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INTRODUCTION

Marketing Insights: Current Perspectives on Healthcare Market Research brings together a series of Kantar Health white papers, articles, case studies and discussions to stimulate debate and fresh thinking about the future of healthcare market research.

We are at the beginning of an exciting technology revolution. Patients can have greater access to vital data about their bodies and be more involved in their overall health and wellness. According to our research study, physicians are rapidly adopting digital channels as primary means to consume information and communicate. Our thought leaders explore a mobile survey application, mHealth wearables data usage and medical-related apps for physicians.

In the pharmaceutical market, the role of the patient is becoming increasingly important. Kantar Health’s approach to patient centricity will allow pharmaceutical companies to get a step closer to patients. In this edition, you’ll learn about current perspectives including protecting privacy, realizing deeper patient insights, and better connecting with people with health conditions.

In the last section, discover our cutting-edge market research methodologies such as inductive decision mapping, PINNAKLE™ and qualitative-quantitative research methods from Kantar Health case studies.

FOR MORE INFORMATION
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mHEALTH

Kantar Health Unveils Novel Mobile Research Method in Health Outcomes. ........................................... 5

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Medical-Related Apps Failing Physicians in China?. ................................................................. 17
KANTAR HEALTH UNVEILS NOVEL MOBILE RESEARCH METHOD IN HEALTH OUTCOMES

Kantar Health has launched a new mobile survey application that collects qualitative and quantitative insights from patients, allowing researchers to see the associations between patients’ daily disease-related experiences and their health-related outcomes. Results from the pilot study using this methodology were presented at the ISPOR (International Society for Pharmacoeconomics and Outcomes Research) 21st Annual International Meeting.

The pilot research was conducted among patients with rheumatoid arthritis who participated in a seven-day pain diary study. The patients downloaded the Kantar Health mobile survey app, which collected quantitative data, such as comorbidities and treatment, and posed questions related to the McGill Pain Questionnaire. It asked them to rate the presence and severity of 15 pain dimensions and pain intensity. In addition, the app allowed patients to upload pictures and videos that captured their pain experience along with captions for their uploaded materials.

“This research shows the advantage that mobile has over other survey media by enabling researchers to see changes over time,” said Brian Mondry, Global Head of Digital Innovation at Kantar Health. “Among these rheumatoid arthritis patients, we were clearly able to see the ebbs and flows of pain throughout the week. Additionally, the ability to upload pictures enabled us to see the true effect of pain on their lives – from their interactions with their children to feeling overwhelmed by household chores.”

Key patient findings from the research included:

+ Pain described as “stabbing” was most strongly associated with anxiety and depression.
+ “Punishing” pain was most strongly associated with greater pain intensity.
+ Pain described as “hot/burning” and “exhausting” were the most consistent over time, whereas “punishing,” “shooting” and “gnawing” were the most variable.
+ “Aching,” “tiring/exhausting” and “throbbing” were the most common dimensions of pain.

Mondry added, “Our findings, coupled with the qualitative rating of each patient’s pain, give a unique perspective into which dimensions of pain are most associated with health outcomes and the patient experience, which in turn can help better inform disease management and treatment, ultimately improving quality of life.”

For more information, please contact info@kantarhealth.com, or visit us at www.kantarhealth.com.
mHEALTH WEARABLES DATA USAGE, ACCURACY AND FUTURE ADVANCEMENT

BY JESSICA SANTOS
The market for mHealth wearable devices (web-connected technologies) is exploding, with Statistica projecting that 601 million connected wearable devices will be in use by 2020, up from 97 million in 2015. Juniper Research projects the space will generate $53.2 billion in revenue by 2019, with the number of fitness devices alone tripling from an estimated 19 million in 2014.

The general consensus is that web-connected technology that enables better personal health and wellness will be widely adopted globally. Companies such as Apple, Google, Samsung and Qualcomm also have entered the space and are building quantified self platforms that can serve as central repositories for individual health and wellness metrics and will enable consumers to easily and effectively manage and analyze the data coming from a wide range of mHealth devices and applications.

While web-connected technologies are attracting attention from the healthcare industry and consumers, they also raise many questions and concerns. Will the devices be prescribed by physicians or purchased freely in any retail store? How are mHealth data collected, shared and used? Are the data accurate and reliable? Can we regard wearable data as medical grade data? The answers to these questions will inform the development of a new generation of wearables and determine their fate.

These web-connected devices and applications, which transmit health data to the cloud, also enable a future in which healthcare professionals will have easy access to relevant patient health data. This could help an actively engaged physician adjust medication dosages, suggest lifestyle changes, or intervene as necessary if any danger signs are apparent in the incoming biometric data.

OWNERSHIP AND USE OF MHEALTH DATA

A gray area in the mHealth space is ownership of the overwhelming amount of data being collected from devices. Logically, many likely think consumers themselves have complete control over the data on their devices. However, consumers agree to have their data shared with a number of parties via their devices’ privacy policies, terms and conditions, and user agreements, and their data are automatically uploaded to the cloud, where sharing is made easy. Whether or not consumers are aware, manufacturers are collecting data from the devices they have sold.

Wearables such as Fitbit or Apple do not declare ownership on users’ personal data, but they do claim certain rights. Data are used for providing the service, for research informing health community trends, and for marketing and promotion. Information will not be sold but will be “shared.” Many of these terms are open for interpretation.

Manufacturers’ collecting certain data is highly beneficial to the consumer. Manufacturers must meet their responsibility as marketing authorization holders (MAH), which requires manufacturers to monitor products for safety as long as they are on the market. In general, all manufacturers want to continuously improve their products. Collecting user data allows manufacturers to produce newer, better versions ahead of their competition. In addition, many apps are available for free, and using data for activities such as targeted advertising helps keep them that way. By using predictive models,
Companies that manufacture wearable devices will need to prove they can accurately monitor and improve patient health. Manufacturers can validate devices’ accuracy and create algorithms to show users how healthy they are compared with the norm. As such, we should not assume that a manufacturer’s collection of personal data is to the detriment or somehow taking advantage of the consumer.

Are the data collected from wearables accurate?

Any healthcare data used for prevention, diagnosis, and treatment require the highest possible accuracy and absolute scientific measures on data collection, management and analysis. To win acceptance in the market, companies that manufacture wearable devices will need to prove through extensive studies that they can accurately monitor and hopefully improve patient health.

