Evidence generation and communication

A guide to getting started in HEOR/market access medical writing

Written by Linda Harrison
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Evidence generation and communication: a guide to getting started in HEOR/market access medical writing

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Foreword

I’ve been running MedComms Networking activities for more than 10 years and along the way collected together a wide range of free resources at www.FirstMedCommsJob.com to provide insights into MedComms and related businesses, and into working life in the agencies. Agencies constantly evolve to deliver more specialist services that match the specific needs of their clients and the marketplace, such as supporting HEOR and market access activities. Whilst some agencies offer a broad range of communications services, others focus in on those individual specialist areas and inevitably they vary in their approaches and in the ways they describe their services. This is the third in a series of careers guides that aims to help you navigate your way through to your ideal first job. We’ll update the information on an annual basis, and we welcome your feedback.

Peter Llewellyn
For more information see: www.linkedin.com/in/networkpharma

About the author

Linda is a freelance HEOR/market access consultant and writer providing a wide range of consultancy support to pharmaceutical/medical device companies and HEOR/market access agencies. Linda gained a postgraduate certificate in health economics from Aberdeen University in 2007, and has over 18 years of experience in the HEOR/market access arena. Prior to setting up her freelance business in 2014, she spent 14 years working for a large HEOR/market access agency, latterly as Director of the HTA business unit.

Linda Harrison
For more information see: www.linkedin.com/in/linda-harrison-a5089019

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Introduction

Health economics and outcomes research (HEOR) and market access agencies provide specialist consultancy support to pharmaceutical and medical device companies throughout the lifecycle (early phase, pre-launch, launch and post-launch) of a technology (pharmaceutical drug or medical device).

The types of agencies that offer HEOR and market access consultancy support vary widely. They include medical communications (MedComms) agencies that offer these specialist services, and other companies that are dedicated exclusively to either HEOR or market access work (some provide integrated support across both disciplines).

In any of these agency types, as a medical writer working alongside team members with a wide range of skills, you will be involved in the generation and communication of evidence to demonstrate the added value of a technology, and its potential in clinical practice, to healthcare decision makers.

About this guide

This new guide focuses on medical writing roles in the HEOR/market access arenas, but will be of interest to anyone who wants to understand more about the business of ensuring access to new medicines and devices for patients. If you have an interest in the commercial aspects of healthcare delivery and in helping deliver value to patients, a passion for writing and enjoy working in a fast-paced environment, then working in HEOR/market access might be for you. This guide will provide you with an in-depth introduction to this specialist area.

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What is HEOR/market access?

As a consequence of global healthcare system cost constraints and the increasing number of new and often expensive technologies coming to market, additional evidence, beyond clinical trial data, is required to demonstrate the value of a technology and its potential in clinical practice. To ensure successful reimbursement (i.e. funding) and subsequent uptake of a technology, it is critical to generate and communicate evidence that demonstrates the added value of a technology compared with available alternatives to relevant stakeholders, such as payers (e.g. government, insurance companies) and healthcare professionals. HEOR and market access, though two separate functions, work in partnership towards this goal.

Examples of evidence generation include health economic evaluations and systematic literature reviews (SLRs); ways in which this evidence can be communicated include global value dossiers (GVDs), health technology assessments (HTAs), reimbursement dossiers and market access tools (all described further on pages 10–11).

HEOR and market access are functions that work in partnership to generate and communicate evidence to demonstrate the value of a technology.

HEOR

HEOR is a function that focuses on evidence generation in terms of clinical, economic and humanistic outcomes.

The ‘HE’ element primarily refers to health economic evaluation whilst the ‘OR’ element primarily relates to research and the tools required to evaluate the real-world effectiveness of a technology in terms of clinical and humanistic outcomes (e.g. patient registries and the development or validation of patient-reported outcome measures to assess aspects such as health-related quality of life and patient-reported symptoms).

Market access

Even if a technology receives reimbursement, this does not necessarily mean that all eligible patients will get access to it. Market access activities are aimed at ensuring that patients who are eligible for treatment receive rapid and continuous access to effective technologies at an acceptable cost (in line with the added value of the technology). Market access specialists within pharmaceutical and medical device companies are tasked with communicating the value of technologies to relevant stakeholders to avoid barriers to uptake.
So what does HEOR and market access involve?

Health economics and health economic evaluation

Health economics applies economic theory to healthcare. In the current economic climate, healthcare systems have limited budgets (scarcity of resources) making it impossible to meet all patient demands for healthcare. Therefore, a choice must be made as to which healthcare needs will be met and who will consume them (i.e. which new technologies will be reimbursed, and which patients will be eligible for treatment). In making these choices, healthcare decision makers have to trade-off one healthcare good (e.g. a technology or a service) for another (opportunity cost).

