Pharmaceutical companies are increasingly focusing on patient support programs—initiatives to improve access to, usage of and adherence to prescription drug treatments. In fact, spending on these initiatives has risen nearly threefold in recent years. That spending is being driven by greater patient involvement in health decisions, an increasing emphasis on patient outcomes, the rise of drug patent expiries and the growth of specialty drugs that require additional patient support.

The moniker “beyond the pill” has been around for a while to describe value-added support services to reinforce adherence, but pharmaceutical companies are now defining the term far more broadly to include a range of services and programs. The right program can shorten the time to get patients on medication, drive adherence and differentiate a brand by delivering an improved customer experience.

However, patient support programs can be costly to design, operate and manage. Many pharmaceutical companies struggle with prioritizing the numerous components and designing the ideal patient experience. Through our experience in all facets of patient support programs, we’ve developed an approach that helps clients prioritize their investments based on the market, product and patient needs to both maximize their return and deliver the desired patient experience.

We’ve also found that the pharmaceutical companies with the best results regularly monitor, evaluate and optimize the programs through ongoing research with key stakeholders. That enables these companies to quickly determine which aspects of a program are working and which need to be improved.
The Increased Focus on Patient Support

Over the past year, more biotech and pharmaceutical clients have asked us how to maximize their investments in patient support programs. These investments are part of a larger trend among pharmaceutical marketers: an increased focus on what happens after a prescription is written, including helping patients and doctors initiate treatment and overcome access challenges, start medication successfully and then remain on treatment as long as needed, which in turn can improve outcomes.

There is ample evidence of this shift. The average pharmaceutical firm’s spending on patient adherence programs in the United States rose 281% between 2009 and 2012.¹ And in a small ZS Associates survey, pharmaceutical brand managers said that from 2013 to 2014 they had shifted their focus from early in the patient journey (the pre-prescription phase, including disease awareness and conversion) to later stages (medication access, start of treatment and adherence).

A number of factors are driving the increased focus on patient support programs, pressuring pharmaceutical companies to engage with patients and healthcare providers (HCPs) differently than in the past:

**More informed patients who are also more motivated to improve their health.** Patients are playing a stronger role in their own care. The rise of Internet and social-media resources for personal health gives patients more information with which to make decisions. At the same time, patients are taking on a greater portion of the cost burden for their care, increasing their motivation to be involved in their healthcare decisions. Interestingly, they are open to or looking for support from manufacturers.

**An emphasis on patient outcomes.** The Affordable Care Act is prompting changes in the U.S. healthcare industry. Among the most notable: incentives for healthcare professionals and payers to concentrate more on patient outcomes than on services delivered. The growth of accountable care organizations, which focus on cost containment and patient outcomes rather than treatment and services rendered, reinforces this trend. This shift ties doctors’ incomes to patient outcomes, and provides incentives for doctors to help patients use services like patient support programs if they believe in the value they deliver.

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The rise of targeted therapies that require patient support services. With the era of blockbuster drugs fading, more pharmaceuticals entering the market are specialty drugs that treat conditions affecting a relatively small group of people, such as those suffering from autoimmune diseases and certain types of cancer.¹

Patients need help gaining access to these treatments, and then administering and adhering to them. They also may be difficult—physically and emotionally—for patients to take, with complex administrative protocols that require training and patient support. In addition, such specialty drugs can come at a higher cost and thus require patients to get financial help.

Prioritizing Patient Support Program Investments

There is no one-size-fits-all patient support program. The design of a program depends on such factors as the disease being treated, the type of treatment prescribed and the effect on patients. ZS Associates has developed the Patient Support Framework (see Figure 1, below) to illustrate the breadth of services that pharmaceutical firms can offer and to evaluate which services best meet the needs of patients and healthcare professionals for a particular condition or brand.

Pharmaceutical firms can find it difficult to select and design the right components for their patient support programs. But doing so is crucial because the investments can be significant. Marketing managers must make certain their program provides meaningful support to all target audiences, while ensuring expenditures have the right impact in helping patients gain access to, administer and adhere to a prescribed treatment.

The ZS framework enables clients to prioritize their focus and investments. It features four components that support a patient’s adoption, use and adherence to treatment:

**Engage/Activate** enrolls the patient in a program or service that supports the access and use of the medication.

**Get** ensures the patient has access to the medication. Such services apply both to a patient and to healthcare professionals (such as doctor’s office staff). Examples of services include benefits verification, obtaining prior authorization for treatment, support during an appeals process if insurance coverage is denied, financial assistance (including co-payment support) and free product samples to bridge the gap between receipt of prescription and delivery of medication.

