Arguably, the grass color is often a lighter shade of green than we expected, though sometimes we end up pleasantly surprised. There’s so much uncertainty in the workforce today, it’s difficult to tell what the new situation will hold. In fact, I’ve spoken with people who are miserable at their current job and feel a huge burden every day, yet they are not interested in moving on since they feel that it’s such a scary time to be making a move. They believe it’s better to hate their job and be unhappy than to take a risk.

What do you believe?

Almost 3 years ago, I decided to take a huge leap of faith and start my own company. I’m very proud of the fact that I commenced during a really tough time and I’m still doing well. After all, 2009 was a year which devastated many companies, making for some uncertain times for our industry and for the economy as a whole. Though it was probably not the ideal time to put out my own shingle, I saw an opportunity and ran with it. That’s the key, to find an opening, or to put a plan in place and create one. That’s when change can be exciting, or at least it can be inspiring. I had been part of a company acquisition which turned a job and company I loved into something which was much the polar opposite. Deciding to leave was not hard, but I knew I was potentially putting my career and my family’s well-being in jeopardy. At the same time, I knew it was the right thing to do. I didn’t instantly plan on starting my company. That came after receiving a couple of job offers which I simply couldn’t bring myself to accept. It’s a long story, but the experience I went through at my former company led to a change beyond my simply being on the search side of the job market. It led to my changing as a person. I simply couldn’t see myself going through another merger or acquisition situation again. Every opportunity that came my way seemed more like a potential anchor. It wasn’t the companies or the opportunities, it was me. I had changed and it was time to do what I had longed to do for 20+ years. Despite the risk associated with it, I saw self-employment as my opportunity. Had this happened at any other point in my life, I might not have been ready, but fortunately, it happened when I was. So, with the support of my wife and with a newborn baby, I jumped into my entrepreneurial role and have been having a blast ever since. The opportunity was one I had seen many times before, but I wasn’t in the frame of mind needed to go after it.

My story is probably different than yours, but we all face change. Being open-minded and positive when it happens can take you from a place of fear and stress to a position of power.

It can help you achieve greater things than you imagined, but only if you are equipped. Unfortunately, not everyone sees it this way. I know people who have lost their jobs and became very bitter and negative. They felt as if life was unfair to them. Some people have had their health negatively impacted from the stress, and some have ended up wallowing in self-pity, which only makes things worse. I am not making judgments, but I can tell you that it doesn’t have to be like this. It saddens me to see and I have tried to help any people in this situation. Regrettably, when you’re so consumed with bitterness, it’s almost impossible to see the truth about your situation; it’s easier to feel sorry for yourself than to regroup and make things happen by setting a plan in place and adjusting your attitude. When you rise above the negativity, you’ll be surprised at what can come your way.

Change is inevitable and it’s a part of life as we know it. Though not all change is good, your mindset can directly impact the end result. So stay positive and focus on planning and strategy. If things are moving down a path you don’t like, you can take back control and steer onto an even better course than you were on before. After all, we’ve all faced times where we “stumbled” into an opportunity, or we feel like we were destined to land somewhere, even though it wasn’t our intended direction. If you look back, you were likely very open-minded or even optimistic when things “worked out.” Even out of tragedy comes something positive, though it might not seem it at the moment. The phrase “it’s often darkest before the dawn” clearly represents this fact. So, when the winds of change are coming your way, don’t drop anchor, but instead hoist the sail and see where those winds blow you. You might just find that what started off as a storm ended as a memorable voyage. My wish for you is that your adventure has a happy ending.

Paul Kirch, PRC (MRA member since January 2000) is the President & CEO of ActusMR, a company that assists their clients achieve business health and growth through various means, all tailored around sales, marketing and business strategy.
The Co-Sponsors:
The Marketing Research Association ("MRA"), Quirk's Marketing Research Review ("Quirk's"), and the Market Research Executive Board program of The Corporate Executive Board Company ("CEB") produced a new conference to advance the interests of corporate marketing researchers and executives as well as the research providers who support them.

Please enjoy the following pictures and attendee quotes, which illustrate some of the conference highlights. (To view more pictures, please visit: http://crc.marketingresearch.org/photos.cfm)
"...The networking event highlight was the “Evening at the Museum,” which was a nice escape from the conference atmosphere, in a spacious venue that allowed for mingling and exploration. As an additional bonus, the food was also very well done. Comparing this to my prior experience at the Orlando conference, this was more in line with what I need as a corporate researcher. CRC’s ability to attract so many other corporate researchers was great. I was able to network with ample peers, who are facing the same challenges I am. That, along with the quality of speakers, made this conference an extremely valuable use of time. I anticipate attending future MRA Corporate Researcher Conferences, where I know the MRA will continue to bring valuable content to meet the needs of their members and the industry at large."

