

SPECIALTY PHARMA: HOW PRESCRIBING TECHNOLOGY AFFECTS TREATMENT OUTCOMES

The specialty and highly managed drug sector is particularly susceptible to the problems of non-adherence. This is partly due to the complexity of the medication involved and also because Electronic Health Record workflows aren't designed for specialty pharmaceuticals. New solutions are now available though which streamline the whole process and automate difficult areas. Amy Seung, PharmD, BCOP, Senior Director of Clinical Development at AssistRx, explains how they can work.

It is estimated that the pharmaceutical industry loses US\$637 billion (£496 billion) globally in revenue annually due to non-adherence to medications for the treatment of chronic conditions – a figure that has risen from US\$564 billion in 2012.¹ Although revenue losses are rising, the healthcare industry is rapidly changing and embracing new technology capable of lowering costs, reducing waste in the system and facilitating better patient care.

However, there is one increasingly popular area of pharma that is falling behind the rest of the industry – the specialty and highly managed drug sector. There are currently only a handful of solutions available to help facilitate a prescription management workflow process that enhances the patient experience and reduces non-adherence, a factor – commonly referred to as abandonment – that adversely affects treatment outcomes (Figure 1).

Specialty medications address unmet medical needs in complex, often rare

diseases and under-served patient populations. Due to the complex process required to prescribe specialty medicine, time-to-therapy, an element closely related to non-adherence, typically extends beyond traditional prescription drug delivery timeframes.

As the amount of time from initial diagnosis to drug delivery lengthens, there is a strong possibility that the patient's memory recall diminishes, anxiety rises and the condition worsens.² These compounding factors further drive non-adherence and a poor patient experience.

THE CAUSES

The complexity of prescribing specialty medication begins with communication and technology gaps among the many groups involved, including physicians, manufacturers, insurers, specialty pharmacies and reimbursement providers. Although Electronic Health Record (EHR) workflows streamline and simplify the end-drug delivery process for traditional medication, the process isn't that simple for specialty pharma.

EHRs weren't developed with patients who require highly managed drugs in mind, but rather to simplify the process for those who need traditional medication and are able to pick up their prescription at a local retail pharmacy in just hours. Most often, specialty medications require a more complicated patient introductory process that includes training, clinical follow-up, and other patient services that are only available through a specialty distribution channel.



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Figure 1: Adherence: The link between treatment and outcomes.

As a result, providers must go outside of the EHR, using pen, paper and fax-based processes throughout the prescription and delivery process. Resorting to these alternatives not only extends time-to-therapy, but also creates risk of communication gaps and misunderstandings. As a result, the patient experience begins with a faulted prescribing process that may prolong or even hinder final delivery of the medication (Figure 2).

THE OPTIONS

Fortunately, new solutions facilitate workflows that seamlessly onboard providers and patients through the start of therapy all the way through delivery. Solutions, like AssistRx's iAssist, streamline the entire prescribing process and automate pain points, such as completing Patient Enrollment Forms (PEFs), while connecting all parties to one central location of patient information and status.¹

Assist and other digital workflows accelerate time-to-therapy by reducing the time it takes for patients to get their medications by 45% (Figure 3). Leveraging these integrated technologies can reduce the median number of days from prescription to therapy initiation from 22 days for fax-based processes to just 10 days.² Each party involved in the prescription process benefits in some manner from these integrated solutions.



Figure 2: Improving adherence starts at the point-of-care.



Figure 3: Digital workflows can help accelerate time-to-therapy by 45%.

Manufacturers

As more and more drug products hit the market, brands are launching their medicines in a competitive environment – even in specialty pharma, one of the fastest-growing sectors of the healthcare industry. One way brands can help their drugs stand out among the crowd is to leverage

differentiated positioning. Software solutions like iAssist enable manufacturers to generate real-world evidence (RWE) by tracking the patient journey from prescription to delivery and all the way through treatment. This data could be used to not only support product pricing, but also to improve patient compliance, adherence and treatment outcomes.

Physicians

Many physicians spend upwards of \$100,000 in administration expenses in order to prescribe specialty medications, paying staff members to input manually various prescription forms, file paperwork and complete multiple enrollment forms.

This manual process is a costly expenditure for physicians from a labour and resource perspective, and a hindrance on treatment

outcomes, as it delays speed-to-therapy. Healthcare technology apps streamline processes and facilitate integration among the EHR and third-party networks. Through these technologies, physicians can onboard patients onto a specialty drug therapy through a workflow of configured acceleration services, including ePA, patient eConsent, electronic verification of patient benefits and connection to additional patient services.

This type of workflow can reduce costs, close communication gaps and alleviate the administrative burden involved in onboarding.

Insurance Companies

After a physician signs off on a specialty prescription, insurance companies must review the drug and validate the prescription before agreeing to cover the cost. A manual sign-off required for specialty drug prescriptions not only lengthens this process, but also creates headaches for insurance companies when claims need to be investigated. This cost is exacerbated by the fact that insurers spend an incredible amount of money on drugs that may or may not execute as expected or have weakened effectiveness if not taken as intended.

Insurance companies are incentivised to cover drugs that effectively perform the work in which they are marketed. Some manufacturers offer fee-per-value contracts to ensure a quality product, rather than fee-per-service contracts, wherein the medication is the same price regardless of effectiveness. The fee-per-value service assures insurance companies that the drug is sold at the correct price-point even if the cost is high.

However, in order to reach a fee-per-value market, insurance companies need the RWE provided by manufacturers. Thus, leveraging technology solutions capable of capturing such information benefits not only manufacturers, but also insurance companies and policy holders.