Manufacturers will need accurate readings to tease out known signals, like fluctuations in glucose levels or abnormal heart rhythms such as atrial fibrillation. Machine learning technologies also will make it possible to discover “unknown signals,” such as the significance of skin conductance for a variety of conditions. All of these depend on the accuracy of the data collected. Users across several states have already claimed that some of these products are collecting inaccurate data and their marketing programs are misleading, causing them to file class-action lawsuits against manufacturers like Fitbit.

Healthcare providers have been slow to embrace consumer-facing wearables like Fitbits, Jawbones and Apple Watches because they do not trust the accuracy of the information (or cannot find a way to use it). Instead, they’re using more expensive medical-grade devices for remote patient monitoring programs, which ensure data validity but often drive up the cost of the program, making it less sustainable.

A wearable device accuracy study conducted by Patel had 14 people walk 500 and 1,500 steps on a treadmill and then compared the results on each device; the study showed a variation in device accuracy by as much as 23%, and similar small-scale studies from Case et al. and Dennison et al. on the accuracy of smartphone applications and wearable devices for tracking physical activity data showed mixed results. Many smartphone applications and wearable devices were somewhat accurate for tracking step counts, but the wearable devices observed had more variations. The differences were both higher and lower, and one device reported step counts more than 20% lower than observed. Step counts are often used to derive other measures of physical activity, such as distance walked or calories burned. Underlying differences in device accuracy may be compounded in these measures. There have been few evaluations with large samples on the accuracy of their use for a wider scope.

Efforts are being made to allay such concerns. For example, in February 2016, Philips announced plans to develop its own line of medical-grade biosensors, starting with patients in low-acuity settings (low severity or require low intensity of care) in the hospital but eventually transitioning to patients on home monitoring programs. Companies like Validic, meanwhile, are developing mHealth platforms that facilitate the data taken from wearables for providers.
Reliability of wearables is still being developed and tested on a large sample, cross-brand studies. All constituents, including manufacturers, regulators, payers, healthcare professionals, and consumers, will welcome improvement.14

FUTURE OF MHEALTH WEARABLE DATA ADVANCEMENT

The overwhelming popularity of mHealth wearable devices is irreversible. But the future of such products depends on sorting out the two issues above: data accuracy and permitted uses. It is forcing advancement on this innovation to make wearables generate clinical-grade data using better sensors and more sophisticated algorithms, network platforms, and infrastructure.

Consumer-focused companies, including Apple, Google and Samsung, have all begun to develop ways to bring consumer activity data into patient management. Meanwhile, established medical equipment players, such as Philips Healthcare and GE Healthcare, have recently launched their own mHealth platform plays.15

Connectivity can be the sticking point of the advancement of mHealth wearables. Patients can have greater access to vital data about their own bodies and be more involved in their overall health and wellness. How information is shared and protection of privacy will influence how doctors and patients share information, interact and make decisions about patient care.

If data collected from non-invasive mHealth wearables is accurate enough for clinical use, it will soon replace data that currently is only available through the use of expensive, invasive and hard-to-access equipment,16 which is a huge benefit for healthcare system as a whole as it can be regarded as the next generation of non-invasive body monitoring solutions.17

We are at the beginning of this exciting technology revolution, and it is certain that mHealth wearable data will become more accurate, cleaner, and faster in synchronizing with other devices.

For more information, please contact info@kantarhealth.com, or visit us at www.kantarhealth.com.
REFERENCES

1. https://www.fitbit.com/uk/privacy
USING mHEALTH DATA TO UNDERSTAND SMOKING CESSATION
Despite decades of awareness programs and steadily increasing taxes on tobacco products, smoking rates remain high in Europe. According to the World Health Organization (WHO), four in 10 European men (second behind men in the Western Pacific region) and two in 10 European women (the highest rate in the world) currently smoke. These higher smoking rates have led to Europe having one of the highest proportions of deaths attributed to tobacco: 16% of all deaths in adults older than 30 are contributed to tobacco use, compared with 12% globally. Smoking also causes or increases the risk of developing many diseases, including lung cancer, chronic obstructive pulmonary disorder, heart disease and stroke. WHO considers tobacco use to be the single most preventable cause of death and disease.

Beyond the effect on individuals’ health, smoking also places an enormous burden on society. The burden from smoking cost the European economy an estimated €544 billion in 2009, or 4.6% of Europe’s GDP. The societal costs associated with smoking include:

+ Treatment of smoking-related diseases in active smokers and those affected by second-hand smoke
+ Loss of earnings, absenteeism and presenteeism
+ Monetization from disability or premature mortality
+ Indirect costs related to smoking damage, litter and environmental harm

With the immense burden smoking places on both the individual and society as a whole, smoking cessation is a booming business. Myriad products and services claim to help smokers break the habit and the dependence on nicotine, including e-cigarettes, nicotine gum, nicotine patches, prescription drugs, smartphone apps, hypnosis and acupuncture. The U.S. Food and Drug Administration lists the No. 1 thing smokers need to quit as willpower. As Mark Twain apocryphally said, “Giving up smoking is the easiest thing in the world. I know because I’ve done it thousands of times.”

To help people quit smoking, it’s important to understand why they find it so difficult to quit and how quitting can help improve their health. This white paper will look at smoking rates in France and the UK, smokers’ habits and desire to quit, and the overall impact of quitting on health and well-being.

**METHODOLOGY**

Data on smokers’ habits, including frequency of smoking and attitudes toward smoking, come from Kantar Health’s National Health and Wellness Survey (NHWS) datasets. The NHWS is a patient-reported survey conducted annually in the United States, France, Germany, Italy, Spain, the UK, urban China, Japan, Brazil and Russia. The survey is predominantly Internet-based, though respondents are also recruited offline in some countries (such as urban China) where the Internet penetration is limited in certain areas and among certain demographic strata.

Within each country, recruitment to participate in the NHWS is conducted in such a way as to mimic each country’s adult population (through the use of what is called a random stratified sampling framework). This ensures that the final samples of each country are demographically representative in order to generalize to the total adult population. The data in this white paper are based on the responses of 30,000 adults aged 18 or older in France and the UK.

Data on smoking cessation are from participants who are smokers, non-smokers or actively trying the quit
smoking in France and the UK who own one or more Withings device and are able to track both weight and activity data. Participants were recruited via the Withings portal based on the number of devices owned and their user profile. Only those who frequently connect to the app were recruited. Each participant answered a short questionnaire every other day during the fieldwork period, and each participant made their biometric data available.

