



REBOOTING YOUR APPROACH TO HUB SERVICES

A trio of industry leaders counsels on numerous hub strategies that will help providers vastly improve the patient experience


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Hub service providers have traditionally taken a DIY approach to service delivery. But alternatives to leveraging an open-flexibility technology infrastructure that easily integrates best-in-class service exist. What are the pros and cons of both?

The traditional “closed system” hub service model appears to allow for more control over the user experience. Limiting how services are accessed enables providers to dictate add-on service provisions and lets them concentrate on services versus updating platforms and enabling interfaces.

An open-platform approach improves services access, reduces long-term FTEs, and enables progress, allowing a collaboration of systems to improve patient care.

From a vendor perspective, the positive aspect of building out all capabilities internally is that you essentially own all aspects of the client relationship. But there is a risk that trying to be all things to all parties might jeopardize your ability to deliver quality.

If I were to look at this from the client perspective, it’s always nice to have options. Vendors that embrace the opportunity to partner with other service providers create 1 + 1 = 3 solutions. They are definitely easier to work with.

Today’s access ecosystem requires hubs to partner with best-in-class service and technology providers. This creates challenges, because most hub systems are designed around a call center and tied to an internal CRM that uses middleware.

SaaS — software as a service — and cloud-based technology companies provide best-of-breed transactions, facilitate data sharing, and automate manual work flows.

Manufacturers are incorporating multiple preferred or best-in-class partners as part of their overall hub offering. What do third-party tech service providers experience with traditional hub providers when trying to execute on this strategy?

Life-sciences companies that have taken hub-services management in house work hard to improve efficiencies for the provision of services. The current priority of programming interfaces — APIs — for these hubs seem to revolve around the transfer of information within their stand-alone portal.

A progressive strategy that incorporates working with groups that integrate various provider-based systems will have the greatest success in moving the needle on improving the user and patient experiences.

Partners that have developed standardized integration pathways have an advantage. Alignment on overall ecosystem objectives is also vital. It can create challenges if one vendor is trying to salvage business tied to manual processes, while others are trying to automate and streamline work flows.

Hub vendors do well to adopt an agile IT application development model versus a waterfall approach. Those that seamlessly integrate technology with other market-leading solutions are preferred.

Stakeholder access to timely and accurate data is crucial. Three important items: **First**, a single utility to efficiently move data between parties, as well as agreement on what data elements should be shared among all stakeholders.

Second, a data hierarchy that is mutually agreed upon and adopted by all partners to create a common data language.

Third, the data-exchange strategy and infrastructure should contemplate compliance and security issues.

As industry entities increasingly develop self-service intake channels and incorporate e-service capabilities, is there anything in particular that manufacturers ought to be on the lookout for when selecting partners for “new age” hubs?

Along with e-service capabilities — for instance, electronic benefits investigation, electronic benefits verification, and electronic prior authorization — a fully integrated hub offering must support a bidirectional flow of information that allows for connectivity and automation of patient-services enrollments for hub and provider.

EPAs or EBVs aren’t the same for every therapeutic area. A deep understanding of the technology and algorithms employed for service fulfillment is wise.

E-services are now a cost of doing business for HUB service providers, but it’s important to be transparent when describing current capabilities. Limitations to the percentages of transactions that can be automated should be built into the contract and routinely discussed during business reviews. It’s also important to ensure your partner is utilizing industry-standard transactions versus proprietary technology, which may be more difficult to maintain as programs grow.

Seek out technology partners that offer best-of-breed transactions. Look for companies with proven solutions that can extend the hub’s service footprint.

Manufacturers should insist that partners have an in-depth understanding of provider work flows requisite to getting patients onto therapy. Automated work flows and the ability to engage manual services typically facilitate efficient patient journeys. They must all work in concert within an intuitive, convenient, provider-facing user interface.


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As technology automates and streamlines work flows associated with traditional hub programs, how is human capital helping enhance the value proposition of these technology-infused offerings?

Technology will never replace the human touch. The most important human capital enhancement will be the enhanced patient interactions care-provider organizations can provide through improved efficiencies. More access to tools and services on streamlined collaborative platforms will let human capital propel our healthcare system forward.

Applying technology to human capital to enhance system integration and interfaces will bolster the value proposition of tech offerings more than any single tech infusion.

As technology continues to commoditize some of the traditional intake and access components of hubs, there will still be an opportunity to leverage highly skilled and well-trained associates to help patients remain adherent to their treatment regimen.

Some of the newer hub technology is utilizing data and algorithms to stratify patients into risk profiles that will help manufacturers determine when a human-to-human interaction is most appropriate and will add the most value.

The “high touch” aspect of hub services is here to stay. That said, patient-access technology companies today have a lot to offer in terms of automating front-end work flows and powering key patient onboarding.

The real-time self-service aspect of modern provider portals can address a majority of routine cases while identifying and communicating the service requirements of more complex hub requests. This ensures timely manual intervention.

Most hub programs generally include an enrollment process, access and affordability support, and some type of ongoing patient-engagement activities. What current technologies are being integrated into traditional hub programs?

TrialCard is a shining example of improving the processes of such traditional services such as adjudication of co-pay programs, and has become a valuable option as a hub service provider.

Our assistPoint Microsoft Azure-based cloud services solution is a single destination for patient and provider services. It offers an inclusive resource for oncology manufacturers and foundation financial assistance programs with ongoing expansion into other specialties.

From an enrollment perspective, the ability for providers to self-serve through branded portals or integrations with EMR or practice-management systems has reduced data entry redundancy.

EBVs and EPAs have begun to reduce the need for hub staff to call payers and PBMs.

Mobile technology lets patients opt in to a variety of services that can help them remain adherent and engaged.

E-intelligence tools such as a government health-plan indicator can flag patients eligible for financial assistance. Once identified, work flow tools can seamlessly move from an electronic medical benefit investigation — MedeBV — to enrollment in a financial-assistance program.

Data used in MedeBV can be redeployed to pre-populate patient areas regarding financial assistance in the enrollment process. This makes it easy to complete multiple tasks in a single brief work session.

Are there any next-generation technologies that you see might be potentially integrated with hub service offerings to enrich both the patient and the healthcare provider experience?

Cloud-based patient and medical provider services improve patient access and affordability through fully integrated work flow solutions connecting medical providers and patients to available services and support.

The ultimate goal — a vision to which our company aspires — is for all appropriate services to sit on the assistPoint platform, which seamlessly lives in the institutional or provider group operational road map and maximizes the effectiveness of FTEs.

As clinical interoperability advances in the marketplace, many hubs will embed themselves in the provider’s work flow through EMR and practice-management integrations. In addition, artificial intelligence has made great strides recently.

I can easily envision a “reality” in which AI systems could be leveraged by patients and healthcare providers to self-serve via interactive voice-response systems or website knowledge bases.

A technology-enabled patient-access ecosystem will continue to simplify and accelerate the patient’s path to therapy. The on-demand self-help model is expanding because it offers lower long-term costs, improves services, and is highly scalable.

In terms of trends, on-demand supply-chain intelligence is developing rapidly. Automated work flow tools will continue to help providers understand how to acquire products for patients in real time, regardless of provider or patient preference.



Is your patient support program really supporting your patients?

Making sure that patients have access to the medication they need is an important first step towards achieving successful outcomes. But giving patients the support they need to be successful is where the real work begins. We are uniquely positioned to do both.

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more engaged patients**

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