Health economic evaluation is a comparative analysis of all the costs and outcomes of two or more competing goods (e.g. a new technology versus existing technologies) to inform decision making, introducing the concept of 'cost effectiveness' or 'value for money'.

In HEOR/market access agencies health economists develop mathematical health economic models (typically in programmes such as Microsoft Excel©). These models synthesise all the costs (e.g. treatment costs, adverse event costs) and all the outcomes (e.g. benefits or adverse events) associated with two or more technologies over a specific timeframe (e.g. lifetime of a patient) to derive an estimate of cost effectiveness. The most common types of health economic models are decision trees and Markov models. Uncertainty surrounding the cost effectiveness (results of the model) can be tested using sensitivity analyses (varying model inputs such as a specific cost) to determine the impact on the result.

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There are five main types of economic evaluation.

<table>
<thead>
<tr>
<th>Type of analysis</th>
<th>Cost measurement</th>
<th>Outcome measurement</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost-effectiveness analysis (CEA)</td>
<td>Monetary</td>
<td>Single natural unit (e.g. life-year)</td>
<td>Cost per unit (e.g. cost per life-year gained)</td>
</tr>
<tr>
<td>Cost-utility analysis (CUA)</td>
<td>Monetary</td>
<td>Quality adjusted life-year (QALY)</td>
<td>Cost per QALY</td>
</tr>
<tr>
<td>Cost-minimisation analysis (CMA)</td>
<td>Monetary</td>
<td>None; outcomes are considered equivalent</td>
<td>Least cost alternative</td>
</tr>
<tr>
<td>Cost-consequence analysis (CCA)</td>
<td>Monetary</td>
<td>Multiple</td>
<td>Range of outcomes separated from costs</td>
</tr>
<tr>
<td>Cost-benefit analysis (CBA)</td>
<td>Monetary</td>
<td>Monetary</td>
<td>Net cost:benefit ratio</td>
</tr>
</tbody>
</table>

HEOR/market access agencies predominantly report on the methods and results of cost-utility analyses (CUAs). Many global HTA bodies use CUAs to inform decision making. An advantage of a CUA is that it allows comparisons of results across technologies and disease areas providing a wider context in which to make decisions about ‘value for money’.

In a CUA the effectiveness of a technology is measured in terms of the impact it has on quantity (length) and quality of life, combined into a single unit – the quality-adjusted life-year (QALY). QALYs are calculated (Box 1) by weighting each year (or part year) of life with a quality-of-life (or utility) score, where death has a utility score of ‘0’ and perfect health has a utility score of ‘1’. One year of life lived in perfect health equals one full QALY.

**Box 1: QALY calculation**

**Current treatment** results in an additional 5 years of life per patient and the quality of life during that time is 50% (utility score 0.5) of that of a healthy person (quality of life 100%; utility score 1)

*Treatment A produces (5 x 0.5): 2.5 QALYs*

**New treatment** results in an additional 6 years of life per patient and the quality of life during that time is 60% (utility score 0.6) of that of a healthy person (quality of life 100%; utility score 1)

*Treatment B produces (6 x 0.6): 3.6 QALYs*

*New treatment results in 1.1 additional QALYs compared with current treatment*

The result of a CUA is expressed as an incremental cost-effectiveness ratio (ICER) – the ratio of the difference in costs to the difference in effects (QALYs) (i.e. cost per QALY). The ICER is calculated by dividing the difference in costs by the difference in QALYs (Box 2). Using the QALY calculation in Box 1, and assuming the current treatment costs £14,000 and the new treatment costs £20,000, the ICER for the new treatment relative to the current treatment is £5,455 per QALY (i.e. an additional £5,455 would need to be spent on the new treatment to gain one additional QALY compared with the current treatment).

**Box 2: ICER calculation**

\[
\text{ICER} = \frac{\text{Difference in costs}}{\text{Difference in QALYs}} = \frac{£6,000}{1.1} = £5,455 \text{ per QALY}
\]
Value communication and the ‘payer value story’

A key underlying principle of market access is the communication of value. Many new technologies come with higher costs than available alternatives. Therefore, it is important for payers and decision makers to understand the added value that this extra cost will deliver to patients, healthcare systems and society as a whole, so as to assess if the new technology offers true ‘value for money’ versus current technologies.

Health economic evaluation is critical to demonstrate the cost-effectiveness of a new technology. However, it is also important to communicate other associated benefits (e.g. the clinical value). The added value in terms of cost and benefits is communicated to relevant stakeholders as a ‘value story’. The value story is usually in slide format comprising value messages and supporting evidence (typically information on the disease, and the patient and economic burden associated with it, its current treatment, any unmet needs, clinical and safety data for the new technology, and cost-effectiveness and budget impact analyses). These will help to establish an understanding of the disease, but also provide a foundation for presenting the value of the new technology and how it addresses current needs. The technology is therefore described in terms of:

- clinical value – through efficacy and safety endpoints
- patient value – through patient-reported outcomes, etc.
- economic value – through cost-effectiveness and budget-impact analyses.

