

The
Four Root
Causes of
Specialty
Pharmacy
Data Quality
Issues



Patient Data Quality Issues

A foundational element of the manufacturer-specialty pharmacy (SP) contract involves the transmission of critical patient and product data from the specialty pharmacy to the manufacturer. This often falls into three categories.

- **Patient Status Data.** This includes therapies, initiation dates, providers, condition. This information is usually in a flat-file format and is updated daily.
- **Dispensing Data.** This includes therapies, initiation date, providers, condition. This information is usually in a flat-file format and is updated daily.
- **Inventory Data.** This includes therapies, initiation date, providers, condition. This information is usually in a flat-file format and is updated daily.

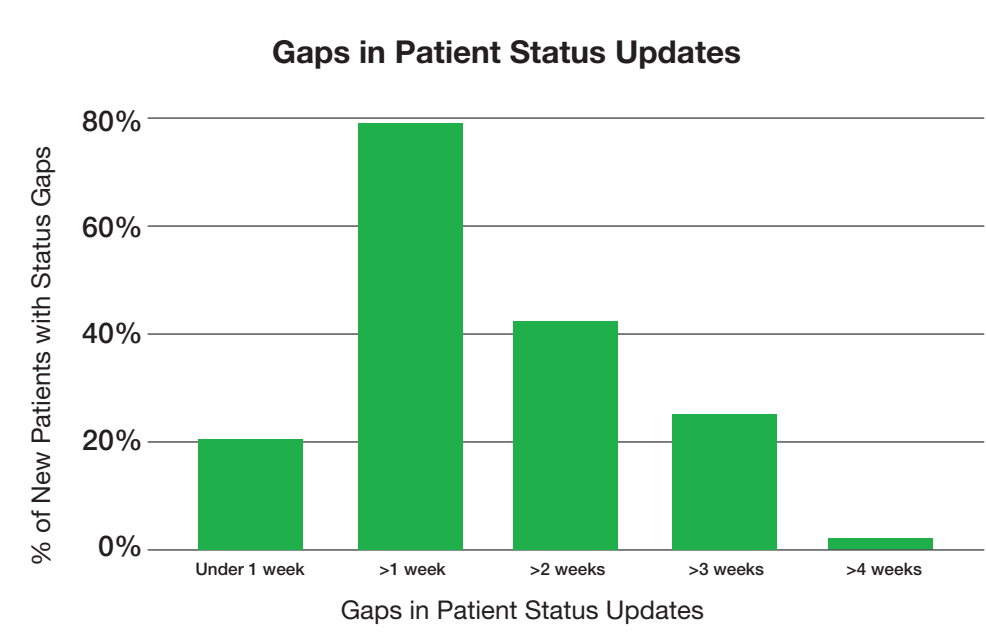
Despite these contractual obligations, manufacturers often encounter four common causes of poor data quality.



Cause #1: Missing Patient Status Updates

Manufacturers depend on receiving frequent updates to patient status to track the patient journey and to identify barriers to patient access. Unfortunately, these updates can go missing when:

- There is a gap between a referral to an SP and when the SP begins to report status for the referred patient.
- An SP delays updating the status for pending new patients who have not yet filled their script or have been canceled.



In fact, it is not uncommon for manufacturers to see time gaps in patient status updates of at least seven days in 80% of new patients. In some instances, more than 40% can have gaps of two weeks or more. As a result, Field Reimbursement Management (FRM) teams can start to distrust SP patient status data because they will perceive it to be “5 to 7 days delayed”. Lastly, FRM s will become increasingly reluctant to use the data to triage stalled patient cases for fear of calling provider offices with outdated information.

Cause #2: Missing Payer Data

Patient data routinely comes in to the manufacturer with key payer fields blinded, null or noted as “not applicable” (N/A). This prevents the manufacturer from gaining a clear line-of-sight into patient access issues. It is also particularly frustrating since most manufacturers pay a hefty data access fee to their specialty pharmacies and this data is part of their contract.