**SMOKING RATES ARE HIGH**

Smoking rates in Europe are higher than average, and France and the UK are no exception. According to NHWS data, 59% of French adults and 52% of adults in the UK have smoked at some point in their lives. Of those, 39% are still smoking, for an overall rate of 23% in France and 20% in the UK. Twelve percent of French adults and 15% of adults in the UK smoke more than a pack of cigarettes a day. Half of adults in France smoke 10 or fewer cigarettes per day, compared with four in 10 in the UK.

Adults in the UK are more likely to smoke their first cigarette within an hour waking up in the morning – 77% versus 66% in France. Smokers in the UK are also more likely to say they find it difficult to refrain from smoking in places where it’s forbidden.

Quitting smoking produces enormous health benefits, starting almost immediately after the last cigarette. Carbon monoxide levels in the blood drop to normal within 12 hours of quitting, circulation and lung function improve within two weeks to three months, and 15 years after quitting the risk of coronary heart disease is the same as a non-smoker’s. According to NHWS data, 60% and 58% of people who have ever smoked have quit in France and the UK, respectively, an average of 15.5 years ago. Smokers in the UK are more likely to use a prescription medication to help them stop than those in France.

**QUITTING IS STRESSFUL**

Once a person decides to quit smoking, nicotine withdrawal poses a number of symptoms that last a few days to a few weeks:

- Depression
- Difficulty sleeping
- Becoming cranky, frustrated or angry
- Feeling nervous, anxious or restless
- Having trouble thinking clearly

Withings surveyed its device users and segmented participants’ responses and biometric data by smokers, non-smokers, and those who are trying to quit smoking to determine the effect quitting has on overall well-being. Respondents were asked to rate their physical condition over the past two days on a scale of 0 (very poor) to 10 (excellent). Respondents who are trying to quit smoking are least likely to rate their physical condition as a 9 or 10 (8%) compared with both smokers (12%) and non-smokers (25%). However, they are also least likely to rate their physical condition as 5 or less (13%) than smokers (22%) and non-smokers (18%).

Quitting smoking significantly increases stress levels. Eighty-three percent of respondents who are trying to quit say they feel stressed some, most or all of the time, compared with 60% of non-smokers and 76% of smokers. Interestingly, while stress levels do not affect the amount of steps a person who is trying to quit smoking takes each day, smokers tend to take more steps when they are not stressed while non-smokers take more when they are stressed.

Physical condition and stress levels also affect respondents’ sleep times and the quality of their sleep. While sleep time differs very little depending on whether...
a person smokes (6 hours 59 minutes for smokers, 7:16 for people trying to quit, and 7:31 for non-smokers), quality of sleep differs greatly. Three in 10 people who are trying to quit smoking say they wake up well-rested or perfectly rested, compared with 37% of smokers and 29% of non-smokers. Those trying to quit smoking are also most likely to say they are likely not at all rested when they wake up.

One concern people who quit smoking have is that they will gain weight. On average, people who quit smoking gain about 10 pounds (4.5 kg.). There are several reasons for this. Smoking suppresses the appetite and increases metabolism, so when a person’s appetite and metabolism return to normal weight gain follows. Also, a person’s ability to smell and taste food increases after stopping smoking, which may lead someone who is quitting eat more.

Withings data found that weight loss is indeed more difficult among those trying to quit smoking, but it is possible. Over a four-month period, non-smokers reported losing 1 kg (2.2 lbs.), while smokers lost 2 kg (4.4 lbs.). Those trying to quit smoking, on the other hand, lost just 0.5 kg (1.1 lbs.).

CONCLUSIONS

While the study from Kantar Health and Withings confirms that smoking cessation affects the physical and emotional well-being of those attempting to quit smoking, the analysis points to the need to motivate smokers to use multiple interventions to quit.

### Respondents who rate their physical condition over the past two days as very good to excellent

- **Smokers:** 31%
- **Trying to Quit:** 35%
- **Non-Smokers:** 49%

### Percentage of respondents who say they feel stressed some, most, or all of the time

- **Smokers:** 76%
- **Trying to Quit:** 83%
- **Non-Smokers:** 60%

### Average sleep times of respondents

- **Smokers:** 6 hr 59 min
- **Trying to Quit:** 7 hr 16 min
- **Non-Smokers:** 7 hr 31 min

### Percentage of respondents who say they wake well- or perfectly rested

- **Smokers:** 37%
- **Trying to Quit:** 30%
- **Non-Smokers:** 29%

### Average respondent weight loss over a four-month period

- **Smokers:** 2 kg (4.4 lbs.)
- **Trying to Quit:** 0.5 kg (1.1 lbs.)
- **Non-Smokers:** 1 kg (2.2 lbs.)
No “one size fits all” approach exists for quitting smoking, and the complex process presents major challenges to people trying to quit, which is why failure rates are very high and long-term success rates are relatively low. Multiple solutions applied in combination may be most beneficial, including:

+ **Wearable Technologies** – Wearables assist many smokers who are attempting to quit. The devices motivate people to increase their level of exercise and closely monitor their weight, food consumption, sleep habits and other influencing factors.

+ **Medicinal Therapies** – Medicines work well in alleviating common symptoms of smoking cessation, including mood changes, concentration issues and difficulties in falling and staying asleep.

+ **Expert Help** – Group support and assistance by experts, such as physicians, can assist smokers who are attempting to quit in navigating the complex and often overwhelming process. Expert counselors help people set realistic expectations, raise awareness of the obstacles and challenges on their journeys, and implement strategies for avoiding pitfalls and maintaining long-term success in quitting.

Finally, the combination of real-world data in wearable technologies offers “tailor-made” reflections to individuals that deliver high-impact results. People prefer data from their relative group comparator to general statistics because of greater accuracy and relevance. For example, seeing the specific amount of weight loss resulting from specific physical activities for people with a similar demographic profile has more value than comparing similar statistics en masse. Personal motivations such as this may provide smokers with the added support and encouragement they need to finally achieve greater success rates in smoking cessation.

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REFERENCES


As traditional methods of targeting doctors become less effective and online usage within the healthcare community grows, it’s becoming increasingly important for pharmaceutical stakeholders to understand exactly how doctors consume information and communicate digitally.

