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From Bridge to Debit, A Holistic Approach to Patient Support

Value, access, and equity are causing manufacturers to rethink patient access to medicines, thus creating a need for a more holistic approach to patient support program strategy so that patients can afford, use, and benefit from the medicines they need.

Taking a holistic approach begins with the broader market access strategy such that contracted payer coverage is supplemented — not replaced — by manufacturer-sponsored support.

There isn't a one-size-fits-all strategy for addressing the challenge of value and access. Some patients might have access to a co-pay assistance program to help subsidize the cost of a deductible; others may need temporary coverage through a bridge program which allows them to initiate a therapy, even before contracting with the payer has been finalized. Whatever the need, supporting patients requires manufacturers to adopt a more flexible approach when considering the many types of affordability barriers, drawing on data to understand patient profiles and the types of resources needed to get as many patients as possible onto the therapy.

These different scenarios create enormous complexity, and many manufacturers are trying to think of ways to modify the approach so that their therapies are accessible to patients, not just when initiating treatment, but throughout the full course of treatment to ensure long-term adherence.

Frequently, manufacturers neglect to consider contracted payer coverage when developing co-pay card programs. This can lead to inefficiencies that strain support program budgets needlessly, and it can also lead to gaps through which some patients are lost. Often the challenge is knowing what program best suits the patient and adapting accordingly.

For example, manufacturers can supplement a formulary loss with a denial conversion program that helps both new and continuing patients stay on treatment outside of their benefit. If the program is not designed holistically, manufacturers are at risk of subsidizing patients who do have coverage.

Bridging the divide

An important strategy for improving access and building patient support is the adoption of bridge programs. These provide support to patients without putting the onus on the physician to deal with the complex issue of prior authorization. An effective bridge program needs to be coupled with granting patients access via their health plan, where available, or to transitioning them to a more traditional co-pay card program.

Sometimes, with specialty brands, if a health plan decides not to apply co-pay card dollars to patient deductibles, patients will exhaust the funds available in the co-pay program and then find themselves having to pay as much

as the full cost of the treatment. In these situations, an expanded benefit or debit program can ensure patients have the funds they need to pay for the treatment. Such a strategy requires a thorough understanding of affordability challenges at the patient level.

While these are invaluable tools for improving access, it's important to have a long-term plan that will address patient affordability through a sustainable program.

The answer is in the data

Determining the right program or approach to improve access in such a complex environment needs to be data driven. It's about understanding the cost sensitivity of patients with a particular disease and disease progression, because access and cost barriers can prevent some patients from initiating and then maintaining a given therapy.

When implementing programs, manufacturers need to adapt to market conditions; and, again, data reflecting patient and payer-level activity is key to deciding which approach works best.

The same is true with equity. It's about using various data as it relates to price sensitivity to understand unique affordability challenges in different patient populations, as well as examining health literacy and technology access to determine the best solution to apply to a given situation.

Patient cost sharing is on the rise, driving the need for manufacturers to continue to evolve patient support services. Cost-sharing has not driven patients to make cost-conscious decisions in many circumstances, nor has it influenced pharmacies to keep costs down. Rather, it often results in patients not starting a therapy because they face difficult financial decisions with little choice of a viable alternative to treatment.

If the industry is to achieve a truly holistic approach to patient support, there needs to be a shift to smart spending to help as many patients as possible along the way. That might mean adopting one set of resources in one area, while designing and targeting that approach differently for another area. If a patient group can't afford a therapy based on current programs or rules, those programs need to be customized to allow the therapy to reach more patients and address health inequity. Smart spending, flexibility, and customization – all supported with rich patient data – can help to address the issues of value, access, and equity.

ABOUT THE AUTHOR:

James Brown is a senior principal who leads IQVIA's Market Access Strategy Consulting practice in their delivery of evidence-based strategies and market access insights to clients in the biopharmaceutical industry. With more than 20 years of experience in patient longitudinal data and stakeholder insights, James is a leading expert on patient support programs, contracting decisions, as well as pricing and value.



