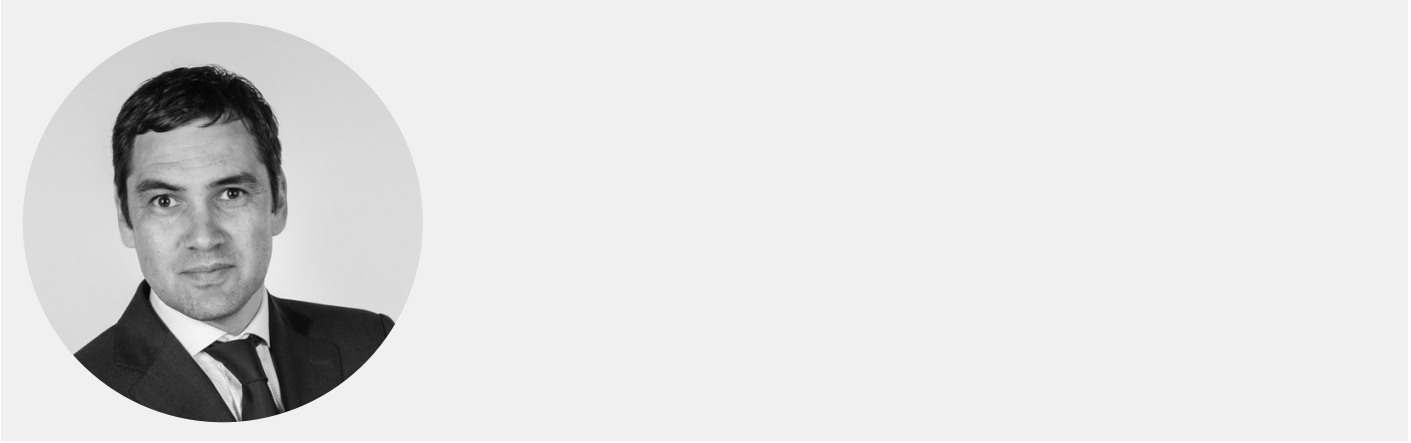
Interview: Manuel Voll, Senior Principal Northern Europe, IMS Health, The Netherlands



02.11.2015

Tags: pharma, pharmaceuticals, The Netherlands, IMS Health, Manuel Voll, government relations, executive insights, healthcare, innovation, pricing, regulation, Dutch

IMS Health helps clients reach the top of the mountain by providing them with the necessary intelligence to take actionable steps. Manuel Voll, Senior Principal for Northern Europe shares his perspective about the Dutch healthcare and life sciences market, the challenges it poses and what companies can expect for the future.

The Netherlands is seen by its peers as one of the most challenging EU markets. What is your assessment of the market?

The Dutch market is indeed very difficult, as it is changing rapidly and involves many stakeholders with different interests. Thanks to the implementation of a drug preference policy and budget transfer modality, over the past few years the Dutch government has done a tremendous job in terms of savings and, as such, stands as an example for many other countries in Europe. Something peculiar about the market is that insurance companies play a prominent role in the system. If you look at the classical market model, which includes insurance companies, providers and patients, there is a lot of information asymmetry among the parties: but insurance companies are much more advanced in terms of information compared to providers and patients. That’s good from a savings point of view, but probably not as much from a patient’s perspective. So the question is: do patients really get a central place in the system, if there is so much information

they do not have?

When we spoke with Jan Warmerdam for our last Dutch report, he identified the tension that was building up between the healthcare providers and insurance companies in relation to the responsibility of the latter towards quality and not just cost-containment. To what extent is this point still pertinent today?

That importance of implementing quality parameters differs per insurance company but in the end it's all about cost containment. If you look at the most recent discussions about HCV drugs, it's never about the cost effectiveness and benefits for the patient, but rather about price. Instead of looking at the intrinsic value of the new molecules available related to the total cost of treatment, it's always about budgets. Pricing is, indeed, relevant, but if you take the overall costs of healthcare into account, medicines only represent a fraction of it —less than seven or eight percent. The opportunity cost of a sickness, e.g. in case of a non-life threatening disease such as migraine, when a patient is not able to go to work, is never taken into account. I think the proper use of medicines should be the most important aspect to consider, because if drugs are taken properly, it's good for the patient, for the pharmacist, for the physician, for the insurance company, and thus for society.

An issue identified by several companies is the transfer of innovative and expensive medicines to the hospital budget, which is resulting in a discrepancy of patient access to innovative therapies. What is your assessment of this situation?

What patients often do not know —and physicians and hospitals frequently do not tell them— is that in the Netherlands they are always entitled to innovative drugs, even if there is no budget. Nevertheless, there is a struggle: physicians are educated to do the best for their patients, but if they are in discussions with their hospital board because of budget limitations they feel they cannot provide the best treatment available. In addition, insurance companies are benchmarking hospitals, which puts physicians under strain, as they need to justify their prescriptions. The patient should never suffer from a lack of medicines, so it's all about doing good budget and forecasting, and I think pharmaceutical companies can help hospitals by providing more detailed insights about the costs of treatments.

