



PerSpectives

Do access barriers always suppress demand?
See how we're breaking through at the point of care

PayerSciences



Issue 2: Do access barriers always suppress demand? March 2023



Executive summary

Return on investment from demand-generating activities is eroding as payers increasingly flex their formulary management muscles. Prior authorization criteria, step edits, and documentation overwhelm physician practices, causing prescriptions to fall through the cracks on their journey from prescriber to patient fulfillment. Worse yet, the hassles and the headaches may prevent some prescribers from writing certain prescriptions in the first place. But it doesn't have to be this way.

The truth is, there is an overlooked stakeholder who has the power to retain these prescriptions and ensure their fulfillment for patients: the "payer specialists" in any given office who are charged with handling payer requirements for reimbursement. These pivotal players are the "realized Rx" gatekeepers who can make all the difference. That's why Payer Sciences is working to help our clients empower the gatekeepers.

Our Access Navigation education and training solutions leverage cross-functional insights and original research to build customized and compliant programs that support office-based payer specialists at the point of care. Equipped with the right information and tools, these stakeholders can better navigate the inevitable obstacles and ensure more patients will get the medicines they need.



The leaky bucket

Brands work hard to generate demand. Those prescriptions fill up an annual forecast-sized bucket. But increasingly, the bucket is springing leaks as more and more payers seek to manage their pharmacy budgets with hurdles to utilization. We see this in nearly every therapeutic area today, including in rare diseases. The tools payers use to accomplish utilization controls run the gamut from co-pay tiers to step edits to a variety of medical policy criteria.

At the point of care, navigating these obstacles affects the perceived value of a medication because it represents a cost to physicians and their office staff. All too often, these are costs they're not willing to incur.


For most brands, losing hard-earned scripts to in-office access frustrations is not acceptable.

Manufacturers make investments in things like copay offset programs and reimbursement specialists to secure prescription fulfillment. These are, no doubt, valuable. But how well do manufacturers understand their role and impact in the overall pursuit of fulfillment? Do they know where the other leaks are and how to address them? This is what access navigation is all about. It helps manufacturers make better-informed decisions and investments regarding fulfillment by going straight to those on the front line.

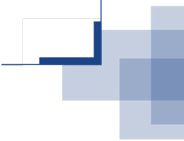


“Realized Rx” gatekeepers

The office staff who are charged with managing insurance and reimbursement bear the brunt of navigating access hurdles. They are the ones who must complete and submit all the necessary forms to gain approvals from payers. They must chase down rejected claims. They must communicate and coordinate among the patient, prescriber, pharmacy, and payer. And they must do all this for a dizzying array of payers, ever-evolving prior authorization requirements, different specialty pharmacies, and a range of diseases and patient types. Toss in staff turnover or the limited resources of a community practice and you have the potential for a very leaky revenue bucket and a lot of frustrated physicians and patients. What these stakeholders do or don't do affects the bottom line. They are the “realized Rx” gatekeepers.



That's why we're working with clients to help them improve office staff access navigation for any given therapy or disease area. Our insight-driven, cross-functional approach results in client-centered education and training solutions that can tip the scale for any brand.




Breaking through at the point of care

Our 4-Step Approach


Step 1: Needs Assessment

The work begins with an in-depth needs assessment based on insights extracted from primary and secondary research, and our clients' experienced professionals across sales, value and access, patient support, medical, and others. We meet in a cross-disciplinary client workshop to

- Define best practices
- Segment practice settings
- Map access pain points across the patient journey
- Define prioritized content domains



Payer Sciences' **PA Reporter** can help generate insights for this phase of the project. PA Reporter is a research program that assesses the experiences and perceptions of office staff as they work through prior authorizations and related obstacles.



Early work in this area has already yielded important insights. Did you know that the average reimbursement specialist has only been on the job for about 6 months? These hard-working, but inexperienced gatekeepers often lack the clinical knowledge to complete a prior authorization. Others who have significant tenure in a practice may be more clinically savvy but are frustrated by the ever-changing proliferation of payer processes and requirements. These insights and others like them, including those that are specific to a brand or therapeutic area, directly inform the way forward in maximizing prescription fulfillment.

Step 2: Design Framework

With areas of content defined, we explore formats and vehicles for delivery. After some brainstorming, options are rated on key criteria that speak to both value and feasibility. For example, in one workshop, participants considered each training vehicle for its differentiation, scalability, and compliance.

Breaking through at the point of care (cont'd)

Step 3: Execution

Then, Payer Sciences takes all the workshop output and develops creative solutions that will break through with staff in that therapeutic area.

An example for one client was an unbranded video series in which actual office staff delivered the content. Field representatives were then trained to deliver compliant mini trainings (separate from their promotional calls) with their office staff using the videos. The videos were also disseminated at national conferences.



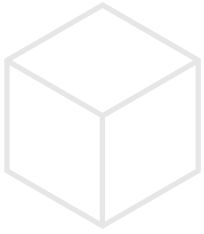
Step 4: Measurement

There are a variety of metrics, both quantitative and qualitative, that can be applied to an Access Navigation program. We work with each client to set up a compliant measurement regime focusing on

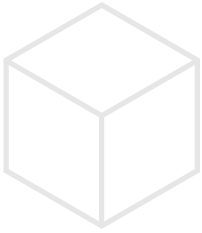
- Adoption—eg, No. of sales representatives requesting materials, field team survey feedback
- Utilization—eg, No. of access navigation trainings held
- Impact—eg, No. of prescriptions fulfilled among trained staff, staff survey feedback

Is access navigation right for your brand?

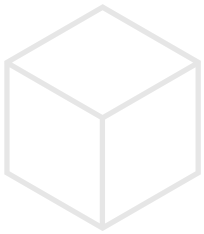
Here are some things to consider:



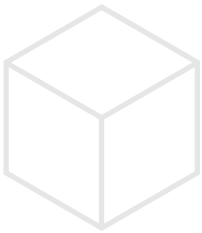
Are payers erecting step edits and/or utilization management criteria to limit access to your brand?



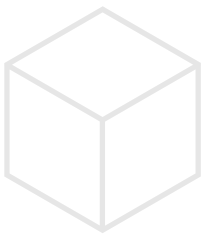
Has your brand growth slowed?



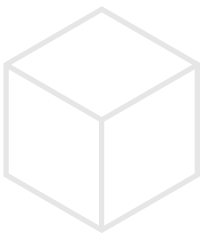
Are you under pressure to maximize uptake quickly?



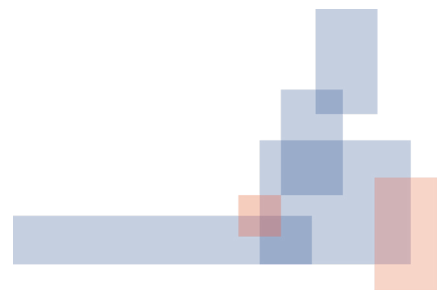
Are you hearing from field representatives that offices are struggling with payer requirements?



Are payer controls new to the specialty prescribing your brand?



Are payer controls changing in your therapeutic area?



Do access barriers always suppress demand?

At Payer Sciences, we are eager to help you empower office staff to successfully navigate access requirements in your brand's therapeutic area.

Learn more about us by [visiting our website](#) or click below to start the conversation.