Occam HEALTH SERVICES

TECHNOLOGY ENABLED PATIENT SUPPORT PROGRAMS:

SPEEDING PATIENT ACCESS WHILE ECONOMIZING & SAVING TIME

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SUMMARY: Patient access and support services programs (PSP's) are designed with the intent of effectively and efficiently helping patients gain access to therapies and other resources deemed important for successful treatment outcomes. Through years of focusing on patient journey and experience, our team has seen significant time and cost savings in PSPs that employ technology enabled access tools compared to those that employ traditional human capital. To illustrate the degree of these savings, and their long-term impact, we've compared the time spent by Case Managers (CMs) working in two scenarios: (1) CMs working on a technology enabled, high-tech PSP, and (2) CMs working on a human capital based, low-tech PSP. We then use an example of four PSPs with varying patient case volumes to extrapolate this effect over the duration of one year, illuminating the significant time and cost savings that can be achieved when a technology enabled, high-tech PSP strategy is implemented at launch.

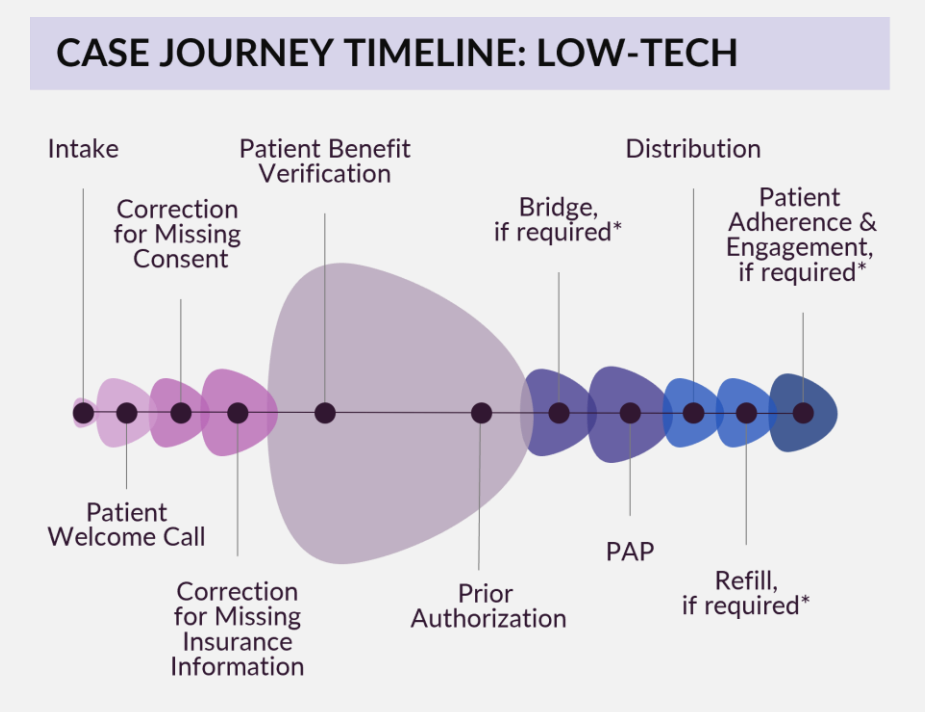
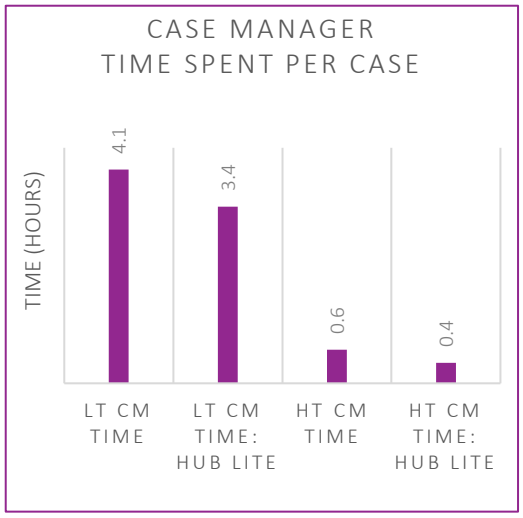
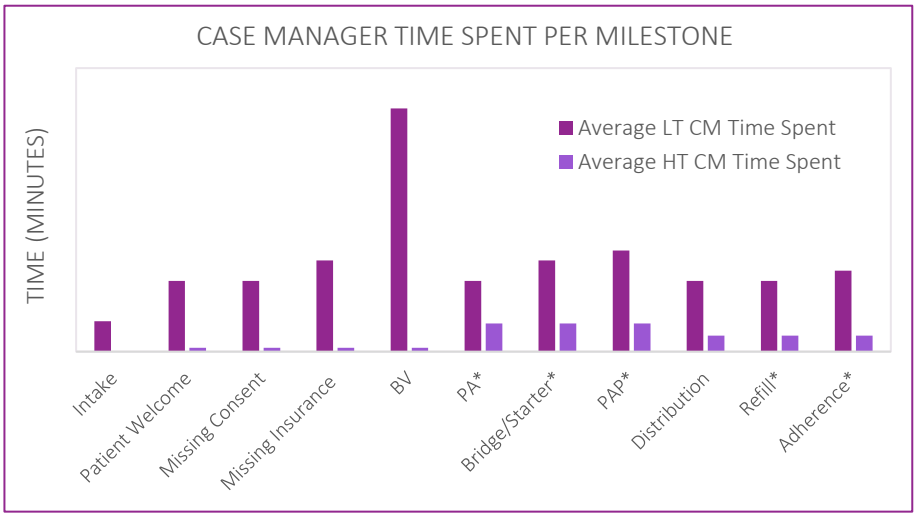


