

Harnessing the power of core elements to optimise market access

This article by John Spoons and Anton Abrahams focuses on optimising market access – the RJW and Solaris Health teams operate across all major markets, where the principles set out here can be applied.

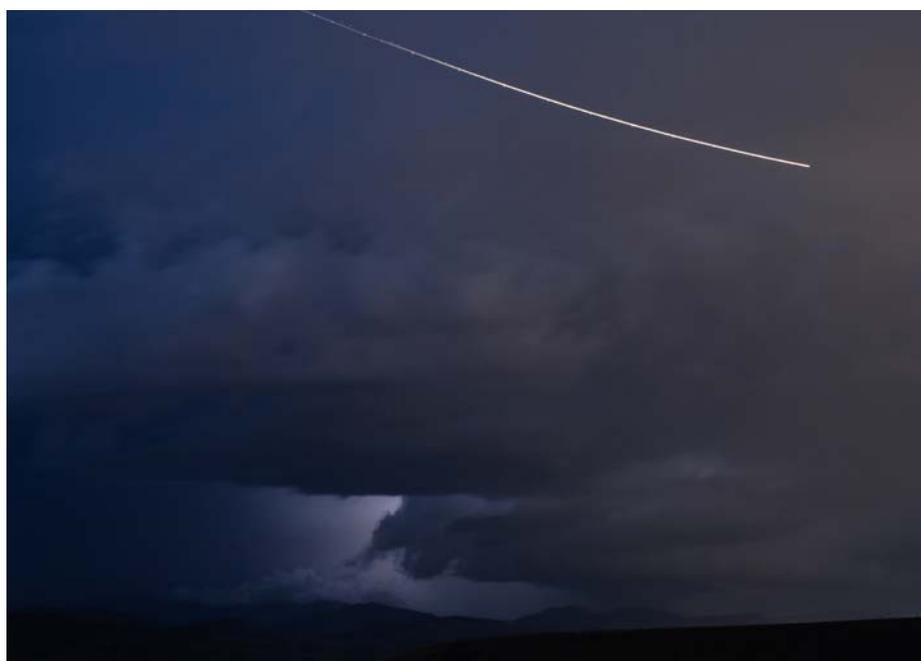
According to the Greek philosopher Empedocles, all matter is comprised of four 'roots', or elements, of earth, air, fire and water. These four elements are eternal and unalterable, and change is a consequence of their mixture and separation. The four key elements in market access are **politicians, payers, physicians and patients** – a common mistake companies make is searching for a fifth element instead of harnessing the core power of the four.

The first element: **political stakeholders**

Panacea (named after the Greek goddess of universal remedy, *Panakeia*) is a literary term which is used to represent any solution to solve all problems related to a particular issue. Politicians and public affairs are not a panacea to market access problems and nor should they be seen as an element to harness for short-term small wins or to utilise in anger at negative externalities. Reactive aggressive policy campaigns are like a meteor in a celestial event, they are hot, bright and highly visible, but ultimately fizzle out with low impact. Likewise, stand-alone lobbying activity can help justify public affairs budgets, but unless it forms part of an overarching strategy it is unlikely to have a significant impact on market access, just like the lone meteor.

The key to harnessing the political element is to have effective campaigns which are aligned to the overarching market access strategy and seek to build momentum. By building long-term relationships with stakeholders, and communicating clear and targeted messages, the political element becomes an invaluable component of the market access strategy. The timing of when to activate the element is essential; and conversations with effective public affairs practitioners over the years have reiterated the point that early engagement allows the political element to be harnessed to its full potential.

Finally, the political element should not be limited purely to politicians. For example, since the NHS in the UK was de-politicised in 2010, mandarins based at organisations such as NHS England are arguably more influential than their Westminster counterparts. NHS England has grown in stature, and its role in the next round of PPRS talks in 2019 will further define its evolution.



Reactive public affairs campaigns will inevitably fizzle out just like a lone meteor.

The second element: **payers**

Payers remain powerful guardians of healthcare budgets and the key audience in the pricing and reimbursement of pharmaceuticals; failure to acknowledge this in value propositions will lead to delays, frustrations and the danger of being locked out of the market. Gaining payer insight is therefore a vital component of any pricing market access strategy. There are two paths for those seeking to utilise this element in pricing and market access strategies – formal and informal. The formal route is to obtain scientific advice, which is available from reimbursement agencies such as NICE and the G-BA, and can also be combined with regulatory advice. The advantage to this route is that it allows direct input from current payers and regulators into clinical trial programmes and gives the manufacturer the internal safety net that they have followed protocol.

However, there are a number of issues with the formal route: firstly, pursuing the formal route does not guarantee reimbursement should the therapeutic paradigm change. Secondly, the advice given by one pricing and reimbursement agency might be contrary to the other and achieving consensus is challenging. Thirdly, formal scientific advice does not address the pricing question and

therefore, although it provides an insight into how to develop an evidence base for optimal reimbursement, it does so independent of price. Finally, the advice given is formal and process driven – the methodology utilised to achieve this both on the manufacturer side and from the payer/regulator side means that the outcome is safe and acceptable to both parties. A good analogy is that accountants exist because although formal advice is available from Governments in regard to tax affairs, there are routes outside this formal advice, which are perfectly legal and save clients money.

The informal route of engaging with ex-payers has the disadvantage that the sources of advice are not currently in post and therefore arguably are not privy to the most current developments and direction of travel. However, ex-payers can harness their vast experience and, free from the shackles of formal process, provide companies with more direct expert advice. The informal route can also review the evidence base in the context of pricing which, coming back to the accountancy analogy, allows companies to calculate the most efficient route to market, which might exist outside the one proposed in the formal advice.