SUPPORTING CASE STUDIES

Several recent case studies demonstrate the impact EHR-integrated workflows have on speed-to-therapy and corresponding patient adherence. Since speed-to-therapy is closely related to adherence, this significant margin could have real impacts on patient treatment outcomes.

Women's Health Drug Case Study

The first case study, which leveraged digital workflows to prescribe a women's health product for a highly-motivated audience, found that patients were almost 80 times less likely to abandon their therapy at the initial fill or after their first month of medical treatment. On the other hand, patients generated an abandonment rate of more than 18% when fax-based processes were used to prescribe the health product (Figure 4).

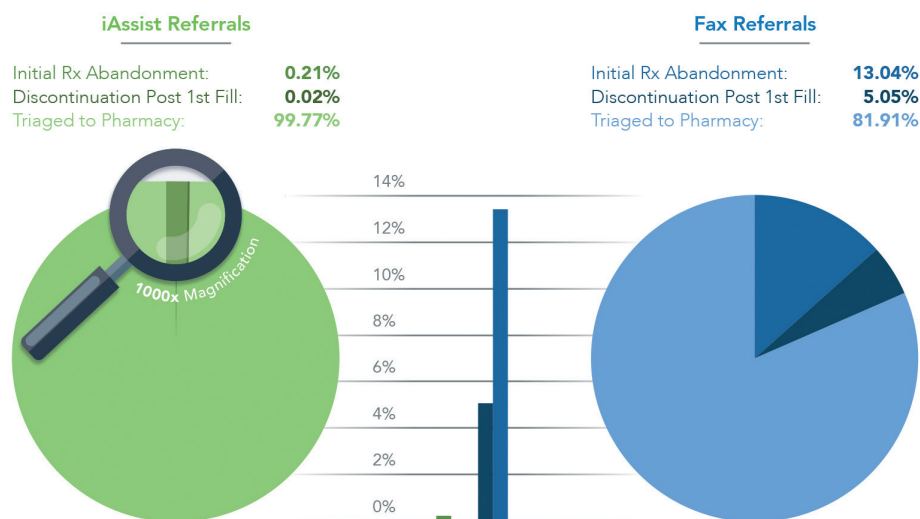


Figure 4: Abandonment rates reported in the Women's Health Drug Case Study.

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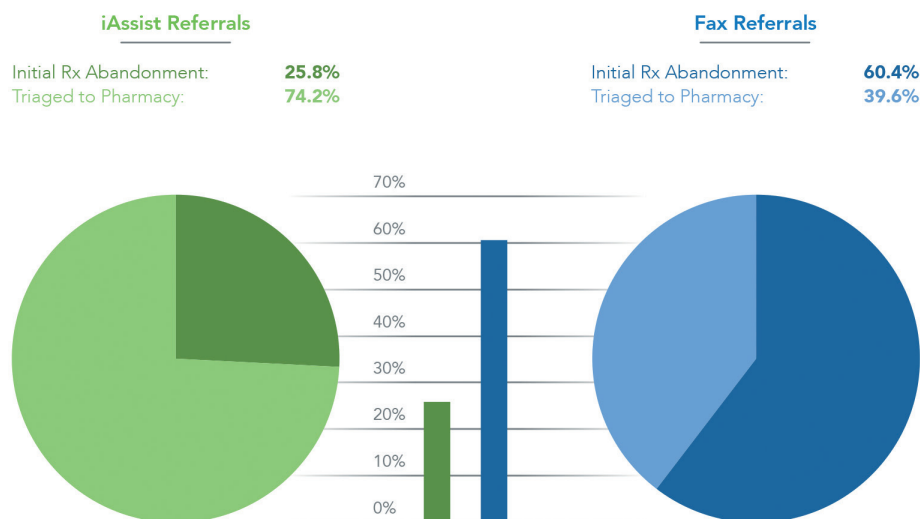


Figure 5: Abandonment rates reported in the Dermatology Case Study.

Dermatology Case Study

These same digital workflows were used in the second case study, which measured a dermatology prescribed product for less-motivated patients. Statistics showed that patients whose prescription was written via a fax-based process had abandoned their medication 60% of the time. Through a digital workflow, patients had only abandoned their prescription 25% of the time (Figure 5).²

LOOKING FORWARD

According to the WHO, increasing the effectiveness of adherence interventions may

have a far greater impact on the health of the population than any improvement in specific medical treatments. Digital workflow technologies that integrate with EHRs may be the specialty and highly managed drug sector's greatest hope to reduce non-adherence, improve treatment outcomes, and lower revenue losses within the healthcare industry. Investing in these solutions also aids manufacturers, physicians and insurance companies in providing patients with a collaborative, seamless experience that sets the tone for future patient care.

Should manufacturers pursue RWE data for their various products, they will not

only drive brand differentiation, but also fair pricing in the market. The fee-per-value method ensures that the level of coverage matches the drug's actual value to the patient, saving costs for both the insurer and the policy holder.

When it comes to aggregating patient information through the EHR and capitalising on that data to make informed decisions, the industry has only touched the surface. As technology within the healthcare industry continues to evolve, providers must ensure that the growing specialty drug sector is not left behind and that integrated workflow solutions are leveraged to meet the needs of this under-served patient population.

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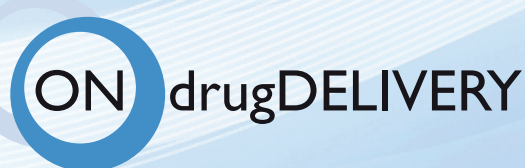
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ABOUT THE AUTHOR

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