This important market access tool may be used to inform formulary packs as well as specific payer discussions and advanced planning notifications (APNs). The ‘value story’ slide deck is usually supported by a GVD (see page 10).

The ‘value story’ for a new technology aims to communicate its added value in terms of cost/benefits to relevant stakeholders
What will my role be?

As a medical writer in a HEOR/market access agency you will usually be assigned to several projects simultaneously and will need to multitask. In addition, you will also be expected to quality check the work of other medical writers. You will probably have a client-facing role and will be expected to travel to meetings (in locally or globally based offices) and participate in conference calls. You will form part of a project team, and as you progress, opportunities will arise to take the lead on specific projects.

Who will I work with?

A medical writer in a HEOR/market access agency is a core member of a cross-functional project team, the precise make-up of which will depend on the size of the agency and the types of services it offers. Depending on the project/agency in question, as a medical writer you may work with health economists, systematic review analysts, digital designers and other medical writers. Each project will be overseen by a project/account manager.

Your clients will be a mix of globally or locally based personnel from pharmaceutical and medical device companies who are responsible for HEOR and market access activities (e.g. sales and marketing, health economics, and pricing and reimbursement professionals).

As a medical writer you will be a core member of a cross-functional project team.
What types of materials will I develop?

You will primarily be involved in projects that generate evidence to support and communicate the added value of new technologies across a wide range of therapeutic areas. In a small HEOR agency the deliverables will primarily focus on health economic evaluation. In a medium-to-large HEOR/ market access agency work will be more varied. The time spent on producing materials will vary, with a combination of short- and long-term projects. Although the variety of deliverables is too large to list here, some examples are provided below.

**Health technology assessments**

Every healthcare system must make decisions about which technologies should be made available to patients. HTA is a process used to inform this decision making. HTA processes differ in each country; however, in general the efficacy, safety, clinical effectiveness and cost of a technology (typically, a new technology) is systematically evaluated and compared with other, currently available technologies.

In some countries HTA bodies rely on the manufacturer to submit the evidence required to evaluate the technology (referred to as the evidence submission) and typically provide a template for completion (e.g. the National Institute for Health and Care Excellence [NICE]).

**Medical writer’s role:** Preparation of country-specific HTA submissions for a technology, and completing the clinical and economic sections of a submission on behalf of the pharmaceutical or medical device company.

**Global value dossiers and reimbursement dossiers**

GVDs, also referred to as core value dossiers, are detailed, internal documents developed for a new technology to support reimbursement. A GVD incorporates all the evidence and supporting key value messages required to internally align company affiliates and externally communicate (to payers and healthcare professionals) the added value of a technology.

Reimbursement dossiers are a central, internal resource to support company affiliates at a national level in developing HTA submissions or reimbursement applications. Key value messages are included as appropriate for this type of dossier. The focus is primarily clinical and economic information developed in a format that makes it easy to copy and paste into individual country templates for HTA submission/reimbursement applications.

**Medical writer’s role:** Developing evidence-based value messages and writing the content of GVDs/reimbursement dossiers.
Systematic literature reviews

SLRs are undertaken to answer a specific research question by identifying all published and unpublished evidence using prespecified inclusion/exclusion criteria. Many HTA bodies stipulate that SLRs should be conducted to identify evidence (e.g. clinical, quality-of-life and economic data) to inform HTA submissions.

Medical writer’s role: Succinctly and accurately describing the methods and results of SLRs, typically as standalone reports or as manuscripts/posters, or for incorporation into HTA submissions.

Health economic evaluations

Health economic evaluations are incorporated into HTA submissions or reimbursement applications and are often published as manuscripts or presented as abstracts/posters at conferences.

Medical writer’s role: Describing the methods and results, predominantly of CUAs, as standalone reports or as manuscripts/posters, or for incorporation into HTA submissions.

Market access tools

Tools to support local market access discussions with clinicians and payers include APNs, formulary packs and business cases.

Advanced planning notifications notify payers about the budgetary implications of a new technology if it is likely to make a significant impact on expenditure (higher or lower cost than current alternatives) prior to marketing authorisation.

Formulary packs contain information to support the inclusion of a new technology in local formularies (e.g. at hospital level) and are supplied by pharmaceutical companies to healthcare professionals who complete the formulary applications. Content includes details of the technology (e.g. formulation, indication); evidence of efficacy, safety and cost effectiveness; and local patient population and place in therapy compared with existing technologies.

Business cases are developed and typically attached to digital budget impact models (developed by the agency) and are used by field representatives in discussions with payers. Generally, developed for use via an iPad, these models allow the user to customise inputs to make them relevant to the local situation (e.g. patient population size). The business case is prewritten and dynamically attached to the model, feeding through local inputs and generating results. The tailored business cases can then be printed and left with payers.