Matt Case, Senior Corporate Marketing Analyst
FedEx Services
MRA Member since October 2010
...the Corporate Researchers Conference was focused tightly on the key areas that I think will be of great benefit to my career. I was pleasantly surprised that the sessions were structured not only on how to do my job better (such as giving more effective presentations,) but also focused on how to help properly position my career in the future by shifting my focus from tactical, drive-thru research, to a more strategic focus that will enable me to have a better seat at the table during important discussions. Lastly, the opportunity to interact with my peers was invaluable. At one interactive session, I was able to have a robust discussion with researchers representing great brands such as JP Morgan Chase, Kashi, LG, and the Chicago White Sox – all at the same table. I would highly recommend this conference to any corporate researcher and I plan on being back next year!

Josh Fenner, Marketing Research Analyst
Tempur-Pedic North America
MRA Member since May 2011

“My customary pre-conference mental exercise of MANAGING MY EXPECTATIONS was somewhat confusing as the CRC approached. Speaking as an eternal optimist, I must admit the experience exceeded my expectations. My findings include the following: A. A well-orchestrated event laden with new faces; B. A sense of “oneness” and an evaporation of the mythical caste system; C. A comfort level (with other attendees) that just felt natural; D. New pieces of the “research puzzle” just seemed to fall into place; E. Renewed optimism. In short, this was not our mother’s MRA.”

Jay White, CEO
Baltimore Research
MRA Member since December 2005
“It was a pleasure to take part in the first CRC Conference. From an exhibitor and specialty sponsor standpoint, it was a HUGE SUCCESS! The traffic in the exhibit hall was excellent during the breaks. The ‘exhibit hall bingo game’, the $1000 giveaway and the meals being served in the exhibit hall were instrumental in driving traffic.

Kimberly White, Director of Business Development
EFG Research
MRA Member since March 1994

“I had a wonderful experience in Chicago at the Corporate Researchers Conference. It was a fantastic conference for those of us who conduct research in the corporate world. At the conference, I learned several market research best practices and learned a lot about the next generation market researcher. I thought the keynote, educational, and general sessions were very interesting, and they taught me many new practices that I was able to take back and utilize in my Market Research department at ALSAC/St. Jude Children’s Research Hospital. Overall, the Corporate Researchers Conference was one of the best market research conferences I have ever attended. It was incredible to be around so many people that have a passion and love for market research.”

Emily Pattat, Director of Marketing Research and Analysis
ALSAC/St. Jude Children’s Research Hospital
MRA Member since September 2011

“Attendees gain insights from each other during a structured round-table discussion.

Rick Murray, Edelman Chicago

“This spectacular conference was wisely crafted through careful planning and intelligent marketing to deliver insights that generate innovative thinking...a fraternal mix of corporate researchers and professional providers, truly wonderful social networking events, and responsive staff resulted in an impressive marketing event that stands out among the many.

Susan Saurage-Altenloh, President
Saurage Research, Inc.
Interaction with Human Subjects: Changes to the Common Rule
By LaToya Rembert-Lang, J.D., LL.M.

Within the past five years, one thing has been made clear in the life of a survey researcher: change is constant. Research participants change, the perceptions of research participants change, research (as a model) change, research businesses changes, and regulations and laws will find themselves within a cycle of change. Pharmaceutical and healthcare is an area of constant significant change and scrutiny. Most recently, this area has found itself subject to proposed changes by the U.S. Department of Health and Human Services (HHS) to the Common Rule. In coordination with the Office of Science and Technology Policy (OSTP), HHS has issued an advance notice of proposed rulemaking entitled “Human Subjects Research Protections: Enhancing Protections for Research Subjects and Reducing Burden, Delay, and Ambiguity for Investigators”, in order to improve the protection of human subjects in human subjects research and revise the research process. The proposed changes would impact survey research professionals that conduct research with human subjects with the assistance of federal funding.

What is the Common Rule?
The Common Rule, known formerly as “The Federal Policy for the Protection of Human Subjects”, governs regulations that apply human subjects research. The rule consists of formal work ethical guidelines for medical researchers. The regulations were adopted by fifteen federal groups and agencies in 1981 and have since been implemented by the Central Intelligence Agency (CIA) and the Department of Homeland Security. Since 1991, the rule has not undergone significant revision or alteration.

