

# Front & Center

## Patient Support Services— A Model for the Middle

What used to be a very clear line between retail pharmacy and high-end specialty channels is becoming a wide chasm to patient access success.

**T**homas Doyle, EVP of Commercial for H. D. Smith Specialty Solutions, is no stranger to understanding the needs of and communicating with patients. As a graduate molecular biology student from Wayne State, Doyle worked in the Medical Genetics and Birth Defect Center at Henry Ford Hospital in Detroit. The center was the only site in the area that offered up-and-coming pre-natal screening programs. What his boss said Doyle lacked in the research scientist role, he more than made up for in his skills working directly with patients. So from lab to patient education Doyle went; running the clinic's MSAFP screening program and explaining results to nervous, expectant parents.

The rest they say, is history. Doyle took his science and communication skills to 3M Pharmaceuticals, where he transitioned into sales and marketing, then upward into director and executive roles, to his current position.

At the recent CBI Patient Assistance and Access Programs conference in Baltimore, Doyle elaborated on issues related to patient access and education that are causing currents in the traditional patient support models. These include:

- » Actual emotional and physical impact of diagnosis on an individual.
- » Busy lives—47% of adults are in the Sandwich Generation, taking care of both children and aging parents.
- » Speed and information at their fingertips.
- » Cost matters. Family budgets in peril.
- » Managing prescriptions. In some

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**The Hub-Lite® Patient Access strategy provides help for three different stakeholders in the disease treatment process. Patients get the assistance they need to deal with the myriad of challenges that accompany treatment; physicians have a portal through which they can initiate prior authorization and track workflow, and pharma brand managers receive data for both predictive analytics and outcomes.**

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cases only 30% of patients get access to the prescribed medication when a prior authorization is required.

Combine the changing patient landscape and the overburdened physician landscape with changes in drug therapies and delivery; the stage is set to address a real need in current patient support services.

### **Mind the Gap**

“Around three or four years ago, the types of specialty drugs that were being launched were not all the very high-priced, high-intensive use drugs,” explained Doyle. “Instead, we saw an increase in self-administered or oral therapies for products that traditionally required infusion or physician adminis-

tration. While not traditional specialty products, they do require many of the same services as high touch specialty products; examples can range from newer diabetes drugs to oral oncolytics or self-administered RA drugs that help meet unmet medical needs.”

The patients for these middle-ground treatments spread far and wide and often access products through specialty pharmacy models, as they need more attention than traditional retail pharmacies provide. The area between retail and specialty pharmacy—where the channel and the engagements were misaligned—is where Doyle saw a need.

The combination of higher price-tags, along with patients learning to adhere to these newer drug deliveries, shifting

to orals and self-injectables vs. HCP administered (infusions, injections), and the shifting site of care to home or pharmacy, or physician clinic vs. hospital, meant a new service model. “It became clear we needed a service model for these patients in the middle-ground.”

That middle-ground solution is called Hub-Lite®. This foundational model from Triplefin, the reimbursement and patient solutions subsidiary of H. D. Smith, builds on Triplefin’s existing strengths: the ability to provide a full-range of services that support both high-touch and lower touch products. Their extensive services include co-pay and voucher programs, portal technologies that help patients and HCPs understand coverage and out-of-pocket expenses through electronic benefits verification (e-BV); prior authorization support; case management; health coaching; patient assistance; field reimbursement; direct-to-patient fulfillment; and pharmacy triage, for specialty and products in the middle or “tweener” category.

“The Hub-Lite® patient access strategy is easier from the physician’s office standpoint because of the integrated portal and live support services,” explained Doyle. “They are registered in the portal and can initiate prior authorization, track workflow, and have a single point of contact for their office.”

Doyle and the Triplefin team believe this model will close the gap that currently exists for achieving the best possible adherence and outcomes for these tweener patients. He believes no model—until now—has addressed the myriad of services brand teams need for this transition.

### Service Trends

An Accenture analysis of current and future industry-sponsored patient services,

which Doyle shared with the audience, indicates that patient services are on the increase, supporting Doyle’s theory that a new service model was needed. There are expected to be major increases in the following services between now and 2019: benefit coverage and access support; transportation arrangements; engagement insight development; health coach/counselor; adherence program management; co-pay assistance programs; remote monitoring; affordability and reimbursement support; nursing support; billing and coding assistance; reward and incentive programs, and medication delivery and support. Doyle told the audience that patient models are in transition and brand managers will need to integrate the patient and product journey. “Automation, addressing what can be automated and what can’t, will bring these service promises to a reality,” explained Doyle.

### Brand Team Concerns

Doyle addressed the access struggles for patients and HCPs, but he also shed light on the manufacturer side. Brand teams are well aware of the challenges they face with these newer therapies. Doyle explained that brand teams need speed, predictive analytics, measurable outcomes, patient customer service, and cost conscious solutions. Doyle said, “Brand managers need the patient to have excellent customer service and have all information and access to medication quickly, with little effort on their part.”

In addition, brand managers need to receive data for predictive analytics, outcomes and efficacy purposes. At the center of Hub-Lite® is that technology where data is collected and can be used to foresee risks, and also demonstrate the value of a therapy within the healthcare continuum for a patient.

In addition to these challenges, Doyle believes that the technology they

choose should be flexible with seamless integration and cost effective. “The flexibility of our model allows for services and business rules that are tailored to meet specific product needs.”

Doyle told *Pharmaceutical Executive* after the conference that many manufacturers may not be big fans of any patient services hub model, traditional or innovative like Hub-Lite®. “It’s hard for manufacturers to ‘give up their baby,’” explained Doyle. However, with the growth of patient services and hub acceptance, brand managers will look closely at what the hub is truly achieving for them.

“They ask themselves, how much will this [program] really help patients? How much can technology help providers and office staff? How much time and effort will it take to connect all the stakeholders? And how much the budget is and how important cost is for the product,” said Doyle. While they start this process 18 months prior to drug launch, time quickly evaporates under the pressures of these multiple decisions. “Our goal is to provide the flexible service that they need, with as much automation as possible, with the white glove service they require for their physicians and office staff, in an affordable and cost efficient way,” explained Doyle.

Patient access and education is paramount. “Patients can fall through the gaps,” said Doyle. He related a story of his own father taking COPD medication recently. “He wanted everything in paper, written out. We have to remember to give patients what they need.” And the Hub-Lite® model, while being driven toward digital usage, is customizable for those patient preferences. “There are a lot of avenues for patients to get information, maybe too many. As a service provider, we have to work with manufacturers to coordinate relevant data and education programs.”