

Conceptualisation and the Role of Market Access in Pharmaceutical Industry: A Qualitative Study

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Introduction

The way Market Access is conceptualised differs among stakeholders, such as payers, patients, healthcare providers and policymakers. This has resulted in numerous perspectives of Market Access, leading to a lack of clarity in how Market Access and its role are conceptualised.

Purpose

To explore how Market Access is conceptualised by market access professionals and the stakeholders involved.

Methods

The Consolidated Criteria for Reporting Qualitative Research checklist was used to guide the reporting of this study.

Ethical approval was obtained from the Manchester Metropolitan University Faculty Ethics Committee (EthoS Reference Number: 1474).

A qualitative design was employed, using semi-structured interviews with Market Access professionals who attended the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) conferences at Barcelona 2018, New Orleans 2019 and Barcelona 2024.

A total of 19 participants participated in the interviews. An interview guide was used to ask participants open-ended questions about how they conceptualised Market Access, including its role in pharma. All participants gave their informed consent before taking part. Interviews were digitally recorded and transcribed verbatim. Thematic analysis was used to analyse the dataset.

Results

Five emergent themes were identified across the dataset.

Theme 1: Conceptualisation of Market Access.

Theme 2: Perceived Roles of Market Access Professionals.

Theme 3: Current Involvement in Market Access.

Theme 4: Barriers to Uptake of Products.

Theme 5: Important Factors for the Uptake of Pharmaceutical Products.

A priori sub-themes, using the five dimensions of Market Access i.e. 1. Right Product; 2. Right Patient; 3. Right Price; 4. Right Point; 5. Right Place, have been used to present the findings within these themes (Fatoye et al 2024).

Conclusions

Market Access was conceptualised by Market Access professionals as patients having the right product when required, and the pharmaceutical product is given to the right patient, at the right price and at the point of medical diagnosis irrespective of their patient's geographical location. Healthcare providers, policymakers, and the pharmaceutical industry are to be aware of these findings.

References

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