Medical writer’s role: Developing the content of APNs, formulary packs and business cases.

A variety of deliverables can be used to generate and communicate evidence
How do I apply for a medical writing role in HEOR/market access?

If you have an interest in the commercial aspects of healthcare delivery and a genuine desire to work in the HEOR/market access arena, have a passion for writing and enjoy working in a fast-paced and challenging environment, then becoming a medical writer in a HEOR/market access agency will appeal to you.

Success criteria

To be successful in this arena you:

- are a team player, yet confident to work on your own
- are able to write clear, succinct and compelling content for a range of documents and presentations, delivering consistently high-quality deliverables within budget and on time
- can interpret and simplify complex data
- can offer your own solutions to problems
- are happy to accept constructive feedback.

Entry requirements

The ability to display an understanding of health economics and health economic evaluation will give you some bonus points; however, this is not a prerequisite. Most agencies offer in-house and/or external training in health economics. The usual entry requirements are a relevant biomedical or life-science degree (some agencies prefer a PhD graduate), confidence dealing with mathematical/statistical data and previous academic or pharmaceutical writing experience, although the latter is not essential.

What do HEOR/market access agencies look for in a medical writer?

The agency will be looking for your ability to demonstrate numerous core skills throughout the recruitment process.

Attention to detail

The prices charged by agencies are based on an estimation of the amount of time required for each team member to complete an assignment. Therefore, it is necessary for agencies to deliver high-quality deliverables on time and within budget to generate profit. Attention to detail is very important to avoid unplanned, additional drafts of material, which not only delay timelines but also incur additional costs that potentially can’t be charged on to the client. Although you may tell a potential employer that you pay great attention to detail you will have a much better chance of success by demonstrating it (e.g. by avoiding obvious errors on your cover letter and/or CV). In addition, you could create an opportunity to refer back to points made earlier in an interview to demonstrate that you are paying attention.
Teamwork
As you will be primarily working within cross-functional teams, it is important that you work effectively as a team member. The agency will be looking to employ medical writers who are able to express ideas, ask questions when unsure about something, effectively manage conflict and develop solutions with others. Think about ways you can demonstrate your ability to work as an effective team member in your application or interview (e.g. your experience in a sports or quiz team).

Communication
Medical writers liaise with clients and colleagues via face-to-face meetings, conference/telephone calls and emails. Your verbal and written communication should be clear and succinct. Listening to others and being able to clarify your understanding of what you have heard are essential when providing accurate reporting and adapting your writing style to different audiences. Potential employers will evaluate your communication skills throughout the recruitment process starting with a review of your application.

Organisation
As you will be working on multiple projects simultaneously it is essential that you are able to manage your own time and prioritise your workload effectively (this requires you to micro-manage your own time, to the hour or even quarter-hour in some instances!). Throughout the recruitment process, you should use examples to demonstrate that you are flexible and can deal with new situations as they arise.

The recruitment process

Application
Entry-level medical writers typically apply directly to an agency advert by sending in a CV or completing an application form. As you are applying for a writing role, reviewers of your CV/application will be highly critical. It is therefore essential to ensure there are no grammatical errors or spelling mistakes. A short cover letter alongside a CV is recommended and provides an opportunity to succinctly express your understanding of, and interest in, the role.

Alternatively, you can look out for annual graduate recruitment programmes.

Interview process
The interview process differs across agencies and may or may not include an initial, short interview by telephone and/or a written test. The reviewers will gain a good understanding of your medical writing capabilities from your CV, so whilst it may be tempting to seek help do not ask someone else to do the test for you. You may also be required to undertake a further test during the interview; you will normally be given a time and word limit. Some examples include:

- writing an abstract for a poster or a manuscript
- comparing/contrasting clinical trials and summarising under specified headings
- writing a disease background summary, including epidemiological estimates (using web-based resources).

The total number of interviewers will vary depending on the size of the agency (expect at least two) and may include a mix of agency personnel.
Some agencies may require you to deliver a presentation in the interview about yourself or on a specific topic (prepared by you in advance). The interviewers will ask you questions about yourself and your experience, and you will also have an opportunity to ask them questions about the role and the agency.

The time scale for an offer or rejection is generally short. Notification of an offer or rejection is normally via telephone followed by written confirmation by post/email. In the event you are not selected for the role, most agencies will be happy to supply you with feedback, which you can apply to future applications.

What is my earning potential?

Initial salaries vary across agencies and will depend on your experience, skills and qualifications. New graduates can expect a starting salary of ~£20K. Starting salaries for trainee writers with a PhD range from ~£25 to 30K. The rate at which your salary will increase is dependent on how well you progress as a medical writer.

What are my future prospects?