Figure 1. The timeline to the left illustrates the milestones and CM time associated with a patient's case journey in a human capital based, low-tech PSP model. Each patient case milestone is shown as a target point with a corresponding description. Behind each target point is a colored triangle, where the size of the triangle depicts the relative amount of CM time associated with that milestone (the larger the triangle, the more CM time spent).

When prior authorizations (PAs) and financial assistance (patient access programs, PAPs) are included in the PSP, we see that a human capital based, low-tech (LT) PSP model results in CMs spending approximately 3.5 hours more time per patient case as compared to a technology enabled, high-tech (HT) PSP model. When PAs and PAPs are not included in the PSP (i.e. a "hub lite" model), LT PSP CMs spend approximately 3 hours more time per patient case as compared to HT PSP CMs. **Table 1** and **Figure 2** outline the CM activities per patient case journey milestone and the average time savings associated in a HT PSP model. Over the lifetime of the PSP, the strategy of implementing a HT vs. LT PSP model has a significant impact on the human capital required to facilitate speeding a patient's access to therapy. To demonstrate this further, we modeled the total CM time spent using four PSP program sizes over the period of one year, which is displayed in **Figure 3** and detailed in **Table 2**.



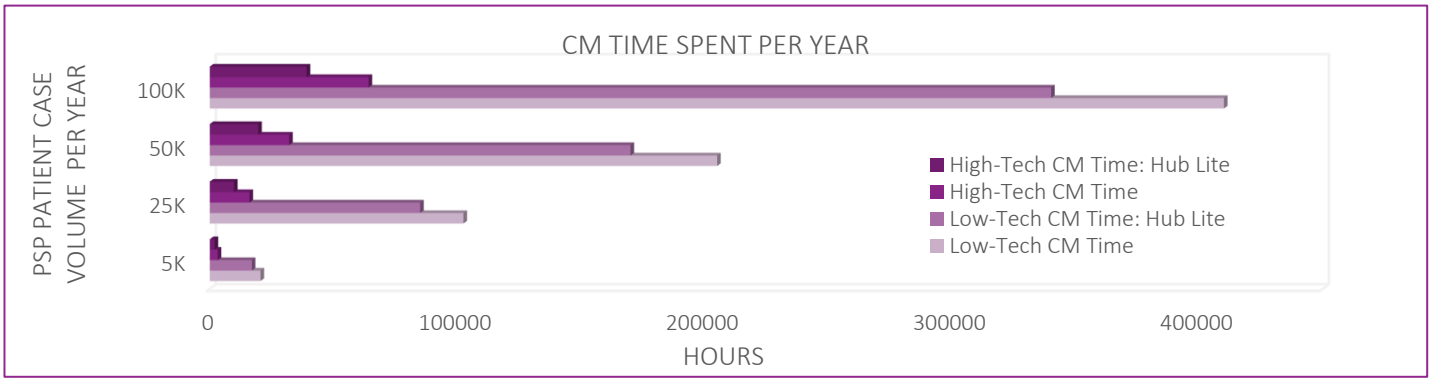


Case Milestone	LT CM Activities	HT Alternative	Average HT CM Time Saved
Intake/Case Creation	Manually receives intake, transcribes information, creates case	Automatic case created via digital enrollment	7.5 min
Patient Welcome	Patient call to communicate enrollment	Automatic text/email triggered to patient	17.5 min
Correction for Missing Consent	Patient call to obtain and correct for missing consent	Required at digital enrollment	17.5 min
Correction for Missing Information	Patient and/or HCP call to obtain missing/incomplete information	HT alternative automatically finds and completes	22.5 min
Patient Benefit Verification	Payer call to determine coverage	HT alternative automatically finds and completes	60 min
Prior Authorization*,‡	Population of Payer PA form, HCP call to initiate, document fax, HCP and Payer follow-up, HCP and Patient notification of outcomes	Forms are automatically populated and submitted direct to payer, automatic stage and outcome monitoring/reporting	10 min
Bridge/Starter*	Patient call, PA submission confirmation, internal coordination following PSP rules	Automatic status updates of PA received and communicated to patient, digital engagement of patient to coordinate	15 min
Patient Assistance Program (PAP)*	Form completion, patient call, collection of eligibility evidence, case update, analysis	Automatic Eligibility Check Tool used to determine eligibility in <10 seconds	17.5 min
Distribution	Coverage document completion, fax to pharmacy for fill, monitoring of outcome, ensures patient receipt	Automatic, electronic completion of documentation, electronic fax or direct via API to pharmacy for fill	13.5 min
Refill*	Patient call, refill request submission	Digital engagement or automatic, scheduled patient texts/emails	13.5 min
Adherence and Engagement*	Patient call, time-interval monitoring	Digital engagement or automatic, scheduled patient texts/emails	16 min

