

ENGAGING ONCOLOGY PATIENTS
AND PROVIDERS IN THE AGE OF
COVID AND BEYOND:

A Patient-Centered and Value-Based Approach

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The engagement model for oncology patients and providers is failing, and challenges brought on by the COVID-19 pandemic have only accelerated the trend. Not only are pharmaceutical reps restricted in the type of information they are allowed to communicate, but their access to providers in oncology practices is also more limited than ever as a result of COVID and productivity concerns. Today’s providers tend to be confident in their treatment decisions and see limited value in interactions with reps beyond the initial introduction to a new treatment.

Meanwhile, the pandemic has had a profound and long-lasting effect on the patient journey. For one of the most vulnerable and immunocompromised patient groups, legitimate fears about visiting a physician’s office in person have made it more difficult for providers to run diagnostic tests, manage treatment and monitor patients to ensure they get the best care post-discharge. Physicians are concerned about prescribing new medications because of patients’ weakened immunity and face the challenge of closely monitoring patients for adverse events. In addition,

some practices have had to reduce staff, leaving them shorthanded in providing prior authorization and benefit verification support.

Because many of these changes will outlast the pandemic, the reach and frequency model is inadequate, and pharma industry investments in traditional promotional channels are suboptimal. Instead, new thinking is needed — thinking that takes a true provider- and patient-centric approach. Such an approach will identify the unique needs of the diverse array of patient and provider archetypes in order to provide added value specific to each stage of the patient journey and align to the objectives of each customer type.

Meeting Needs Across the Patient Journey

A patient-centric engagement in oncology addresses the clinical, informational, financial and emotional needs of patients and providers at each stage of the patient journey.

Stage in journey →	PCP Checkup and Referral	Oncologist Visit and Diagnosis	Treatment Prescription	Fulfillment at Pharmacy/ In Office	Treatment Management & Adherence
Provider Challenges	<ul style="list-style-type: none"> • Identification of high-risk patients • Sample collection • Which Onc to refer to 	<ul style="list-style-type: none"> • Effective communication with patients • Sample collection 	<ul style="list-style-type: none"> • Right Tx based on patient profile • Questions about treatment • Decision making in tumor boards 	<ul style="list-style-type: none"> • Payer step edits/ rejections • Fewer office staff • Reimbursement 	<ul style="list-style-type: none"> • AE Management • Patient Adherence • Transition of care
Value Add for Provider	<ul style="list-style-type: none"> • Risk stratification tools/ questionnaires • Remote diagnostics • Provider network 	<ul style="list-style-type: none"> • Health literacy checklist • Remote blood-work 	<ul style="list-style-type: none"> • Patient profiles suitable for therapies • RWE based decision • Awareness through reps • KOLs to reach out to 	<ul style="list-style-type: none"> • Field reimbursement specialists • Hub services 	<ul style="list-style-type: none"> • Best practices for AE management • Discharge checklist • Remote monitoring tools • Predictive tools
Patient Challenges	<ul style="list-style-type: none"> • Few in-office visits • Finding the right Onc • Transport 	<ul style="list-style-type: none"> • Transport • Questions to ask • Overwhelmed 	<ul style="list-style-type: none"> • Understanding disease • What to expect with Tx 	<ul style="list-style-type: none"> • High co-pays • Multiple medications 	<ul style="list-style-type: none"> • Staying healthy and motivated • Staying on Tx
Value Add for Patients	<ul style="list-style-type: none"> • Telehealth • Curated list of Oncs • Transport services 	<ul style="list-style-type: none"> • Transport services • Provider/Patient Discussion Guide • Fellow patients to speak to 	<ul style="list-style-type: none"> • CNEs/ Nurse case managers • Onboarding kits 	<ul style="list-style-type: none"> • Co-pay support • Foundations for support • Mail-out pharmacy/ In house treatment 	<ul style="list-style-type: none"> • Transport and food services • Nutritional checklists • Adherence services/ hub

Figure 1: Overcoming Complex Challenges. Pharma can develop true provider- and patient-centric strategies and support programs to ensure access and affordability of life-changing oncology treatments.

STAGE ONE: PCP Checkup and Referral

When patients first come to primary care physicians (PCPs) with a health issue that may trigger a cancer evaluation, the physicians are faced with a few immediate challenges, including identification of high-risk patients, sample collection and identifying the best oncologists to which to refer patients.