You will usually receive in-house training on medical writing and health economics; some agencies may, in addition, send you on short external training courses. Your writing as you progress will be assessed by more senior medical writers, and feedback on other aspects of your work will be sought from project/account managers. You should expect to be a trainee for a minimum of 12 months. The trainee writer role typically moves to medical writer and then senior medical writer. There is the potential to manage a team of writers and lead on specific projects as you progress. Working in an agency that offers many services provides an opportunity to cross train in other areas of the business (e.g. conducting SLRs).
Useful books


Professional bodies

• Association of the British Pharmaceutical Industry – www.abpi.org.uk
• European Medical Writers Association – www.emwa.org
• Health Technology Assessment international – www.htai.org
• International Health Economics Association – www.healtheconomics.org
• International Society for Medical Publication Professionals – www.ismpp.org
• International Society for Pharmacoeconomics and Outcomes Research – https://www.ispor.org

Pharmaceutical industry news, views and information

• MedComms Networking – www.medcommsnetworking.com
• Pharmaceutical Executive – www.pharmexec.com
• PharmaFile – www.pharmafile.com
• pharmaphorum – www.pharmaphorum.com
• PharmaTimes – www.pharmatimes.com
• PMLiVE – www.pmlive.com
• The Publication Plan – www.thepublicationplan.com

Careers support

• FirstMedCommsJob.com – www.firstmedcommsjob.com
• NextMedCommsJob.com – www.nextmedcommsjob.com

Other

• National Information Center on Health Services Research and Health Care Technology (NICHSR). Self-study courses with glossaries


• The ‘What-is’ series – a set of short and clear explanations on several important topics. It contains a range of titles covering not only health economics, but also statistics, evidence-based medicine and HTA – www.bandolier.org.uk/extra.html
Kate Anstee
Senior Value Analyst
Adelphi Values PROVE

Starting out at university I had a limited knowledge of the opportunities available in science other than working in a lab, academia or teaching. During my years of studying biomedical science, focusing on pharmacology and immunology, I tried out alternative areas, including working in a pharmaceutical company and science writing for the university paper. Overall these areas left me feeling unfulfilled with the prospect of a career in science. Looking for inspiration towards the end of my degree, I stumbled upon the field of HEOR and market access. It seemed to offer everything I sought in a career, combining scientific expertise with team work, creativity and business acumen.

Since then I haven’t looked back. In my role as an analyst, I am responsible for delivering high-quality materials that help support the reimbursement negotiations of a range of therapies across multiple global markets. No 2 days are the same; whether I am applying my writing skills to the development of a large global value dossier, interpreting clinical data for payer materials or creating interview guides for research with healthcare professionals, I am constantly challenged intellectually.

The additional opportunity to gain knowledge in health economics has been invaluable to ensure that I am gaining a diverse range of skills within my role. Alongside the scientific expertise, a good eye for detail and creativity has been beneficial, particularly when visuals are required to effectively communicate the value of a product to key decision makers.

Taking an active role in a commercial environment has provided context to my day-to-day tasks. The client-facing nature of a HEOR and market access consultancy can make it challenging to meet clients’ needs and deliver projects to meet tight timelines, but can also be rewarding with the knowledge that we have supported the client to ultimately benefit patients globally.

Overall, I always thought I would like a career that combined all aspects of my personality and allowed me to use my people skills, creativity and scientific knowledge; the opportunities in HEOR and market access have surpassed my expectations and provided me with business experience and technical expertise to grow professionally.
Caroline Ayres
HEOR & Market Access Lead
Prime Global

I had not considered MedComms as an option for my career, but here I am today leading an account to deliver a Global and US HEOR publication plan for a multinational pharmaceutical company.

How did I get here?
My background was in hospital pharmacy before making a move to the pharmaceutical industry – initially technical and regulatory affairs, but then medical information and later health economics evaluations. I gained much first-hand experience in developing and delivering regulatory and reimbursement submissions to the Australian Therapeutic Goods Administration and Pharmaceutical Benefits Advisory Committee (PBAC).

Importantly, just as the PBAC introduced cost-effectiveness requirements in 1993, I gained a Masters degree in public health, which broadened my horizons and developed in me a strong interest in population health, health economics and the decision analytic processes required to aid choices in how to spend (and ration) limited public resources. Over time, I specialised in evidence planning and market access strategy – utilising the methodologies of economic evaluation to support value demonstration and budget impact for price-sensitive decision makers (i.e. payers). I also studied public policy, which helped me understand the power of analysis in Government and the importance of communicating the right information to the right audiences (beyond the payers). This blend of writing and strategic planning on the comparative value of drugs had been my professional focus for >25 years.

By 2016, when I was thinking about new job opportunities, I found myself speaking with Graeme Peterson (CEO) and Val Moss (Scientific and Editorial Director) about joining their scientific services team at Prime Global. In that first meeting I was struck by their enthusiasm for the company (recently rebranded) and open-minded attitude to someone with my background and the contribution I could make. I joined Prime in January 2017 as their (first) HEOR and Market Access Lead.

