In 2012, nearly $87 billion was spent within the specialty pharmacy sector in the United States; annual spending is projected to approach $400 billion by 2020.¹ In a survey by Accenture, more than 85% of respondents said their healthcare organization plans to ramp up spending on patient-centric solutions over the next 18 months, reports Kaveh Safavi, MD, JD, senior managing director for Accenture’s healthcare business, Accenture, Chicago.²

Growth in this market segment is expected to continue to rise, because specialty medications comprise more than 40% of the late-stage pharmaceutical development pipeline.¹ But despite the projected growth in this space and benefits of these drugs, medication nonadherence among patients is rampant. Nearly 75% of adults are nonadherent in one or more ways, such as not filling a new prescription or taking less than the prescribed dose.³ The cost of nonadherence to prescription medications is estimated at $100 billion to $300 billion annually, including costs from avoidable hospitalizations, nursing home admissions, and premature deaths.³

Therefore, patient-focused solutions are growing in importance. In order to be effective, these solutions need to be affordable and accessible; involve smart technologies—which consumers increasingly embrace and can help ensure that patients take and appropriately adhere to their medications; and involve a variety of outreach approaches to meet different patients’ needs.

Many drug manufacturers are partnering with hub service providers that have the experience creating solutions to assist with increased adherence. “A patient and their respective treatment team spend a tremendous amount of effort navigating the patient journey (see graphic on page 2). This work can all be undone with poor compliance. A customized adherence program can go a long way to ensure that those efforts result in the best possible outcome for the patient,” explains Denise Von Dohren, vice president access solutions, RxCrossroads Specialty Solutions.

Although some experts expect biosimilars to offer a cheaper option to specialty drugs, legal barriers and prescribing practice uncertainties will delay their potential positive effects for a
number of years, so employing solutions to provide higher value care in the specialty drug market continues to be critical.

**FOCUS ON AFFORDABILITY AND ACCESS**

Copay solutions and copay assistance programs, benefit investigations, prior authorization support, and appeals support can each play a role in ensuring patient access and/or long-term adherence. However, a global Accenture survey of 10,000 consumers found that only 19% of patients are aware of the services available to them.

“It’s clear that solutions are important, but without awareness of the solutions, they may go unused and not yield the intended value,” Safavi says. “Our survey found that 58% of patients use services when they are aware of them. The vast majority—79%—of survey respondents also said that the services they used were ‘very’ or ‘extremely’ valuable.”

Here’s a closer look at how affordability and access solutions work:

**Copay solutions and copay assistance programs.** Reducing the financial burden for patients can result in improved medication adherence, as patients can fill prescriptions without worrying about their affordability, says Nadina Rosier, PharmD, health & benefits practice leader, pharmacy, Willis Towers Watson, New York. Some pharmacy benefit managers and insurers are also attempting to leverage coupons and copay assistance programs to help offset both the member and plan sponsor cost for high-cost medications. A 2004 RAND study found that doubling copays for medicines reduced adherence by 25% to 45%.

“Copay solutions and assistance programs are particularly critical for low-income patients or patients of moderate income because specialty products are expensive,” says Dan Mendelson, CEO, Avalere Health, Washington, D.C. “Some health plans have been putting these products on tiers, making them out of reach for some patients.”

**Benefit investigations.** Benefit investigations are designed to ensure that when a patient needs a specific medication, it is available. “If a plan denies a patient’s eligibility to receive a medication, this may be a way to adjudicate their concerns and get it approved,” Mendelson says.

**A GLOBAL ACCENTURE SURVEY OF 10,000 CONSUMERS FOUND THAT ONLY 19% OF PATIENTS ARE AWARE OF THE SERVICES AVAILABLE TO THEM.**

**Prior authorization support.** Prior authorization programs are designed to ensure that drugs are used appropriately for their FDA-approved indication(s). Prior authorizations are common, but these programs must be structured so that they don’t adversely affect a patient population, Mendelson says. “If prior authorizations are used, it’s imperative that the system can appropriately single out cases in which a medication may not be the right choice for a patient, while rapidly getting therapies to patients who need them. It’s a balancing act.”

**Appeals support.** The appeals process serves as a means for patients whose prior authorization claim was denied to appeal the decision. “It’s important to make a careful decision rapidly so the patient can get a medication if needed,” Mendelson says.

The above services can be provided by various organizations that partner with health plans, health systems, or pharmaceutical manufacturers, such as hub service providers, which serve as an important interface between manufacturers and the other components of prescription delivery. Some specialty pharmacies may also offer patient adherence services and often coordinate patient engagement with hub services.