Pharma has an opportunity to step in to provide added value to providers by offering services such as risk stratification tools or questionnaires, remote diagnostics and sample collection options provided through a diagnostics company partner. Further, pharma can help PCPs by connecting them to the right network of oncology specialists.

Patients, meanwhile, may be afraid to visit a physician's office due to safety concerns, or they may have transportation issues. Additionally, patients can also have difficulty finding the right oncologist to treat them. Thus, pharma's added value for patients could take the form of telehealth or transportation services or a curated list of oncologists in the area to help guide the patient's clinical journey.

Pharma needs to provide PCPs and patients customized and dynamic educational materials that detail what to expect from the process of diagnosis and next steps. Information is key at this stage, and patient-centered care must begin before a diagnosis is even made.

STAGE TWO: Oncologist Visit and Diagnosis

At the initial oncologist visit stage of the patient journey, a key challenge is sample collection. Depending on the patient's situation, pharma can assist with risk stratification and biomarker testing with provider-directed tools. Another avenue to address challenges here is by providing transportation services or remote bloodwork through nursing services that can be made available through a specialty pharmacy or a hub.

Effective communication with patients is another common challenge at this stage. Many patients seeing an oncologist for the first time may feel like they are not speaking the same language as their provider. At this stage, pharma companies can step in to share with providers best practices from

oncology peers on how to effectively communicate with patients and adapt to the patient based on a health literacy checklist. Meanwhile, patients can be empowered with examples of the right kinds of questions they should be asking when it comes to treatment.

In addition, patients receiving a cancer diagnosis are suffering a huge shock, and they can become overwhelmed and depressed. Pharma companies can guide patients to communities or fellow patients to help ease them through the process by speaking with others who have gone through similar situations.

STAGE THREE: Treatment Selection

Not all patients are the same. The challenge for providers is to prescribe the right therapy based on the patient profile. Providers may also have questions about the various treatments available, especially in rare and more complex tumor types. Pharma can assist by offering profiles of patients suitable for specific therapies, real-world evidence on which to base decisions, and a list of key opinion leaders (KOLs) for providers to reach out to from whom they can receive unbiased information.

Meanwhile, patients need help understanding the disease, understanding what they are being told by their oncologist, and knowing what to expect with the treatment they have been prescribed. Case managers and certified nurse educators can be a perfect value-add to help educate both the providers' nursing staffs as well as the patients. Pharma companies can also assist by providing onboarding kits and benefit verification support – doing whatever it takes to get the patient onto the right treatment.

STAGE FOUR: Fulfillment at Pharmacy or In-Office

Once the patient is prescribed the drug, patients and providers must coordinate with payers and pharmacies to secure fulfillment of the prescription. The prior authorization process to get the drug approved by the payer is hampered by the fact that fewer office staff members

are available to handle payer documentation requirements and the rejections and appeals processes. By providing field reimbursement specialists or hub services, pharma can help ensure that this process is completed and the prescription is not rejected.

For IV-administered products, appropriate coding can be a challenge for providers at launch to ensure they are optimally reimbursed. Pharma can help by doing the legwork on the coding architecture and providing clear guidance to providers in those first critical months.

At the fulfillment stage, patients are faced with potentially high co-pays. In fact, cancer has become one of the leading causes of bankruptcy in the United States.¹ To address this problem, pharma companies can assist by offering co-pay support or access to foundations for support. Also, since patients may be concerned about going to providers' offices or infusion centers for IV treatments, pharma should expand home health services and at-home infusion options.

STAGE FIVE: Treatment Management and Adherence Support

At the final stage of the patient journey, a primary focus is on adverse event (AE) management. Providers need to be able to set expectations for the patient and educate them in advance on what to do if they experience an AE. The patient needs to be able to manage the AE quickly, report it and stay on therapy. To meet this need, pharma can provide information on best practices for AE management and assist with digital technologies and tools to facilitate the remote monitoring of patients.

From the patient perspective, the focus is on staying healthy and motivated to continue treatment. Pharma can support patients in meeting this goal through transportation and food services (through a hub services provider or a logistics support company), nutritional checklists, adherence solutions and in-home nursing support. Through frequent engagement with patients, clinical care teams build long-lasting relationships to improve both adherence and long-term outcomes.

