

Top 10 Specialty Pharmacy Data Actionable Insights

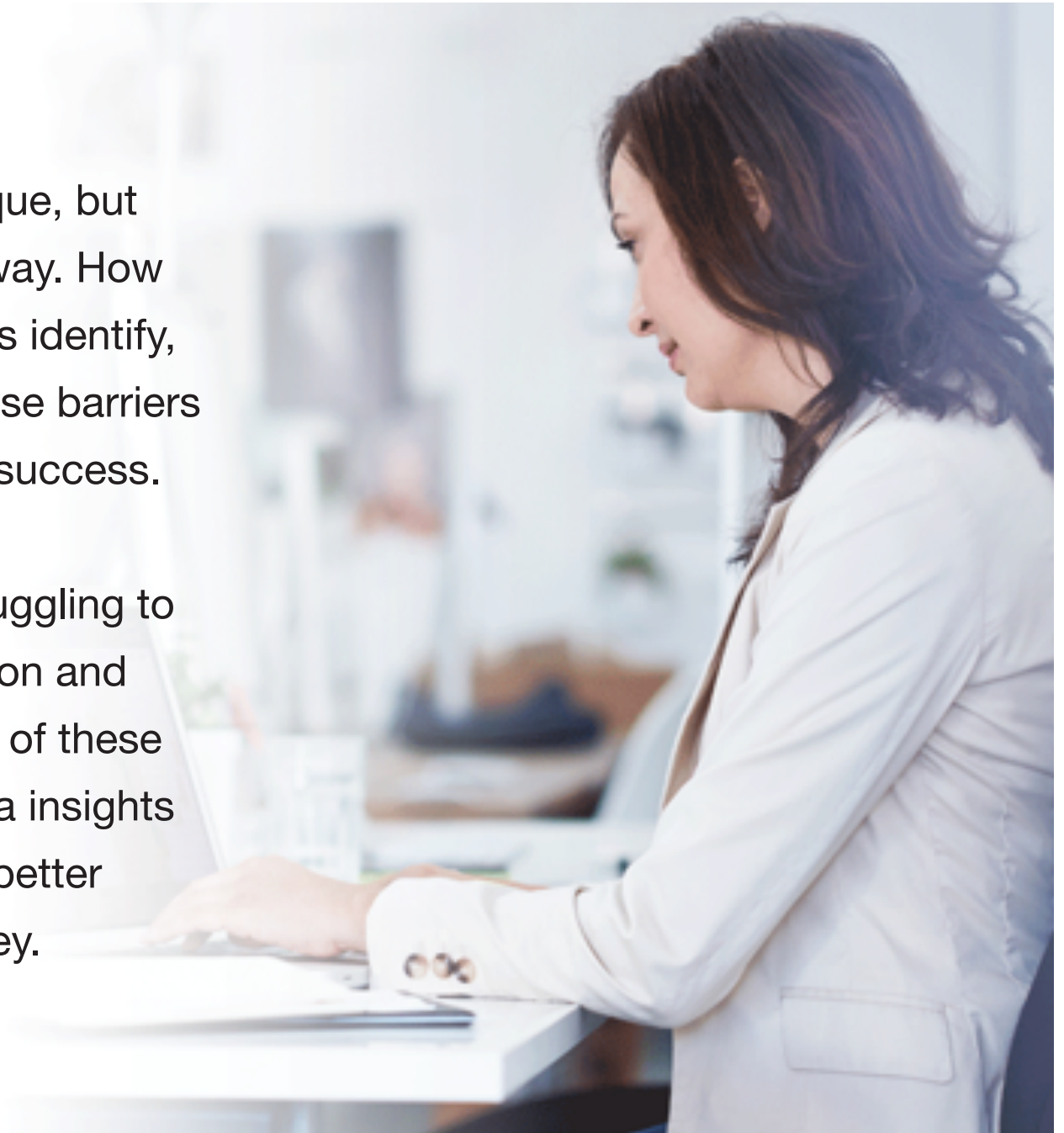
To Improve Patient
Access



Introduction

Each patient journey is unique, but all have barriers along the way. How Life Sciences manufacturers identify, manage, and overcome those barriers can be critical to a brand's success.

If a brand's patients are struggling to overcome barriers to initiation and adherence, a deep analysis of these ten specialty pharmacy data insights will show opportunities for better managing the patient journey.