Digital Life Physician 2016, conducted by Kantar Health and DXY, reveals that innovative information channels – such as social media, online meetings, video conferences and mobile applications – now account for more than 60% of the medical information acquired by physicians in China. More than 10,000 respondents participated in the survey, now in its fourth year, from both web and mobile survey apps, covering more than 20 specialty areas (Figures 1 and 2).

Furthermore, 85% of the physicians commented that they had responded positively to digital marketing activities or tools. Over half of the physicians also commented that they are receptive to receiving pharma-originated online materials but are more interested in impartial information such as case studies, medical updates and literature reviews (Figure 3).

With each generation of our study it’s becoming abundantly clear that physicians in China are rapidly adopting digital information channels as a primary means to consume information and communicate. This deep and unique insight about how physicians are accessing and using digital resources presents opportunities for astute healthcare stakeholders, as marketers will benefit from deeper, more productive
engagements that will ultimately improve patient care.

ABOUT THE STUDY

Digital Life Physician 2016 is the largest online physician survey in China that’s purely focused on picturing the real-life online behavior of physicians in China and the competitive digital landscape.

The study measures three elements:

1. **Physician Behavior** – featuring an evaluation of customer behaviors on digital channels and platforms. Data collected and insights formulated include physician online time and segmented professional time, device ownership rates and usage, innovative activities engagement, and professional and academic needs and preferences.

2. **Company Performance** – featuring a ranking, overall and by innovative platforms, of leading players and competitive benchmarking based on customer voices. Here we include a ranking of digitally savvy pharmaceutical companies and digitally active marketers by company and brand segments.

3. **Best Practices** – featuring case studies that showcase key execution details and findings. This includes best practices and examples, as well as key learning and strategic implications.

The 2016 edition of Digital Life Physician offers physician segmentation based on their online behaviors and receptiveness toward digital marketing tools, giving
pharma stakeholders an improved perspective in target-marketing and a more customized application (Figure 4).

Digital Life Physician offers a comprehensive view of the physician digital landscape in China that is based on a large, robust and recent sample encompassing more than 20 medical specialties. The structure of the online sample is designed to resemble the structure of the true physician population as closely as possible, including both geographic and specialty distributions. For example, the geographic distribution of our physician sample was 54% from East China, 28% from Middle China, and 18% from West China, compared with the actual China physician population of 47% from East China, 29% from Middle China, and 24% from West China.

**KEY FINDINGS**

According to data from Digital Life Physician, doctors spent more than half of their connected time on professional activities in 2016, up slightly from 2015. Physicians spent an average of 27 hours.

**FIGURE 4: THE SIX DIGITAL IMPRINTS TO AN IMPROVED UNDERSTANDING OF PHYSICIANS’ DIGITAL ATTITUDES AND INVOLVEMENTS**

- **Knowledge-Webs**: The internet is an integral part of my life. I’m an “addicted” online user who devotes more time to medical literature or medical data search. I browse a great number of medical websites.

- **Networkers**: The internet is a functional tool. I would like to use my time online on daily activities like using social networks, shopping or entertainment. I highly agree that it’s so easy to find people following the same path online. I am keen to broaden my network of contacts.

- **Pioneers**: I’m very interested in the latest things. I’m a big mobile internet user for professional activities. I recommend getting academic information and product information through innovative channels. And I believe in information online more than my clinical experience or what my colleagues say.

- **Communicators**: The internet is important for me to establish and maintain relationships. I like to share my medical opinion online and I want to keep in touch with my patients/followers.

- **Laggards**: The internet is a very small part in my life. I am focused on improving my income. I browse very few medical-related websites and I have hardly any medical-related public WeChat account subscriptions and mobile applications installed.

- **Knowledge-Mobiles**: I use the internet to gain knowledge, information and to educate myself. I want to learn from like-minded peers. I spend my time online seeking medical information and updates. I subscribe to several medical-related public WeChat accounts and have downloaded many medical mobile applications.

Digital Life Physician offers a comprehensive view of the physician digital landscape in China that is based on a large, robust and recent sample encompassing more than 20 medical specialties. The structure of the online sample is designed to resemble the structure of the true physician population as closely as possible, including both geographic and specialty distributions.

4 hours online per week in 2016 compared with an average of 24.2 hours in 2015. The 2016 study revealed that an average of 14.6 hours was spent on professional-related activities versus 12.3 hours in 2015.

In addition, senior-level physicians (Chief Doctor), Tier I cities and Level 1/Community hospitals recorded an increase in time spent on work-related activities via the internet (Figure 5).

**MOST POPULAR ONLINE ACTIVITIES**

The focus of physicians’ online, medical-related activities can be categorized into the following six categories, of which “Knowledge” and “Search” attracted the largest amount of time.
Continuous Medical Education (CME) – CME and online training, including online courses and lectures, surgical videos, patient case analysis, webinars and online examinations.

Knowledge – Physician sourcing of professional information online using medical portals, medical information websites, product websites, encyclopedia websites and association websites to acquire disease and treatment, product, and conference and exhibition information.

Tools – Physician use of online devices that assist their clinical practice, research and education, including online professional dictionaries, pharmacopoeia, reference retrieval, scaling and atlases.

Peer – Physicians connecting and sharing articles with peers online; writing professional blogs, articles, reviews and comments; and following, communicating or cooperative authoring with peers on social networking sites (SNS) and bulletin board systems (BBS).

Caring – Physician interaction with patients, participation in patient education and counselling, support programs, answering of patient questions online, and provision of online consulting services.

Search – Physician use of professional search engines and/or databases to find articles, books, guidelines, literature and related information.

WECHAT AND MEDICAL-RELATED ACCOUNTS

WeChat is a popular communication application and messenger among Chinese mobile consumers. Data from Digital Life Physician found that WeChat is also an important means for physicians to acquire medical-related information. Over 94% of Chinese physicians own a smartphone and nearly all physicians have installed WeChat. Among medical physicians, more than 97% subscribed to receive news updates from medical-related public accounts on WeChat (Figure 6).

More than 50% of physicians commented that they read all or most “push messages” sent from medical-related sources on WeChat. Interestingly, 44% of respondents canceled their medical-related subscriptions within the first four weeks.
Furthermore, Digital Life Physician 2016 uncovers some alarming trends regarding medical-related mobile applications. Most notably, while more than 90% of physicians have installed medical-related apps on their smartphones, over 60% have deleted these apps, most often within four weeks of installing. The main reasons given for deleting apps are that they are not useful or fail to meet physicians’ professional needs.

