Imaging Panda - Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.

Interview conducted on March 06, 2023

Topics

Patient Access Programs, Pharmaceutical Industry, Data Protection, HIPAA Compliance, Outsourced FRM Providers, Performance Metrics, Prior Authorization Denials

Summary

A Tegus Client spoke with a former Head of HUB and Patient Services at BridgeBio Pharma Inc. about patient access in the pharmaceutical industry. The expert discussed their role overseeing patient support services, building and implementing new patient support programs, and the challenges of building an FRM team. They emphasized the importance of having a clear rules of engagement document, patient consent, and annual HIPAA training for the FRM and Hub teams. The expert recommended using KPIs and industry benchmarks to measure success. They also mentioned the typical ratio of FRMs to sales regions and listed Xcenda and Syneos as the biggest players in the outsourced FRM space.

Expert Details

Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc and former Former Sr. Director, Patient Support Services, Field Reimbursement, & Support Program Marketing at Myovant Sciences Ltd., leaving August 2021. Expert can speak to their experience leading patient services at both BridgeBio Pharma Inc and Myovant Sciences Ltd.

Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc, leaving June 2022. The expert is responsible for building and implementing new patient support programs. The expert strategizes with brand leads on the patient support program goals.

Prior to BridgeBio Pharma Inc, the expert was the Former Sr. Director, Patient Support Services, Field Reimbursement, & Support Program Marketing at Myovant Sciences Ltd., leaving August 2021. The expert was responsible for launching new products and new programs/services, building new teams that are scalable according to the needs of the company and the customers, developing training materials that are suitable to the audience, leading project teams, and initiatives to completion, and devising strategies with key stakeholders to ensure there's growth and innovation.

The expert can speak to medical patient support services, healthcare social work, biotech pharmaceuticals, rare diseases, HUB, oncology, patient access, and marketing.

Q: What are your current top 3 goals/focuses in your current role?
A: 1. Build and implement new patient support programs
2. Evaluate, assess, and create patient support program marketing materials
3. Strategize with brand leads on the patient support program goals and complete the annual brand plan and budget

Q: What is the job title of your boss/the person right above you in your org? (e.g., Directly reporting to the VP of Market Access)
A: VP of Value and Access.

Q: What are the job titles of the people you manage/your direct reports? (e.g. Regional Account Manager)
A: Patient Support Manager, Hub Patient Support Manager, and a Field Reimbursement Manager Lead.

Tegus Client
Hi, thanks so much for helping along. I want to get smart about the patient access side of pharma. So just starting from the top, can you briefly describe your current role and your day-to-day?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
Yes, I oversee all of the patient support services in the portfolio and right now, I'm currently focusing on oncology medications. And so I do the end-to-end of all the hub, choosing a vendor, managing the vendor's contracts, negotiating the annual renewal also do the copay program.

So I do both medical as well as pharmacy benefit and also the same thing, choosing the vendor, managing the contracts, negotiating the rates on a yearly basis and then of course, looking at all of the data and then also looking at trends, which include accumulators and maximizers.

And I also oversee the specialty pharmacy or you can call it, like channel operations, where I managed the specialty pharmacy in a network, which includes the day-to-day looking at reports and then if there's any contract negotiation, including data. That's something that I also oversee.

Tegus Client
Can you walk me through how you actually build and implement new patient support programs?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
Sure. So I've launched five new products that include overseas and building out the hub patient support services. So I usually like to bucket them in five buckets. When you think about like patient access because that's a very broad term that people use. And so I usually like to break it down that it includes hub services, which is your end-to-end, your call center, your first intake, all of your enrollment, like kind of like your central command center that has all of the patients' enrollment. So that's your hub.

And in your co-pay program, nursing support services, field reimbursement manager team. And then the last one is your noncommercial dispensing, or NCP, the noncommercial dispensing pharmacy that dispenses all of your free drugs, which include pap, your bridge, your free trial, whatever free goods that you want to deliver in the, as part of your strategy for a new launch product.