Put a System of Measurement in Place: Moving from Spreadsheets to Actionable Analytics

Before you are able to manage these insights, you need to put a system of measurement in place. Specialty manufacturers can serve a few thousand to tens of thousands of patients each year. With these volumes, relying on spreadsheets isn't a scalable, efficient process for tracking and managing patient access; it becomes impossible to answer questions without trusted, quantitative data.

Incorporating data, analytics, and benchmarks into quarterly business reviews (QBRs) between manufacturers and specialty pharmacies allows the identification of problems and access barriers.

However, most of the data and analytics -- if employed at all -- are not enough to prompt corrective action. The analytics need to provide insight as to why, for instance, average fill time and fill rates might be lower at one specialty pharmacy compared with other pharmacies in a brand's network.

A data-driven approach shifts QBRs from being a self-scorecarding exercise by specialty pharmacies to being benchmark-driven by the manufacturer. This now becomes a fact-based interactive discussion on improving performance and overcoming patient access barriers. It allows for:

- Discovery of the potential actionable items in the data that would identify opportunities for the pharmacy to improve an aspect of its operational processes
- The manufacturer and the pharmacy to partner together to change how a provider is working with the pharmacy
- Change in how a pharmacy and the patient services platform are working together to connect the patient with a patient service

**Power your
specialty
pharmacy
QBRs with
data-driven
insights.**

1

Challenging Providers

Some healthcare providers (HCPs) don't understand or aren't staffed appropriately to complete patient pharmacy enrollment paperwork.

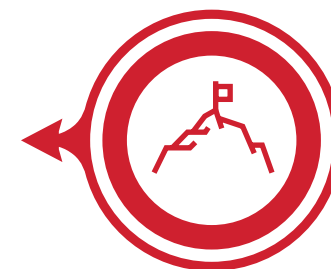
The Barrier

Not all HCP offices are equally good at working with hubs or specialty pharmacies to get patients enrolled and initiated on therapy. This could be due to cumbersome paperwork, data privacy issues, patient consent requirements, or prior authorization complexity – all ultimately delaying patient enrollment.

Data-Driven Corrective Action

With the right analytics and benchmarks, manufacturers can easily see which HCPs – by prescribing volume and by pharmacy -- are slow to close the loop on enrollment with the pharmacy or hub. They can prioritize their field team's coaching on the highest-decile HCPs that are causing delays, thereby improving the journey for the largest number of patients.

When delays occur, most manufacturers will task a field reimbursement manager or a field sales rep to follow up on late or missing enrollment paperwork with provider offices. But with limited data, it is difficult to prioritize and measure the results of their efforts.



Time to First Fill by Provider			
Provider	Time to First Fill	New Patients	Channel
CHANG, JACQUELINE	9.60	4	CASH, MEDICARE, THIRD PARTY
RHONE, TERENCE	8.25	3	MEDICARE
TOMIC, RADE	7.33	4	MEDICAID, MEDICARE, THIRD PARTY
SAGGAR, RAJEEV	6.86	4	CASH, MEDICAID, MEDICARE, THIRD PARTY
USMAN, YASIR	6.00	3	MEDICARE, THIRD PARTY
SAHAY, SANDEEP	5.75	3	CASH, MEDICARE, THIRD PARTY
MOHEBBI, ATHENA	5.60	4	MEDICARE
SHUMAN, TOBI			
BAJWA, ABUBAKR			
SCOTT, VINCENT			
SHORE, ERIC			
WILT, JESSIE			
SISTA, RAMACHANDRA			
LOBO, LEONARD			
PALMINTERI, JENNIFER			
SOHAL, HARJYOT			
ETTINGER, NEIL			
NISBET, RACHEL			
RAMASWAMY, MURALI			
ALLAN, PATRICK			