What fills my day now?
A typical working day for me is non-stop engagement with people involved in various aspects of the publication process, including supporting a team of writers and working with the client services team to ensure projects are running on schedule and on budget. Data accuracy is paramount, and internal checks are made at every step of the way. We have a large team of writers and editors who support each other when deadlines are tight. Most importantly, despite the multiple time zones, we keep steady and responsive contact with our clients, through regular and thorough project status review.

What have I learned?
Delivering publications demands absolute attention to detail, and this requires a multifunctional and co-ordinated team approach. I enjoy the working environment surrounded and supported by dedicated professionals who are committed to high-quality work with a view to delighting our clients.

I enjoy the working environment surrounded and supported by dedicated professionals who are committed to high-quality work with a view to delighting our clients

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Martin Bell
Senior Writer
Envision Pharma Group

My initial route into MedComms followed a well-worn path: a PhD, a tentative toe dipped in MedComms waters by way of PhD-related publications and a brief postdoctoral position. I don’t regret my academic career, but over time I felt I’d ‘painted myself into a corner’. I identified my strengths as being able to quickly understand and write about new research areas, and began looking for something that would combine these.

After scanning a few job sites and some earnest Googling I stumbled upon medical writing. With almost complete ignorance of this industry, I completed a writing test, was interviewed and in no time at all was employed as a medical writer by a UK-based MedComms agency. So far, so familiar. Where I deviated from the set route was in my increasing interest in market access/HEOR. During my time as a medical writer, whenever the opportunity arose I’d gravitate towards these projects – I gained some experience in a market access/HEOR division of another company, almost exclusively working on publications, but it piqued my interest in the wider market access/HEOR setting.

All of this brings me to my current role – approximately a year ago I joined Curo, the specialist market access/HEOR division of Envision Pharma Group, as a senior writer. Since joining, I’ve worked on market access/HEOR-focused publications, producing internal real-world evidence reports for clients, and helping to generate bespoke online platforms to facilitate internal information sharing and value message development. I would say that market access/HEOR work tends to offer a more societal perspective. Whether comparing the cost–benefit of treatments or assessing the real-world impact of clinical practices, one must consider the ‘big picture’ and how these factors fit together to best provide evidence for the societal value of a treatment.

My industry peers are often quite surprised that someone would prefer to write in the market access/HEOR field than clinical, but in reality it’s a sideways step rather than a complete departure. In truth, it’s hard to define the differences between a clinically focused medical writer and a market access/HEOR writer. I still use the processes and skills I’ve learned as a medical writer on a daily basis, just in a slightly different context. Aside from the requisite writing skills, both roles require attention to detail, a willingness to grasp new concepts and therapy areas, and an ability to structure a coherent narrative.

I would say the beauty of my role is that it enables me to work on several therapy areas without becoming too entrenched in any one. The subject matter and project types change from day-to-day. I enjoy the ‘eureka’ satisfaction of persevering with a difficult data set until it finally makes sense! I’m also fortunate enough to have a supportive and friendly team around me, and that approachability extends throughout the wider company. Like any other job, it has its ups and downs, but I can see myself working in this setting for a long time to come.
Sophie Doran
Senior Medical Writer
DRG Abacus

In the final year of my PhD, I stumbled across medical writing as a career option when a university alumnus gave a talk on it. While my PhD was in biological sciences, it was related to agriculture and I knew very little about MedComms. However, alongside sciences, I had studied English literature to A level and knew that I was good at writing so decided to apply for some medical writing jobs. It was then that I came across DRG Abacus (then Abacus International), an agency specialising in HEOR/market access. Without any knowledge of HEOR/market access, I was not expecting my application for a trainee medical writer position to go very far. However, I got through the writing test and interview, and was offered the job.

Starting work in a completely new field was daunting but the training and support I received were incredible and no prior knowledge of HEOR/market access was assumed or needed – just willingness to learn. Four years later, I am still at DRG Abacus, still learning, and still thoroughly enjoying my job for lots of reasons.

- **It’s varied and challenging**: we work on countless different types of projects and across multiple disease areas. No two projects are the same and we are constantly being presented with new challenges and finding ways to overcome them.
  
- **It’s worthwhile**: the work that we do in HEOR/market access helps to make drugs and devices available to the patients who need them. For example, a successful health technology assessment (HTA) submission directly results in a drug being funded in the country in which the submission was made.
  
- **You’re never on your own**: the team atmosphere (both within and outside the medical writing team) is definitely one of the best parts of my job. When there are tight deadlines and challenging clients, people will go out of their way to help, and successes, however small, are always recognised and celebrated as a team.
  
