Pharma Support Not Meeting HCP Expectations for Speed

While HCPs and payers may contribute to delays in the prior authorization and appeals process, the time it takes to get to that stage is often considered too slow by HCPs who utilize patient support programs. In fact, the average program fails to meet expectations for timely benefits information for 55% of its accounts. Hence, programs must create communication and turnaround strategies aligned with HCP expectations.

Managing expectations is a key component of delivering a satisfactory experience. Many manufacturers allocate extensive time and resources to addressing speed in turnaround times for their programs—but what constitutes a "good" turnaround time? How fast must a program be to meet healthcare provider (HCP) expectations? Knowing the expected turnaround times can help patient support programs calibrate their targets. According to Nuvera Life Science Consulting's recent surveys of more than 900 oncology and neurology HCPs, turnaround time was ranked as the area with the most room for improvement.

Introduction: Few patient support program–related metrics engage in the same way as turnaround time (TAT). Leadership often gauges the success of a program based on the time from completed enrollment to first fill. Consequently, manufacturers and reimbursement hubs typically have KPIs related to TAT laid out clearly in their contracts. Efforts to shorten TAT are also embraced by doctors and nurses who place a high value on speed.

Turnaround Time Expectations: Nuvera's latest syndicated research, **The PURE Report: Neurology 2020**, explored the expectations of neurologists (MDs) and their staffs (AHCPs) around TAT through a survey of more than 500 respondents to see how those expectations align with actual service delivery from various support programs.

The PURE Report reviewed HCP TAT expectations for services such as benefits investigation, copay reimbursement, and drug delivery.

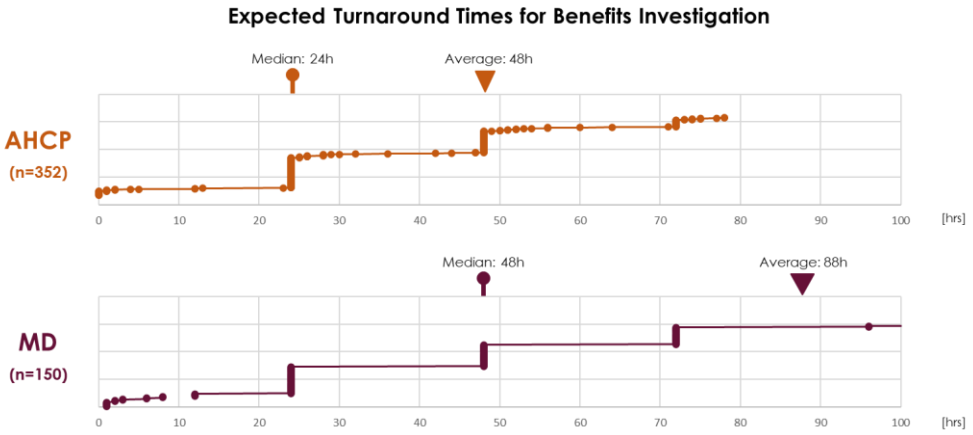

Figure 1. Breakdown of MD (purple) and support staff (orange) expectations for turnaround times for benefits investigations when interacting with patient support programs

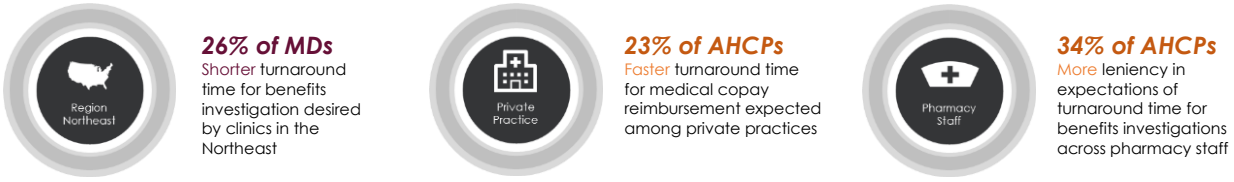

Figure 2. Segmentation analysis of turnaround time expectations among MDs (purple) and support staff (orange)

The standard for reimbursement hubs is typically two business days between completion of enrollment form and communication of benefits investigation. Now, does this align with HCP expectations in the neurology space?

Looking at AHCPs versus MDs (see Figure 1), AHCPs are more demanding and have higher expectations for timing. They also work more closely with these services than MDs do and often have a better understanding of what goes into benefits investigation, which may explain why they expect quicker TAT than MDs.

For 80% of AHCPs, expectations range from a few hours to almost five days. The average expected TAT is around two days, which is in line with what reimbursement hubs deliver. So does this mean their expectations are met? No, it doesn't, since there are outliers driving up the average value.

Instead, we should look at the median value to understand what the AHCPs in the middle of the road think. The median value for expected TAT is down to one day for benefits investigation, i.e., 50% of AHCPs expect benefits investigations to be completed within a day or less. Looking at two days, we find that 55% of AHCPs expect a TAT of less than two days, i.e., by providing a two-day TAT, manufacturers meet the expectations of 45% of offices and consequently fail 55% of offices.

Observing the different segments (see Figure 2), the research reinforces the stereotype that the Northeastern region is more type A, with higher demand for quick TAT. Furthermore, private practices are at times more vested in these services and therefore also expect quicker TATs.

Call to Action: There are several things support programs can do to improve TAT, depending on the type of TAT being discussed. For example, regarding benefits investigation, they can: 1) update contractual agreements with reimbursement hubs to ensure that timing of benefits investigation improves; 2) update the communication plan for benefit investigation cases experiencing delays to keep HCPs in the loop; and 3) introduce eServices where possible to improve efficiencies of benefits investigations.

Continued growth and adoption of eServices are taking shape in a variety of ways. The majority of patients that fall under pharmacy benefits and can be checked with real-time benefits check (RTBC) in a moment's notice (about 80% patients). It is more difficult for those utilizing medical benefits, though vendors are developing better RTBC for this cohort. To shorten phone time and streamline workflow, a partial benefits check using EDI 270/271 could be utilized.

Conclusion: Expectations of TAT in the neurology space vary by service type, but the rendered TAT compared to expected timing falls short for the majority of HCPs. Manufacturers must continue looking for ways to improve response times and/or improve communication with the clinics they work with to better support patient experience.

About the PURE Report: This white paper focuses on just a small part of the broader PURE Report, an independent, syndicated study of HCP satisfaction with manufacturers' patient support services, along with manufacturer rankings across 7 PURE indices. The latest **PURE** (**P**atient services **U**tilization, **R**ecognition, and **E**xperience) **Report** was conducted with more than 500 neurology HCPs (150 MDs and more than 350 support staff). Studies of other therapeutic areas are underway.

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