Fill Rate by Provider			
Provider	Fill Rate	New Patients	Channel
(Empty)	14.29%	7	MEDICAID, MEDICARE, THIRD PARTY
IRUKULLA, PAVAN	16.67%	6	CASH, MEDICARE, THIRD PARTY
PATEL, KUNAL	16.67%	7	CASH, MEDICARE, THIRD PARTY
HSU, VIVIAN	40.00%	6	MEDICAID, MEDICARE, THIRD PARTY
PAUL, DANIEL	40.00%	7	CASH, MEDICARE
CHAUDHARY, SACHIN	50.00%	7	CASH, MEDICAID, MEDICARE, THIRD PARTY
MOHEBBI, ATHENA	57.14%	9	CASH, MEDICARE
SOHAL, HARJYOT	57.14%	7	MEDICARE, THIRD PARTY
RAMASWAMY, MURALI	60.00%	7	MEDICARE, THIRD PARTY
BAJWA, ABUBAKR	66.67%	7	MEDICARE, THIRD PARTY
CHANG, JACQUELINE	66.67%	7	MEDICARE, THIRD PARTY
VIGELAND, CHRISTINE	66.67%	5	CASH, MEDICARE, THIRD PARTY
YUNG, GORDON	66.67%	5	MEDICAID, MEDICARE, THIRD PARTY
ALLAN, PATRICK	75.00%	10	MEDICARE, THIRD PARTY
LASKY, JOSEPH	75.00%	6	CASH, MEDICAID, MEDICARE, THIRD PARTY
USMAN, YASIR	75.00%	5	MEDICARE, THIRD PARTY
LOBO, LEONARD	80.00%	6	MEDICARE, THIRD PARTY
SISTA, RAMACHANDRA	80.00%	6	MEDICAID, MEDICARE, THIRD PARTY
ETTINGER, NEIL	85.71%	9	MEDICARE, THIRD PARTY
WILT, JESSIE	100.00%	5	MEDICARE, THIRD PARTY

Time to First Fill or Fill Rate by Provider from our Specialty Scorecard allows SP Account Managers to view key HCPs average Time to First Fill as well as the corresponding payer channels

2

Fax vs. Phone During Intake

Faxes create time lags in the ability to fill in missing information required for patient initiation at a specialty pharmacy.



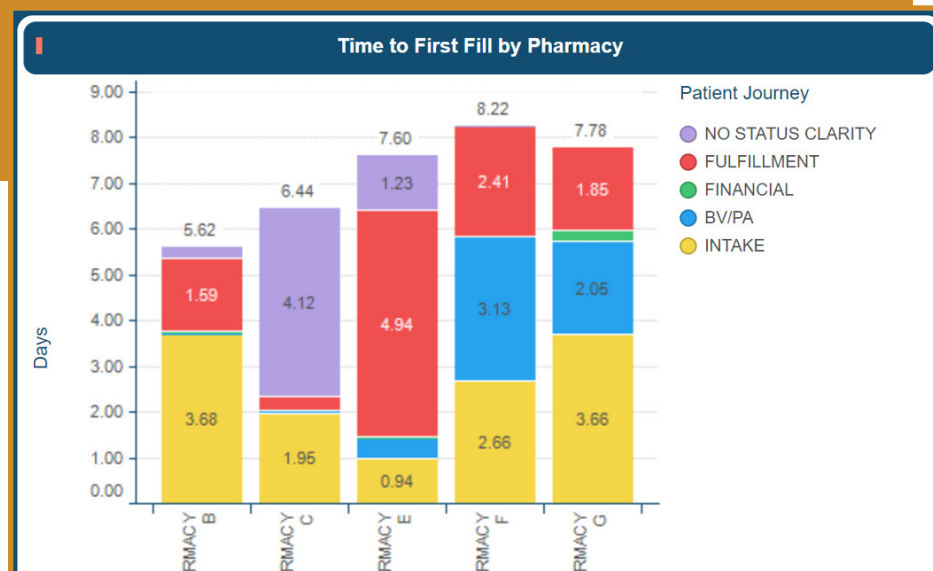
The Barrier

For patients, every day of not starting therapy is critical. When trying to complete the enrollment process, inefficient communication – such as faxes and even email – between HCPs and specialty pharmacies creates delays in patients starting therapy.

Clearly, more efficient and immediate phone calls are the key to filling in missing prior authorization and enrollment information for patients. Limited to no data or anecdotal observations don't tell manufacturers where the most delays are so they address them through coaching with the specialty pharmacies.

Data-Driven Corrective Action

The right analytics and benchmarks help manufacturers spot which specialty pharmacies over others are lagging with time-to-first-fill metrics. They can create an understanding of whether it is a systemic problem across the network or just two or three pharmacies as well as if it is multiple HCPs. Armed with this data, manufacturers can coach the specialty pharmacies on how they can improve the metrics with quick phone calls to HCP offices to action.



