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A Patient Services Revolution: Measuring Performance, Not Operations

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Market forces are accelerating the pharmaceutical industry's efforts to deliver on human-centric care, propelling Patient Support Services even further into the center of pharma's commercial strategy. There is now greater attention to what, when, where, and how much support is being delivered to patients. Historical measurement approaches, however, are insufficient to help brands and organizations assess impact or optimize investments. As a result, Patient Services functions must rethink measurement.

Pharma can meet this challenge and effectively deploy investments and (new) services if they can more intentionally measure the outcomes these programs are designed to achieve — ensuring patients can *start on* and *stay on* therapy. Yet, the ability to measure the actual impact of Patient Services has been hampered by a measurement framework that is incomplete and outdated. Driven by growing consumerism, higher cost of medicines, more significant market access hurdles, and greater focus on health equity, patients and providers will settle for no less than better outcomes and a better experience. For years, Patient Services in the U.S. have attempted to reduce typical barriers

in the patient journey, like payer rejection, patient abandonment, and patient non-adherence, but the existing industry model of measurement is misaligned. The historical design of services around offerings has contributed to an industry model of measurement where:

FOCUS IS ON SERVICE-LEVEL AGREEMENTS (SLAS)

Historically an outsourced-only model, Patient Services organizations have focused extensively on vendor quality, which emphasizes SLA metrics (e.g., number of calls, answer rates, etc.) instead of true performance indicators (e.g., reputation scores, impact on adherence, etc.).

SERVICE-LINE REPORTING IS DONE IN ISOLATION

Given disconnected offerings, each service-line has reported data in insolation, which makes it very difficult to assess the aggregate impact on performance.

REAL DATA DOES NOT EXIST ON PROGRAM IMPACT

An inability to obtain data from external sources or directly from the patients enrolled in the program to determine program impact.

EXECUTIVE LEADERSHIP HAS NOT PUSHED FOR PERFORMANCE ASSESSMENTS

There is concern about the risk of measuring performance given regulatory and legal scrutiny.

Nonetheless, there is increasing pressure and demand to do more with Patient Services to close the care gap efficiently and effectively. And despite the constraints noted above, there are clear and tangible steps pharma can take to re-imagine how it measures the performance of Patient Services to deliver better outcomes for patients.

There are three best practices to help pharma better measure performance of Patient Services and support their strategic investments to deliver improvements in the human-centric care model:

Think beyond service engagement

One of the first principles is perhaps the most obvious; the industry should move beyond SLA metrics when measuring the patient experience. Metrics once considered critical, such as call volume or number of touchpoints or interactions with patients, are key for tracking and assessing capacity of a Patient Services team, but we now understand that they are inadequate at assessing success and may even limit innovation. In fact, these traditional metrics may be inversely related to overall program **success**.

> **Example:** The number of interactions with patients may increase with a poorly designed program, as customers have unresolved questions, concerns, or are not receiving the caliber of care they need or expect. Thus, tracking touchpoints alone does not accurately reflect the true success of Patient Services and the patient experience

Instead, we need to consider not just what is offered at an engagement level, but how services are experienced from an end-patient perspective. To be truly a human-centric care model, we need to measure the **experience**. Experiential measures should focus on patients' perceptions of their end-to-end experience interacting with the program, including ease, timeliness, responsiveness, trust, support, and empathy.

Connect to outcomes

At their core, Patient Services are designed to help patients appropriately start and stay on therapy. As a result, an effective implementation of Patient Services should translate directly to two key outcomes: *time from prescription to fill and adherence/persistence* to therapy. [Note: clinical outcomes are also critically important and will be discussed in depth in future work]. How you measure outcomes can vary significantly. Having a clear measurement plan in place contextualized by the limitations on source, comparison, and level of impact is key.

CONSIDERATIONS WHEN MEASURING OUTCOMES:

Source of data

It is important to understand the limitations of the data source when measuring outcomes of Patient Services. Programs have historically leveraged self-reported data to measure prescription start time and adherence, but there is a concern of recall bias that may limit understanding of true impact. Syndicated claims datasets may provide a more robust and objective approach to asses adherence/persistence to therapy.

