

Issues in Healthcare Access

Highlights from
the WCG Access Roundtable



What We Mean by Access

Earlier this summer, WCG brought together key stakeholders in healthcare to have an open and informal discussion about the evolving issues in the access landscape. The group included healthcare policy experts from Europe and the UK, an economist, a healthcare provider and a communications consultant. The round table was chaired by Paul Holmes of The Holmes Report and run in partnership by WCG and the Holmes Report. Members in the audience were asked to participate by offering additional insights from the pharmaceutical industry and patient perspectives.

This report captures and summarizes some of the critical topics raised and debated by the panelists and aims to provide a fresh perspective on the most talked about topic in healthcare today – Access.

Before reading this report, it is important to understand that the definition of market access has evolved substantially over time. With this in mind, we intentionally use the term access instead of market access for the purposes of this report and our communications. We believe strongly that there is a clear distinction between the two.



and have a limited scope. As a result, our diligently worked-out theories may not work in practice.

We need to be realistic and work in real-time. We are overdue for solutions that work for society in the short and long term. The aim of the Access roundtable was to stay real. We created a forum for stakeholders to step outside of their office walls and into an integrated space with other figures in the world of healthcare. Rarely do we take the time to do this, yet the pay-off after just a few hours results is something invaluable and clearly drives us to make it happen more often.

As communicators, it is part of our responsibility to facilitate such forums and to do so informally. This roundtable is not a one-off. You will continue to hear from us and we hope you decide to join us in the debate and, more importantly, help give shape to, and ultimately create, real solutions for the future.

We explored an extensive number of issues that are not all addressed in this report. You will find a wealth of this information from our panelists discussing topics including the increasing share of national incomes on healthcare – and whether that's in fact OK; the distribution of scarce resources, equality/inequalities in health, the future of R&D and more broadly the role Pharma companies can play in improving access.

Last, but certainly not least, we want to hear from you. What do you want to discuss? What do you want to know more about? One of the comments we received from the last roundtable was to present real-life challenges and how they were addressed. We'll make sure that happens.

Stay tuned for the launch of our new microsite called the Pharma Channel that will present insights on access and other pressing topics affecting stakeholders in the industry. If you find yourself asking questions as you're reading, great! Please send them our way to AccessRT@wcgworld.com.



Neha Wadhwa
WCG, London

Market Access is a limiting term. When we refer to market access, one immediately thinks of a drug, medicine, treatment, and more importantly, the pharma company behind the medicine and the payer who allocates budget for the aforementioned medicine. We now live in a society where the broader constructs of health are valued, and what we now refer to as health and wellbeing involves an extensive network of stakeholders that contribute to it. "Access", by our definition, is an all-encompassing and more relevant term in today's healthcare world.

Access includes patient access to information, treatment, education and services. With this understanding, the term Access naturally lends itself to include each stakeholder relevant to the healthcare debate. These stakeholders include the patient, the policymaker, the regulator, the provider and the supplier. Access defines and guides the way in which these stakeholders must work together to improve health and wellbeing. It requires an open dialogue and interaction among all stakeholders to ensure both healthcare and societal benefit.

In this report we present a select group of questions and panelist responses that stand apart and raise more questions for us to debate. We hope you find them as stimulating as those of us in the room that day.

The healthcare community is aware of the challenges facing patient access and has been working to overcome the increasing number of hurdles (e.g. continued NHS reforms, structural reorganization within both healthcare systems and the biopharma industry). Unfortunately, our methods are, by their nature, flawed. Traditionally, we work within the confines of our office walls to create solutions. We deliberate for hours on how to provide the best healthcare to patients and improve health and wellbeing. Yet, the problem we ultimately run into is that our solutions are packed with assumptions

Roundtable Panelists



EC

Elaine Cruikshanks, founder of ACUMEN public affairs and with more than 20 years experience, brought the European healthcare policymaker perspective to the table and how European legislation affects stakeholder relationships and ultimately patient access to healthcare.



HJ

Helen Johnson shared insights from her experience of working in UK health policy. She has nearly 20 years' experience of pharma regulation, health policy and public affairs, including a decade at Roche. Helen now runs her own consultancy, [HJCL](#).



MS

Michael Sobanja, CEO of the NHS Alliance came to the table as a UK healthcare provider with concerns of providing adequate healthcare to a growing population with limited resources.



JS

Jon Sussex, an economist and Deputy Director at the Office of Health Economics, shared how economics is becoming ever more important in shaping the provision of healthcare and helping increase the gains from the resources committed to health.



NB

Nigel Breakwell, Group Director of WCG in London brings over 20 years experience in pharma and healthcare communications and reminds us of the value and critical role communications plays in achieving optimal access in healthcare.