Time to First Fill Guided Analytic highlights patient time spent in the intake phase of initiation

3

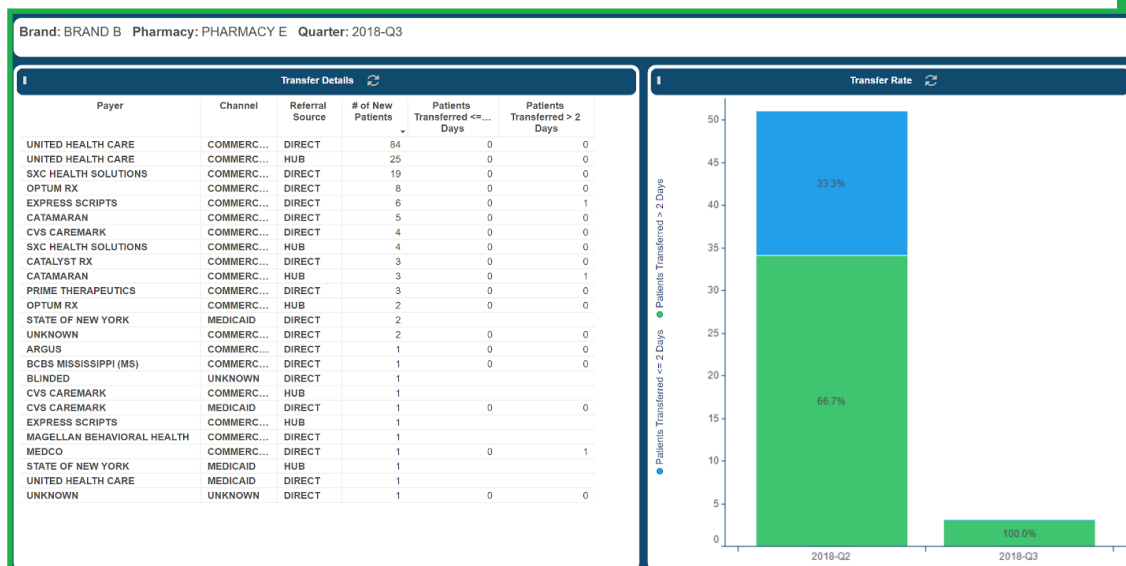
Slow Transfers

Fill delays can occur if transfers of patients between specialty pharmacies are not quick and expedient.

The Barrier

Sometimes patients are referred to specialty pharmacies that cannot fill their script due to payer/PMB barriers, and they need to be transferred to a pharmacy within their plan. Those transfers are sometimes delayed or slow.

Obviously, manufacturers can review anecdotal information regarding patient transfers during specialty pharmacy QBRs. But most of the information will come from the pharmacy, as the manufacturers don't have the right data.



Transfer thresholds can be set by manufacturers allowing SP Account managers to monitor SP transfer performance

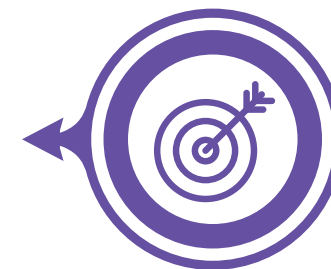
Data-Driven Corrective Action

With the right data, manufacturers can lead QBR coaching for pharmacies that have a longer time-to-transfer than other pharmacies in the network. Additionally, meaningful analytics can indicate which hubs are routinely making pharmacy assignment mistakes, allowing for targeted coaching and corrective action.

4

Payer “Surprises”

Brands have expectations of their payer contracts that sometimes do not match reality.