**Start** initiates treatment, trains patients (if necessary) and provides other support during the initial period, which includes injection training and early treatment monitoring. These services can also involve a patient peer support program.

¹Most therapies entering the market today target less than 1% of the U.S. population. Among the 100 top-selling drugs in the United States, the median patient population has shrunk from 690,000 in 2010 to 146,000 in 2014. And 41 of these top-sellers serve 100,000 patients or fewer, up from 23 in 2010. See “Budget-Busters: The shift to high-priced innovator drugs in the USA,” EvaluatePharma, September 2014.
**Stay** provides ongoing support for the patient’s adherence to medical treatment and lifestyle changes necessary to manage his or her condition. Examples include treatment reminders, peer support groups, and lifestyle and treatment support.

![Diagram of Patient Support Program Components](image)

**Figure 1.** This framework describes the four components of Patient Support Programs and the breadth of individual services that make up each component. This framework guides pharmaceutical and biotech companies in identifying and prioritizing the investments to the services that best support their customers and their brand.

Depending on the design of a program, a nurse or case manager could provide support in multiple components. For example, a case manager who begins supporting patients in the Get phase to help gain access to treatment may continue through Start and Stay to emphasize adherence. A nurse who trains patients in Start may follow up to support adherence in Start. The design of the program depends on a number of external and internal factors.
Four Category Archetypes

As the Patient Support Framework shows, the best patient support programs provide a range of services that address the needs of all target audiences, including patients, caregivers, physicians and office staff. To choose the appropriate program investments for a particular brand, pharmaceutical firms must first analyze factors related to the category and patient population it serves. This can help determine how much investment a brand should make in each of the four components in the framework. These factors include:

**Size of a patient population.** Smaller patient populations mean that patients have very high individual value to the brand, justifying higher-touch services with larger per-patient costs.

**Condition characteristics.** Condition attributes to consider include whether the condition is symptomatic or asymptomatic, and whether the condition is chronic, acute or progressive. Asymptomatic diseases tend to require more support in Start and Stay because it’s not as easy to determine whether and when a therapy is working. Chronic and progressive diseases tend to require more long-term support in Stay.

**The impact of the disease on patients’ quality of life.** How severely a disease affects a patient’s quality of life will influence the services provided in the Stay component to ameliorate the quality-of-life impact through lifestyle, emotional or community support.

**Level of stigma or embarrassment.** Some diseases carry a stigma that can hinder a patient’s openness to seek assistance. For example, a smoker with lung cancer may feel guilty for bringing the condition upon himself. In such cases, a patient support program may need to focus more on enrolling patients through the Engage/Activate component and provide support in Stay that nurtures connections and involvement in treatment and care.

Using these factors and our benchmarking research on current patient support models in various categories, we have constructed four general archetypes to guide investment decisions and illustrate current practices.
Inconvenient Daily Impacters

For these treatable conditions, robust engagement with patients to encourage uptake and adherence focuses patient support programs on the Activate and Stay components.

Characteristics of patient population: People with primary-care conditions that affect quality of life but are not health threatening. Patients may have little or no need for behavioral or lifestyle modifications to manage the condition.

Patient condition examples: Overactive bladder, dry eye, erectile dysfunction, hormonal therapy for menopause.

Key considerations in patient support programs: These conditions do not require the same attention from healthcare professionals as more critical conditions that drive healthcare costs. Brands need to encourage program enrollment and adherence support with incentives such as co-pay or financial incentive and reward programs.
**Patient support program examples:** Brands look for novel ways to engage patients, such as rewards or game-like interactions. Restatis, a medication that treats chronic dry eye disease, has a support program called My Tears, My Rewards, which offers two options to save through a 90- or 30-day prescription savings program, so patients have a choice. The program also offers a value-added free sample of an eye lubricant product to use until Restasis stimulates the eyes to make more tears. This offer likely addresses patient drop-off during early treatment, given that patients don’t feel the immediate effects of Restasis for three to six months of use. It also eliminates a step for patients by supplying the eye lubricant that helps to relieve discomfort until the medication takes noticeable effect.

**Chronic Lifestyle Modifiers**

As brand access is generally available, program emphasis is on other aspects of patient support: Engage/Active and Stay.

**Characteristics of patient population:** People with chronic conditions that can be managed with treatment and lifestyle modification. These conditions are costly to the healthcare system and workforce productivity, and erode the quality of life for patients and their families.

**Patient condition examples:** Cardiovascular diseases like hyperlipidemia, acute coronary syndrome and hypertension, and respiratory diseases such as chronic obstructive pulmonary disease and asthma.