Figure 2. (Top) Graphs compare time spent by CMs in HT vs. LT PSP models. (Top, left) The average amount of total time spent by CM, per patient case, on HT vs. LT PSPs. (Top, Right) The average time spent by a CM, per milestone in a patient case, on HT vs. LT PSPs. **Table 1.** (Bottom) This table outlines patient case milestones and associated CM activities per milestone for HT vs. LT PSP models. Due to the nature of LT CM activities, there is a range of time savings per milestone and so for the purposes of this illustration, we have estimated the average time saved by a CM working on a HT PSP per step (*if required by PSP; ‡performed concurrently with patient benefit verification).

CONCLUSION: The strategy employed upon launch of your patient support program has a significant impact on the market success of your therapy. Among the factors that contribute to a successful PSP is implementation of hub automation technology. We have witnessed this numerous times in practice and to demonstrate the economies of scale associated with this critical launch decision, we've extrapolated the impact on CM time of launching a technology enabled, high-tech PSP vs. a human capital based, low-tech PSP. We've used four patient support program sizes to illustrate this effect over the period of one year.

The economies of scale realized in HT programs are significant: as patient case volume increases from 5K to 100K per year in a HT PSP model, the requirement for CM time increases about 6-fold. Contrasted with a LT PSP, the requirement for CM time increases almost 20-fold. When comparing between the HT and LT PSP models with the same patient case volumes, the difference in LT CM time required ranges from about 3- to 10-fold. The implication of this is particularly significant when considering personnel costs as a percent of the total hub operating budget. While a human capital based, low-tech model may seem more cost effective at launch, the effect of this decision has a massive impact on total expenditure over the lifetime of the program. We will explore this effect more fully in an upcoming case study where we examine the transition of an existing PSP utilizing a human capital based, low-tech model to a hybrid high-tech model, instantly reducing human capital needs by 55%.



PSP Model	CM Hours Spent per Year per Program (weeks) / CMs Required per Year per Program							
	5K/YR	CMs/YR	25K/YR	CMs/YR	50K/YR	CMs/YR	100K/YR	CMs/YR
Low-Tech	20,500 hrs (513 wks)	10	102,500 hrs (2,563 wks)	49	205,000 hrs (5,125 wks)	99	410,000 hrs (10,250 wks)	197
Low-Tech: Hub Lite	17,000 hrs (425 wks)	8	85,000 hrs (2,125 wks)	41	170,000 hrs (4,250 wks)	82	340,000 hrs (8,500 wks)	163
High-Tech	3,208 hrs (80 wks)	3	16,042 hrs (401 wks)	8	32,083 hrs (802 wks)	15	64,167 hrs (1,604 wks)	31
High-Tech: Hub Lite	1,958 hrs (49 wks)	3	9,792 hrs (245 wks)	5	19,583 hrs (490 wks)	9	39,167 hrs (979 wks)	19

Figure 3. (Top) Graph of the average amount of CM hours spent per year in HT vs LT PSP models for four program sizes with different patient case volumes. The higher the patient case volume for a particular program, the greater the impact of employing a HT PSP model on CM time spent. **Table 2.** (Bottom) CM hours required in traditional hub and "hub lite" models when employing a HT vs. LT PSP strategy across four patient support program sizes over the period of one year.