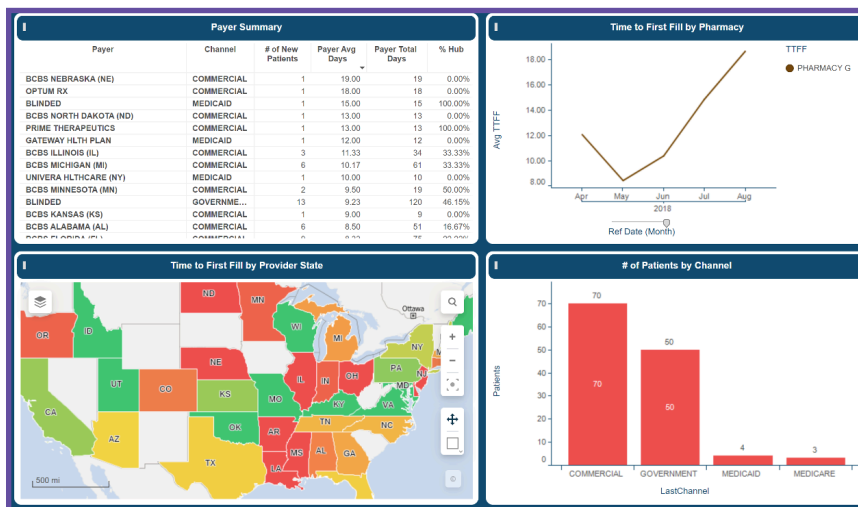


The Barrier

Are you getting the patient access you expect from your payer contracts?

Manufacturers assume a certain level of patient access from payers, whether they contract with them or not.

Manufacturers need to be able to analyze the impact of their individual payers – those they contract with and those they don’t – on patient access including rejection rates and lengthy prior authorization processing. They don’t, however, have this level of deep insight.



Payer and Channel performance depicted here from the SP Scorecard and Time to First Fill Guided Analytic highlight payer and channel performance for both Time to First Fill and the average time spent by patients in the Payer phase of initiation

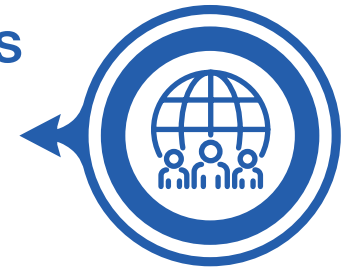
Data-Driven Corrective Action

With the right analytics such as outlier reject rates or prior authorization processing times, manufacturer’s payer account management teams can use this data and insight in detailed operational improvement discussion with payers. If contracts are not in place, analytics and benchmarks similarly can reveal if the level of initiation rates and timeliness as expected; if rejections higher than expected; and if prior authorizations take longer than expected.

5

Hub Referrals to Out-of-Network Specialty Pharmacies

Erroneous referrals of patients to out-of-network specialty pharmacies delay first fills for patients.



The Barrier

Busy HCP offices sometimes send patients to the wrong pharmacy for that patient's insurance. For hubs, however, it's a different story. A large part of the hub's job, during the benefit investigation and prior authorization processes, is to determine where the patient can fill their script. The manufacturer should have analytics that evaluate hub performance in routing patients, including a measure of those requiring transfers. A specialty pharmacy that had to spend valuable time to transfer hub-referred patients during the last quarter is going to be quite unhappy with the hub's performance.



The QBR scorecard allows SP managers to compare Time to First Fill and Fill Rate KPI performance for patient cases that initiate at the specialty pharmacy vs the Hub

Data-Driven Corrective Action

Reviewing hub performance data during your specialty pharmacy QBRs provides an opportunity for you to ensure that you're doing right by your pharmacy partners and are addressing any hub performance improvement issues.

6

Inefficient Fulfillment

Some specialty pharmacies have inefficient fulfillment processes, causing delays in patient's access to critical medications.

The Barrier

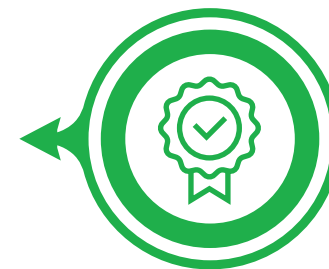
Once benefit verification and prior authorization is complete, dispensing is easy peasy, right? Not so, depending on the specialty pharmacy's fulfillment SOPs and protocols, or lack thereof.

Things that impact fulfillment include REMs product requirements, confirmations of patient readiness to receive shipment, site-of-care transitions logistics.

Anytime logistics enters the equation around that dispensing process, the potential for miscommunication, misunderstanding and inefficiency increased.

