



The Evolving Patient Services Model and Impacts of COVID-19

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After weeks of looking for the light at the end of the tunnel of the COVID-19 pandemic, we appear ready to start thinking about recovery and what the new normal will be in the coming months.

As of May 1, 2020, the spread of COVID-19 on systems, services, and communities appears to be leveling off. The number of new reported U.S. COVID cases is now dropping in some locations, and state governments are considering a variety of schedules and approaches to re-opening.

One of the significant shifts for the U.S healthcare system and U.S.-based patient services since the start of the pandemic has been the rapid uptick in telehealth for diagnosing non-life-threatening illnesses and prescribing treatments. The number of weekly, in-person diagnostic visits to doctor's offices dropped substantially, by 65%, in March, while the number of telehealth visits increased by 2500%, according to IQVIA Medical Claims Data Analysis, 2020.

Based upon IQVIA 2020 medical claims, lab utilization was down 50%, leaving many patients under-diagnosed or undiagnosed, according to weekend data from April 17, versus the percentage for the same time period in February.

How have these factors affected patient services and patients across the U.S. healthcare market? Let's take a closer look at three aspects of patient services and how they are adapting to the overall change in the healthcare model: therapy adherence, patient engagement, and healthcare affordability.

Adhering to medication therapies

During April, patients' adherence to therapies saw significant decreases over the previous month of therapies, typically requiring a physician's office visit for a medication administration. The associated claims have decreased substantially, including -30% for Multiple Sclerosis, -37% for autoimmune deficiencies, and -72% for vaccines. (Source: IQVIA National Prescription Audit: New To Brand, 2020)

New therapy starts have also decreased within disease states such as depression, epilepsy, and autoimmune deficiencies, suggesting patients are not seeking out required treatments due to COVID-19. The delayed patient starts could lead to an overall decline in population health.

Patient services hubs and other patient support functions play an essential role in identifying patients having trouble getting started on therapy. This may be due to changes in insurance status or financial hardship, and may potentially make it difficult to meet any out-of-pocket obligations associated with their prescribed therapies. **"More than 33 million Americans have filed unemployment claims"** since mid-March.

[Source: <https://www.wsj.com/articles/unemployment-benefits-weekly-jobless-claims-coronavirus-05-14-2020-11589410374>] As a result of losing employment, many people have either lost or are about to lose commercial insurance benefits. It will be important to understand their coverage status and if they will need financial assistance to offset copayment amounts or require access to other financial aid or free drug programs.

Patient service programs providing case management or adherence services can also use customer touchpoints to identify when patients are having trouble refilling or continuing their current drug therapy course due to financial or other stresses resulting from the pandemic. Where programs are utilizing co-pay programs, redemption data can monitor to detect a drop off in medication refills. Technologies such as adherence applications and smart pills, that provide real-time data on when each patient is taking their medication, can rapidly identify specific patients that are struggling with adherence.

Patient Engagement

One area where patient engagement has increased dramatically is telehealth. For physicians to effectively continue to engage patients via telehealth platforms, several factors must exist:

- Access to patient telehealth tools and financial assistance
- Eligible reimbursements for engaging through telehealth
- Therapy mode of administration (home administration via telehealth)
- The ability for healthcare providers to perform remote diagnosis

A 2020 Sykes survey on American's Perception of telehealth in the era of COVID-19 found that two-thirds of patients say the pandemic has increased their willingness to try telehealth in the future. According to the survey, 32% believe they can get comparable healthcare through telehealth, and 32% think it's enough for basic care. That said, 24% of respondents don't believe telehealth will ever match the quality of an in-person provider visit. More than 40% are concerned about getting proper treatment or diagnosis in a telehealth setting.

An April 2020 IQVIA survey found that often telemedicine is used when a patient's condition is stable or for chronic conditions involving the continuation of existing therapies.