PH

Paul Holmes chaired the discussion. Editor of the [Holmes Report](#) Paul has been analyzing the public relations industry for more than 25 years.

Please note that the information contained herein the Access Roundtable Report is based on the transcription of the discussion between and responses provided by the panelists in connection to with the Access Roundtable held 07 July 2011; however, in an effort to better incorporate and integrate the information into this Roundtable Report, some of such information or other material provided may have been modified by us in a non-material manner (e.g., for grammatical purposes). Although we may have made such minor modifications, we have not altered the context in which the information/responses were provided to us.

1.

VALUE FOR MONEY OR MONEY FOR VALUE?

QUESTION,

Why is value for money suddenly a big issue NOW? What factors are elevating 'value' to the top of the agenda at this particular moment in time?

PUBLIC HEALTH, PROMOTING HEALTH & WELLBEING

MS

There are a few things to consider. First, **there is a growing realization around the world that if the job is about improving health and achieving wellbeing, that health care systems play a relatively small part in that.** If you look at health improvements over the last sixty years, probably less than 50% of that health gain comes from health care systems. Sometimes we need to re-frame the debate and talk about health and wellbeing as opposed to health care and illness.

Secondly, there is a growing realization that often what **we have done in health care systems might be about doing the wrong things right as opposed to doing the right things right.** It is easy to do lots and lots of activity that doesn't necessarily work for our patients. I'll give you an example: in the pharmaceutical sector we spent a lot of time marketing products for hypertension. There is some evidence to suggest that you can lower blood pressure without necessarily avoiding heart attack and stroke. So, there is a growing awareness about that.

Thirdly, patients and the populations are more demanding and savvy. **They want to experience real value from their health care programs and are increasingly dissatisfied with the way in which we organize things.**

Now if you put all of that together you start to explore the issues of what does represent value and what the relative levels of investment are in a variety of components

whether it is mental health, ultrasonic scalpels, the latest drug or people's lifestyle and exercise. **It is the opportunity cost in health economic terms that we need to be thinking about and what really produces benefit.**

JS

The contribution of health care to health and wellbeing is to me the nub of why the value of healthcare is increasingly questioned. Looking at the last hundred years, health care used to be about stopping people dying or mending broken bones. Today, healthcare is much more about **improving their quality of life rather than the length of it, though it does both.** As that shift over time has become more obvious – that quality of life is a big issue for people who are going to stay alive rather than how long they live give or take a few months – then actually health care starts to look a bit more like a lot of other services that we receive, e.g. social care. The boundaries there are very muddy as we know from recent debates. But equally we choose whether we want to spend our money on health care or have taxes taken from us to spend on health care rather than for us to spend on the services that we think we want. **The more health care gets into providing quality rather than length of life the more it looks like other services. The more it looks like other services the more people are going to question 'Well why do we treat it so specially? Why do we set it off to one side?' That's why there is much more pressure now with this value for money discussion.** ◦

THE LOOMING ECONOMIC CRISIS

EC

In terms of value for money, **the economic crisis focuses the mind. It is fair to say that all governments are feeling pressure, especially in Europe with an aging population** and that has been reflected much more in a number of ways. One key area that WHO has also linked into as well as the EU is the **focus on prevention rather than cure**. You will note this year there is a big, big push on non-communicable diseases where healthy lifestyles is the key message; it's about what we eat, it's about whether we smoke, it's about abuse of alcohol and how can we actually help ourselves. **While this is not a short-term measure, it is something over a generation that should actually deliver a lot of savings in terms of health care costs.**

HJ

From my perspective, **the emphasis in the UK under the current reforms in terms of shaking up the public health system and giving that the greater priority that perhaps has been missing over recent years is very welcome**. It's not ideal and there are a lot of questions about how that public health service is going to operate and be organized. But I think the intent, in terms of **prioritizing public health, is the right one.** ◦

CHALLENGES IN THE MEASUREMENT OF OUTCOMES

NB

The idea of **outcomes and which outcomes to measure are important as we evaluate value for money**. At the moment, it feels like there is a wealth of data out there, but it is not necessarily the data that is going to be relevant to public health. If we are looking at patient outcomes what do we mean by those and how do we communicate those, well I suppose, to the end receiver? How do you communicate those to the patient so they can understand? **If they are all demanding as a**

population they are going to be looking to demand what they can see. 'Okay, well we should be demanding this because we can see what the benefit is going to be.' **That is going to be one of the challenges – putting measures in place and how you then bring those measures back to the system. Who are going to be the right people within the system to actually provide that health care? How do we do that and how do we guide that?**