Payer Summary					
Payer	Channel	# of New Patients	Payer Avg Days	Payer Total Days	% Hub
UNKNOWN	COMMERCIAL	1	13.00	13	100.00%
WELLMARK BLUE CROSS AND BLUE ...	MEDICAL	1	13.00	13	0.00%
BCBS KANSAS (KS)	MEDICAID	1	10.00	10	0.00%
HEALTHNOW NEW YORK	COMMERCIAL	3	10.00	30	0.00%
UNITED HEALTH CARE	MEDICARE	1	10.00	10	100.00%
UNIV PITTSBURGH HEALTH/UPMC	MEDICAL	1	10.00	10	0.00%
BCBS ILLINOIS (IL)	MEDICAID	2	9.50	19	50.00%
BCBS NEW MEXICO (NM)	COMMERCIAL	2	9.00	18	50.00%
BCBS WYOMING (WY)	COMMERCIAL	1	9.00	9	0.00%
INFORMED	MEDICARE	1	9.00	9	0.00%
AULTCARE (OH)	COMMERCIAL	1	8.00	8	0.00%
BCBS RHODE ISLAND (RI)	MEDICARE	1	8.00	8	0.00%
SILVERSCRIPT	MEDICAL	1	8.00	8	0.00%

Patient Journey steps reflecting Fulfillment can be highlighted in both the QBR scorecard and the Time to First Fill Guided Analytic. SP Account managers can detail patient time spent in the intake phase by SP.



Data-Driven Corrective Action

Key metrics such as time to first fill (after completion of benefit verification and prior authorization) are useful in pharmacy QBRs. Benchmarks will reveal when pharmacies need coaching for improvement. Together, the manufacturer and the pharmacy can drill into the pharmacy's SOPs and where they're running into delays. While no pharmacy likes to be told their processes are sub-par, a savvy manufacturer can help the pharmacy see how process optimization can improve the pharmacy's top- and bottom-line performance. In the end, optimizing the pharmacy's processes represents a win-win-win for the manufacturer, the pharmacy, and the patient.

7

Not all PAs are Created Equal

Payers requiring cumbersome prior authorization processes that require extra effort on the part of the HCP need close manufacturer management.

The Barrier

Different payers, even for the same specialty therapy or specialty therapeutic area, have different prior authorization steps or policy restrictions. Some are simple and some will involve complicated, delay-inducing steps. Sadly, they can cause a three-to-four-week delay in a patient initiating therapy, particularly in therapeutic categories like immunology.

Payer Summary					
Payer	Channel	# of New Patients	Payer Avg Days	Payer Total Days	% Hub
UNKNOWN	COMMERCIAL	1	13.00	13	100.00%
WELLMARK BLUE CROSS AND BLUE ...	MEDICAL	1	13.00	13	0.00%
BCBS KANSAS (KS)	MEDICAID	1	10.00	10	0.00%
HEALTHNOW NEW YORK	COMMERCIAL	3	10.00	30	0.00%
UNITED HEALTH CARE	MEDICARE	1	10.00	10	100.00%
UNIV PITTSBURGH HEALTH/UPMC	MEDICAL	1	10.00	10	0.00%
BCBS ILLINOIS (IL)	MEDICAID	2	9.50	19	50.00%
BCBS NEW MEXICO (NM)	COMMERCIAL	2	9.00	18	50.00%
BCBS WYOMING (WY)	COMMERCIAL	1	9.00	9	0.00%
INFORMED	MEDICARE	1	9.00	9	0.00%
AULTCARE (OH)	COMMERCIAL	1	8.00	8	0.00%
BCBS RHODE ISLAND (RI)	MEDICARE	1	8.00	8	0.00%
SILVERSCRIPT	MEDICAL	1	8.00	8	0.00%
BCBS EXCELUS (NY)	MEDICAID	4	7.00	28	0.00%

The QBR scorecard allows SP Account managers to see actual time spent in the BV/PA phase of initiation for all patient cases. Managers can also view each individual payer/channel performance for initiation showing the avg time patient spent in the payer phase for each payer.



Data-Driven Corrective Action

To combat these delays, the manufacturer needs to be armed with the right data. They need to understand which payers and related therapies have above-average prior authorization time. Not only does this enable the manufacturer to bring insight into the payer management process, but they can also capture this intelligence to understand which patients and which provider's offices are likely to require a little extra support during the initiation process.

Furthermore, this data represents a huge value to the pharmacy. During the QBR with the pharmacy, this data can help both sides align on which prior authorizations are the challenges and what specific scenarios to be on the alert.



8

Co-Pay Program Inefficiencies

Some patient cohorts don't take advantage of co-pay programs, and manufacturers find that their investment is not optimized for success.