And so what I do is, so based on these five buckets, I would look at the brand strategy to see what are they trying to achieve? It is a product that is a need to or it's a brand-new product? So I've done a rare disease. I've done large patient population. So it really depends on what is the strategy of the brand. So I would line up against what is the brand strategy, I would look at the competitors.

So this is a me-too product. I look at all the competitors. Even a rare disease, I usually choose one or two products where I can do like a side-by-side comparison that I can use as a base case that I can look at some data, talk to my industry friends and see what they know about the existing product. So I usually do a lot of late work behind the scene, know my competition, know my data.

And then the next thing is looking at the five buckets I just listed out, then I make suggestions that I would recommend this hub or a co-pay program, the noncommercial dispensing pharmacy, those, I would say those would use three non-negotiables at launch, at least for the first 12 to 18 months.

And then once you get more data based on the patient's needs as well as your clinical data that comes back, then I would pull the nursing and the FRM, the field reimbursement manager team, you should pull that 12 to 18 months post launch because by that time, I would have more concrete data in terms of where I want to go.

So what I just gave you as an example is if the brand doesn't have any money. But if the brand as a brand to say so and so, we have all the money, just tell us what you need, then I would pull all five of the bucket and make suggestion. And then I usually use like industry standard data to make suggestions in terms of like the exposure and the break it down by the program.

Tegus Client
So you said that there were five key buckets. I want to make sure I got all of those. You said bucket number one is a call center or is bucket number one your hub services?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
Hub services.

Tegus Client
Bucket number one is your hub services, Bucket number two is your co-pay program. Bucket number three is nursing support. Four is your noncommercial dispensing pharmacy. What was the fifth bucket?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
So if you want me to prioritize, I will put Hub, co-pay, noncommercial dispensing and then your fourth one is your nursing adhering. And then the last one is your field reimbursement.

Tegus Client
So the field reimbursement is the last one.

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
And the reason being is because it's very expensive. So a lot of time, it's outsourced unless you do it in-house, it's about the same. But when you outsource and you typically would do a 1:one ratio with the sales regions. So there's 15 regions and you will have 15 FRM.

And on average, each FRM, if you use an outsourced vendor, is about $200,000 per head. So when you do the calculation, you're looking about a $3 million hit to your overall patient access strategy. So that's the reason why a lot of times brand, when they see an FRM, they feel like it's a nice to have, if they have extra money, then that's when I will pull that strategy in.

Tegus Client
So I'd like to maybe double click into the FRM part of the process. Which parts of building out and, of your FRM team are the most challenging?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
I would say the data. So the data and your rules of engagement. So when I say rules of engagement, I've created this like 18-page document that has all the different roles, the field roles that have interactions with offices and then it also includes the hub team that has interactions with patients.

And within that document, imagine if like different columns, different scenarios, and it would pinpoint who goes first. So when you think about all the field rules, all the field interactions with the offices,, for example, your clinical salesperson or clinical sales specialists, their primary customer will be your prescribers. And they do a lot of the clinical download, all of the lunch programs and whatnot and they feed the customers.

Whereas the FRM team, the distinction is their primary customers will be your staff who does all the prior authorization, who puts through the prescription, your appeals, your enrollment forms, whatever it is, they do all of the, more like the type of interface with the hub team. And of course, you have your MSL, your medical science liaison, they do more of the on and off label. And so I'd like to do that first and pull in all the leaders within the different groups and align on these are the rules of engagement documents.

This is what we're going to train the team on and legal and compliance usually have a stay in it as well because once you have that document aligned, then we know the rules of engagement who has access to patient data, who doesn't. Because if you don't get that straightened out before launch, what will happen is people will trip up each other, people get frustrated. People will start pointing up pointing fingers when things don't go well. So I would say that's the biggest hurdle that would take me a good two months or so before launch to get it straightened out.

And of course, the Head of Commercial, he or she has to approve that document as well. And then once you have that, then you train the sales, you train the MSLs, you train the hub team. So obviously that's the biggest hurdle. The second area is data. So it's a huge contentious topic with compliance and legal.