- **Career progression is flexible**: as I’ve progressed at DRG Abacus, my role has become increasingly client-facing, including some project management and consultancy. It may not be for everyone (and nobody is forced down this route) but this element of the job can be really rewarding. The company also offers secondments to different teams for people who want to try their hand at something new.
  
- **It’s full of opportunities**: DRG Abacus is part of a global company (DRG), providing opportunities to work with teams in different countries and with different specialties. I recently had the opportunity to visit the DRG office in Gurugram (near Delhi, India) to conduct some writing training and, of course, do a little sightseeing!

I haven’t looked back since starting my career in HEOR/market access writing and look forward to the challenges and opportunities that it brings in the future.
Caroline Freeman
Principal Consultant
Value Demonstration Practice
Oxford PharmaGenesis

Now that I have worked in the Value Demonstration Practice at Oxford PharmaGenesis for more than 4 years, it’s probably safe for me to admit that I arrived on my first day with very little idea of what value demonstration actually entailed! I had done a certain amount of reading about the MedComms industry and felt confident that I had some of the right skills for the role, but I was not sure what to expect from a job in market access. For someone coming from a career in academia, there was a lot to take on board at first – getting to grips with HEOR and consultancy as well as new therapy areas – but I can look back now and say that I am delighted that I was offered a job that has enabled me to keep learning and to develop my expertise in a new and evolving field.

My expectations of HEOR were perhaps unfairly skewed towards the health economics side, but I have since found that an awareness of patients’ experiences and needs is inherent in a lot of our work, with many opportunities to understand and to communicate the impact of disease on people’s quality of life. Also contrary to my expectations, only part of the work that we do is product-specific or has a direct focus on market access, and some of the most rewarding projects that I have worked on have involved developing internal training and guidance for our clients. It has been fascinating to learn about the nuances of the markets in different countries and to interview our clients to find out what challenges they face. As with all our work, the breadth of our interactions has been amazing: over the past 3 years the materials produced by our team have been used across nearly 50 countries.

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Right from the time I started at the company, I have been lucky enough to experience a huge amount of variety, working on congress publications, manuscripts, training workshops and evidence dossiers, among many other deliverables. These projects have spanned multiple therapy areas and clients, so there is always the opportunity to take my existing knowledge and to apply it to something new. I feel especially fortunate to have found a role that lets me work in-depth with data and contribute to the scientific literature, but that also requires adaptability and creativity.

Everyone in the team gets the chance to work closely with our clients and to contribute to discussions, and there is a great commitment to allow everyone to continue building on their experience to move to the next stage in their career. The past 4 years have been a really exciting time to be at Oxford PharmaGenesis: the company has almost doubled in size, we have opened several new offices, including Oxford Central where I am now based, and we recently celebrated our 20th anniversary. I am so pleased to have found a career with so much scope and opportunity for growth, and I am excited to see what the future holds.
Calum Jones

HEOR Consultant
Consulting at McCann Health

The subjects of English and economics grabbed me more than any others when a schoolboy, laying a clear foundation in my mind to pursue a degree, and thereafter a career, in economics within a (then indeterminable) sector for which the value of effective communication was high. Targeted meetings with University of Dundee lecturers in undergraduate economics later revealed to me the world of health economics, for which Masters degrees were being run by the London School of Economics (LSE). Towards the end of my LSE degree I secured a fortuitous HEOR internship with Double Helix Consulting, a boutique and widely admired pharmaceutical access consultancy specialising in three key specialisms: HEOR, pricing and market access, and market research.

Following a thrilling internship I was disappointed to learn that vacancies within the HEOR team were not currently available, but was heartened to be offered a temporary position within the pricing and market access team that would, to quote my then line manager, “serve as a feather in my cap”. He was right. Over the course of 1 year I gained exposure to a broad and rich array of writing-orientated activities related to supporting the successful passage of late-stage therapies to their intended markets. Regular tasks included developing global value dossiers, synthesising multiple payer responses into final project reports, and supporting the design, conduct and communication of systematic literature reviews of trial outcomes.

My enriching innings spent within the pricing and market access team, and the analysis and writing-based skills that I developed in that time, excellently prepared me for a later-available permanent role in HEOR, which I enthusiastically accepted. Leveraging my recently gained experience in critically appraising the relative value and feasibility of assembling and communicating access-enhancing evidence types, I soon identified the potential for developing a personal and mutually beneficial niche within the company. I foresaw this to take the form of a versatile and burgeoning health-economic modeller and statistician, able to combine a deep interest in and knowledge of the nuances and often esoteric access requirements of pharmaceutical markets with the competency to powerfully express analysis plans and findings through writing. Several rewarding years elapsed and that which was previously foreseen came to pass, much to my good fortune! The rounded skill set which I possess today as an HEOR consultant enables me to develop and execute statistical analysis plans, to conduct feasibility studies, and to build and to succinctly report the methods and outputs of cost-effectiveness models, budget-impact models and meta-analyses.