DEEPER, MORE PRODUCTIVE ENGAGEMENT

Digital Life Physician demonstrates that digital is gaining strength among physicians in China. This illustrates that more opportunities abound for astute pharmaceutical companies as they engage and increase their presence in China’s digital landscape. In our latest study, Chinese physicians highlighted that they welcome digital activities developed by pharmaceutical companies, with 58% saying they are willing to participate in online activities developed by pharma companies.

As physicians are spending an increasing amount of time on the internet and are more willing to participate in more diverse professional activities, pharmaceutical marketers are likely to benefit from deeper and productive engagements from physicians. Physicians’ online needs are growing and their overall receptive attitudes toward digital marketing and online activities developed by biopharma companies are optimistic and positive.

Chinese physicians perceive that there’s a competitive advantage to be gained by “going digital.” The pharmaceutical industry’s significant investment and efforts in the digital environment is already paying off for many companies.

For more information, please contact info@kantarhealth.com, or visit us at www.kantarhealth.com.
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PROTECTING PRIVACY IN THE AGE OF PATIENT CENTRICITY

BY JESSICA SANTOS, PH.D.
EVERY EU CITIZEN IS COVERED BY PRIVACY LAWS IN ALL CIRCUMSTANCES, NOT JUST WHEN THEY ARE USING THE HEALTHCARE SYSTEM.

The healthcare industry’s focus on patient centricity has meant that healthcare researchers working on behalf of the industry are looking for patient insights through a variety of channels – from healthcare providers, from the patients themselves and from biometric data, to name just a few. However, researchers face many challenges in protecting patients’ privacy: the copious amount of data being collected; the difficulty in keeping patient data absolutely anonymous at all times; the possibility of discovering patient information that the patients themselves are unaware of, such as from genomic sequencing; and the industry as a whole working on innovations that will change diagnosis, treatment and resource allocation that will be a potential minefield for privacy regulations.

The healthcare industry has numerous rules in place to protect patients’ privacy and healthcare information. For example, in Europe this information is protected by the General Data Protection Regulation (GDPR), while U.S. patients are covered by the Health Insurance Portability and Accountability Act (HIPAA), and most countries place healthcare information in the sensitive or special category in their legislations. Healthcare researchers need to understand these guidelines and how to protect individuals’ privacy.

GDPR: GIVING EU CITIZENS CONTROL

Privacy is an overarching concern in Europe; everyone is covered by privacy laws in all circumstances, not just when they are using the healthcare system. Europeans are protected by the GDPR, which is a regulation on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repeals EU Directive 95/46/EC. It will come into effect in the spring of 2018.

The GDPR will impose new obligations on organizations that process the personal data of European Union residents. It is a general regulation designed to give citizens more control over their own private information in a digitized world of smartphones, social media, internet banking and global transfers, and also sets minimum standards on use of data for policing and judicial purposes.

Research is clearly defined within the GDPR. The GDPR adopts a “broad” definition of research, encompassing the activities of public and private entities alike (Recital 126). In the age of big data, where the data analytics activities of many organizations may qualify as research, it is unclear exactly how far the GDPR’s research exemption will extend. One thing is clear, however: The GDPR aims to encourage innovation, as long as organizations implement the appropriate safeguards.

While research in general enjoys the wider acceptance of GDPR, research involving healthcare data still needs explicit consent. The GDPR forbids a controller from processing “special categories of data” – sensitive data revealing racial or ethnic origin, religious or political beliefs, as well as genetic, biometric and health data – except in certain enumerated circumstances, such as where the data subject provides “explicit consent” or where the data was “manifestly made public by the data subject” (Article 9(2)(a); Article 9(2)(e)).

The research exemptions apply to processing personal data for scientific and historical research, statistical research, and archiving in the public
PROTECTION OF PATIENT INFORMATION IN THE U.S. FALLS AWAY FROM HIPAA WHEN THE PATIENT VOLUNTARILY SHARES THEIR DATA.

HIPAA: HOW EFFECTIVE IS IT?

Patients in the United States are not protected by an overarching privacy law like European patients are, but they do have HIPAA legislation to protect their healthcare data. Originally enacted in 1996, HIPAA principally consists of the Privacy Rule and the Security Rule. It covers protected health information (PHI) that is disclosed by patients to covered entities, which include healthcare providers, health plans and health insurance companies, and healthcare clearinghouses, such as billing services. Business associates—defined as any organization or person working in association with or providing services to a covered entity that handles or discloses PHI—and their subcontractors are now also covered. Any research firms that receive PHI from covered entities are considered as business associates.

HIPAA violations are not uncommon. In 2014—the most recent year for which data is available—17,779 health information privacy complaints were received, up 37% from the previous year. The violations fall under both the Privacy Rule and the Security Rule. The Privacy Rule establishes national standards for protecting certain health information. The Security Rule establishes a national set of security standards for protecting certain health information that is held or transferred in electronic form. Types of violations can include IT breaches in which hackers target healthcare data, accidental disclosure in which PHI is disclosed to a person who is not authorized to access it, and data not being processed properly.

HIPAA IS NOT INCLUSIVE

Data privacy laws in the U.S. pose one large discrepancy. While healthcare information is protected under HIPAA, that protection falls away when data are self-reported by the patient, such as when a person participates in an online survey or voluntarily shares data online or via social media. Because the U.S. does not have an overarching privacy law like the EU, practitioners handling self-reported patient data often turn to FTC Act section 59 as their guideline legislation.
HIPAA IDENTIFIERS

The data collected through electronic medical records (EMR) or through HIPAA platform are very powerful. Researchers can use the data in EMRs, as long as the data are de-identified (see sidebar). HIPAA very clearly covers 18 identifiers; as long as all 18 and they have been removed from a dataset, it is considered a de-identified dataset and can be used for research purposes. Another option is to have a qualified statistician determine that the risk is very small that the information could be used to identify the individual.

However, even without using the 18 HIPAA identifiers data can still be used to identify people. Analysts can use more sophisticated algorithms to determine, for example, which group of people has higher risk to increase insurance premiums. While this would be considered a violation of the basic right to privacy in Europe, privacy laws in the United States would not protect against this sort of data usage.