And it's really contingent on how well or how comfortable that company's legal and compliance is in handling patient data. That's the reason why a lot of companies don't have the FRM team in-house because you're handling patient data, and you don't want to have that patient liability, there's a patient data breach. So that's one of the biggest reasons why people don't have it in-house.

But regardless, when you think about the patient data, once the patient give their consent, you have your full language where the patient is saying that I give permission for this enrollment to this hub team to share my data to your FRM team, to your specialty pharmacy, to whomever the third-party vendor is managing my medication. And so at that point, some compliance, they see that as they don't want to give the FRM team patient data. So I do see some larger companies, they don't feel comfortable doing that.

But the smaller start-up, mostly rare disease and then oncology too, they feel comfortable taking the risk that the FRM should have patient data. And when I say patient data, it includes patients first name, last name, date of birth, gender, zip code. Those are our key five patient key identifiers for any data exchange. And so that's the second biggest hurdle that takes me the longest.

And it sometimes even after post launch, if the FRMs are not acting within their compliance and, or even like the sales team when they start asking for more patient data. A lot of times the compliance team will be back in and be like hey buddy, we need to review this because I'm giving you too much leverage for the FRMs to have patient data. So that's where I tread very lightly and it's a privilege.

But I always fight for the FRM to have patient data is because that is the distinction between their role and the field sales role, but also when they go and talk to office staff, they fix a denial, a payer denial, they need the patient information. So those are the reasons why I make sure that the FRM team have patient data.

Tegus Client
Can you maybe just explain what makes giving the FRMs the data so challenging?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
It's the protection. So any time when data is out in the field, that's where you lose protection of the patient. So for example, you typically, in your rules of engagement, you would train your field team not to print out any information. But we're humans. So people print out denial letters with patient names. People accidentally would write patient name and date of birth on their notepad. Those are things that's hard to control. You do your best you can.

But if your company is in trouble with the government, that's when they will pull all of your information and find out what's going on and if the FRM has a patient data breach. Another thing is texting. That's a big no-no. A lot of compliance team will tell me that no texting regardless of the situation. But again, we're in a technology world and so people text.

People will say BT 1-1-19-77. Like if you look at that text, it looks very innocent, but again, it's very discoverable and traceable. And so those are some of the reasons why it's risky and if you don't have a compliance team that is very experienced, that's when they will stop and take all of the privilege away from the FRM team to having patient information.

Tegus Client
And what can you actually do to overcome these data challenges?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
So it goes back to the 18-page rules of engagement document, it lays out everything. So in that document, I lay all the scenarios, I lay out virtual visits, I lay out who goes first, who does what. Like when it comes to PA denial, for example, your field sales team, they feel like they manage or they control the relationship with the office. And so they always want to go first when there's an issue but that's where your rules of

engagement will lay out there, lay out that. There's PA denial.

Your FRM needs to be the one to contact the office to get more information. And then you should invite the compliance team when there's training with the sales, hub and the FRM team, I usually invite them, so they can hear my conversation with the sales and the FRM and the hub team laying out the rules of handling patient data.

And then the patient consent has to be very clear, how the patient data is being shared. So that way, if the patients come back and trying to sue the company, we can always go back to that patient consent that they gave permission to share their data. And then, of course, you do like your annual check-in. So I do like an annual HIPAA training with the FRM team and the Hub team. And then, of course, the sales team they usually do their annual checking as well as their training. And then when it comes to data, I usually have the data sit on the hub vendor like at the outsource.

So that means the company's servers do not have any of the patient data. So that way, take the company out of the risk, if there's a patient data breach. And so if there's a patient data breach, you go to the vendors, whoever's involved. And so you pull all of their tracing and see what's going on there. So that's another avenue. I assure the compliance team that thinks there is no data sitting on the manufacturers or the companies servers, that should take us out of the risk a little bit more.