Primary Payer Fields	% of Patients with Null, Blinded or N/A
Primary Coverage Type	9.72%
Primary Payer	7.43%
Primary Payer Type	6.27%
Primary Plan	29.86%
Primary Payer Group	82.03%
Primary Payer IIN	73.51%
Primary Payer BIN	77.35%
Primary Payer PCN	90.51%
Primary Plan Type	30.91%

“Quickly identifying payer-and coverage-related issues is critical to enabling our patients to afford and adhere to therapy.”

VP, Payer Management



Cause #3: Confusing Patient Status Reports

Another aspect of poor data quality involves confusing and unexpected utilization of sub-statuses that did not correspond to the brand team's expectations of the patient journey.

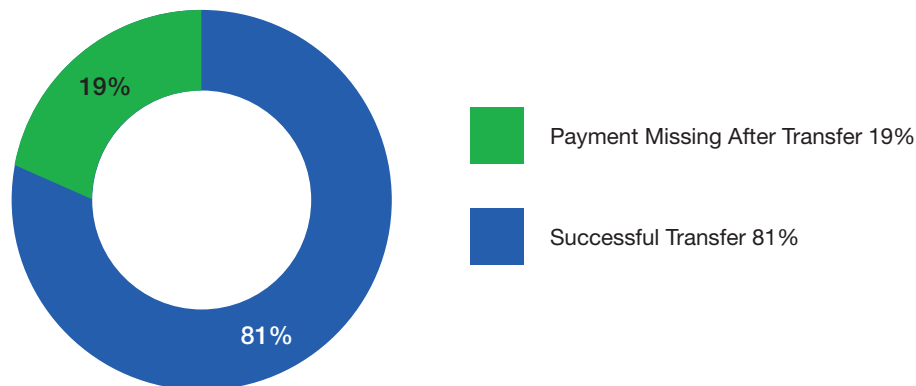
In some cases manufacturers see an over-use of specific pending sub-statuses such as "New Enrollment" or "Other." Alternatively, manufacturers often see sequences of sub- statuses that simply did not make sense. For example, seeing enrollment-related sub-statuses reported AFTER (instead of the expected BEFORE) benefits verification and prior authorization are complete.

This can have a huge impact on your SP account team performance. First, these data quality issues will make it nearly impossible for the account teams to evaluate how much time a pharmacy was spending on each phase of the patient enrollment, benefits, and fulfillment process. The teams will also be unable to obtain clarity around the actual drivers of the SPs' fill rates. In the end, the manufacturer will be unable to get to specific, actionable insights that could be discussed with the SP accounts during quarterly business reviews (QBRs).



Cause #4: Patient Data Mastering Issues

It is quite common for a patient during the initiation phase to be transferred from one SP to another. However, these patients often disappear from the transferring pharmacy's data without showing up in the new (receiving) pharmacy's data. This is often referred to as "disappearing patients" and is caused by poor data mastering practices.



"We can't have 20% of our patients disappearing every time they're transferred."

Director, Patient Services



IntegriChain's Patient Access solutions help identify the varying data elements about the patients personal information being reported differently between Specialty Pharmacies. This difference in patient information causes a new longitudinal patient ID to be generated for the patient, resulting in two unique identifiers for a single patient.

Improve the Data, Improve the Patient Journey

Improving the patient journey from initiation through adherence requires close collaboration of the manufacturer and their specialty pharmacy partners. The key element in this collaboration and alignment is accurate, consistent and timely data. IntegriChain helps manufacturers large and small with complete aggregation and data stewardship solutions which eliminate these common data quality issues and enable both teams to quickly identify and eliminate barriers to patient access.



About IntegriChain

IntegriChain delivers Life Sciences' only comprehensive data and business process platform for market access. More than 220 life science manufacturers— ranging from pre-commercial manufacturers to Big Pharma and including 20 of the Top-20 companies rely on IntegriChain's analytics, applications, managed services and expert advisors to power their operations and harness the value of their channel, patient and payer data. IntegriChain has played a vital role in more than 70% of product launches over the past two years including 35 first launches.

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