BREAKING BARRIERS: OPTIMIZE PATIENT CARE AND COORDINATE KEY STAKEHOLDERS TO STREAMLINE ACCESS AND IMPROVE OUTCOMES

A Panel Discussion at the Hub and SP Model Optimization Conference
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NORA TSIVGAS | UNCOMMONLY Resourceful
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BIO
Nora leads the Access Services Strategy group at OCHWW. Nora has extensive HUB, patient access services and healthcare experience. Her pharma experience has spanned field sales, account management, commercial strategy, payer strategy, and outcomes research. For over 20 years, she has worked on product launches in specialty and primary care markets, providing strategic direction and leadership to optimize product launch success and improve performance of portfolio brands. With a combination of HCP, institutional, and payer marketing expertise, Nora’s leadership objective is to integrate the teams, perspectives, and strategic directions that maximize each brand’s full potential.

WHY OGILVY?
The ability to leverage digital, analytics, and behavioral change experts at Ogilvy to create unique payer solutions that address our client-based objectives. In addition, the company environment promotes learning and collaboration, which yields fresh ideas for our clients.

ABOUT NORA
A native of the Garden State, Nora lives in Green Brook, NJ, with her husband, Tom, and their college-bound twins. Her passion for health economics evolved over the course of her dynamic career at Pfizer and culminated in the development of multiple patient navigation tools for patients facing access barriers, from patients with cancer and no transportation to treatment, to patients with new opportunities for coverage through health insurance exchanges and expanded Medicaid. Nora's character is defined by her can-do attitude, ability to see both sides of the coin, and laser focus on achieving results.

AGENCY AD LIB
I am insightful with a dash of sass. My favorite thing to do is anything outdoors. People describe me as high-energy. I love to create aha moments. When I’m alone, I contemplate my legacy. In 5 years, I’d like to be teaching consumers how to purchase high-quality health care, preferably sans insurance.
ACCESS BARRIERS ELONGATE THE GAP BETWEEN RX AND FULFILLMENT

- Consumer responsibility for out-of-pocket costs continues to rise
- 42% of total drug spend is attributable to specialty, orphan, rare disease drugs – high cost – highly managed by payers

Drugs don’t work in patients who don’t take them.”

– C. Everett Koop, Former US Surgeon General
THE TIME CONSUMED BY A COMPLEX DRUG FULFILLMENT PROCESS OFTEN RESULTS IN LOSS OF RX CONVERSION

Communication barriers and fragmented, manual workflows result in a process that can take as long as 6 to 8 weeks to get from physician order to fulfillment.

Heavy administrative burden means HCPs/office staff spends up to 20 minutes per specialty prescription identifying and filling out the right form(s) required to complete an order.

Obtaining patient consent outside of the provider’s office (as is often the case) can take 7 days or more.

Add to that verifying benefits and securing prior authorization and you get a process that lasts weeks longer than it should.

Modernization of the services will improve Rx conversion to Fill, improve data availability and streamline the HCP and Patient experience with Janssen.

3. “Health Affairs,” (July/August 2009), vol. 28 no. 4 w533-w543.
AMAZON HAS SPOILED US ROTTEN

An age of constant connectivity...
... and instant gratification.

A few days?...
but I want it now!
WHAT WE DO | EHR AND CALL CENTER DRIVEN PAP AND HUB SERVICES PROGRAMS

Advanced Process Flows
• Streamlining of communications and processes through dynamic business rules

EHR Integration
• Though our internal/proprietary platform Percept® - communicate in real time to the call center and HUB through the EHR’s doctor and patient interaction

Centralized Data Structure
• Allows a one-stop-shop for all PAP information with in Contact Center and HUB Services
• Capturing and Sharing Data in Real Time provides visibility to All Stakeholders
ACCESS SOLUTIONS DELIVERY

Enrollment

BV EOB

Insured

No Insurance

PAP

Bl EOB

No coverage

PA Approval #

PA+Rx triage

SP Confirms BI/PA

Rx Fill

Dispense to

Doc

Patient

Adherence Reminders

Time to Resolution

Coverage

Copay instructions + Rx triage

Co-pay

Notify HCP & Patient
THE FUTURE IS HERE:
THE VOLUME OF ERX IS INCREASING, AND BY 2018 PAPER PRESCRIPTIONS WILL BE EXTINCT

