



WHAT'S MARKETING RESEARCH GOT TO DO WITH OUTCOMES RESEARCH?

By collaborating, marketers gain access to key opinion leaders, while outcomes researchers gain impact in their published studies.

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We hear a lot about the importance of greater collaboration between marketing and development. But the value of partnering marketing research and outcomes research, for brand marketing and for the benefit of each function, goes largely unrecognized. In fact, in most biopharma companies, the two functions typically work in silos, unaware of each other's research priorities, often tapping the same sources and rarely planning collaborative research.

Some forward-thinking pharma companies, where marketing is a the central hub connecting to outcomes research, brand management and other functions, are achieving this tight integration— but this is rare. But as both groups face increased pressure to maximize the value of their research with ever-shrinking budgets, they are beginning to realize that collaboration can offer significant opportunities, reduce costs, and boost value for each function and for the company.

Where MR and OR functions overlap

In the simplest terms, the focus of market research is to produce analyses that inform and monitor marketing strategy. In contrast, outcomes research publishes information to demonstrate a product's cost-effectiveness and value to insurers, physicians, pharmacists, patients and regulators. Outcomes researchers use data from surveys, literature searches and R&D to measure the burden of illness on society, work productivity and quality of life, and analyze the impact of health care interventions on patient outcomes.

While their goals differ, both groups use data to drive their functional priorities and support the marketing of a brand. Often they use the same data, such as quantitative surveys and transactional databases from common sources. Despite tapping into these common sources, it is rare that the two groups collaborate to conduct joint research. This lack of collaboration can lead to inefficiencies that, in extreme cases, can lead each department to commission separate research on the same topic.

Win by sharing

There are benefits for both marketing research and outcomes research in collaboration. By learning each department's plans and strategies, marketing and outcomes researchers can identify partnership opportunities to conduct joint research, or leverage research already conducted for other purposes. Shared data and communications also strengthen the results of

each function – achieving better-designed surveys, more-comprehensive journal articles and a stronger, more-definitive rationale for reimbursement.

The other compelling reason for the partnership is a practical one – saving time and costs. In a time when growing research demands are being put on ever-shrinking budgets, the collaboration provides an opportunity to share research costs across both functional areas.

What's in it for marketing research? Tapping the scientific insight of outcomes researchers, who typically have greater access to scientific data and key opinion leaders, can bring additional values to a marketing research survey. With input from outcomes research, marketing research can often improve the overall design of the survey and quality of information collected. Their insight helps marketing researchers define disease criteria, utilize appropriate and validated measurement criteria and ensure that research inputs are aligned with current published literature.

The involvement of marketing research in outcomes research work also helps ensure that all communications incorporate brand marketing messages. For outcomes research, input from marketing research can be used to improve the quality, credibility and value of journal articles and presentations at medical conferences. Most likely, marketing research has access to existing data sources that were originally commissioned to identify marketing opportunities, but can be leveraged further to support key outcomes research objectives.

Road map to collaboration

To fully leverage survey information for an outcomes research publication, four important factors need to be taken into consideration when designing a survey:

- Recognize the importance of using validated scales. These are a series of survey questions that, when asked using specific order and wording, have been accepted by the scientific community as appropriate to measure specific concepts.
- Taking additional time and effort to gain Institutional Review Board (IRB) approval of the study design before it goes into the field. IRB approval is more often being required by journals for any published data.
- Involving key opinion leaders early. Opinion leaders provide a tremendous resource during the survey design phase and will benefit themselves from knowledge of the survey when they act as lead author in the publication.
- And finally and more generally, planning ahead is crucial. Approaching the survey with hypotheses and planning for unexpected results will ensure that the final results are useful for both marketing research and outcomes research objectives.

Collecting and using data efficiently

When either research function needs specific data, researchers are tasked to find the best, most efficient source of high-quality data that fits their project schedule and budget. Before considering original marketing research, they research existing sources. One credible source of current patient health data is Consumer Health Sciences' (CHS) annual, syndicated National Health and Wellness Survey (NHWS), the largest self-reported patient database of its kind. The NHWS provides insight into the current market for medications and patient-reported outcomes in more than 100 therapy

areas. Marketing and outcomes researchers can acquire specific segments of the survey and have CHS conduct original research on the survey's respondents to quickly and efficiently address their research priorities.