OTHER AGENCIES WORKING TO PROTECT PATIENTS’ PRIVACY

In the United States data privacy is overseen by the Federal Trade Commission (FTC). In 2012 the agency released a report setting forth best practices for businesses to follow to protect consumers’ privacy and give them better control over the collection and use of their personal data. The recommendations include:

+ Privacy by Design: Companies should build in consumers’ privacy protections at every stage in developing their products.
+ Simplified Choice for Businesses and Consumers: Companies should give consumers the option to decide what information is shared about them, and with whom.
+ Greater Transparency: Companies should disclose details about their collection and use of consumers’ information, and provide consumers access to the data collected about them.11

In addition to the GDPR, data privacy in Europe is overseen by individual countries’ data protection authorities (DPA). These agencies have a more active role in looking after patient privacy and are independent, public authorities that are responsible for monitoring the application of data protection laws within its territory. DPAs have the power to investigate data breaches, intervene before operations are carried out, engage in legal proceedings when national provisions have been violated, and hear claims regarding the protection of personal data rights.12 European DPAs include the UK’s Information Commissioner’s Office (ICO), France’s La Commission nationale de l’informatique et des libertés (CNIL) and Germany’s Bundesdatenschutzgesetz (BDSG).

At a more local level, hospitals often employ an ethics committee or an ethics consultant to advocate for patients and their privacy. Traditionally the ethics committee works to promote the rights of patients and encourage shared decision making between patients (or their surrogate) and the physician. However, committee members are also on hand to address issues of patient privacy or confidentiality.13
THE INCREASING FOCUS ON PRIVACY HAS MADE HEALTHCARE PRACTITIONERS MORE RELUCTANT TO PARTICIPATE IN PATIENT RESEARCH.

HOW DO THESE RULES AFFECT HEALTHCARE RESEARCHERS?

Patient-centric research doesn’t only mean research directly with patients and other healthcare consumers. It also includes asking healthcare providers to release patient information, either via patient records, aggregated data or anecdotal data. The increasing focus on patient privacy has made healthcare practitioners more reluctant to release patient data, and many doctors are confused by what they can and cannot release. In response, doctors will sometimes only talk about aggregated patient information, and some will not participate in any survey that deals with patients rather than inadvertently releasing patient information.

Two solutions exist for using individual patient data for analysis. One solution is to get the study classified as real-world research. Real-world research encompasses many types of information, including claims data, clinical trial data, data from electronic health records, pharmacy data, and data collected directly from the patient. These data typically conform to privacy regulations because studies that collect real-world evidence are subject to approval and oversight from an Institutional Review Board (IRB) or an ethics committee approval.

The second solution is a syndicated study. These studies have no sponsor, and an agency is completely responsible for collecting and analyzing data and ultimately sells aggregated reports. That will reduce the risk of the sponsor and healthcare provider violating individual patient data and patient privacy.

The best way to ensure a patient’s privacy isn’t being violated is to receive their consent, offering them the ability opt-in or opt-out of having their information shared. However, there is some disagreement about whether patients understand what they are giving consent to. After all, privacy policies and terms & conditions documents are often quite lengthy and not written in layman’s terms. Therefore, GDPR is no longer considering consent as the “waterproof” mechanism for data processing, and the U.S. Department of Health and Human Services encourages healthcare providers and researchers to adequately inform patients of how their data will be use so patients can make a “meaningful” consent choice. Agency’s privacy by design (PbD) infrastructure, industry reputation, onward transfer limitation, detailed privacy policy and protection commitment are all essential elements to gain trust from both HCPs and sponsors.

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REFERENCES

10. www.hhs.gov/ocr/privacy/index.html
Innovations in the mobile health (mHealth) category can help us realize deeper patient insights than were ever possible through more traditional research channels. These innovations enable us to deploy new research techniques that can get us to a truthful, vivid understanding of the patient experience.

If the pharmaceutical industry is going to do more than simply pay lip service to patient centricity, if it is ever going to be more than just another buzz phrase, it is essential to establish genuine patient empathy. This means understanding that patients are human beings who happen to have health conditions and that the healthcare industry can help them beyond just addressing their physical symptoms. Only then can marketing programs be developed that build real brand connections that can survive attrition issues related to non-compliance and patent expiration. This means thinking beyond DTC ad campaigns, websites and other promotional tactics and developing new products and services that can help patients with their emotional quality of life as well as their physical symptoms.

Thanks to major advances in mHealth technology we may very well be entering the age of womb-to-tomb tracking where, from infancy to childhood to adult to senior citizen, the remote monitoring of health and wellness metrics will, in theory at least, help us all live longer, healthier lives.

When discussing mHealth, wearable activity trackers, such as those made by Fitbit, Garmin and Withings, tend to get most of the attention because they’re ubiquitous and appeal to a more general population. However, mHealth includes so much more; we now have web-connected glucose meters, BMI scales, blood pressure monitors and asthma inhalers. And the list goes on as new products keep coming to market.

So finally we can remotely, passively collect accurate biometric data without relying on manual input. The positive implications for healthcare management are obvious as healthcare providers can access patients’ health data from the cloud, but what does this mean for researchers?

Smartphones may no longer be considered “innovative” given the fact they have been around since 2000. However, the smartphone is firmly ensconced at the center of the rapidly expanding mHealth ecosystem as the majority of connected devices need to sync with a companion mobile app. So by engaging with patients in a research context through their smartphones we can now get fully fleshed-out insights into the patient experience through a combination of actively collected survey, picture and video data plus passively collected activity, sleep and biometric data from mHealth and wearable devices.

This wealth of relevant data can get us to that truthful, vivid understanding of the patient experience. Surveys can get us self-reported information around a patient’s condition, pain levels, mood and relevant behavior. Photos and videos can help uncover unmet needs that we may not have even thought to address in a survey, opening us up to a new understanding of how a chronic condition can impact emotional quality of life beyond physical symptoms. Accurate biometric and activity data provide reliable evidence on how patients are faring in real-world conditions.

But research is just a means to an end, and that end is to not sell to patients but to serve them. We need to address not just their physical symptoms but their emotional symptoms as well. To do that we need to understand them for the people they truly are, not just as patients. Believe me, they don’t see themselves any other way.

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It seems that just about every day I hear people talking about the pharma industry being “patient-centric.” Apparently many are basing this belief on having read the mission statements of various pharmaceutical companies.