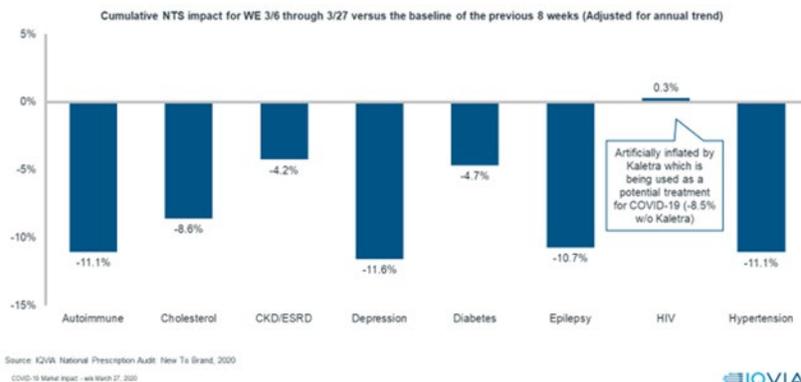
Healthcare providers (HCP) are turning to technologies to help them with remote patient engagement. Zoom and similar technology platforms have, by far, the highest adoption and user preference by HCP as a digital meeting platform, according to an April 2020 IQVIA COVID-19 Market Impact survey.

Patient services can use similar mediums to engage patients, as appropriate. And patient services teams must support and/or enable these patient engagement models by effectively onboarding and supporting patients. The service model will probably be modified based on demographics and related comorbidities of the supported patients.

Healthcare affordability

To help achieve healthcare affordability during difficult times, many drug companies are expanding their patient support programs by giving away certain branded drugs and increasing copayment assistance to patients. (See image below)

COVID-19 could lead to a decline in overall health as unrelated diseases begin experiencing declines in new therapy starts



In some instances, payers have increased healthcare accessibility related to COVID-19 by covering the cost of testing, waiving cost-sharing for treatments, removing Prior Authorization (PA) requirements for some medications, and waiving refill limits.

Manufacturer patient services and market access teams need to coordinate closely to ensure the patient services teams have the latest information on these changes. The changes need to be reflected in master data so that the patient services are not trying to complete a PA for all commercial plans. For example, they no longer require or can advise patients in the reduction of their out-of-pocket obligations. Being proactive in this notification can ensure patients don't make decisions to abandon drug therapy based on an earlier understanding of their out-of-pocket commitments; they may feel they can no longer meet.

Recommendations for patient services

As patients may be reticent to seek care if it requires an in-person appointment, this is likely to drive greater adoption of self-administered medicines where there is an acceptable therapeutic alternative. It will be beneficial to assess if performing an evaluation virtually using a combination of telehealth, mail-in lab samples, and digital diagnostics for therapies that require an in-person evaluation for diagnosis..

Manufacturers should employ a multi-channel approach to advising patients of any virtual options that will remove the need for in-person visits. For example, manufacturers can use brand drug websites, social media, and Search Engine Optimization to build awareness of, and links to, telehealth and other virtual health options. The use of a specialty data aggregation provider that can capture patient touchpoints in the overall patient services model is essential to effectively optimize those touchpoints, such as time to therapy, adherence, and overall experience satisfaction.

Four major options for change:

1. As the provider's office staff that typically submits specialty program enrollments, should us browser-based eSolutions. allowing them to perform services electronically.
2. When performing virtual details, manufacturer field sales and reimbursement teams can ensure prescribers know about the new digital options.
3. The patient services hub can conduct outreach and communicate with existing patients on chronic medicines about their virtual health options.
4. As more therapies move to the home as the site of care, patient services functions should partner with in-home healthcare solutions to optimize overall patient care.

A look into the future

As we have all experienced, COVID-19 is an unprecedented situation in healthcare that is creating new challenges, accelerating the adoption of virtual technologies, and creating opportunities for new service models. The future remains unpredictable, and we must continue to adapt to the environment shifts. As the situation continues to evolve, we recommend carefully monitoring changes in the following and adjusting market access and patient services plans accordingly:

- Impacts on the recently launched treatments
- Changes in patient adherence
- Effects on hospital-based treatments and procedures
- Shifts in reimbursement and affordability