EC

European systems at regional and national levels are re-evaluating what should be included in terms of health technology assessment and determining what those criteria are. The goal is to agree on a universal measurement, language and understanding, which is easier at the regional and national level. When you move down into the local levels, however, the payers are fragmenting more and more. As a result, **we have centralizing HTA evaluation process at the European level and fragmentation at the local level; ultimately, this poses a big hurdle for access because the local organizations may not have the information that the central people used to determine their methodology.**

HJ

One of the added complexities in measuring patient outcomes is how do we factor in the patient outcomes that patients report informally to their clinicians or to others in an open forum? **All the things that are important to the patients and the outcomes they say that they want to get from their treatments and the effective management of their condition aren't necessarily translating into ROI for the NHS.** That is a significant access challenge we must consider when thinking about with patient outcomes.

MS

That is interesting because **one of the fundamental difficulties between the industry and health care systems particularly in the UK is that the pharmaceutical industry tends to position its solutions as being the best solution for the individual patient. If the investor is taking a societal view about the health of the population, then actually it might make sense to choose the second best intervention on the grounds that you could treat more people with and produce a better health outcome.** ◦



2.

WHO ARE THE STAKEHOLDERS IN ACCESS?

QUESTION,

In the healthcare arena, how has the balance of influence changed and who are the relevant stakeholders – are there new stakeholders to consider or have agendas shifted?

MS

There are two things that people can do. First, follow the law or follow the money. When it comes to following the law, we determine who has the statutory accountability and then when you follow the money, we come to those who are allocating the budgets. In this context, it is possible to see that things are not changing that much. There are, however, different players on the playing field and more will emerge as we move forward. As someone who is accountable for budgets, my advice would be for all to understand the needs of the new players and understand the information they require hasn't changed radically. **Payers are more likely to accept the population health view. They are likely to be more demanding of outcomes of information**

HJ

I'd like to give the example of NICE (the **National Institute for Health and Clinical Excellence**) as a stakeholder whose role and importance has – changed – and is still evolving – as part of the current environment. NICE initially was a body that looked very specifically at the relative clinical and cost effectiveness of new health care technologies coming through and issued national guidance. And over a period of time that national guidance came to have a degree of authority. We have got to the point over a number of years

where NICE's national guidance carried weight, both for the NHS in England and Wales and also internationally to some extent. Speaking personally, **I believe that NICE's guidance is now less important than it was; less important to regional and local decision makers.** I think there are a number of reasons for that. We have seen the **fragmentation of payers and the changes in the stakeholder structures and the NHS: regional guidance and local guidance have consequently become more important.** And at the same time **we now see NICE's role shifting from not just being a source of advice on individual technologies; they are pretty much at the heart of the quality agenda going forward.** So, it's now not just about decisions or guidance about individual technologies, **it's about NHS evidence, it's about NICE clinical pathways, it's about quality standards and it is about locating these individual technologies within a much broader clinical and/or patient pathway.** It is for all those reasons NICE is an example of a stakeholder whose importance at one level may be diminishing. But they are increasing in importance in other areas – such as value – and will be going forward for all kinds of different reasons relative to this access debate.

EC

I'd like to talk about **the patient** because at the European level there was an attempt to have a piece **of legislation called Information to Patient**, which is meant to allow **patients more access to information, and self-help as a result.** Whereas in America you have adverts about pharmaceutical products, in Europe, pharmaceutical companies do not directly advertise to the general public and they probably won't for the foreseeable future. With that in mind, it is **important for us to discuss the European legislative developments and context, as society has been taken over by the Internet.** Even the BBC – if not the NHS itself – is a very good place to source information about a disease and a therapy. The information that is channeled through this media will change people's expectations and understanding. ◦



3.

ACCESS REDEFINED BY SOCIAL & DIGITAL?

QUESTION,

How will digital and social media influence patient access, what will be their roles?

PH

At one end we have to protect people against misinformation or marketing hyperbole or over-promotion. The fundamental challenges to make sure that people are not bombarded with information that they will misinterpret or misunderstand. At the other end, is saying people should have access to all the information out there and be able to make their own decisions. Treat them as if they were actually smart, sophisticated. **It is the same debate that is going on in the financial services arena and you know, any regulated industry. It seems to me that the pendulum is shifting towards 'Let's give people a lot of information and as much context as we can and let them make their own decision' because its pretty untenable to say we are going to try and protect them from that.**

MS

We **treat people as adults and intelligent adults who are savvy.** We give them more information, we help them understand and interpret that. **The absence of direct to consumer marketing is just unsustainable in this country because all I do is logon to a US website and look at the data anyway. So let's offer people the information but let's give them the ability to make those choices in the interpretation.** The industry has a role there, of course, because perhaps sometimes my colleagues suspect that some

of the stuff that appears in The Daily Mail may have been originally seeded from the industry. Well, I will tell you what: Something appearing in The Daily Mail makes health investors in the UK start with a negative message about whether or not they feel they want to invest in that intervention.