2 BILLION
Estimated number of eRx that will be sent via EHR by the end of 2016

2017
Marks an eRx mandate across all large-scale physician practices and health systems

2018
Marks an eRx mandate across all small and privately owned physician practices

TO ENABLE RELEVANT MESSAGING IN THE EHR WORK-FLOW

HCP Workflow
- Login/Help
- Patient Consultation
- Diagnostics
- Diagnosis
- Treatment Consideration
- Prescription

EHR Services
- General Messaging
- Clinical Decision Support
- Clinical Decision Support
- Clinical Decision Support
- Competitive Messaging
- Competitive Messaging
- Competitive Messaging
- Access/Formulary Messages
- ePrior Auth
eVoucher/eCoupon
Patient Education/Adherence
Patient Assistance

Login/Help
Patient Consultation
Diagnostics
Diagnosis
Treatment Consideration
Prescription

General Messaging
Clinical Decision Support
Clinical Decision Support
Clinical Decision Support
Competitive Messaging
Competitive Messaging
Competitive Messaging
Access/Formulary Messages
ePrior Auth
eVoucher/eCoupon
Patient Education/Adherence
Patient Assistance

CommonHealth Worldwide
YESTERDAY: DATA IS SILOED, PREVENTING STREAMLINED COMMUNICATIONS ACROSS THE PATIENT JOURNEY

All the pieces are there but they are not connected or integrated
CAPTURING AND SHARING DATA IS REAL TIME IS THE MOST SIGNIFICANT OPPORTUNITY TO ENHANCE THE VALUE OF ACCESS SERVICES TO ALL STAKEHOLDERS
THE DIFFERENCE BETWEEN HUBS TODAY AND ACCESS SUPPORT TOMORROW IS HUGE
ACCESS SERVICES BRIDGE THE GAP BETWEEN RX AND FULFILLMENT

Turning the long span into a short, smooth highway is the goal of access services programs.

53% of physicians are more likely to prescribe a product if it comes with better patient support and beyond the pill services. Physicians are open to using both branded and unbranded patient materials from pharma, and HCPs look to pharma to drive progress in providing additional resources like prevention and wellness services and adherence programs.
APPENDIX
CRITERIA FOR A PARTNER TO MOVE MANUFACTURER ACCESS SERVICES INTO THE NEW PARADIGM

Progressive Strategic Thinking
• Readiness for EHR
• Alternative service partners
• Data and technology streamlining

Partner Aggregation
• Specialty Pharmacy
• Data Aggregation
• Best in Class approach

Data Aggregation
• Centralized Data Hub
• Knowledge Center
• Analytics

Integration of SMEs across disciplines
• Access Services Strategy
• Program Configuration
• Digital
• Technology
• Branding and messaging Analytics

Value Delivery
• Reduced time to fill
• Increased Rx conversions
• Greater patient retention
• Improved customer experience
• Increased program utilization
• Reduced total cost of program

Ogilvy CommonHealth Is Unique In This Space
QUESTIONS TO FUEL YOUR ACCESS SERVICES STRATEGY DISCUSSIONS

What problems do you want to solve?
Customer experience
Time to fill
Cost efficiencies
Field and leadership buy in
Data aggregation and analysis
Branding and communications
Adherence / Duration of therapy

How do you plan to approach the project?
Create from scratch v. reconfigure existing program
Delegate to one hub vendor v. hire the best partner for each service area
Brand by brand v. enterprise solution
Readiness for EHR and evolving customer communication preferences

What metrics will demonstrate program value and how will you capture that data?
Vendor Partner KPIs vs Investment – Value Ratio
Transactional metrics and Qualitative metrics by Brand
Metrics for each service area:
  • Reimbursement services - % enrollments : fulfillments
  • Adherence programs - % improvement over non-enrolled
  • Copay Program - # and % downloaded / activated / adjudicated + impact on prescribing and adherence
  • SPP – service and fulfillment metrics + qualitative customer experience survey results
PFIZER RxPATHWAYS
MOVING BEYOND THE TRADITIONAL APPROACH

