Beyond the co-pay card

In the past, when pharma companies talked about patient-loyalty programs, what they were really talking about were the financial incentives underpinning them. But in the wake of Novo Nordisk's successful support program for diabetics, Cornerstones4Care, such initiatives are finally set to evolve. **James Chase** reports on the shifting focus of patient support

There was a time when the pharma playbook for patient loyalty was largely confined to an array of isolated financial incentives—co-pay cards and assistance programs—designed to improve adherence, brand by brand, by essentially buying patients' allegiance. It was a rather one-dimensional transactional approach. The assumption was that if you keep giving them what they need, they'll keep coming back and eventually you will win their affection and their loyalty—you know, like feeding a stray cat.

How things have changed. When "patient centricity" first became a buzzword, few pharma companies were actually paying more than lip service to the true needs of patients. However, the growing realization of the necessity to go beyond the pill eventually spurred new levels of sophistication in patient programs. And the increased influence of the payer has forced manufacturers to attempt to prove the value (read: cost) of medications via these programs.

"It's not just about offering a financial reward to the patient," says John Hosier, Eisai's head of commercial operations of the Americas. "Now we're making the patient experience better. We're also coming back with a message to the payer that for the patients that we enroll in our CRM programs, we're able to improve adherence and compliance. It means they're not adjudicating a claim and sending a patient a month's worth of product, only to drop off of it two weeks later and move on to another product."

One of the poster-child programs in recent years has been Novo Nordisk's initiative for diabetes patients, Cornerstones4Care. Jeremy Shepler, senior director, diabetes marketing at Novo Nordisk, has spent the best part of the past two years trying to figure out how to append laboratory data to patient-level data in order to prove that the program improves the outcomes of its enrolled patients. Now nearly five years in, he believes he's on the verge of a breakthrough.

"We already know, through the various engagements that we have—the co-pay card offer, the relationship marketing, timely reminders and things like that—that patients in the program fill 1.4 more prescriptions than those not in the program," Shepler said in an interview with *MM&M*. "What we haven't been able to prove is the implication on the A1C data, which is the true measurement of diabetes control. What I'm hoping to be able to show is that for three, six, nine, 12 months, here's what patients' A1C has dropped to. And we're actually very, very close to being able to do that. That becomes a different type of discussion to the payer than, 'Hey, we have this great adherence program that we think is going to work.'"

Attacking adherence issues

Launched in 2010, Cornerstones4Care is a prime example of the evolution in sophistication of patient programs. The initial idea was to address a glaring gap in patient education by offering a holistic package of the four "cornerstones" to diabetes management: active lifestyle, healthy eating, taking medication, tracking data. "When the patient is diagnosed, they are told, 'Hey, go take this product, lose 20 pounds and eat better,' and then they go home and they have no idea what to do," says Shepler. "What does it mean to eat better? How do they lose 20 pounds? The doctor doesn't really have anything to give them. Then the payer is saying, 'All I see is patients falling off their therapy in three months.'"

Shepler believes adherence problems are largely driven by a lack of education and engagement. To that end, he has evolved Cornerstones4Care to tackle these issues, using insights derived from continuous research with patients, physicians and payers. The biggest such development has been the introduction in September 2014 of the Diabetes Health Coach. A result of partnerships with major diabetes institutions, this new component allows patients to take a health assessment. Based on their knowledge and confidence in coping with diabetes, it then tailors a unique program of specific modules for them to better manage their condition.

After receiving feedback from physicians, Shepler had the courage to open up the program to patients taking any diabetes medication, not just Novo Nordisk brands. However, those that are on Novo products get the exclusive "white glove" service. Namely, they have personal access to a real-life certified diabetes educator, who reaches out and ensures that they follow their doctor's care plan, fill the first prescription (as a general rule, 24% to 36% of first prescriptions aren't filled) and make it through injection training. Then once the patients are well versed in the basics, the focus shifts to the lifestyle component and a few timely reminder calls—"Hey, it's day 28. Have you filled your next prescription?" Shepler says he is flattered that Sanofi recently followed suit, launching basal metabolism Toujeo with a similar personal-coach program.

Another recent enhancement to Cornerstones4Care was the introduction of a YouTube channel. This is not your standard pharma social-media effort, however. Instead, Novo Nordisk partnered with one of the top five YouTubers in the world—Michael Stevens, whose vSauce channel has almost nine million subscribers—to produce The Diabetes Download, a series of educational videos. Stevens's genius lies in taking complex ideas and breaking them down into simple, compelling, digestible chunks. With 1.2 million views in the first few months, this appears to have been a savvy move.

Of course, any truly successful program requires buy-in from all stakeholders, including physicians. Shepler says that while currying favor with HCPs has been "challenging," there have been a few major success stories.

"Certain health systems have added this as part of their protocol—like their bible, which is pretty phenomenal," he says. "But it's also early, and it's such a huge program with so many tentacles, that as a sales rep the question is, 'Where do I focus?' Then the doctor might say, 'Well, I don't want this titrating my patients or giving them different instructions.'" Shepler adds that there has been interest from major payers who are considering adopting the program for all of their diabetes patients.

A new endgame

While the educational enhancements have been crucial to the success of Cornerstones4Care, the program still offers a co-pay card. However, Shepler is keen to point out that this is far from its most important component. "We [initially] thought people were coming here for co-pay cards and free cookbooks," he says. "But we did some research two years ago and it turns they were actually looking for care plans. If the co-pay cards went away tomorrow, it would not threaten the program in any way."

Hosier believes discount offers should remain an integral part of such programs. "Like it or hate it," he says, "the co-pay card is one of a number of different tools that we want to be able to put into the toolbox to help the patient be more successful. At the end of the day, if they stay on therapy longer and we can treat the condition, then it's going to lessen healthcare costs overall."

And that's really the new endgame for these programs. But will there be a point when pharma companies will attempt to demonstrate financial savings to the system?

"I think we're right on the cusp of it," says Hosier. "We're all trying to get to that point with the payers, to justify the cost of our medications and show why our products are different. But everyone's a little anxious to get into that risk-sharing/cost-sharing type agreement with payers. Ultimately we'll get there, but no one's jumped over that cliff yet."

Shepler agrees. "'Outcomes partnerships' is where we should be playing," he says. "But it's going to be baby steps. Let's first get the ability to be able to show that we can demonstrably impact A1C." He pauses, then adds, "But if we went to a Humana or whomever, and they wanted to drive us through their system and their protocols, then absolutely [we'd be willing to try to demonstrate financial savings for the system]. It's something we would aspire to." ■

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