**Key considerations in patient support programs:** Because access to treatments usually is not a challenge, enrollment and adherence are the key focus. This could include services that healthcare providers can promote to enroll patients in services that will lead to beneficial outcomes, such as adherence support and behavioral modification support to live a healthier lifestyle.

**Patient support program examples:** Cardiovascular brands invite patients to join adherence programs with financial and lifestyle offers. Benicar’s Right Fit Program offers product savings, lifestyle information and tips, medications reminders and live phone support with a nurse to encourage adherence.
Specialty Value Provers

*The critical need is to simplify the access process for healthcare professionals (the Get component) and invest in on-boarding patients (the Start component) until they start to feel the benefits of treatment.*

**Characteristics of patient population:** Patients who suffer from serious conditions for which more than one available mechanism of administration is perceived to be generally effective, or for which there are multiple options with similar mechanisms of actions.

**Patient condition examples:** Rheumatoid arthritis, diabetes, human growth hormone deficiency.

**Key considerations in patient support programs:** Because patients may postpone initiating injectable therapy and because healthcare professionals may not perceive much differentiation among brands, a company with a brand in this category should streamline and simplify access to present its brand as the more convenient option—the one that shortens the time to starting therapy.

Pharmaceutical firms can create services to help doctors’ offices verify insurance benefits and gain authorization for treatment. Support programs can provide direct service to patients, such as training them how to administer injections.

**Patient support program examples:** To improve access to therapy, a brand assigns a reimbursement specialist to specific medical offices to rapidly complete paperwork and answer insurance questions.

In particularly challenging cases for drug access, a brand could have a case manager assigned indefinitely to certain patients to ensure insurance approval paperwork is properly completed every six months. In categories like human growth hormone, a case manager dedicated to the patient and that patient’s healthcare professionals can lead the campaign for insurance approval.

Companies like Novo Nordisk, which has a portfolio of diabetes brands, avoid duplication of programs by providing a lifestyle modification program and services that support a number of their brands. Novo Nordisk’s Diabetes Academy offers a breadth of information, tools and resources for adults, kids and parents, as well as for healthcare professionals.

Progressive Quality-of-Life Compromisers

*Patients require emotional support, as well as assistance with access and financial support, making patient support programs valuable in the Get, Start and Stay components.*

**Characteristics of patient population:** Conditions that can take an ongoing emotional toll due to their degenerative and progressive nature, or because of their uncertain course.
Patient condition examples: Multiple sclerosis, cancer.

Key considerations in patient support programs: Patient experiences are unique and diverse, so programs need to be tailored to individual situations. Due to the progressive nature of these conditions, patient and caregiver needs can be prolonged and variable as the physical, emotional and financial demands change with time.

Patient support program examples: Case managers or reimbursement specialists work with healthcare professionals to quickly address insurance and financial hurdles so patients can start treatment as soon as possible. With multiple sclerosis, a variety of different models exist, but best practices in this category include dedicated and consistent support. Dedicated case managers and reimbursement specialists can be instrumental in helping healthcare professionals and patients gain access to prescribed therapies and in helping patients identify financial support to help pay for initial and ongoing treatment.

In oncology specifically, ZS research indicates that patient needs vary by tumor type and the stage of a tumor. The need for emotional support persists, but changes throughout the patient’s experience. During initial treatment, patients need information about the condition and prognosis, as well as reassurance. While in the midst of treatment, patient needs may become more logistical, such as transportation to and from treatment. Patient support needs continue beyond treatment as anxiety and wariness of recurrence persist, as does the financial impact of treatment.

Brand Context
Of course, the specific marketplace considerations for the brand have a large impact on the investment choices as well. These factors include:

Market dynamics. A drug that has competitive alternatives such as generics and nonprescription treatments may require a brand to offer broader patient support services to demonstrate its greater value to patients’ well-being.

Brand attributes such as complexity of administration (injectables, specific restrictions on food intake with administration), the treatment protocol for a disease and how the brand fits into that regimen. For example, guidelines for certain cancer treatments call for starting with one drug, then adding on other medications in a specific order if response is not adequate.

Access environment. If access is a key challenge, patient support programs can assist both the patient and the physicians’ offices in the lengthy benefits verification and appeals processes that may be required.

Typically, we work with brands to conduct both qualitative and quantitative research to understand patient, caregiver, physician and other HCP needs specific to their individual brand’s characteristics and requirements.
Delivering the Right Experience to Patients

It is necessary but not sufficient to select program components that address key needs on the path to purchase. These transactional touchpoints are critical, of course, but brands too often stop there and fail to consider how to deliver a positive overall experience for the patient and HCP in supporting their relationship with the brand or manufacturer. That experience depends on how well the brand and patient support program address key needs, both transactional and emotional (see Figure 3).

