

Succinct and to the point

Strategic communications planning,

kol and advocacy development,

publishing and emedia,

events and meetings,

market access,

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healthcare communications
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IT'S MARKET ACCESS, STUPID

Pharma companies wonder why drugs fail to reach patients, especially when there is both clinical rationale and demand. Is the industry paying lip service to, or being confused by, market access and what it entails?

The phrase 'It's the economy, stupid', attributed to James Carville (Bill Clinton's 1992 campaign strategist), was coined to focus the Arkansas governor on the single biggest issue that would get him elected to the White House.

Standing against Bush, Clinton's successful 1992 campaign was based on the premise that while winning the political debates ongoing at the time was possible and of some consequence, (including healthcare reform – nothing changes) getting the economy right was the linchpin of success. How prescient they were.

I am often reminded of this when discussing strategy and tactics with national and international clients. Pharma companies may excel in R&D, trial design, generation of outcomes data, pricing strategy, licence submission, marketing and creating clinical need, yet their product often remains at arm's length from the patient – good ground work undermined by a poor market access strategy.

Ignoring or not addressing sufficiently market access issues and processes is the single most common cause of drugs failing to reach their eligible population in a timely manner. If a company is adaptable (and perhaps lucky), an absent or poor market access strategy can mean a delay of only a year – until horizon scanners, planners and providers adjust to the introduction of the new drug. However, the outlook is often bleaker, with new drugs used sporadically by the few clinicians prepared to 'battle the system'; the impetus soon lost, as newer drugs filter through, diverting the attentions of the non-prescribing decision makers (NPDM).

Common mistakes made are to assume that the HTA strategy is the market access strategy, and that it's all about cost. Market access

does include HTA activity, but they are not the same thing. In most countries there are HTA processes either in place or planned. Private insurers worldwide undertake independent assessments or adopt their state's assessment as a measure of the drug in question. Many firms ignore national (political) health strategy, and it is vital to align products' features and benefits with relevant policies, eg, if spending 20 per cent more on a drug will allow, say 10 per cent more patients through the system, this message needs to be proffered as vigorously as clinical data, particularly if the outcome meets with strategic government objectives.

Of course, drug costs are important, but the focus of communication must be on supporting the planning process, impacting positively on capacity issues, enhancing the patient pathway and, where possible, achieving national strategic targets. Another mistake is to not differentiate the company personnel calling on NPDMs and utilising the 'traditional' salesforce which, often, have neither training nor the correct materials to facilitate a productive meeting.

Succinct carefully considers a company's market access strategy before recommending any medical education and communication activities – indeed we strongly advise and assist in the development of a strategy if one is not in place. This should underpin all other tactics, from advisory board meetings to publications. Market access considerations pervade the provision of healthcare, particularly for high-cost drugs. We all know instances where companies have won all the arguments – great data; timely award of licence; convinced KOLs; impressive launch campaign; active salesforce – but all to no avail. Why? It's market access, stupid!



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