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Seeking payer input – formal or informal route?

The third element: **physicians**

In Yin Yoga (as opposed to the more dynamic Yang style Yoga), the practice is deeper and slower, and the focus is on the connective tissue such as the ligaments, bones, and even the joints of the body. It is believed that by improving connective tissue health we improve the overall functioning of vital muscles and organs. A common mistake with physicians is to think of them as independent organs in the system and develop materials that focus on them exclusively as physicians and scientists.

As with Yin Yoga, a deeper and more insightful approach focuses on how clinicians are connected to the system, where they have influence and how their prescribing behaviour is influenced by the environment around them.

Payer-advising physicians are therefore cost-sensitive, understand the reimbursement challenges through their

interactions with payers, and are a focal point of any pricing and market access strategy.

Engagement with physicians should focus on the disease burden and the unmet patient need, and determine how the product will address these. This will set up the origins of the value story which will be completed at the start of the payer-physician consultation process. The pharmaceutical company itself can also begin communication about its quality of approach, dedication, and scientific acumen to this audience – trust is predicated on understanding the company behind the drug or technology.

This is an area where engaging, immersive content can prove highly valuable – use of digital platforms and innovative delivery mechanisms can transcend more traditional approaches, if correctly harnessed.



Engaging with physicians – a deeper and more insightful understanding of their role will lead to a more effective strategy.

The fourth element: **patients**

Many pharmaceutical companies claim to put patients “first” and at the heart of their activities; however, high-pricing strategies have put a significant strain on this traditional alliance.

Patient groups exist to represent their patients and not exclusively to fight for new treatments to be available, although the positive correlation between the two objectives has often resulted in a close relationship. Payers’ critique of high-pricing strategies has led to a stand-off between themselves and pharmaceutical companies and, as seen in areas such as oncology, patient groups have called on the two parties to find a solution – acknowledging that the manufacturer is as much to blame for the impasse

as the payers. Patient groups are interested in long-term relationships with pharmaceutical companies when the goals are based on mutual respect, collaboration and improving the standards of patient care.

The patient group is perhaps the most volatile element of the four – it is like a reactive metal with one purpose, and bringing the wrong solution to it will result in an unfavourable reaction. The patient group element is not one that should be feared, but treating it with respect and mutual recognition will assist in unleashing its full potential.



Patient groups are a powerful element, but handled incorrectly can lead to negative reactions.

The fifth element: **innovation in context**

Innovation is a word that is widely used and often utilised to promise new and fantastic solutions to ever more complicated market access challenges. However, in searching for innovative solutions, companies forget to harness the power of the core four elements: in essence, they do not do the basics well. Innovative solutions are a wonderful thing, but they cannot plug gaps of a market access strategy that is not based on a solid foundation.

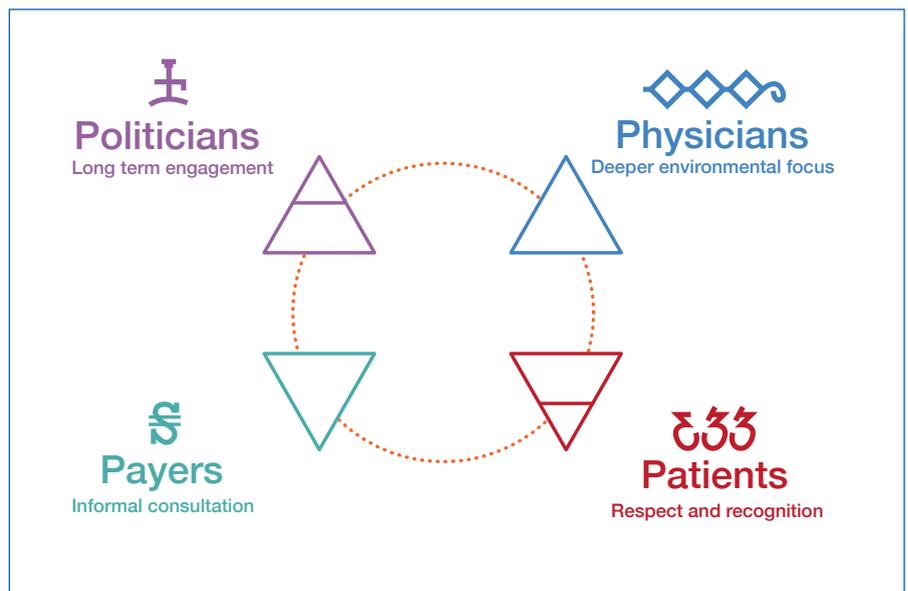
The quest for the fifth element can therefore be detrimental and costly to companies – payers will not pay for innovation for innovation's sake and neither should pharmaceutical companies. The late, great, American business philosopher Jim Rohn once said:

“Success is neither magical nor mysterious. Success is the natural consequence of consistently applying the basic fundamentals.”

The true key to market access therefore lies not in searching for a magical and mysterious fifth element, but harnessing the core power of the basic fundamental elements and integrating them seamlessly into an overarching product strategy. The core elements are independent but, as acknowledged by Empedocles, change occurs as a consequence of their mixture and separation. The most effective market access campaigns therefore acknowledge this interplay between the core elements, target resources accordingly and harness their true power.

“Success is neither magical nor mysterious. Success is the natural consequence of consistently applying the basic fundamentals.”

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