



How brand marketers play an integral part in the market access evolution

Presented by

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First....



**A story about a cat lady and an
asthma medicine...**

A pricy treatment for allergies and asthma

Study protocol required removal of pets from household before starting therapy...

TEXAS STANDARDIZED PRIOR AUTHORIZATION REQUEST FORM FOR PRESCRIPTION DRUG BENEFITS

SECTION I — SUBMISSION
Submitted to: Humana Phone: 1-800-555-2546 Fax: 1-877-486-2621 Date:

SECTION II — REVIEW
 Expedited/Urgent Review Requested: By checking this box and signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Signature of Prescriber or Prescriber's Designee

SECTION III — PATIENT INFORMATION
Name: Phone: DOB: Male Female
 Other Unknown
Address: City, State, ZIP code
Issuer Name (if different from Section I): Member or Medicaid ID #: Group #:
BIN # (if available) PCN (if available) Rx ID# (if available)

SECTION IV — PRESCRIBER INFORMATION
Name: NPI#: Specialty:
Address: City, State, ZIP code
Phone: Fax: Office Contact Name: Contact Phone:

SECTION V — PRESCRIPTION DRUG INFORMATION
Requested Drug Name Strength Route of Administration
Quantity Days' Supply Expected Therapy Duration If this is a compound drug, identify all ingredients in Section VI, below.
To the best of your knowledge this medication is:
 New therapy Continuation of therapy (approximate date therapy initiated:)
For Provider Administered Drugs only, enter:
HCPCS Code: NDC# Dose Per Administration

SECTION VI — PRESCRIPTION COMPOUND DRUG INFORMATION
Compound Drug Name
Ingredients and NDCs Quantity of each ingredient Ingredients and NDCs Quantity of each ingredient

SECTION VII — PRESCRIPTION DEVICE INFORMATION
Requested Device Name Expected Duration of Use
If applicable, enter HCPCS Code

Form 1154TX0815-A Made Fillable by eForms

Patient has permanently removed cat or dog from residence
 Yes No

Payers latched onto this criteria to manage utilization

IT'S ASTHMA ALLERGIES

MAKE THE CONNECTION

Learn more about XOLAIR for allergic asthma

Learn more about allergic asthma | See how XOLAIR can help | Financial support for qualified patients

Actor portrayal. Results may vary.

Why do payers behave the way they do.....

Early payer value prop work, (using analogs if necessary) may have identified this pitfall prior to launch

Market complexity and an ever-increasing pace of change requires greater collaboration and coordination between brand and access teams to ensure patients can access the products they need



Surrounding market forces impact payer behavior



Health systems/GPOs



Physicians/HCPs



Government/Policy

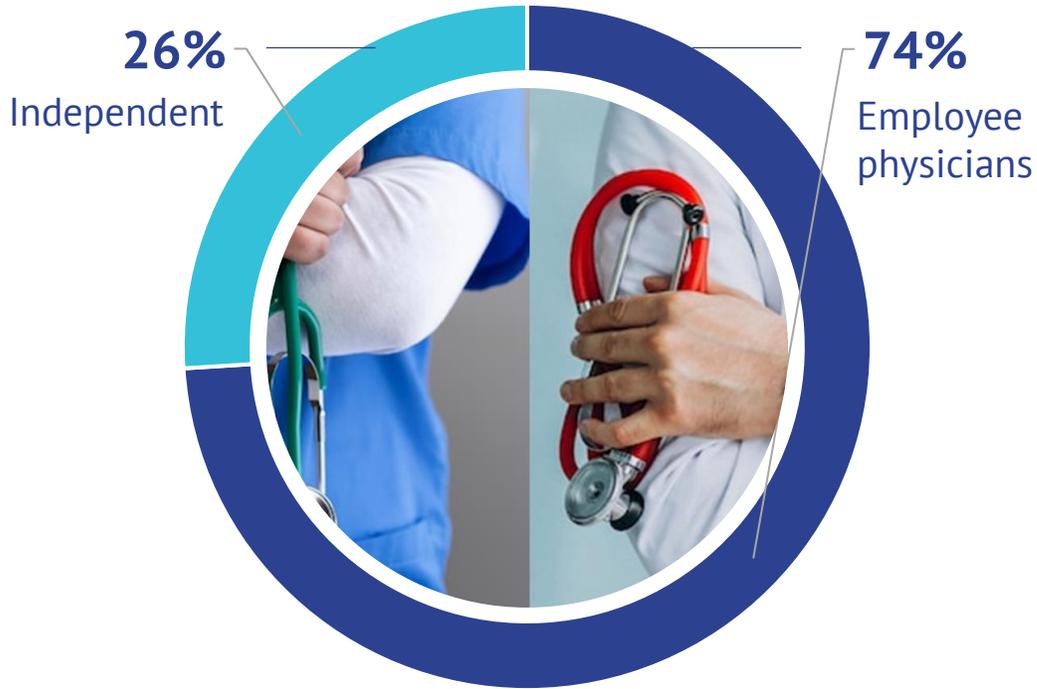


Health Plans



PBMs

The corporatization of physicians has stressed their decision-making authority – who is in charge?



Key questions:

What does this mean for how products are marketed?

Who is the target?

What should be the field teams' focus, structure and training?