HJ

It is not just about the provision and access of information; it is what people do with that information once they have accessed it. I will put a new bit of terminology on the table, which is the issue of **health literacy.** What do people do with that information? Can they actually decode it in a way that they change their behavior, do something differently, change their diet, and take their medications more regularly? **My sense is that the industry may be stopping at education and promotion but there is this whole great issue of health literacy beyond that which the industry could start to explore.** ◦

The Role of Communications in Access

The communication challenges are more complex. The cost of failing to meet those challenges is much higher. Are communications professionals ready? Do they have the necessary skills to contribute at that kind of strategic level and do others within the pharmaceutical industry – CEOs and others in the C-suite – recognize the need for communications to step up to those challenges?

MS

We have to start thinking about communications as being – and this will be trite to some of you – everybody’s business. You know the days when you have got somebody managing communications or somebody managing PR – and we have started to learn this in the health service – is actually a façade. **It is the people; it is the behavior of the company and everybody within it that generates the communication. I think it’s having a shift in that language – we are not looking cost at effectiveness; we are looking at investment.** I think its thinking about the measures that you put in place that show that its investment in health care and of benefit in the broader perspective, rather than trying to meet certain goals against a cost effective measure, a quality measure which may not actually be beneficial from a societal perspective.

JS

I think the role has never been more important.

Joe Brice
BAYER
Audience member

I think good communications is, as a result, even more important. **I think we are particularly lucky in the UK with patient groups. Good communication goes alongside supporting patient groups and is incredibly important as well.** In fact, we at Bayer don’t have a payer communications division, we are market access.

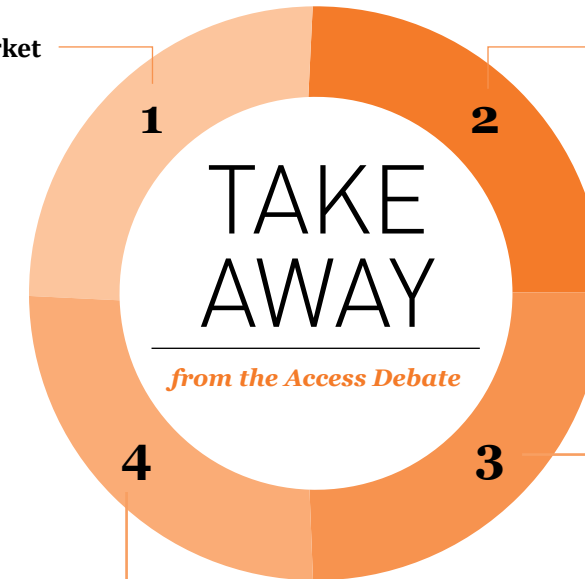
NB

It’s up to **communication professionals to give guidance and support to industry and to the stakeholders about where and how you can communicate not just through traditional channels** but more importantly through the internet – to demonstrate the positive impact of social networks. We also need to be mindful of the environments that we engage in, the content we’re disseminating and understanding the constraints of those communications. ◦



The Way Forward

Access goes beyond Market Access; it has evolved



Delivering value will only result from transparent and honest debate between stakeholders in Access

Reorganization – It’s not only a structural transition While this topic isn’t discussed in detail within the report, stay tuned to analysis and commentary from panelists on this topic on:

[WCG’s Common Sense blog](#)
[YouTube Channel](#)

Trust and Communications sit at the heart of Access

Without trust and transparent communication, we cannot successfully improve access to healthcare which results in our collective failure to achieve the ultimate goal. Healthcare providers and suppliers must find themselves embedded along the entire patient pathway in health and wellbeing and not sit at just one point.

How we do this is not going to be easy as we move further into a world in which economic and financial crashes will be the forces of change. However, as long as we work in partnership, we will improve patient access.

What's Next

We hope that was stimulating! If you want to share, we'd love to hear your feedback and thoughts. Contact us at WCGAccessRT@wcgworld.com

Have questions for WCG or any of the panelists? Send any questions, challenges you may want to pose, share and debate with others in the same game at WCGAccessRT@wcgworld.com

Also, you can stay updated in real-time and hear more from the panelists on our upcoming PharmaChannel or on the [WCG Common Sense blog](#) and [YouTube channel](#) for real-time insights and expertise.

Let's Go. Ahead. Together.