![Figure 3](image)

Figure 3. The brand context is an important consideration to select in which patient support programs and services to invest. However, it is not enough to just have all components in place. Brands need to consider how the services are delivered at key touch points to enhance the patient and HCP relationship with the brand or even the manufacturer.

A program can have all the right components but still fail to build an experience that will keep patients and healthcare professionals engaged and satisfied. Even simple programs can exceed expectations if they enhance the patient and HCP engagement and perception of the brand.

One should always look first to align or reconcile brand objectives with the patient objectives when determining where to focus. Our framework helps guide research to uncover insights into patients’ and healthcare professionals’ needs along the stages of treatment. It starts with the archetype benchmarking, which informs a company’s high-level investment approach for the Engage/Activate, Get, Start and Stay components for a drug category, which in turn define the areas to dive into more thoroughly.
In designing the customer experience, brands need to deeply understand patient needs from their perspective, not only the rational and emotional ones that patients state through quantitative and qualitative methods, but also the subconscious needs that can be inferred through specific qualitative research techniques. If there are existing programs, data analytics can be leveraged to identify drop-off points. Linking research and analytics assists in isolating opportunities for engaging patients, as well as the pain points along their journey.

Knowing the unmet needs and pain points, one then can design the right services. However, designing them may not always mean adding or enhancing services, it can also mean removing pain points. Consider for example two programs that are essentially the same in terms of components; both with call centers that patients need to access services. One program demonstrates shorter times to Start and better adherence rates due to the exceptional patient experience delivered through the call center. The better customer experience comes from setting maximum hold times that ensure that patients are never on hold for long. These programs also have short turnaround times for callbacks, never leaving patients waiting too long and calling back multiple times, thereby minimizing frustration rather than adding to it. These details make a difference in the overall patient experience, which affects patient satisfaction and brand success metrics.

Measuring Success

Effective program implementation requires a management plan and performance assessment to optimize its execution. A balanced KPI approach should be used to guide the development of a structured assessment plan to measure a patient support program’s impact on brand performance and brand reputation. By combining qualitative and quantitative measures across the components of patient support programs, pharmaceutical firms can optimize the performance of their programs.

While measurement tends to be the last item we discuss when talking about any program, consideration of a patient support program’s goals should happen at the start. We define three types of measures: operational metrics, customer success and brand impact (see Figure 4).
Figure 4. This framework defines three levels of KPI metrics used to measure program performance. Operational metrics define whether a brand is engaging patients in the services offered; customer success gauges satisfaction and brand preference; and brand impact metrics measure brand performance—ROI, adherence and outcomes.

Operational metrics provide information as to whether patients are easily finding the information and support they need and whether they are engaging with the programs and services provided. Customer success measures include patient satisfaction, preference and loyalty—but also include HCP perception of the program, and the degree to which those perceptions may actually drive brand preference and differentiation. Finally, the ultimate measure of customer success is outcome, and many organizations are considering what types of data they would need to be able to demonstrate compelling evidence that the program helps drive improved patient clinical outcomes. Brand impact is driven by decreased time between the prescription and start of therapy, improved adherence and potentially increased brand request from consumers or preference from physicians.
While most programs will want to establish a framework that includes measures in each of these three areas, the weighting of each will differ based on the overall goal for the program and where it fits into the overall brand strategy.

Patient Support Programs That Deliver

Changes in the U.S. healthcare industry have motivated patients to be more involved in their care decisions and incented healthcare professionals to emphasize patient outcomes rather than services delivered. With the rise in specialized medications tailored to smaller populations, pharmaceutical companies must increasingly invest in programs that engage their key stakeholders—patients and healthcare professionals—through services and programs that address their emotional and functional needs.

Making the right investment choices for new and existing patient support programs and then optimizing investments through monitoring against metrics is challenging. There is no template for every brand. However, there are a series of considerations that help to define and design the most favorable program that meets the brand and stakeholder objectives. It requires:

+ Framing the brand within the context of category and market conditions
+ Gleaning insights into the ways best-in-class programs have invested in the categories of a patient support program: Engage/Activate, Get, Start, Stay
+ A holistic vision for creating a positive and sustainable patient or customer experience throughout the program
+ Ongoing performance monitoring to evaluate programs for their usefulness and retool them if needed

Through our experience in all facets of patient support programs, we’ve developed frameworks that provide a solid structure to prioritize the right investments in specific services and programs that support the needs of patients and brands. We can then design a plan that benefits brands while producing better experiences for patient and healthcare professionals.
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About ZS

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