Current Industry Approach

Challenges:
Program Efficiency
- Time from enrollment to fulfillment
- Customer experience and satisfaction
- Vendor Fragmentation
- Reputation

Program Cost
- Services
- Reputation

Opportunities:
- Vendor Familiarity and Diversity
  - History / Relationship / Data

Evolving Technology Approach

Challenges:
Vendor Familiarity and Diversity
- History / Relationship / Data – Ogilvy has those relationships

Opportunities:
Program Efficiency
- Time from enrollment to fulfillment - reduced
- Customer experience and satisfaction - improved
- Reputation – improved

Program Cost
- Services – shift from manual to automated
- Reputation – the leader in service delivery
REIMAGINING RxFPATHWAYS

Enrollment Application

Biz Rules

Commercial Access Pgm

Notify Patient and HCP

Authorized Shipper

Rx Fill

Dispense to Doc

Patient

Notify Patient and HCP – Provide Alt Funding Info

Close case

Income Verification

Qualifies

Does Not Qualify

No Insurance

BV/BI*

*BI if database hit shows insurance

Process and Cost Efficiencies
Enrollment Form is Pre-Populated within the EHR

- Form populated with all available EHR data (within the patient record)
  - Once completed Physician signature is on file
    - Patient signature can be on file (if not, form is emailed to patient from the physician)

Pre-Populated Enrollment Delivered Digitally According to Work Flow

- Digital data can be transmitted as stated in business rules – i.e. BV in EHR, BI at Call Center, eIV
  - Reduces processing time by 75%
  - Eliminates missing information
  - Eliminates human error

Enrollment options:
1. Thru EHR at time of eRx
2. At program website
3. Fillable PDF to fax
   - All electronic signatures

Value:
- Reduce enrollment processing time by 24 h
- Reduce risk of human error
- Reduce cost of manual processing (retyping enrollment info)
- Reduce cost of follow up calls to obtain missing information
- Potential increase in enrollments
• Benefits verification data are easily accessible
• Process can be automated as part of the Enrollment flow
• Call center can be notified if BI call required
• Negative BV will drive enrollment directly to eIV
• Saves time, reduces errors, improves accuracy

Ogilvy Value:
Provide system configuration that streamlines and integrates processes across platforms to eliminate manual processing, reduce errors, save time and improve the HCP and patient experience
Performance Analysis Summary

Exposure to EHR messaging resulted in a significant, positive impact on TRx and NBRx during the pilot.

- **466,000 TRx**: Incremental 466,000+ TRx is projected over one year.
- **$125**: Projected cost per TRx: $3.16 that generates $125 in revenue for every dollar spent.
- **5x**: Views and redemptions exceeded those of the closest competitor 5-fold.
CAPTURING AND SHARING DATA IN REAL TIME PROVIDES VISIBILITY TO ALL STAKEHOLDERS
CENTRAL DATABASE PROVIDES PROGRAM TRANSPARENCY TO STAKEHOLDERS ACCORDING TO BUSINESS RULES

Central Database:
1. Connects all stakeholders in real time
2. Supports more-informed business decision making

Value:
- Import data from all stakeholders directly into patient profile
- Patient order status available 24/7 in real time
- Central DW can empower data access to HCPs and Patients via website, portal and/or smartphone app
- Aggregate data provides program intelligence and clarity of patient journey and outcomes
- Data capture empowers predictive logic, especially to increase PA conversions
- Interim data warehousing can be moved to IBM Watson in 2018
AUTOMATION OF PRIOR AUTHORIZATION REDUCES TIME TO FILL BY 45%

OCH partner technology was matched up against incumbent program’s standard, paper-based referral process.

Situation:
- Average days to PA resolution – 22 days
- Significant patient drop off
- High HCP dissatisfaction with program

Action:
- Automation of PA process using partner suite of services

Result:
- 45% cycle-time reduction
- Times at the median improved dramatically on nearly the same level
- Marked reductions in both the average and median time to dispense were also noted.

*Specialty drug traditional patient access program vs. suite of services used for the same program