Business Process & Technology Optimization

PHARMA RAPIDLY TRANSFORMS PATIENT SUPPORT SYSTEMS WHILE PRESERVING REVENUE

When reimbursement rules change, pharmaceutical companies often have to act quickly and comprehensively to ensure treatment continuity for patients.

Take, for example, when payers change copay accumulator programs to try to reduce pharmacy benefit costs. In these programs, manufacturer copays don't apply to a patient's deductible. So, once the copay runs out, the patient has to pay the full amount until their deductible is met. If they can't afford the refill, they might go off their medicine, risking their health and quality of life.

One large pharma manufacturer estimated that a top-selling multibillion-dollar drug could lose 20 percent of revenue—almost $1 billion—in the first year after the change due to patient non-adherence. Thousands of patients could soon face disruptions in access to the medication they depended on. The payer change was occurring in just three months.

The company needed to quickly find a way to protect patients, avoid disruption to ongoing support programs, maintain compliance with payer regulations, and preserve commercial value.

CREATING A WORK-AROUND

The manufacturer had a solution: a preloaded copay debit card that would act the same as cash, so the source of the funds wouldn't be flagged. That meant the funds would go toward their deductible.

However, the solution would require developing a brand-new copay model as well as creating a new technology platform to govern the program and support patient services, establishing a new call center, moving 70,000 current patients to the new program without reducing patient satisfaction, and providing real-time data to monitor patient support.

Some executives at the company were skeptical about accomplishing all of that before the payers' new regulations took effect. They were also worried about losing patients due to added complexity. They estimated they would need a team of 20 people and a full year to implement such a system—certainly more than three months.

But one executive saw it differently. He believed that the right team could stand up a functioning program in a fraction of that time. He had worked with Integrated Project Management Company Inc. (IPM) on challenging initiatives in the past, so he engaged the firm to drive the creation of the program and get it rolled out within three months.

SWIFT SOLUTIONS

To meet the aggressive timeline, five IPM consultants orchestrated more than 10 interdependent workstreams at the same time. Keeping the multiple projects on track meant regular communication and coordination with several internal teams (market access, patient services, legal, compliance, IT, commercial operations), 11 vendors, and executive stakeholders. IPM established a cross-functional execution model that enabled rapid decision-making and alignment.

The team led the creation of business rules documents and process flow maps, which were critical to getting and staying on the same page.

To provide visibility, they structured an online portal to share data and documents, and dashboards to track progress and needs in real time.

An operational framework was developed to transition patients to the new program. This included developing processes for enrollment, patient outreach and education, and call center training.

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GETTING CONNECTED

A critical component of the transformation was the development of a new patient support ecosystem.

To collect and analyze patient data, the team designed and launched a sophisticated CRM platform from scratch that pulled together all patient services and included seamless integration with vendors. Customer data enabled the company to track purchases and adherence, determine who might need extra support, monitor customer satisfaction, and streamline the patient experience.

A new telephony system, fully integrated into the CRM system, also incorporated vendors' systems. It enabled outbound contact campaigns and seamlessly brought together copay specialists, customer service agents, and nursing support across several vendors. More than 250 call center agents were trained on both the new CRM system and new copay processes.

Importantly, many new processes were put into place to improve the patients' experience and access to support. For example, in the past, if a patient called the nurse support line but actually needed help with a payment, the patient would have been transferred from one vendor to another, and the patient would have to start the call over. Now, to keep the call running smoothly, the integrated system allows the agent at the first vendor to provide the second vendor with all the patient's information during the transfer, so the patient doesn't have to repeat information or verify their identity again.

Every step of the way, the legal and regulatory departments approved marketing materials, methodologies, customer scripts, and more.

PROTECTING ACCESS & AFFORDABILITY

By launch, more than 75 percent of patients had transitioned to the new program. The remainder quickly followed, and all 70,000 copay patients had converted within three months. Patients were able to stay on their medications, and, despite the disruption, customer quality scores remained high.

The organization mitigated a significant business risk and preserved nearly $1 billion in annual revenue. At the same time, the cost of the program decreased, thanks to integrating vendors and improving operations. With streamlined, real-time data, the company can now be proactive about patient issues, including helping them stay adherent to their treatment.

Thanks to the new copay program, the manufacturer retained patients and revenue, saved costs, and streamlined the patient experience. A company representative concluded, "We ask for the impossible and IPM finds a way to deliver."

Business Impact — at a Glance —

70,000 patients transitioned to the new program within three months

11 vendors integrated into a unified operating model

More than 250 agents trained before launch

Program **costs reduced** through operational improvements

High customer quality scores maintained during transition

Real-time visibility created across patient support operations

Retained almost **$1 billion** in annual revenue

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