Similar efforts can be undertaken with the variety of claims- or transactions-based databases, which can track patients over time (longitudinal studies), or from physician-generated health charts. The advantages of a patient-reported database is that it can include undiagnosed patients, OTC product use, and patient attitudes.

CHS and its staff scientists also provide outcomes research analysis and consulting, and will author abstracts, manuscripts, presentations and posters. In addition, they evaluate and suggest ways the data can be leveraged across MR and OR functions.

A single survey like the NHWS can be used by both outcomes research and market research for more advanced purposes than sizing a market and improving physician diagnoses. For market researchers, multivariate analyses on the survey results can lead to broader insights that have a direct impact on marketing strategy. Segmentation techniques, for example, can be conducted by market research to identify homogeneous patient targets for an upcoming consumer campaign.

On the outcomes research side, statistical analyses can be conducted to measure the burden of illness, the overall patient quality of life, work productivity loss and healthcare utilization of different patient groups. In isolation, each of these analyses provides support to help justify the need for pharmaceutical therapy. Taken collectively, however, these measures can be powerful inputs to provide financial justification for reimbursement by payers. They can be used to demonstrate the true value of pharmaceutical therapy on improving the direct and indirect costs of patients with a specific condition.

How a Research Partnership Identified Misdiagnosed Bipolar Patients

A study of depression patients who participated in the National Health and Wellness Survey illustrates how a survey can be used to support the objectives of outcomes research, market research, and brand marketing.

The marketing research priority of the survey was to identify what proportion of the diagnosed unipolar depression population in the U.S. should have been diagnosed with bipolar depression and to determine the key drivers of misdiagnosis. The outcomes research objective was to determine key markers during patient visits that could be used by clinicians to identify patients who should be diagnosed as bipolar and to quantify the economic and humanistic burden of misdiagnosis.

Respondents to the syndicated online survey of 1,500 patients who were diagnosed with unipolar depression were recruited from the NHWS database. Two key contributions were made by outcomes research. The first was the identification criteria for manic symptoms, using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Specific survey questions were crafted using these criteria in order to identify the bipolar subset in the sample.

The second contribution was the inclusion of the Psychological General Well-Being (PGWB) scale, a validated scale of 22 questions designed to measure individuals' subjective feelings of well-being or distress. This scale was critical to provide a side-by-side comparison of the quality of life of both the unipolar and bipolar depression populations.

With this survey and the contributions made by both functional areas, marketing research was able to size the misdiagnosed bipolar population in the U.S. and determine the key drivers that lead to misdiagnosis. The results support the case for targeting this patient population. The population was large enough to justify the added marketing communication resources required to educate physicians on how to improve their diagnosis.

Outcomes research was able to identify key markers that would help physicians identify potential misdiagnosed bipolar patients during an office visit. Specifically, misdiagnosed patients were more likely to be diagnosed with anxiety and to experience a poor quality of life. By publishing these results in peer-reviewed journals, outcomes researchers make the information available to physicians, which can help to improve diagnoses and, with the support of marketing and sales efforts, ultimately increase the use of bipolar therapy.

Results were published in the following articles and posters, co-authored by a CHS scientist:

Awad AG, Rajagopalan K, Bolge SC, McDonnell DD. Quality of Life of Misdiagnosed Patients with Bipolar Disorder. *Prim Care Companion J Clin Psychiatry* 2007; 9(3):195-202.

Bolge SC, Thompson T, Bourne E, Nanry K. Characteristics and symptomatology of patients diagnosed with unipolar depression at risk for undiagnosed bipolar disorder: a bipolar survey. *CNS Spectr* 2008; 13(3):216-24.

Nanry K, Bolge S, Bourne E, Thompson T, Leadbetter R . Misdiagnosed bipolar disorder: patient characteristics and symptomology [Poster]. 19th US Psychiatric & Mental Health Congress, New Orleans, LA, November 2006[None4].

Rajagopalan K, Bolge SC. Quality of life: misdiagnosed bipolar vs. depression and bipolar disorder [Poster]. 4th European Stanley Conference on Bipolar Disorder, Aarhus, Denmark, September 2004.

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