The Barrier

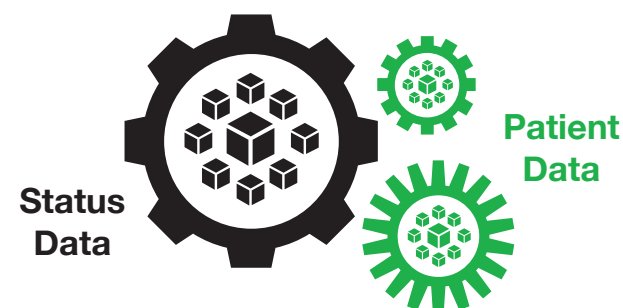
Co-pay programs are expensive but help offset patient out-of-pocket costs. Manufacturers have many questions.

- Are the right patients getting connected and enrolled in the co-pay card?
- Are they getting connected with the co-pay card in a timely and efficient manner?
- Are patients receiving co-pay card information at the right time and prior to initiation?
- What patients never received any information?
- Are they being referred to the co-pay card program and enrolled in it in a timely manner? Or is that taking too long, is it adding to delay in the patient being able to afford to initiate therapy?

Data-Driven Corrective Action

A data aggregator can de-identify and longitudinally align patient-level data to show insights including how long it took for a co-pay program referral, onboarding time, those not referred to co-pay, and more. Additionally, with the right metrics such as average buy-down and average total out-of-pocket costs, manufacturers can prioritize co-pay programs for patients with higher out-of-pocket costs to improve patient access to therapy.

Patient Service and Status Data Integration



Integrating patient service activity data with patient status activity data is key to measuring copay status effectiveness

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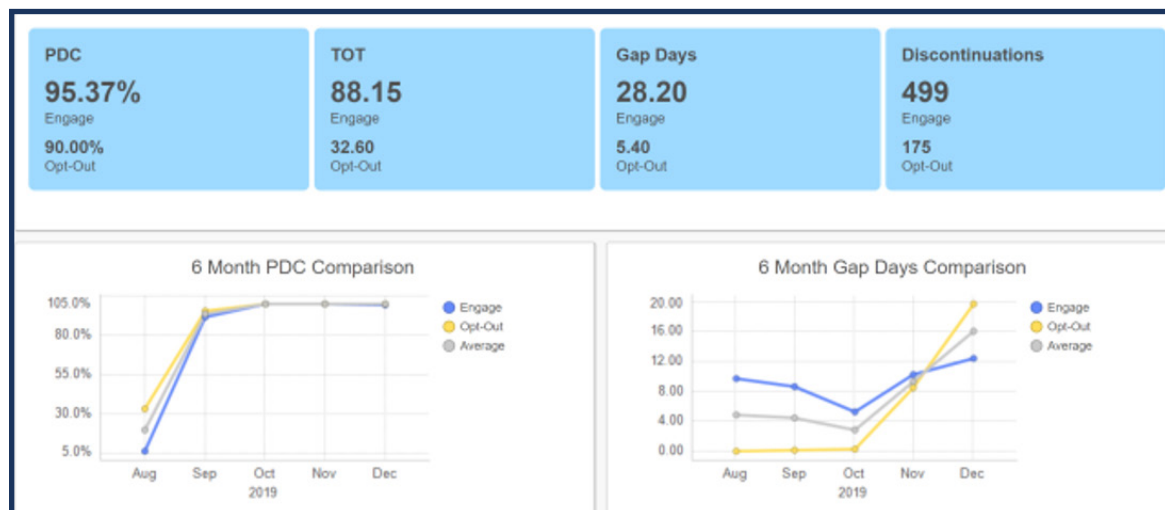
Specialty Pharmacy Adherence Program Quality

Are the specialty pharmacy's tools for patient adherence effective in keeping patients on therapy?



The Barrier

Some specialty pharmacies have their own adherence programs, especially for medication with significant potential side effects. They might capture valuable data such as which interventions were completed successfully, but not deeper data that could provide useful insights to the manufacturer.