Tegus Client
I know you mentioned that you have to work really closely with the compliance team. Like who do you have to work with in compliance? Is that the head of like data privacy? Or is like what's their typical job title?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
So it depends. So you have your big sized company in your small company. Your big company, you will be typically working with your compliance manager or your compliance officer. And then within that, your bigger company, they have a lot of resources, they would have a data privacy officer or data privacy person that manages all of the regulations when it comes to managing patient data.

But they are on a smaller scale, like smaller start-up company, you sometimes would work with the Head of Legal, Head of Compliance, and they typically would talk to outside counsel and pull them in when it, when it comes to contracts with the outsourced vendor, looking at that data privacy language and so I've worked with both, so it really depends on the size of the company.

Tegus Client
And when it comes to working with the FRMs and the kind of getting this whole team live, which parts of the process were the most time consuming or tedious.

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
So I would break it down by your pre-launch and your post-launch. So when you think about your whole launch plan, aligning with the brand team, I spend more time on the post-launch. And then within the post-launch, I divide it by months. So your pre-launch. You do about six to eight months before your PDUFA date. And then your post-launch within that, you have your nine, 12 and 18.

So the reason why I break it down post-launch, nine,12 and 18, it's dependent on the data and then also dependent on your payer coverage percentage. So if you ask me like it, you have to split your day or your strategy when it comes to launch and your time spent, I do about 70-30. I spend 70% of my time on your post-launch and you're 30% at the time on your pre-launch because post-launch when it comes to access, patient access, that's where the most work will happen.

And I always tell people that post launch with the best case scenario. But as you know, things happen and sometimes things I did not predict. And so I would have things to pull out ready to go. And that's the reason why I do nine, 12 and 18. And so during pre-launch, when I present the FRM strategy plan with the brand team and the launch team, I present them with the KPIs or SLAs. So depending on how, what companies use.

So these are your top three to five key performance metrics that I will use to measure the FRM at nine months, 12 months and 18 months. And then that's where I will pull the effectiveness of the team, how well they are able to overturn PA denials, how effective they are to build relationship with the office staff. So those are the things I talked through with the brand team but the FRM team because it's so expensive.

A lot of times the branding would challenge and they would always ask for like very concrete data to measure them, but because they're not salespeople, you cannot put like an incentive comp plan like the salespeople. Because the FRM team, they are more aligned with the MBOs, the annual company MBOs and so that's why the FRM team, I'd like to break it down by nine, 12 and 18 months based on data.

Tegus Client
What's MBO?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
Managing by objective. So that's like your company annual objectives and goals that people's bonuses are based on versus your sales team, they have like typically like a quarterly bonus and it's driven by numeric on how well they penetrate their territory. So sales more numbers driven the head side.

Tegus Client
I guess then clarifying how do you actually measure FRM's success?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
So that is like the biggest debate in our industry. So depends on who you ask. So I wasn't FRM before. And so typically you would pull like what is the percentage of your prior authorization denial. Of the denials, how many are you able to convert over to approval. So that would be like one measurement that you can have. Another measurement is your you can call it like your call numbers where like how many, the percentage of offices, the FRM is able to call or visit.

So you will have that your first nine months of the launch because you want to make an introduction, but also you want to build relationships and so you should drive that the first nine months for the FRM that we have to do 60% to 70% of these are your targets, you have to go visit them at least one time, your first nine months of launch.

The other thing I usually like to measure is the impact. And so the impact is really things on looking at your hub data, how many of the enrollments came in and how many of that of the enrollment, how many of those patients were able to get drug within a certain amount of time.

So for example, for an oral medication, a typical turnaround time is seven to 14 days from the time a prescription is written to the time the patient starts the medication. So it takes seven days to 14 days, calendar days for the patients to get their medication, and it's because of the prior authorization. And in medical product, that, you will compound that, it would be about 14 to 28 days because the medical claims process takes longer.

And so if you look at that, I look at the funnel of patients coming through, how many of those patients that fall within the seven to 14 days and of those patients who are able to get their drug within seven to 14 days, how many of those patients have an FRM interaction with the office. So that's where I would measure my impact. Not perfect, but that's how I can drill down really, how well the FRM is making an impact in the patient, but also with the office.