There are three fundamental ethical considerations of the Common Rule:
1. Respect through informed consent: Researchers must be truthful and assist human subjects to understand all aspects of any clinical trial or other research that they will participate in. Subjects must provide their own, voluntary consent in order to participate.
2. Researchers must “first, do no harm” to research subjects. Researchers should always focus on minimizing the risk.
3. Costs and benefits should be distributed among subjects fair and equal. Moreover, they should be equal and not exploitable.

In addition to ethical considerations, the Common Rule is governed by a system of oversight responsibilities. There are two types of oversight systems that are available:
1. Institutional Review Boards (IRBs): The boards are charged with overseeing all human research, and are tasked with making sure the research adheres to the ethical principles. 
2. IRB oversight comes from the Office for Human Research Protections (OHRP) which is part of HHS. The OHRP is tasked with protecting the rights, welfare and well-being of any person who chooses to become involved as a subject in biomedical research in the United States.

Scope of Proposals for Revision
For the first time in two decades, the federal government has proposed changes to the rules governing research with human subjects. The changes to the rules would primarily impact sponsors of clinical trials, investigators and IRBs, however organizations or businesses that are tangentially related to humans subject research, such as survey research (data analysis), will also be impacted.

The changes to the regulations would exist primarily in the following areas:
1. Revisions to the existing risk-based framework to more accurately calibrate the level of review to the level of risk.
2. Use of a single IRB for all domestic sites of multisite studies.
3. Improve the forms and processes used to obtain informed consent.
4. Establish mandatory data security and information protection standards for all studies involving identifiable or potentially identifiable data.
5. Implement a systematic approach to the collection and analysis of data on unanticipated problems and adverse events across all trials to harmonize the complicated array of definitions and reporting requirements and make the collection of data more efficient.
6. Extend federal regulatory protections to apply to all research conducted at U.S. institutions receiving some funding from any Common Rule agency for research with human subjects.
7. Improve the harmonization of regulations and related guidance.
The Bottom Line: Research Impact

According to HHS, the recommended proposals are designed to: (1) enhance the protection of research subjects; and (2) improve the efficiency of the review process. Among the proposed revisions is to “excuse” from IRB review studies that would pose risks that are considered informational, rather than physical, if they adhere to certain standards for data security. HHS also suggests that studies using “educational tests, surveys, interviews, and similar procedures,” when conducted with competent adults, could be excused from IRB review. For studies that fall into these and other excused categories, researchers would still be required to submit a one-page description of their research to an institutional review board, but that would be the extent of their interaction with the panels.

The proposed changes would extend federal research protections to all studies that receive federal funding for human subjects research. The recommendations for this change have sparked debate among researchers, with some arguing that it is too overbroad and far reaching; while systematically not dealing with the ethical challenges that are posed by research studies that do not receive federal funding.

Conclusion

HHS is currently seeking comment on the scope of the proposed recommended changes and revisions. As this area is constantly changing and subject to scrutiny, it is important for businesses to stay abreast of any developments in this area and the potential changes that may be required for implementation. Stay tuned to MRA for future developed and final implementation guidelines in this area. Please contact LaToya Lang at latoya.lang@marketingresearch.org with questions on how the potential changes may impact your specific business.

Disclaimer: The information provided in this article is for guidance and informational purposes only. It is not intended to be a substitute for legal advice. MRA advises all parties to consult with private legal counsel regarding the interpretation and application of any information to your business.

LaToya Rembert-Lang, J.D., LL.M.
is MRA’s General Counsel.
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Great Lakes Update

**Save the Date:** Annual Joint Chapter Winter Conference – Key West, Florida January 25th – 27th

The Great Lakes, Atlanta/Southeast, and Florida Chapters of the MRA will be holding their annual Joint Chapter Winter Conference in Key West, FL on January 25-27 at the Pier House Resort and Caribbean Spa. Join others in Key West for an exciting lineup of speakers and PRC opportunities. Sponsorships are currently being accepted for the conference. Visit http://www.glcma.org/Upcoming_Conferences.html for more sponsorship and registration information.

