

The Evidence is In:

Integrated Hub and Copay Services Really Do Yield Better Results

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Background: Since the end of the pharmaceutical industry’s “blockbuster era” and the beginning of its “specialty product era”, drug makers have used the term “hub services” to describe the often ponderous process of granting patients access to critical medications. While the term itself is a bit of a catch-all phrase, it constitutes such activities as benefits investigations, prior authorizations, reimbursement services, adherence programs, appeals, and nursing services, to name but a few. The conventional wisdom is that “hub services” are incredibly effective at helping patients more quickly obtain—and remain on—therapy.

The only thing that has been missing is the evidence that this is the case – until now.

TrialCard’s Market Access Services

TrialCard’s hub—or “Market Access Services,” deploys many of the same services described above, but also incorporates the copay services that cover many specialty products still under the pharmacy benefit use. This additional service allows us insight into something that most other hubs cannot demonstrate – whether patients who use TrialCard’s Market Access and copay services experience any additional benefits over patients who only use the copay services.

In other words, due to the nature of its business, TrialCard was able to observe a naturally occurring experiment in which 50,000 patients sorted themselves into two different cohorts: those using copay services via hub entry and those using copay services without the hub. These cohorts represented nearly 300,000 prescription fills for twelve products in nine different therapeutic areas managed by TrialCard – including oncology, gastroenterology, rheumatology, endocrinology, and neurology.

Because of the granularity of pharmacy claims data, we were able to measure two of the critical metrics of effectiveness for integrated hub and copay programs:

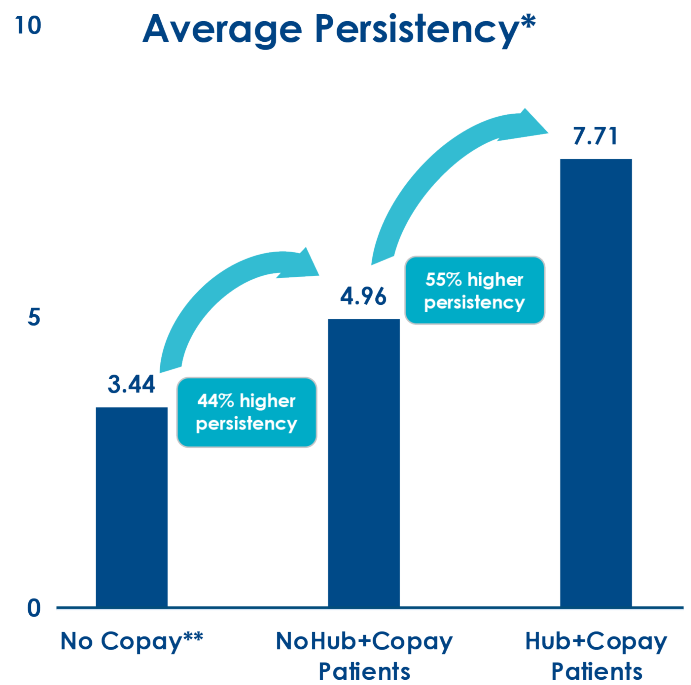
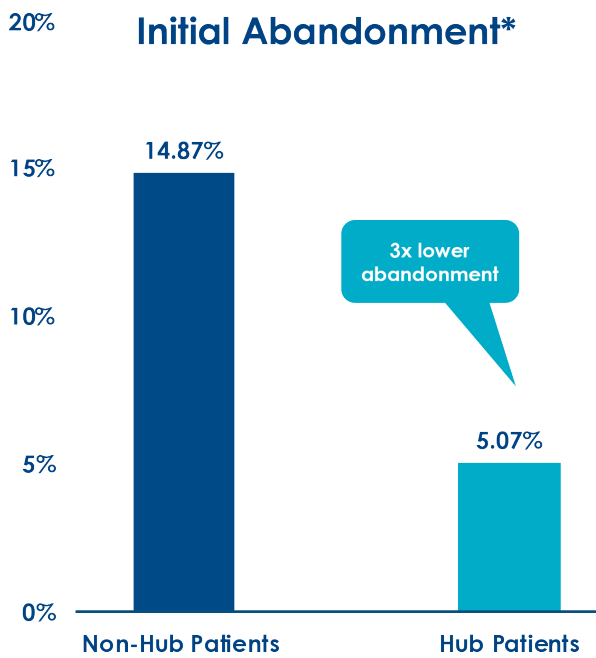
- **Getting patients on therapy; and**
- **Keeping them on therapy**

Getting Patients on Therapy

To measure this first item, we assessed the levels of “initial abandonment” for patients using copay alone – or those who gained access to copay services through the “hub gateway.” TrialCard has an established method of determining “walkaway” behavior for patients using our copay services.

The following chart compares these two cohorts of patients and reveals a very strong advantage for those patients who entered the copay system via the hub. These patients demonstrated initial abandonment rates that were three times lower than patients who did not use the TrialCard hub services. While it is difficult to understand from the data exactly why this happened, one can make an educated guess. When patients understand the process for gaining access, how long it might take, and what the financial exposure may be, it is likely that their expectations for approval and treatment will be adequately met – resulting in less abandonment.

Patients using TrialCard's hub show lower levels of initial abandonment and higher levels of fills



*Data represents 12 programs in which TrialCard provides both hub and copay services and reflects data for 49,511 patients and 299,391 prescriptions

**Represents IQVIA TRx/NRx ratio for products supported by TrialCard's hub and copay services

Keeping Patients on Therapy

Once patients have eclipsed the initial abandonment hurdle, the focus changes to keeping them on therapy – or keeping them persistent. The metric for this is average fills per patient, which is measured in terms of redemptions per person for the product in question. Using the same groups of patients referenced above, we found that **patients using the hub were 55% more persistent than those who were not using the hub.**

We also wondered whether patients using copay services alone (i.e., not using the hub) might still have derived a benefit over those patients who did

not have access to copay. While that data is very difficult to secure, we used a proxy measure for this – IQVIA's SMART data product. We created a measure to estimate the fills per patient using the IQVIA-reported TRx (total prescriptions)/NRx (new prescriptions) ratio.

As the figure below indicates, patients using only the copay services – without the hub – still refilled prescriptions more frequently than did comparator patients estimated from the IQVIA SMART data source. We estimate that copay-only **patients had 44% higher persistency than did patients not using copay or hub services.**

Summary

For years, industry experts and veterans have argued that hub services provided significant benefits above and beyond those that are conferred to patients who don't have access to them. The logic of the argument was strong – and intuitive – but it was always difficult to verify. This pharma/hub services sector is a very fragmented one; many organizations focus on one particular set of functions, such as clearing prior authorizations or providing real-time benefits investigations. However, only a comprehensive service provider that is able to integrate critical access tasks with the reimbursement/copay support services can demonstrate the power of bringing all these services under one roof.

And now, the evidence is in. Integrated hub and copay programs yield lower abandonment and better persistency rates. Period.



About TrialCard

TrialCard Incorporated provides patient affordability, medication access and adherence, patient support, and clinical trial services on behalf of pharmaceutical manufacturers. Founded in 2000, TrialCard has connected nearly 33 million patients with **over \$15 billion in branded drug savings** to date. The company is headquartered in Morrisville, North Carolina.

For more information about TrialCard, please visit www.trialcard.com.

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