I recently relocated to McCann Health’s Glasgow site (with no formal change in job description), which is populated by a vibrant and highly esteemed team of medical writers and editors. The relationship between the writing teams and myself is proving to be wonderfully complementary, and is founded upon the same core qualities that I would advise to any prospective entrant into applied health economics: listen to others, feel liberated to question, disagree or offer advice, display optimism and maintain constant high determination.

Listen to others, feel liberated to question, disagree or offer advice, display optimism and maintain constant high determination.
Claire Woon
AMICULUM

Introduction
A degree in chemistry, followed by a PhD, then on to a career in research – that’s your career path when you enjoy science, right? Or that’s what I thought as I came to the end of my PhD in salt crystallisation at The University of Manchester and struggled with the realisation that I didn’t want to be in the laboratory any more. The challenge was that I had no idea what else was out there!

Finding market access
Despite my pharmaceutically sponsored PhD, I had never really considered the ex-laboratory process drugs went through to reach patients. As I searched for my next move, I started looking into the different pharmaceutical functions, especially marketing, medical affairs and market access. I had a vague awareness that they needed to show someone that drugs worked and were safe, but who was paying for them and what information they would need hadn’t crossed my mind. I found the need to balance clinical and economic data fascinating. Market access and health economics opened up a new perspective and an opportunity to mitigate a challenge I didn’t even know existed! The need to clearly and concisely communicate the value of a product, both in clinical and economic terms, to audiences with many different backgrounds and knowledge levels really appealed.

Career path
My market access journey began at Complete Market Access, part of the Complete Medical Group. Here, I was first introduced to a wide range of projects including value dossier development, publications, health technology assessments (HTAs) and market access strategy. Through various company takeovers and acquisitions (including a takeover of the group by McCann) I moved with the group as they became Complete Clarity and then finally Double Helix (note: Double Helix are now Consulting at McCann Health). Being a part of this agency gave me a wide array of opportunities in terms of project experience, responsibility and global travel.

However, in 2015 I decided I wanted to see what other opportunities were out there and take the opportunity to learn more about the broader MedComms industry. I joined AMICULUM, an independent business comprising a cluster of specialised agencies, still owned by its founders, and thus far with only a small presence in the market access space. At AMICULUM I have provided expert support for market access projects across the different agencies within the business and driven growth of the area, tapping into pockets of experience, and training/educating teams as needed. AMICULUM takes an alternative approach to that of many agencies, as market access sits across all the different specialties in the group, rather than as a standalone entity. This enables us to draw on the relevant skill sets for particular projects and include payer specialists on the teams to provide relevant skills/knowledge. Hence, market access and MedComms teams work in collaboration on relevant projects. In my opinion, this gives more opportunities for writers and provides our clients with the skill sets they need to achieve their goals.
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“"I work in HEOR/market access strategy because I enjoy the challenge of piecing together the puzzle of unmet medical needs, brand profile, medical and commercial strategies, and payer priorities. It is vital to consider all elements in order to develop access communications that are resonant and of value to payers. Sometimes people are looking for the magic bullet with payers, but in my experience the old-fashioned principles of understanding what your audience needs pays big dividends.””

James Aird at Evida, an AMICULUM agency

“"I work in HEOR/market access because we get to work across a variety of disease areas on some very interesting products, putting our expertise to good use. Vitaccess also offers flexible working, from part-time working to working from home; we can do great work while keeping a great work-life balance.””

Catherine Åkesson, Associate Director of HEOR at Vitaccess

“"I work in HEOR/market access because it is great to be able to use the skills I gained from my degree in my role and to know that the work we produce can benefit patients in the long-term.””

Daisy Bridge, Senior Value Analyst at Adelphi Values PROVE

“"I work in HEOR/market access strategy consulting because I have the opportunity to help raise awareness of drugs and devices in the community and shape a pathway for access of these important treatments to patients. Every day in consulting is a new day and I am always learning something new. Our world is constantly changing and new ideas are always explored to determine how we can best support our clients. Coupled with the fact that it’s a ‘team sport’ makes it a very rewarding environment in which to work.””

Rina Chotai, Director at Consulting at McCann Health

“"I work in HEOR/market access writing because it’s varied, challenging and full of opportunities.””

Sophie Doran, Senior Medical Writer at DRG Abacus

“"I work in HEOR/market access because I love knowing that what we do impacts patients’ lives in a positive way. We help pharmaceutical companies put safe and efficient medications on the market.””

Hara Kousoulakou, Director of HEOR at Vitaccess

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To arrange a confidential discussion, please call or email Julia on +44 (0) 20 7359 8244 or Julia.walton@media-contacts.co.uk and she or one of her team will get back to you.
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**How do I join EMWA?**

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