Philadelphia Update

The Philadelphia Chapter has several planned events. Please save the following dates:

**Post-Holiday Party**
January 12, 2012 (Hotel Palomar, 117 S 17th Street, Philadelphia, PA)

**Evening Education**
Thursday, February 9, 2012 (Westin Hotel, 99 S 17th Street, Philadelphia, PA)

**Greater New York and Philadelphia MRA Joint Chapter Conference**
Thursday and Friday, April 19-20, 2012 (Borgata Hotel, Casino & Spa, Atlantic City, NJ)

Greater New York Update

**Save the date:** The Greater New York Chapter Holiday Party will be held on Monday, December 5, 2011, from 6:00 PM to 10:00 PM. The party is being held at Arena in NYC, 135 West 41st Street. Please visit the Greater NY Chapter website www.mrany.org for details and to register for the event.

Southern California Update

**Save the date:** Southern California Chapter Holiday Party.

Date & Time:
Friday, December 9th, 2011
7:00pm-10:00pm
Location:
Rosa Mexicano at Sunset Blvd.
8570 West Sunset Blvd.
West Hollywood, CA 90069

The location, food and beverages are amazing. Plan to attend and have an amazing time with friends, old and new.

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MRA’s *Alert!* Magazine – November 2011
Special Announcement and Statement to the Family of Ruth Nelson

Ruth N. Nelson, a leader in the marketing research community, passed away on September 28, 2011 in her Denver home. She was preceded in death by her husband, Marvin C. Nelson. Ruth is survived by her four children, Cristy, Ellen (Larry), Kathy (Steve) and Will (Marleen), eleven grandchildren, one great-granddaughter, her sister, Nikki Mertz, and two nephews. She is also survived by many dear friends, colleagues and employees from her long-standing business Colorado Market Research Services, founded in 1964. Besides her family, her company was her passion. She was active on the Board of the Alzheimer’s Association after the death of her husband in 1988 and also served on the board of Safehouse. She was 88 years old.

Ruth was a marketing research trail blazer and donated time and energy to countless MRA and industry initiatives. In addition to leading the Marketing Research Association’s Board of Directors as President in the late 1970s, Ruth also received the MRA’s most prestigious award, The Honorary Lifetime Membership, in recognition of her outstanding contributions to the association.

Please join us in expressing great appreciation for our friend and colleague, Ruth Nelson, as we extend warm thoughts to her family.

Directions Research Announces Three New Hires and a Promotion

DRI has hired Brett Davis as a Research Analyst. He has 15 years of market research experience, most recently with Datamonitor. Kathy Campbell, has been hired as a Project Manager. She has 10 years of experience from Nielsen BASES. Will Brooks has been hired as a Staff Assistant. He has 4 years of experience in DRI’s production services department. Judith Lehman, who joined DRI in May, 2010, has been promoted to Account Manager.

E-Tabs Verify Shortlisted for the 2011 ASC/MRS Joint Award

E-Tabs is delighted to announce their revolutionary automated table checking solution, E-Tabs Verify, has been shortlisted for the 2011 ASC / MRS Joint Award for Technology Effectiveness. This prestigious award recognises outstanding innovation in the application of software or technology for market, opinion and social research, which has directly achieved a demonstrable improvement in the effectiveness of actual research delivered.

Greg Clayton Appointed as Managing Director of Kadence International Singapore

Greg Clayton has been promoted to Managing Director of Kadence International’s Singapore operation. The appointment is part of the market research and insight agency’s expansion plans for the region, which also involves the relocation of Phil Staggals from the UK to Singapore and a major office refurbishment.

MarketVision Research Announces New Research Director

MarketVision Research is pleased to announce Scott Kirklin has joined as Research Director supporting qualitative research initiatives with healthcare and pharmaceutical clients. Scott has over 15 years of experience in marketing research and the pharmaceutical space.

Research Now Appoints New Assistant Client Development Manager Based in Madrid

Research Now, a global online sampling and data collection company, announced the appointment of Valle Castro Bermejo to further support future growth in the Spanish markets. Appointed Assistant Client Development Manager, Valle will be based in the company’s Madrid office, and is responsible for further growing the company’s presence in the local market.

Michael Spedding to join the P$LS Group

The P$LS Group is pleased to announce the appointment of Michael Spedding as Domain CEO. Michael’s role will encompass all of the Group’s market research businesses in Europe and the Americas. In this recently created role, Michael will bring new leadership and energy to key initiatives such as broadening product portfolios, expanding geographical presence as well as growing the management teams and talent of the individual businesses. Michael will be based in the group’s New York office.

Send press releases and announcements to Amy Shields, PRC at amy.shields@marketingresearch.org.
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