What sets the Dutch pharmaceutical market apart from that of its neighbors?

First of all there is a lot of emphasis in prescribing the cheapest medicine possible. Furthermore, Dutch physicians are very conservative if it comes to prescribing medicines. To be a bit provocative, in the Netherlands, you are considered to be a good physician, if your patient leaves

the office without any medication. This is very different in other European markets, and a company needs to take this into account when defining its commercial strategy. There are different types of strategies that can be implemented, and co-payment —when the patient bears part of the drug costs—should sometimes be taken into consideration. In the end, the most important aspect is the benefit for the patient, and that's the challenge for drug manufacturers, as they have to balance the commercial side with the benefit for the patient.

How do you see the Dutch pharmaceutical market evolving in the coming three years?

We are witnessing a trend towards different types of commercial models, as classical reps are becoming less relevant. Physicians, especially GPs, are not that accessible anymore and less than 30 percent are willing to see a sales rep. We also see a shift towards specialties that requires a truly integrated multi-channel strategy, which is not easy to implement. It's interesting because this shift is resulting in GPs becoming less relevant in terms of generating business; however, on the other hand, the Dutch government is pushing to keep as many patients as possible in the first line with GPs before sending them with more expensive specialists or to hospitals; in this sense, GPs are becoming more important. The GP market is more genericized than ever. Drug manufacturers are increasingly interested in understanding what is important for patients. Hence, companies are moving towards a more patient-centric approach and working on patient solutions strategies, something positive yet difficult to implement because of compliance reasons, especially in Europe. As such the situation is different in the US, as it's much easier for drug companies to directly approach end-users.

Given this particular market conjecture, do you notice any difference between the data you recollect here in the Netherlands and other markets?

The data we have differs for country to country and depends on how we gather the information locally. In my region Northern Europe, the Netherlands and Belgium for example, are considered data rich as we gather information through prescriptions. And it is always good if we can advise our clients based onfacts. However, we also have countries that do not have that much data, so we need to gather the information through primary research; Denmark is an example.

How does IMS Health help executives best interpret and implement findings from the data you provide?

Data is the basis of our value offering. I have worked for IMS for almost six years now, and when I'm asked what we do I always tell people we help clients reach the top of the mountain, i.e. their goal. The more solid the base, the easier it is to climb the mountain. We provide a very solid base

in our data. Then we have the information and know-how about the industry, while the last layer is the most difficult one: we help clients with their strategy and an actionable plan — that's the steepest part, that what is called "the summit" in mountain climbing. But the only way to make the summit is by providing the intelligence to make that last step to the top. We have a very good proposition because we can advise evidence based. We have a wealth of data and are applying technology as well as predictive analytics to optimally satisfy our clients' needs. With predictive analytics we often predict with a more than 90 percent accuracy what will happen and as such can help clients take informed decisions. We often tell our clients "We know you better than yourself" — that's the power of big data.

Before joining IMS, you accumulated extensive experience in the pharmaceutical industry. How have you applied this knowledge to your role as Senior Principal for Northern Europe, and how is it benefiting the company and its clients?

When I joined IMS Health, it had just become a private-owned company, and the organization needed more people as well as the technology, providing the intelligence behind the data and understanding clients' needs. Working for different pharma companies in global, regional and local leadership roles truly helped me understanding clients better. Being a Global Marketing Director for example was all about how to effectively implement a global positioning strategy with a product that was in different phases of its lifecycle in different countries. The drug had been launched at the end of the 1980s in the UK and in the Netherlands, while the most recent launches had been in France and Israel in the 2000s. It was a challenge, which made us think in terms of flexibility. As a Specialty Care Director I have been responsible for several local launches in the field of oncology, immunology and virology.

That experience helped me with client knowledge and with being able to understand what are the true needs are from a local client's perspective — whether we are talking about commercial or access needs — and apply them within IMS Health intelligence.

What three factors set IMS Health ahead as the partner of choice for the healthcare and life science industry in the Netherlands?

First, we know what is happening in the market and because of that we can provide our clients with the intelligence and the information they need to define their commercial strategy. Second, we provide the technology to help them maximize their outcome. Third, we can be a true partner because we work with all stakeholders and provide the necessary insights beyond the data. We enjoy a unique proposition because we provide an objective view that takes into consideration

different angles.

Looking forward in the coming years, we are moving towards real world evidence. In this sense, IMS Health is interested in understanding what happens with patients and the medicines they are using in the ‘real’ world, in other words, maximizing real world data. We are data rich, but we can be evn data richer.

You seem to thrive on challenges and complexity. What is keeping you motivated today on a more personal level?

Being able to truly help clientstogether with a very talented team of people. IMS Health hires the best talent and really cares about talent development. At every occasion I tell my team we need to play attractive football: the type of football that makes people want to come back to the stadium. This means delivering true intelligence and high quality projects to our clients against high client satisfaction.

Click here to read more articles and interviews from the Netherlands, and to download the latest free pharma report on the country.

See more interviews