Control and comparison

A dedicated methodology is needed to compare patients enrolled in Patient Services to a control group of non-participants. Methodological rigor is required to limit sample bias and appropriately control for other factors potentially impacting outcomes, such as social determinants of health, to ensure an accurate assessment of the program.
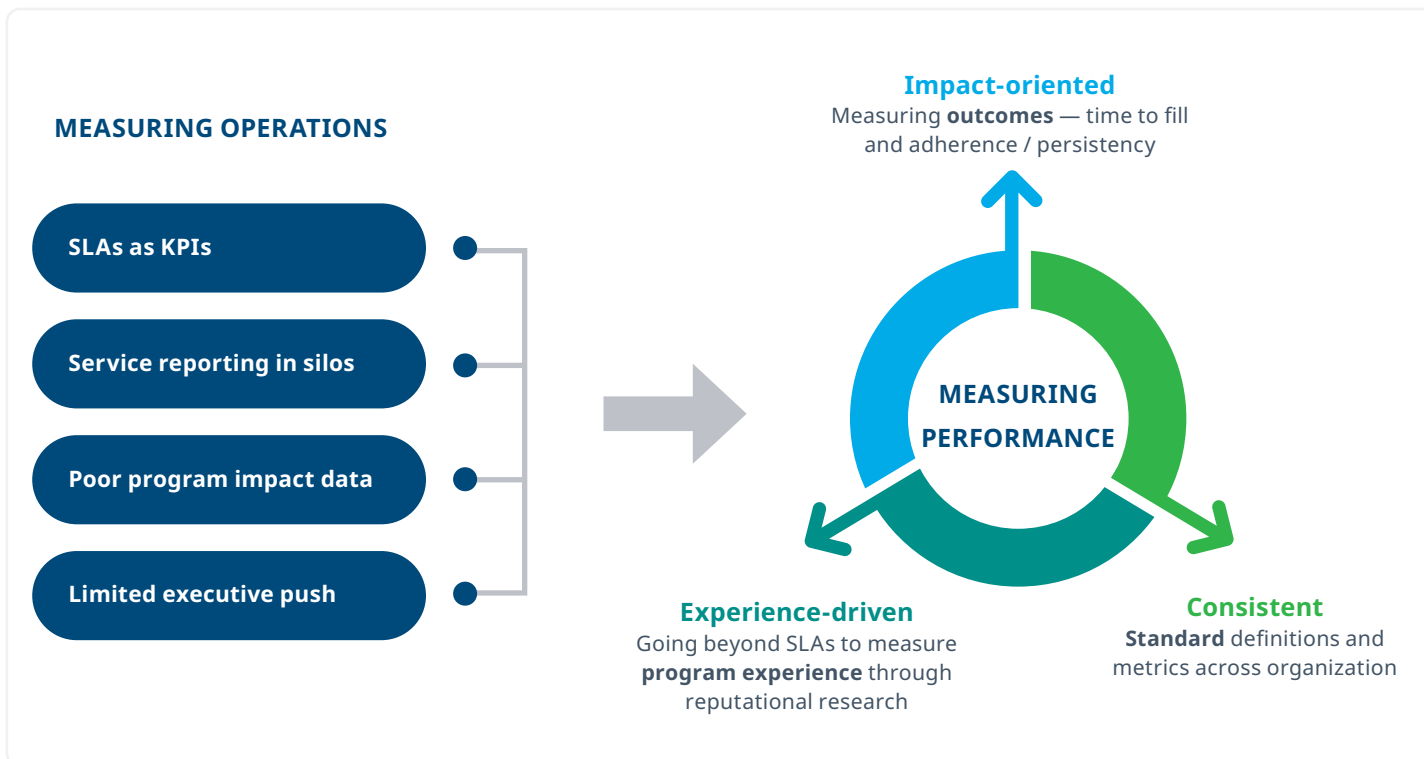
Impact of individual services on outcomes

Patient support programs are an amalgamation of multiple services and interventions, each contributing to the overall outcomes of time to therapy and adherence. More sophisticated measurement models start to account for both the total impact, as well as which **individual service** feature is the driver for program success. Improved clarity on service and/or feature-level impact can guide better strategic planning.

Establish consistency

Measuring performance of Patient Services should not be done in isolation, or even program to program. Having consistent, standard definitions of metrics that can be applied across programs, disease areas, and business units is critical for organizational alignment on value and impact. This enables meaningful enterprise comparisons and discussions on where and how to ensure investment in Patient Services is meeting the needs of patients.

Legacy design is based on a measurement framework that is outdated — the future pushes us to assess performance

MEASURING OPERATIONS

- SLAs as KPIs
- Service reporting in silos
- Poor program impact data
- Limited executive push

MEASURING PERFORMANCE

Impact-oriented
Measuring **outcomes** — time to fill and adherence / persistency

Experience-driven
Going beyond SLAs to measure **program experience** through reputational research

Consistent
Standard definitions and metrics across organization

In summary

Continuing to expand the role of Patient Services in this new era without applying more rigor on performance runs the risk of misaligning investments to what matters. By consistently applying compliant and transparent performance measures that account for outcomes and experiences, pharma can do what matters most: effectively address the needs of patients.

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