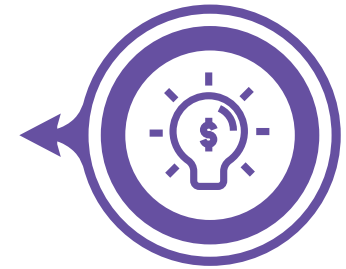
This view measures effectiveness of the patient engagement program against key patient journey milestones

Data-Driven Corrective Action

Analytics can reveal whether the patients who received adherence services stayed on therapy longer. Analytics tell the manufacturer how effective pharmacy refill programs, provide insights around proportion of days covered, gap days, and the impact of gap days on patient adherence. These analytics are especially important for products with high side effect profiles. Patients taking these medications require educational and nurse support for management of these effects. Analytics can reveal if these programs improve adherence rates for high side effect therapies.

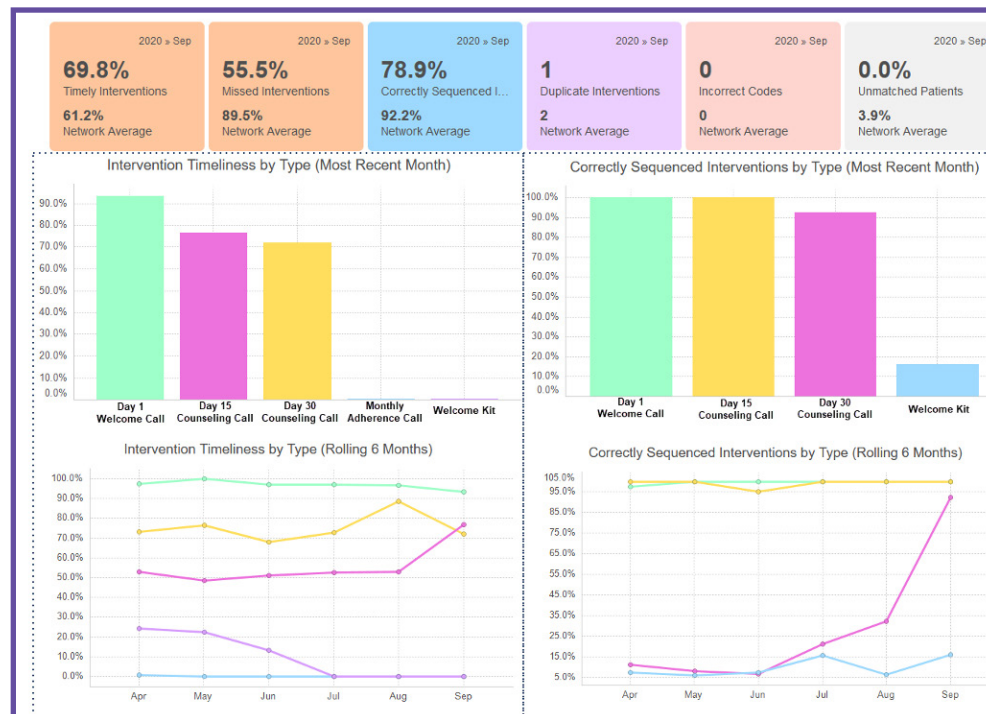
Specialty Pharmacy Adherence Program Optimization

Specialty pharmacies can test their adherence tool mix to find the best fit for patient cohorts.



The Barrier

As with all programs, there is room for improvement. However, many specialty pharmacies do not have data to determine the optimization of all the adherence tools and services they have at their disposal.



This view measures the overall quality and timeliness of patient service data allowing manufacturers to correct and coach patient service data providers

Data-Driven Corrective Action

Benchmarking within a single specialty pharmacy as well as across the network gives the pharmacy insights for adherence services optimization, including analyses of phone calls vs. texts vs. emails; outreach scheduling effectiveness; and frequency of touch effectiveness. and efficiency improvement. Additionally, data can improve the efficiency of these programs to reduce adherence program duplications.

Conclusion

You can bring more actionable insights and service accountability to your specialty pharmacy relationships with the use of extensive benchmark data. By analyzing these insights, you can easily define each specialty brand's unique patient access and tailor your business decisions to model unique brand journey pathways. Not sure where to start? IntegriChain's Specialty Pharmacy Analytics can help you deliver diagnostic patient access insights by calibrating the datasets associated with a suite of business KPIs and analytics to reflect the uniqueness of your brand's patient access.

Learn more at IntegriChain.com

About IntegriChain

IntegriChain delivers Life Sciences' only comprehensive data and business process platform for market access. More than 240 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.