Yes, I don’t question that pharma companies want to be “patient-centric” and see healthier people around the world. What I do question is what they really mean by saying they are “patient-centric” and what steps they are taking to truly understand the needs, motivations and beliefs of people before they become patients. This holistic understanding must be the foundation of all thinking and development activities (new therapies, programs and services) within pharma companies if they really want to help people be healthier around the world.

I challenge pharma companies to go a bit further so they are actually connecting with people before they become patients. What does the term “healthier” really mean across various regions and cultures? While health is most valued at the moment it changes, the ways and reasons people are unhealthy vary around the world. So, it is clear to me that many do not realize that being patient-centric is not as simple as stating it as a mission statement in an annual report.

We are now in a brave new world with the growing empowerment of people with health conditions. Not every region or country is at the same place in the empowerment continuum. However, people’s needs, wants and desires for their health and having ways to better manage health conditions all need to be well understood if the pharma industry wants to be truly patient-centric.

With this said, how can pharma companies be patient-centric when people are trying to prevent illness, to fight their genetic predisposition or to battle less-than-healthy lifestyles? People want to prevent actually becoming a patient, and even when they are patients, most do not want to be seen as such. They are people with a health condition who want to be as healthy as possible, for as long as possible. Yes, we all know that with age each of us will end up being a patient – in one way or another. But aren’t we the same person as before? The health condition or conditions make up one part of who we are but do not define us.

I submit that pharma companies must have a strong connection with healthy people first. How can a company develop a program or service to help drive adherence and compliance without really understanding the person – both the individual and the cultural and social aspects of people with health conditions?

So is pharma really patient-centric? Would pharma have greater success helping people be as healthy as possible if they were more people-centric and more understanding of people’s hopes, fears and dreams as they age? Would new therapies, programs and services be developed in the same manner and with the same outcome? Would there be a greater connection – a truer empathy – if pharma companies were to partner with people as they progress through the health continuum? My belief is yes.

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PATIENTS NEED TO BE THE FOUNDATION OF PHARMA’S BUSINESS DIRECTION

In the pharmaceutical market, the role of the patient is becoming increasingly important. Consumer centricity has become a universal trend in all business areas, as pharmaceutical companies strive to come to terms with the changing influence of patient behaviour and its impact on brand preference.

What is happening behind the scenes, however, is that patients have easier access to information about various treatment options and are not that satisfied with the treatment results when they passively abide by their physicians’ guidance. Ultimately, patients realize that their effort/role is just as important as that of the resources surrounding them, and thus the idea of “patient centricity” blossoms. In the case of Korea, the reason for this trend can be the saturation and limitation of marketing activity targeting physicians.

Depending on the current status of countries, there may be different expectations and perceptions about patients. For pharmaceutical companies in Korea, what is the meaning of “patients”? How is the meaning of “patient centricity” construed?

Every country has different expectations and perceptions depending on the treatment areas/fields, attributes, or brand lifecycles. For example, for a just-released product, the focus is heavily on increasing the prescription rate while patients are a future priority. Not one place, however, denies the idea that patients are of ultimate importance—and thus all include patients as part of their vision or mission/blueprint. Although pharmaceutical companies superficially focus their marketing activity/strategy on government personnel or KOL physicians in the Korean healthcare system, the conversation within the companies starts and ends with patients. Then would it not be more persuasive to say that understanding patients is more of a priority?

One of the most touching comments from my client is the following:

“Patients’ needs have an influence not only on the product but the service, marketing strategy and in other various aspects. Our approach cannot be effective if patients’ needs are not properly read. Therefore, not only in the long term, but at the present and in the near future, patients are the foundation to establish our business direction. Also, by contributing to satisfying these needs, it becomes our motivation to inspire our workers [Pharma Company’s employee].”

Although short-term financial results from such approach cannot be expected and many of the patient-centric efforts are gestural at this stage, the idea that we should invest our attention in patients in the long term suggests why we have to focus more on patients.

It is regretful that “patient centricity” is a mere slogan and an abstract concept at this stage. Although pharmaceutical companies faithfully believe that understanding patients and their importance will offer a firm base to their businesses, they are probably in need of the “how’s” and “what’s.”

I am hoping Kantar Health’s approach to “patient centricity” will allow the pharmaceutical market to get a step closer to patients and help specify the “how’s” and “what’s” of patient centricity. And hopefully for Kantar Health as well, the idea of patient centricity becomes a motivation that inspires myself and my colleagues.

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BY KERRI LEHRHAUPT

THE CHALLENGE
After the launch of their new therapeutic device, a robotics manufacturer sought to break into the healthcare market. Completely naïve to the market, they faced the hurdle of needing to identify the right commercial opportunity for their product. They needed a trusted partner with a deep understanding of the healthcare industry, supported by reliable insights and data, and found that partner in Kantar Health. Our client sought to understand where the device could fulfill an unmet need for intended patients and what other conditions could be prioritized. They also wanted to evaluate the strengths and weaknesses of their product within each patient population, as well as the buying process in the rehabilitation setting.

THE KANTAR HEALTH DIFFERENCE
The client engaged us to assess new opportunities for their product within these additional markets. We conducted a series of interviews with physical therapists and specialty care physicians to uncover the goals and unmet needs within rehabilitation programs, gauge their interest in our client’s device and identify additional indications where the device may be useful. We also interviewed operations and procurement specialists to gain an understanding of the buying process as well as the key features and differentiators of our client’s product.

Our research found the overall impression of our client’s product to be positive. Using feedback from our interviews, we were able to help the client make informed decisions regarding modifications to their product and prioritize indications and the settings where their product would be of the most use. Using our reliable insights and data, the client was able to develop a value proposition to support their product to break into new untapped industries and market opportunities.

AT A GLANCE
While it can be exciting to explore new markets, it’s important to consider the nuances of other businesses, understand the unmet needs that you could fill, and assess potential benefits and setbacks you may encounter. When seeking to enter healthcare and rehabilitation settings with their new device, a robotics manufacturer uncovered many questions they needed to answer in order to make an informed decision regarding these new market opportunities.

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ACHIEVING PEAK PERFORMANCE FOR A NEW MEDICINE

UNIQUE METHODOLOGY PROVIDES CLEAR DIRECTION TO OPTIMIZE BRAND POTENTIAL

BY VINCE GRILLO and CASSI DANG

THE CHALLENGE
A leading pharmaceutical company was preparing to launch a new medicine in Australia. The medicine was the first in its category to gain Therapeutic Goods Administration (TGA) approval in the country. The company aimed to maximize launch success by establishing key performance indicators (KPIs) to monitor marketing and sales efforts over time and act quickly should issues arise.

