

Front & Center

Aligning Hub Services to Optimize Patient, Prescriber and Payer Experiences

The specialty drugs ecosystem developed with blockbuster products, large patient populations and a competitive treatment landscape. Hub services emerged to provide a consistent and predictable experience to patients, prescribers and payers.

But, there has been a shift in the specialty drugs segment. Today's market features precision medicine with a growing number of highly targeted products, each with a limited patient population. Coming down the pipeline is a growing stream of cell and gene therapies with even smaller patient populations.

With the movement away from blockbuster products and toward precision medicine, biopharmaceutical companies see a continuing need to provide the same kind of patient access and hub services that patients, prescribers and payers have come to expect. But, their design must evolve along with this shift while continuing to get patients on treatments quickly to maximize their outcome, commitment and satisfaction with care. Ben Matherne, Associate Director, Customer Management, Biologics by McKesson, described a new adaptable solution at the CBI 12th Hub and SPP Model Optimization symposium in February 2019.

"Where you may have 200 patients a day in more traditional models, we may have a program today that launches with five patients a month," said Matherne. "You may have a prescriber who writes a script twice a year in precision medicine, but that script is vitally important to our partners in terms of making sure that their patients get the same level of treatment, service and commit-

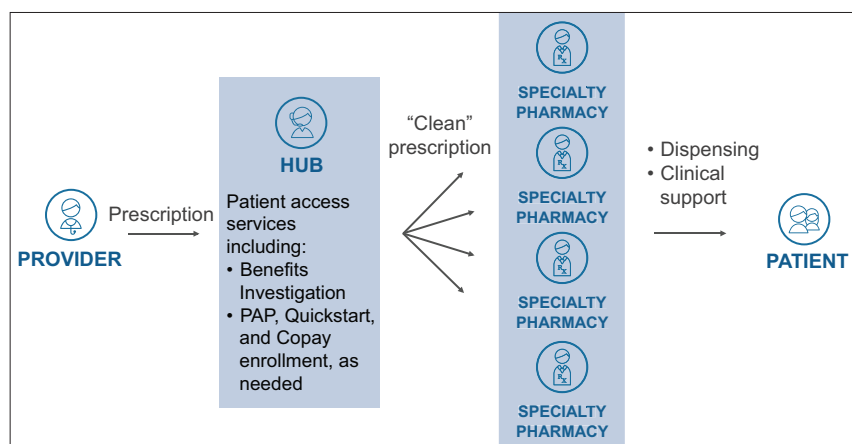


Figure 1: Case Study—Streamlining Access for Large Patient Populations

ment that they would get if they were part of a large program. The level of service required in precision medicine has not changed."

Models Change, Needs Remain Constant

Conventional hub models streamline access for large patient populations. The hub gives both prescribers and patients a single point of access for approval, reimbursement, dispensing and clinical support. It handles benefit investigations, patient assistance programs, copay enrollment and other services as needed for each patient. The hub also directs the script to the appropriate specialty pharmacy for dispensing and clinical support to the patient (see Figure 1).

The traditional hub model, offered by companies like RxCrossroads by McKesson, also makes it easy for prescribers. They simply write the script and send it to the hub, which handles all the details needed to let patients start and continue their treatments.

While conventional hubs can expertly execute a single program that delivers a drug to 200 patients a month, for instance, duplicating this model to execute 15 programs that deliver a significantly smaller number of patients a month with more complex conditions and issues that go hand-in-hand with simply delivering the therapy (such as might be the case with personalized medicine) is challenging. Rather, each type of program has its own requirements and nuances, and thus warrants its own solutions.

Although the solutions and networks for delivering various types of therapies may vary, the needs of patients, providers and payers remain more or less the same. For instance, the prescriber needs to know how to get treatment approval, whether it is prior authorization, diagnostic testing or some other tool payers use to control utilization. Meanwhile, payers need to know that their coverage and financial requirements will be met.

The initiation of therapy brings a long list of predictable patient questions. When do I get my first dose? How do I properly self-administer my new injectable therapy? If it is an oral agent, when and how do I take it? Can I keep taking my other medications? What are the side effects? Who can answer my questions *right now*?