**SMART TECHNOLOGIES**

Technologies such as electronic prior authorization, electronic benefit investigation, electronic eligibility check, and electronic medication reminders can lead to faster initiation of therapy and longer adherence, or better adherence.

These benefits are not just limited to those accessing services via traditional laptops and computers. It’s estimated that more than 90% of US adults have mobile phones, and that more than half of people with smartphones use them to get healthcare information.

“They are a practical way to alert and inform patients,” says Jennifer Bussell, MD, FACP, clinical faculty, Feinberg School of Medicine, Northwestern Medicine, Chicago, who foresees an increased movement to use smartphones as a means to promote medication adherence.

Electronic health record (EHR) systems can now track physicians’ ordering and refilling of medications, as well as capture a patient’s primary adherence or nonpersistence. “Before EHRs, we could only measure if
a patient requested a refill,” Russell says. “Some EHR systems enable physicians to define alerts for primary nonadherence.”

Although 50% of patients don’t fill a primary prescription when discharged from the hospital, filling a primary prescription has been shown to improve clinical outcomes. For example, a study showed that if diabetic patients improved medication adherence, they could realize a 3-fold reduction in hemoglobin A1C and hypertensive patients could see significantly lower blood pressure readings.6,7

Here’s more on how various technology tools are beginning to be incorporated into pharmaceutical-sponsored hub/patient access programs to create patient-focused solutions:

**Electronic prior authorization.** Pharmacy benefit managers and health plans can use electronic prior authorization tools to obtain coverage approval for medications faster, so patients can initiate therapy more quickly, Rosier says.

**Electronic benefit investigation.** Electronic benefit investigations rely on connectivity to payer databases to obtain real-time coverage and patient cost-share details for specialty therapies, thus eliminating the need for time-consuming and costly phone calls to payer hotlines. “Healthcare professionals are constantly searching for ways to increase speed to therapy for their patients. Electronic benefit investigations can be an effective way to reduce the amount of time it takes to get medications to the patients that need them,” says Heather Rose, vice president of brand support services, RxCrossroads Specialty Solutions. “Electronic solutions continue to evolve to avoid a lengthy wait for patients to access their critical specialty medications. Benefit investigations are extremely important in order to help a patient understand their insurance coverage and patient responsibility.”

**Electronic eligibility check.** Electronic eligibility check has been a standard part of pharmacy claims adjudication for more than 2 decades, Rosier says. However, health plans are now providing this feature on their websites or

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**Patient-Focused Support Through the Patient Journey**

1. **Diagnosis**
   - HUB Support around on label usage and onboarding/educational conversations
   - Product specific questions from prescribers

2. **Pre-Therapy**
   - Welcome Calls: Therapy Expectations (clinical)
   - Access Support (Benefit Investigations/Prior Authorizations/Copay support)

3. **Patient Communication**
   - Therapy Expectations (reimbursement [financial] and access)
   - Program support expectations and scheduling

4. **Product Dispense and Therapy Initiation**
   - SP/Dispense coordination
   - In-home/telephone training and education for patient
   - Dosing and medication preparation
   - Injection training and/or medication administration

5. **Ongoing Communication/Adherence**
   - Time sensitive contacts (side effect management) and refill reminders
   - Disease management support
   - Overall patient support throughout treatment cycles

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Electronic medication reminders. Phone calls, along with email and text message reminders (with the latter two being delivered via a patient portal), expedite patients’ response time to refilling specialty drugs and help to prevent lags from occurring. “By calling or messaging the patient at least 24 to 48 hours in advance, the patient no longer has full responsibility for remembering to refill a prescription,” says Karen Chin, PharmD, director, national specialty pharmacy program and services, Kaiser Permanente, San Francisco. “We have also used messages to remind patients to complete necessary bloodwork or other diagnostic testing prior to their next fill to ensure appropriate therapeutic response.”

Similar to solutions that improve medication affordability and access for patients, the above electronic services are a feature offered by many hub service providers and their specialty pharmacy partners.

In addition, some companies offer other innovative electronic adherence tools. For example, some insurers and pharmacy benefit managers are leveraging technology built into the caps of prescription bottles, such that the caps glow or sound when a patient needs to take their medication or when the patient missed a dose, Rosier says. Some caps will also alert the patient via text or calls, as a patient medication reminder. The calls can even be routed to a family member or caregiver.

PATIENT OUTREACH SERVICES

Patient outreach services can help ensure that patients are taking medications appropriately. These outreach or patient engagement services are offered through many channels such as the healthcare provider, patient advocacy groups, health plans, specialty pharmacies, and hub service providers. Hub service providers, for example, can help facilitate patient engagement through welcome calls, nurse coordination, adherence/compliance check-ins, patient surveys, educational resources, and clinical support, along with other product/patient-specific services.