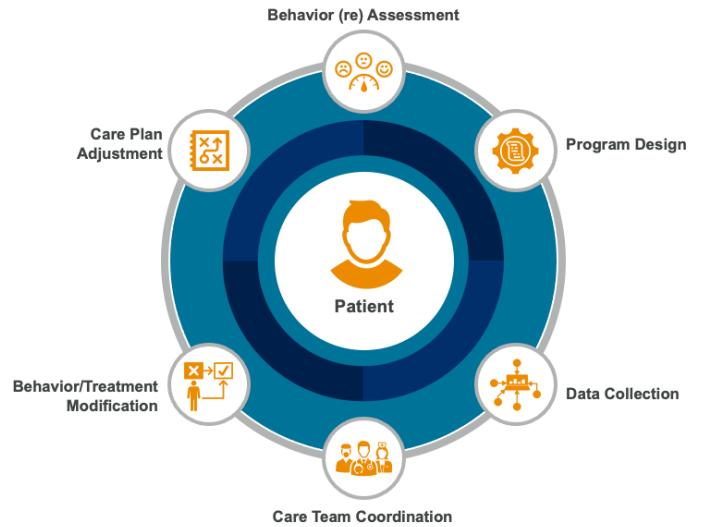


Figure 2: Supporting Patient Needs Throughout Their Journey. Clinical care teams provide white-glove, high-touch support to deliver a smooth onboarding process, solve access barriers, develop a patient-specific plan of care and report outcomes.

Aligning the Value Proposition to Provider Archetypes: How to Best Serve Providers

At the same time, the types of providers are changing, each with a specific set of needs and objectives. Provider archetypes can be differentiated by their objectives, primary focus and external influencers. The value proposition that pharma companies bring to each organization type should be tailored to its specific needs.

Academic Medical Centers

The objectives of academic medical centers include research performance, innovation and leadership. These facilities are focused on freedom to operate at the cutting edge of research and clinical practice with limited financial constraints. They are likely to be influenced by their own internal KOLs and broader clinical guidelines. The potential value proposition pharma can offer these types of organizations could come in the form of research grants, clinical trial involvement, publications and speaker engagements.

Large Health Systems/Non-Academic

The objectives for large health systems are centered around financial performance, Relative Value Unit-

based metrics for MDs, and standardization of patient care. They are most likely to value preferred pricing offered from GPO contracts, clinical evaluations provided by Comparative Effectiveness Frameworks, clinical guidelines and oncology clinical pathways as tools to drive treatment standardization. They would be best supported through the delivery of real-world evidence, patient support and adherence programs.

Small Community Practices

The objectives of community practices are centered around financial performance, the maximization of physician and infusion capacity utilization, and staff productivity. They are most likely to be influenced by oncology clinical pathways and GPO contracts, given the financial performance focus across physician partners. To bring value to these types of organizations, pharma companies can think through providing practice economics/volume discounts, reimbursement support and insights from KOLs on clinical best practices.

The Integrated Approach

As we have outlined above, a patient-centered and value-based oncology engagement model will provide added value specific to each stage of the patient journey and align to the objectives of each customer type. Achieving this goal requires

an integrated approach that combines strategic thinking, data and analytics, customer insights, creative execution, field and patient services, compliance and channel solutions. Here are a few steps on executing a patient-centric approach:

- 1 Map the patient journey and archetype providers.
- 2 Identify unmet needs and value drivers for priority accounts and patients.
- 3 Develop value propositions customized to archetypes and patient needs.
- 4 Deliver value through tailored outreach, real-world evidence, tools, customer-centric account management and patient support.
- 5 Ensure success through patient-centric KPIs, and adapt.

In conclusion, this approach has benefits for providers, patients, payers and pharma alike, as well as help in achieving the triple bottom line. Improved physician and patient engagement will lead to improved satisfaction. For pharma, the approach will result in stronger promotional return on investment and brand uptake and performance. And ultimately, this approach will lead to better health outcomes, the true goal of every stakeholder in the patient journey.



Figure 3: A patient- and provider-centric patient journey can help biopharmaceutical companies achieve the triple bottom line.

References

¹*American Journal of Medicine*, "Death or Debt? National Estimates of Financial Toxicity in Persons with Newly Diagnosed Cancer." Available at [https://www.amjmed.com/article/S0002-9343\(18\)30509-6/fulltext](https://www.amjmed.com/article/S0002-9343(18)30509-6/fulltext). Accessed February 18, 2021.

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