The medicine’s mechanism of action is of particular value because it potentially delivers greater efficacy and enables the therapy to be administered orally. However, the company had concerns that physicians are sometimes hesitant to prescribe medicines with novel modes of action or that are simply unfamiliar to them.

The company enlisted Kantar Health to devise a program to track the acceptance and performance of the medicine in its early stages of launch to ensure that brand potential would be successfully optimized over the long term.

The outcomes of Wave 2 revealed unrealized brand opportunities for the medicine. The results highlighted one group of physicians who were not prescribing the medicine as much as they should have been, according to the PINNAKLE framework. PINNAKLE also identified an actionable strategy to maximize the medicine’s potential.

We recommended that the company demonstrate the medicine’s increased efficacy to physicians to increase confidence and exposure to the brand.

Our clients were happy with the outcome of this engagement. Their positive feedback indicated that the study insights provided clear direction for their brand strategy. This study demonstrates that the PINNAKLE framework is a powerful tool to drive actionable recommendations. The launch was first rolled out in Australia followed by the rest of the countries in Asia Pacific.
THE CHALLENGE

A leading pharmaceutical company in Asia Pacific was preparing to launch its new immunotherapy treatment as a second-and-later-line treatment for cancer patients with a specific biomarker expression. This treatment would be second to market in its class. The company aimed to identify the optimal ways to target customers to maximize launch success.

Retrospective analyses of clinical trial data revealed positive correlations between the specific biomarker expression and efficacy. However, the medical community questioned whether the specific biomarker expression was a valid marker to expression and whether the specific biomarker expression testing would be appropriate for patient selection. The company engaged Kantar Health to better understand physicians’ current attitudes toward biomarker testing, immunotherapies, specific biomarker expression testing, and the likelihood to prescribe the new treatment.

The qualitative insights were then used as inputs to design the second quantitative phase, which aimed to validate the initial insights. Kantar Health led the design of this second phase in close collaboration with our client to best reflect both research and business perspectives. Kantar Health proposed to include PINNAKLE™, our unique and revolutionary brand marketing solution, to assess the new treatment’s growth opportunities.

Our client was pleased with the outcomes of the engagement – from both a qualitative and quantitative perspective. Their positive feedback indicated that the insights were useful in providing a clear picture of the market and the actions they need to take regarding physician targeting and engagement strategy.

TWO IS BETTER THAN ONE

COMBINING QUALITATIVE-QUANTITATIVE METHODS OFFERS GREATER INSIGHT INTO A NEW MEDICINE’S POTENTIAL

BY VINCE GRILLO AND CASSI DANG

The first phase was qualitative, aiming to explore the market landscape and potential for the treatment, as well as to identify and profile different physician segments based on their treatment goals, prescribing behavior, unmet needs, attitudes toward biomarker testing, immunotherapies, specific biomarker expression testing, and the likelihood to prescribe the new treatment.

The qualitative insights were then used as inputs to design the second quantitative phase, which aimed to validate the initial insights. Kantar Health led the design of this second phase in close collaboration with our client to best reflect both research and business perspectives. Kantar Health proposed to include PINNAKLE™, our unique and revolutionary brand marketing solution, to assess the new treatment’s growth opportunities.

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THE CHALLENGE

A leading pharmaceutical company in Asia Pacific was preparing for the launch of their new molecule. Positioning of this product was extremely unclear, as an initial Ad-Board revealed a complete lack of consistency in physicians’ positioning of the treatment across patient severities and clinical and non-clinical features. The company aimed to understand brand opportunity at the patient level and turned to Kantar Health for highly strategic market research to identify the key patient segments for the product and manage the considerable risk of cannibalization across its portfolio.

THE KANTAR HEALTH DIFFERENCE

Kantar Health demonstrated that inductive decision mapping (IDM) – its recently developed proprietary methodology – would be optimal for this engagement. IDM offers key benefits as an artificial intelligence system in understanding the complex treatment decision-making process of healthcare providers (HCPs). A critical feature of IDM, which generates multiple patient scenarios based on various prescribing attributes and levels, is that it asks for a treatment decision. The analysis then provides a strategic database of numerous treatment decisions that is used to identify the patient characteristics that drive treatment choice and, in the case of our client, selection of their new molecule. Our approach is fresh and unique on several fronts: it’s anchored in prescribing behavior for a patient; it mirrors how doctors are trained and the nature of their work; and it prevents the respondent from answering in a premeditated way.

IDM enables Kantar Health to extract differentiated, patient-centric positioning, with a robust evidence base, to guide our client’s marketing and communications activities.

On receipt of the results, the GM of this organization congratulated us on our novel approach, describing it as a far superior and significantly more realistic approach to understanding sources of business than direct questioning around likelihood to prescribe. Most importantly, we were able to both discredit and validate a number of hypothesized segments, including demonstrating poor performance of one particular segment that was expected to be a strong contender. These factors have inspired our client to use our IDM methodology for future high-level, strategic decision making.
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Kantar Health is a leading global healthcare consulting firm and trusted advisor to many of the world’s leading pharmaceutical, biotech and medical device and diagnostic companies. It combines evidence-based research capabilities with deep scientific, therapeutic and clinical knowledge, commercial development know-how, and brand and marketing expertise to help clients evaluate opportunities, launch products and maintain brand and market leadership.

Kantar Health deeply understands the influence of patients, payers and physicians, especially as they relate to the performance and payment of medicines and the delivery of healthcare services. Our advisory services, built on a solid foundation of market research and data, span three areas critical to bringing new medicines and pharmaceutical products to market – commercial development, clinical strategies and marketing effectiveness.

Kantar Health operates in more than 40 countries and employs more than 600 healthcare industry specialists and practitioners, including a high number of medical doctors, epidemiologists, PhDs, PharmDs and pharmacists, and biologists, biochemists and biophysicists. We work across the product lifecycle, from preclinical development to launch, and are experts at bringing multiple stakeholders together to advance the commercialization of pharmaceutical products. Our team acts as catalysts to successful decision making in the life sciences industry, helping our clients prioritize their product development and portfolio activities, differentiate their brands and drive product success post-launch. Kantar Health is part of Kantar, the data investment management division of WPP.

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