

## Post Conference News

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**ims** INTELLIGENCE.  
APPLIED.

### Over 370 delegates were registered for the Conference along with 56 exhibitors

This year's conference took on a new format. It was shorter (Tuesday to Thursday including Committee meetings) and included a mix of plenary and parallel sessions. The agency fair was also organised around lunch and coffee breaks. Once again Masterclass training sessions were held for members.

*“ I can honestly say it was the most interesting and most professionally managed market research conference I've ever been to, and I've been to quite a few. Thank you. ”*

*“ Good job on the conference! I am definitely planning on attending next year. ”*

*“ My colleagues really enjoyed the conference very much and the way the agency fair was organized around the lunch buffet was a very good thing and for my company the conference was a great success. ”*

*“ I found the soapbox session very interesting and would like to see this included in future conferences. ”*

The new conference format will be assessed through feedback from evaluation forms from the Masterclasses, the conference overall and a specific questionnaire for exhibitors on their views of the new format. The EphMRA Board and 2010 Conference Programme Committee will fully digest the evaluation results.



# Conference Reports

## Plenary Session 3

### Using the HABIT to encourage greater communication and compliance

John Bell, Key Note Speaker



John Bell - Keynote Speaker

Session Chair - Matthias Weber,  
Solvay Pharmaceuticals



A stage hypnotist in a previous incarnation, John Bell still possesses the ability to hold an audience's attention and entertain, as well as educate them. Looking for new challenges, John used the skills he had learnt about how people respond under hypnosis to move into the role of a human behaviour consultant. He has used his skills to effect in the medical profession, with an emphasis on patient behaviour. John was therefore well placed to deliver a talk on why patients don't listen, why they don't take their medication as prescribed and how we can try to change their behaviour.

As we are all aware, non-compliance is a huge issue for the medical profession. Patients do not receive the intended benefits of the medication and may not see an improvement in their health, which could result in a poor perception of the pharmaceutical industry and a negative impact on the bottom line. If communication can be improved between doctors and patients, patient health and satisfaction should also improve.

John utilises his mnemonic acronym, HABIT to illustrate methods doctors can use to improve communication with their patients. By paying attention to these five simple statements we may find that we can help counter miscommunication in every part of our lives.

**H** - John's first signpost to better communication was **"how can we do this better?"** John believes that the characteristic uniting successful people (and their businesses) is their way of thinking. They are constantly asking themselves how they can do things better next time.

Thomas Edison did not invent the first electric light bulb. But he looked at one of the original prototypes and asked how it could be improved, resulting in the first commercially viable product. John argued that doctors have become de-skilled and this affects the success of their diagnoses and our products. In bygone days, doctors may have had the time to spend 20 minutes with each patient which gave the patient the time to build up to the real reason that they had come for a consultation, often delivered as the patient stood up to leave. Now doctors, through financial cuts and time pressures, are missing these vital cues. Doctors must keep reminding themselves to try and do better by improving their listening skills.

**A - Admit your weaknesses.** We do not always tell the truth. We communicate non-verbally the whole time by the clothes we choose to wear, the car we drive, even the pictures we display in our homes and offices. Doctors need to be able to pick up on this way of communicating. Because patients will often not tell the truth when questioned by the doctor. They will say what they think the doctor wants to hear. If a patient's health is not improving in spite of protestations that "Yes, I am taking my prescription" then you might want to pursue whether this "metalanguage" means something else, especially when preceded by a cough! For instance, the real truth might be more like the following: "I only take the medicine sporadically because I suffer from bad side effects" or because "the doctor has forbidden me to take alcohol while on the medication and I do like a drink".

A doctor needs to sharpen his skills and make use of probing questions such as What, Why, When, How, Where and Who to decipher what the patient really means. For instance when a patient asks which is the most important out of the three medicines they have been prescribed, the doctor needs to ask "why" they are asking that. The answer may be that they are considering not being fully compliant.

Doctors also need to be conscious of the words they use to speak to patients. Telling a patient "it will be hard to give up smoking but you must try" for instance has already gone half way to demotivating them by admitting that not only will it be hard but also that they have to give something up. Patients need to be motivated, especially when doctors want to make them alter their habits - because patients can be reluctant to change. Label people at your peril, since being told they are an "alcoholic" can lead a patient to lose their enthusiasm to change.

To encourage enthusiasm in patients, doctors need to act enthusiastically, which neatly encapsulates the next point:

**B - Behaviour breeds behaviour.**

You can't just tell people how to behave, you have to show them. Words by themselves, as John illustrated throughout the talk, can

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be worse than useless. Medical professionals need to tell and show a patient how to self-administer their insulin injection. They need to check that the patient has understood the explanation and demonstration by asking them to repeat back the information to them. Finally, they need to give them written information to which the patient can refer to 24 hours later and thereby further reinforce the learning. In this way information can be transferred from short to long-term memory and patients may well start to be more compliant. Because one of the main reasons patients are not compliant is simply because they forget.

In addition, doctors need to maximise the placebo effect by conveying confidence. When we were limited to very few medicines in the past, we had to rely a lot on faith in the only available medicine to cure. Even now, if the doctor demonstrates faith in the medicine, the patient will also believe in its ability to heal.

The last two statements in John's mnemonic were Imagination and Take Action:

**I - Imagination.** We in the pharmaceutical industry need to use our imagination and create mental and visual images that will help transfer relevant information to doctors in a format they can easily remember, engendering a belief in the product which doctors can in turn transfer to their patients. Doctors need to develop a rapport with patients, to ask them questions, to make them feel comfortable. In this way they help build up the patient's confidence, because confidence is a state of mind and once the patient believes in a product and believes that they can change their behaviour, then treatment is a more easily obtainable objective.

**T - Take action.** The huge value of conferences such as EphMRA is the variety of tools that we can pick up and learn from at them. Conferences stimulate us to ask "how we can do this better?", prompt us to "admit where our weaknesses are" and remind us that "behaviour breeds behaviour". Conferences should also fire our "imagination" with ideas and motivate us to "take action" on them. John certainly achieved this with his inspiring and humorous talk and he called upon the audience to put what has been learnt into practice. Implementing just one or two ideas we have listened to in Paris this year could help improve communication between agencies, pharma companies, medical professionals and patients and that is something from which we can all profit.

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## Parallel Session 3

### Deploying Web-Conference Focus Groups

Walt Harris, Genzyme Corporation, USA



Walt Harris



Session Chair - Alex West,  
P\SL Research

To date, the world of pharmaceutical market research has featured the use of web-based interviews predominantly for quantitative market research. Whether this is for market landscaping, target product profile testing, branding and communication research, tracking as well as a host of research types, "the web" has been long established as a quantitative research tool. Web based qualitative research has had a much slower adoption as a means by which brand teams assess their business information needs.

In his paper, Walt Harris of Genzyme highlights an approach that successfully used a qualitative, web based approach to prepare for the enhancement of a patient support program for Gaucher & Fabry diseases.

### Background: Supporting patients with orphan diseases

- Genzyme develops and markets enzyme replacement therapies for rare genetic
- Offices in 40 countries; products available in 90
  - Majority of business unit revenue in Europe; EU headquarters in Netherlands
- Challenges addressing varied needs of patient populations around the world



### The research need.....

Genzyme needed to obtain patient perspectives on ways to deploy interactive technology best suited to their lives given a number of different factors i.e. varying levels of access among