Tegus Client
So just if I'm going to summarize this, sort of relay back like there's a few different KPIs that you can use. So number one is, what percent of PA denials the team helps overcome. So in that instance, how do you actually know the baseline? Like how do you actually know, this is the percent of PA denials that we would have without the FRM team and then this is the percent that we actually are able to overcome with that team?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
So I would pull like what is the industry percentage? I will use that as my benchmark as a baseline. And then going back to the nine, 12 and 18 months, and that's where I can draw even more specific trends for that specific product launch, so like industry. Like so you can get that data from EVERSANA. They have really good benchmark, hub and FRM data. So that's where I would pull from. It's not, again, it's not perfect, but that's something you can start with. And then once you have more data post launch, then you can spend more time doing that analysis.

Tegus Client
So you can measure the percentage of PA denials that you're able to overcome. When it comes to actually measuring relationships built with office staff, like how in the world do you even measure that?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
You can't. I've done it where I do like an annual like feedback. It's kind of lame because FRMs don't like it, but it's helpful for us. So it's a five questionnaire which the FRMs will give to the office person whom they've been working with. And that office person would complete the questionnaire and then that question that comes back to us so we can kind of engage to see what's going on there. So that's one way to build that relationship to see how the relationship is going.

And then also like looking at your, the total targets that are given to the FRM, how many, like what is the percentage of the FRM is able to make contact as well as build the relationship, how many times they were able to see that office. And then through time, back to the nine, 12 and 18 months, through time, the prior authorization denial should decrease. So that would be another indication that the office is understanding the education that the FRM is providing. And so that would be another indicator that the FRM is doing a good job with the office.

Tegus Client
And so the ability to overcome PAs, a number of relationships built with office staff. And then you talked about like impact. I'm guessing like are you essentially measuring the time to bill and seeing kind of the number of prescriptions where an FRM actually was involved in the hub?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
You got it.

Tegus Client
This is obviously a very challenging space. In your experience, like how many FRMs are on your team?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
Oh mine? It aligns 1:one ratio with the sales region, and so there's 100 territories and there's four regions, and I would have 12 FRMs. But if the brand team comes back and say, we don't have the budget, then I would do 2:one ratio. So two regions per FRM until you can prove the effectiveness of your team then the brand team will probably release more money to fund the FRM team. But right out the gate, I do a 1:one ratio.

Tegus Client
So am I understanding like you try to like for one FRM per one sales region and if you don't have the budget, then one FRM per two sales regions. Is that right?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
Correct.

Tegus Client
Like in addition to like your hub tool and your like the EVERSANA database, like are there any tools or

vendors like you use that help you with this process of managing and kind of setting up your FRMs teams?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
So right now, there's no like standard tool that we use. So I would use like a third-party consulting company. But once you choose your FRM vendors or you plan to outsource it, then that vendor, the FRM vendor will have all the tools, pulling all the benchmarks, seeing what the trend.

So they would have all of that information readily available. But if I were to pull to do an in-house FRM team building that out, I will use a consulting firm like D2 Pharma, I use EVERSANA a lot, Syneos, they also provide consulting services. I would say that those are my, Archbow got acquired by Entrée. So all these smaller consulting firms I've used in the past, they've got acquired. Archbow, I've used Archbow they got acquired. Yes, obviously, those are some of the ones.

Tegus Client
Just to clarify, who are the big players in the outsourced FRM space?

Former Head of HUB and Patient Services, Market Access Marketing at BridgeBio Pharma Inc.
Oh, gosh. So your biggest players will be Xcenda. They are under AmerisourceBergen. The second player will be Syneos. I think they got bought by inVentiv or is it the other way. So they got merged. Syneos will be another big player. And then your other smaller players are like TrialCard, they just started their FRM team about three, two to three years ago, as I launched with them with the FRM team using TrialCard. They, ConnectiveRx, they have their own. Covance changes to LabCorp. So all of these like smaller hub providers, they are also extending their services to include FRM team.

Tegus Client
We are out of time. Thank you so much and have a great rest of your day.