Ongoing care generates more questions. What do I do if I miss a dose? How can I manage my side effects? Should I tell my doctor that I'm not doing well?

And at the point of diagnosis and throughout treatment, patients need to know if their medical insurance will cover the therapy and their out-of-pocket costs.

“Whether there are multiple patients a day or five patients a year, questions about coverage and the patient’s costs are important on a patient by patient level,” Matherne said. “You have to be able to provide a solution that answers those questions and helps patients navigate the system.”

New Adaptable Model

McKesson’s solution is an adaptable model called PharmacyElite™— offered by Biologics by McKesson, McKesson’s specialty pharmacy. With familiar patient service goals across patient access services and specialty pharmacy dispensing operations, efficient and timely initiation of therapy by avoiding delays in approval, holdups in coverage or copay financing, and dispensing, streamlining the solution within the specialty pharmacy starts to make a lot of sense (see Figure 2).

Unlike the traditional model where the patient access team and the specialty pharmacy team work independently, PharmacyElite teams are co-located and work together, exchanging information

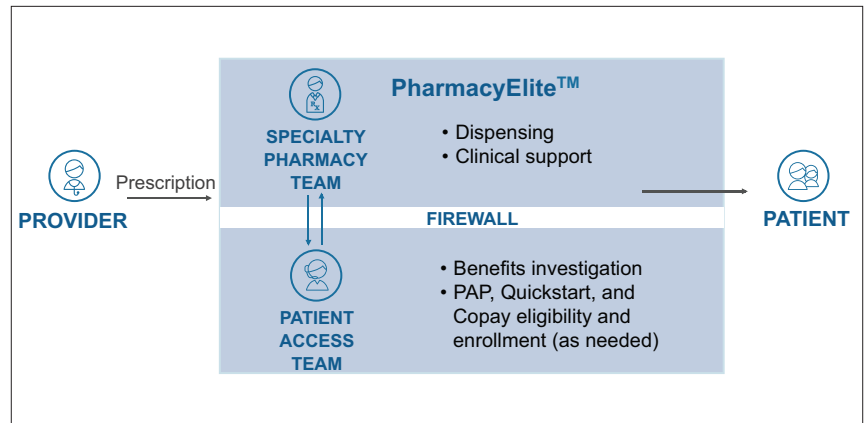


Figure 2: Case Study—Streamlining Access for Patients with Acute Complex Conditions

and operating flexibly to best suit the needs of the therapy and ultimately, maximizing the patient experience while maintaining the appropriate firewalls between the functions of the two groups. By wrapping the patient access services around the traditional specialty pharmacy model, patients receive both faster access to therapy and understanding of their financial responsibility, thus ensuring they can start and remain adherent to their treatment.

“We get a much cleaner handoff,” Matherne said. “Each team can focus on their strengths. And it limits the touch points to the patient, which provides a consistent patient experience.”

Other players see similar benefits, too. Prescribers have a one-directional workflow, writing the script and sending it straight to the pharmacy and the teams who will ultimately be their long-term contact throughout the provider’s patients journey. The PharmacyElite team benefits from shared resources for training and shared location for communication and problem solving. Leaders from both sides of the PharmacyElite teams can sit down in the same room instead of trying to mesh schedules across multiple time zones for teleconferences.

Biopharma teams can customize patient access solutions for each product based on the unique characteristics of product, patient, specialty pharmacy network, and product logistics. And they can rest assured that everyone who touches the product or works with the patient shares the same training and the same understanding of just how important it is to get therapy to the patient on time, every time.

Conclusion

Streamlining patient access to various specialty medicines cannot be a one-size-fits-all approach and in today’s world can benefit greatly from biopharma companies working with their channel access and commercialization partners via a consultative approach before the therapy is approved to go to market. Some therapies may require traditional hub services while others may benefit from specialty pharmacy partners that offer innovative, more customized solutions. Clearly, as personalized medicine is dramatically changing healthcare, it is also requiring an evolution in the networks and solutions that deliver these vital therapies to the patients who need them.