

Provider Perspective: Making Patient Access Services More Accessible

By Brett Olson, VP, Business Development



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Key terms

1. **Access services cycle management (ASCM):** The comprehensive process of managing the patient access journey, including financial assistance cycle management (FACM) and fulfillment of services:
 - Benefit investigation/verification
 - Prior authorization and appeals support
 - Financial assistance/patient affordability
 - Travel, lodging, and psychosocial help
 - Free drug management
 - Collection and management of revenue
2. **Financial assistance cycle management (FACM):** A component of ASCM, FACM refers to the process used to facilitate the administrative functions associated with seeking and securing financial assistance, and the subsequent revenue capture, including:
 - Identification of financial assistance opportunities (co-pay assistance, foundation support, and insurance premium assistance)
 - Management of workflow and data
 - Collection of patient assistance revenue

For many American patients, financial assistance can make the difference between getting the medication they need and not getting it. In a 2019 poll, 29% of adults reported not taking their medicines as prescribed because of the cost; of those, 33% say their conditions got worse as a result.¹

But while many life science organizations offer patient access services to help patients afford their prescribed treatments, connecting eligible patients with available assistance and other resources is often easier said than done.

Annexus Health recently surveyed administrative staff at provider organizations about their experiences seeking and securing financial assistance and other access services for their

patients. Here's a look at some of the key challenges they face — as well as their suggestions for how life science organizations can improve patient access offerings to help overcome them.

Barriers to access

Access services cycle management (ASCM) has traditionally been a time-consuming, resource-intensive process for provider organizations. It involves navigating hundreds of assistance options via individual program websites or portals — each with unique eligibility requirements and enrollment processes.

With no comprehensive management tools to facilitate ASCM, administrative staff have relied

on a laundry list of non-tech resources (e.g., faxes, phone calls, sticky notes, spreadsheets, paper forms), while constantly jumping between their internal practice management systems, electronic health records, and multiple program portals. This manual, fragmented workflow wastes valuable time with redundant data entry and leaves ample room for human error.

ASCM is a big job, and many provider organizations are not staffed to adequately support it. Thus, the complex responsibilities of ASCM often fall to staff whose primary roles are not related to financial counseling or patient access and who have therefore received little or no specific training. Moreover, they must juggle ASCM-related tasks with their other important responsibilities.

The complexity of ASCM coupled with a lack of human resources results in many provider organizations taking a reactive approach to ASCM rather than a proactive approach. That is to say, rather than employing a standard practice of working up every single patient for assistance prior to the start of therapy, assistance is typically not sought out unless and until the patient voices concerns about cost — often after receiving a large bill they can't afford to pay.

Once a patient has been worked up for assistance and an application has been submitted, there is often a drawn-out and inefficient fulfillment process. Administrative staff are inundated with requests for missing or additional information via phone, email, and fax.

There is also often a delay in the provider's office being notified when the application is approved or denied.

All of these inefficiencies add up to underutilization of access services — an unfortunate reality for everyone involved. Eligible patients miss out on assistance opportunities that could be critical to mitigating financial toxicity and getting or continuing the care they need. Provider organizations and life science organizations also suffer the downstream business impact of treatment delays, noncompliance, and unpaid bills.

“The application process is very time-consuming,” said one respondent. “There are too many steps, and way too much excess paperwork faxed back.”

High-impact changes at the life science level

So, what can life science organizations do to make their patient access services more accessible? In a 2021 survey conducted by Annexus, administrative staff who perform ASCM at provider organizations made one thing clear: efficiency is key.

Survey respondents expressed frustration with inefficiencies in the application, enrollment/re-enrollment, and fulfillment processes for various patient access programs.

“The application process is very time-consuming,” said one respondent. “There are too many steps, and way too much excess paperwork faxed back.”

Paper forms were frequently-mentioned as a burden, as were inconvenient patient signature requirements.

“I much prefer programs where I can sign to enroll on a patient's behalf so that I don't have to coordinate a patient returning to the office to sign. Our demographic is not tech-savvy and cannot

e-sign, and many live rurally where they don't have access to a fax machine," explained another survey respondent.

Approval turnaround time is another area wherein survey respondents noted room for improvement:

"Programs should provide instant approval, as well as award information at the time of approval," said one.

Respondents also pointed to annual re-submission requirements as a common source of inefficiency.

Among survey respondents, the top suggestions for improving the delivery of patient access programs were to:

- **Simplify patient signature requirements**
- **Use electronic enrollment forms**
- **Enable re-enrollment without re-submission**
- **Provide a more timely response**

From a provider perspective, these reforms are crucial to reducing barriers to patient access. Life science organizations can take advantage of digital innovations that help solve for these efficiency challenges by integrating their patient access programs directly within the provider workflow.

Reference

1. Poll: Nearly 1 in 4 Americans Taking Prescription Drugs Say It's Difficult to Afford Their Medicines, including Larger Shares Among Those with Health Issues, with Low Incomes and Nearing Medicare Age. The Henry J. Kaiser Family Foundation. March 01, 2019. Available at: <https://www.kff.org/health-costs/press-release/poll-nearly-1-in-4-americans-taking-prescription-drugs-say-its-difficult-to-afford-medicines-including-larger-shares-with-low-incomes/>. Accessed August 11, 2021.



About the writer

Brett Olson leads Life Science Solutions, Provider Solutions, and Business Development at Annexus Health.

In his 18 years in the healthcare industry, Brett has partnered with manufacturers and healthcare providers to develop robust patient services strategies designed to navigate the patient access journey and facilitate adherence to prescribed therapy.

Prior to joining Annexus, Brett served as vice president and client lead at 1798, where he led the development of market access and patient services strategy for complex pharmacy and medical benefit brands throughout the commercialization lifecycle. His experience also includes various business development roles at TrialCard and nearly eight years with AstraZeneca as a sales representative in both the primary care and specialty care CNS settings.

About Annexus Health

Annexus Health is a privately-held, healthcare technology company, focused on developing solutions that reduce administrative burdens across the patient journey to improve access, speed, and adherence to critical care. Visit www.annexushealth.com to learn more.