“It’s been shown that when a health provider gives the patient educational information regarding their medication, it improves adherence,” Bussell says. “Patients recall as little as 50% of the content that is discussed during a medical encounter with their provider. In order for patient education to be effective, it has to be delivered in a variety of methods outside of the exam room.”

~Jennifer Bussell, MD, FACP

The welcome call establishes a connection between the patient and specialty providers that may lead to an increased comfort level for the patient and/or their caregivers during a difficult and uncertain time.

“Often, a patient will have an office visit and not understand the nature of the medicine prescribed or how to use it,” Mendelson says. “Coordination is key to the patient achieving optimal long-term health as well as getting the full benefit of their therapy. This is especially helpful for patients taking specialty medications, because they are often taking several medications and are being treated by multiple physicians.”

Nurse coordination. Nurse coordinators and pharmacists can engage in dialogues with patients to uncover important information, like the fact that they aren’t taking a medication as prescribed. “They may enhance the conversation in a nonthreatening manner,” Bussell says. “They can create and encourage a blame-free environment for the patient to honestly describe their medication-taking behavior. When patients are engaged in a meaningful partnership with their healthcare team, they tend to obtain a more realistic perception of their disease severity and treatment benefits. Both of those factors are important in addressing medication adherence.”

Bussell goes on to say that more than 35% of US adults have “basic or below basic health literacy” and can’t fully understand the information on a medicine bottle label.8 “When a nurse coordinator calls high-utilizer patients or high-risk patients after a visit with a provider, it gives the nurse coordinator an opportunity to assess medication-taking behavior, engage in medication education,
and use simple teach-back methods which have been shown to increase adherence.”

**Adherence/compliance check-ins.** Similar to welcome calls, pharmacists or nurses may contact patients on specialty medications to help manage their therapy (e.g., adverse reactions) and can often find out how and why a patient may not be adherent to their medications, Rosier says. Calls enable patients to ask questions on a variety of topics regarding their therapy, such as dosing, side effects, financial concerns, and nutrition.

“Every contact with the patient is an opportunity to check in on their care and an opportunity for improvement,” says Ronna Hauser, vice president, pharmacy affairs, National Community Pharmacists Association, Alexandria, Virginia. “Adding contact points such as scheduled adherence calls is a great way to provide feedback to the patient on their care and receive feedback on anything that could lead to downstream risks.”

These calls also help to build trust between patients and caregivers, as patients know someone is overseeing their care in addition to their physician, Chin adds.

**Patient surveys.** Patient surveys are an important way to collect feedback on a pharmacy’s various services. “They give the patient an opportunity to enhance their care experience by helping to identify barriers to patient care while giving providers information to help improve the process,” Chin says. “They also help vendors to determine which specialty drugs are garnering the most patient satisfaction.”

**Educational resources and clinical support for patients.** These resources reinforce the education that the healthcare provider initially provided and can take many forms, such as injection training, targeted educational outreach, nurse call centers that provide inbound and outbound clinical support, and health coaches who address disease awareness. “It’s helpful for the patient to have dedicated resources or services to contact in addition to the prescribing physician,” Chin says.

Hauser believes it’s imperative to make sure patients can comply with the instructions surrounding their medication. “Additional training on how to use many specialty medications is justified due to their complex administration techniques,” she says.

Adds Rosier, “Nurse visits to the patient’s home can be especially helpful for new patients learning to self-administer a specialty drug.”

Many manufacturers build hub programs that incorporate an option for the patient and physician to request a home nurse outreach visit.

Resources need to be acceptable by patients’ standards, such as user-friendly websites (e.g., one by a reputable medical organization) and content that is well supported with evidence-based medicine that’s easy to read.

The bottom line is that there are many patient-focused solutions that can improve the value of care in the specialty drug market. These solutions must be reasonably priced, accessible, and include a variety of outreach approaches for different patients’ needs. They should also incorporate smart technologies, such as electronic prior authorization, electronic benefit investigation, electronic eligibility check, and electronic medication reminders, which consumers are embracing. Some other solutions include copay solutions and copay assistance programs, benefit investigations, prior authorization support, and appeals support.

Patient outreach services such as welcome calls and check-ins, nurse coordination, patient surveys, and educational resources are also strategies worth consideration. Different members of the care team each play a role, as can outsourced service providers that provide key resources and help fill gaps in patient adherence and education.

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**REFERENCES**