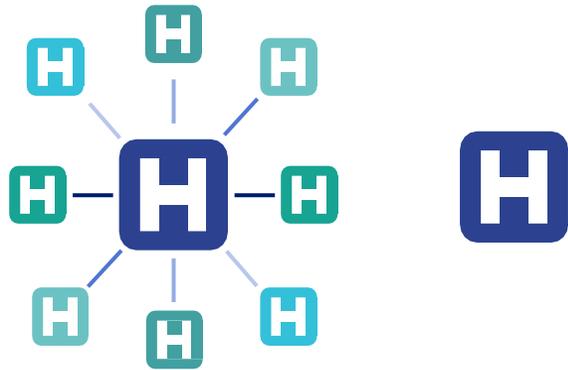
Example

- ⚡ In 2018, 47.4% of practicing physicians were employed, while 45.9% owned their practices
- ⚡ Today, ~74% of HCPs are now employees of plans, systems, private equity, and the like. The power of the provider is waning, the power of the payer is rising – but who exactly is the payer?
- ⚡ According to a study done by PAI/Avalere Health, the percentage of U.S. physicians employed by hospitals, health systems or corporate entities grew from 62.2 percent in January 2019 to 73.9 percent as of January 2022 and is likely higher now
 - **CVS Health**, paid roughly \$11 billion to buy Oak Street Health, a fast-growing chain of primary care centers that employs doctors in 21 states.
 - **Amazon** purchased of One Medical, another large doctors' group, for nearly \$4 billion, is another such move.
 - **UnitedHealth Group** now employs or is affiliated with 10% of all physicians in the U.S



Like physicians, US hospitals are being corporatized as well (67% of US hospitals are system owned or affiliated)

Two-thirds of Community Hospitals are System-affiliated



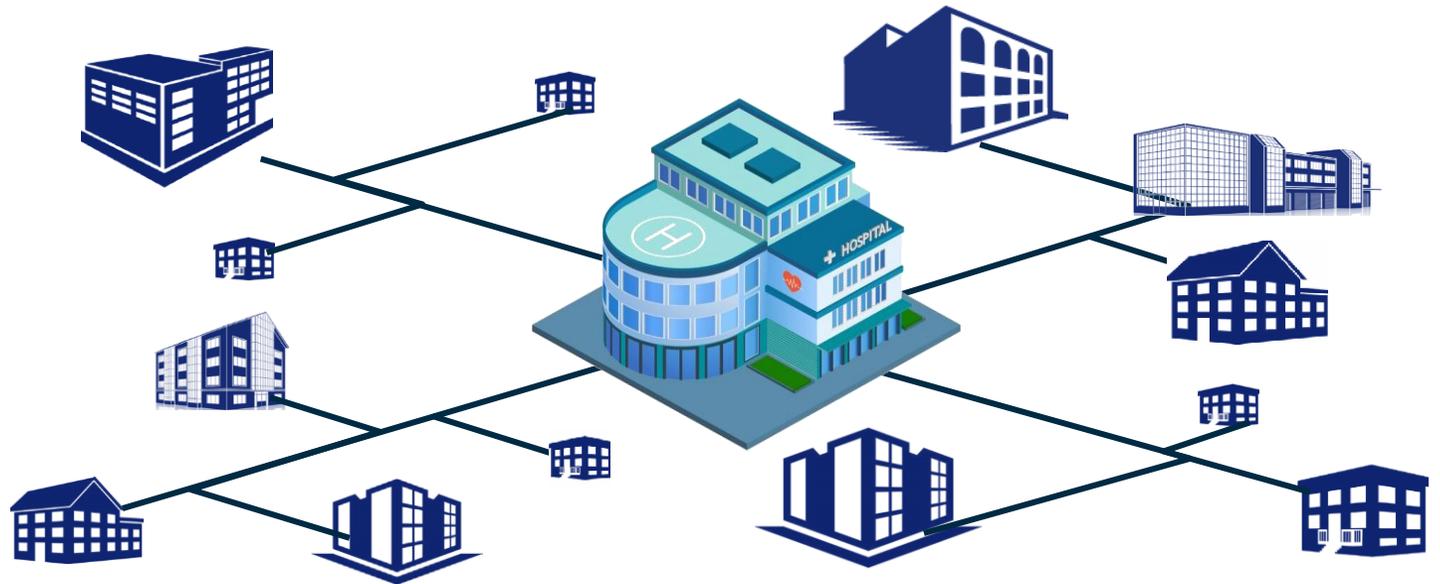
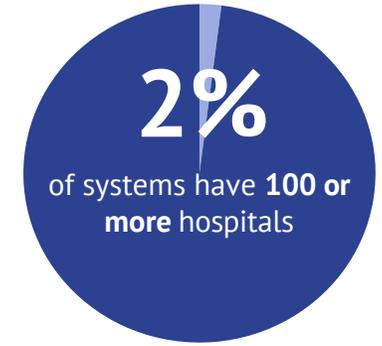
67%
System-affiliated
(3,453)

33%
Independent
(1,688)

Community Hospitals by System-affiliated vs Independent (Total 5,141), FY2019

Key questions:

What are the central motivations of health system decision-makers when it comes to delivering clinical excellence??



Hospital and health system mergers shift national and regional dynamics



By the end of the third quarter of 2023, there were 53 hospital mergers or acquisitions announced that year, a number which matched the total of deals in all of 2022, according to data from Kaufman Hall.

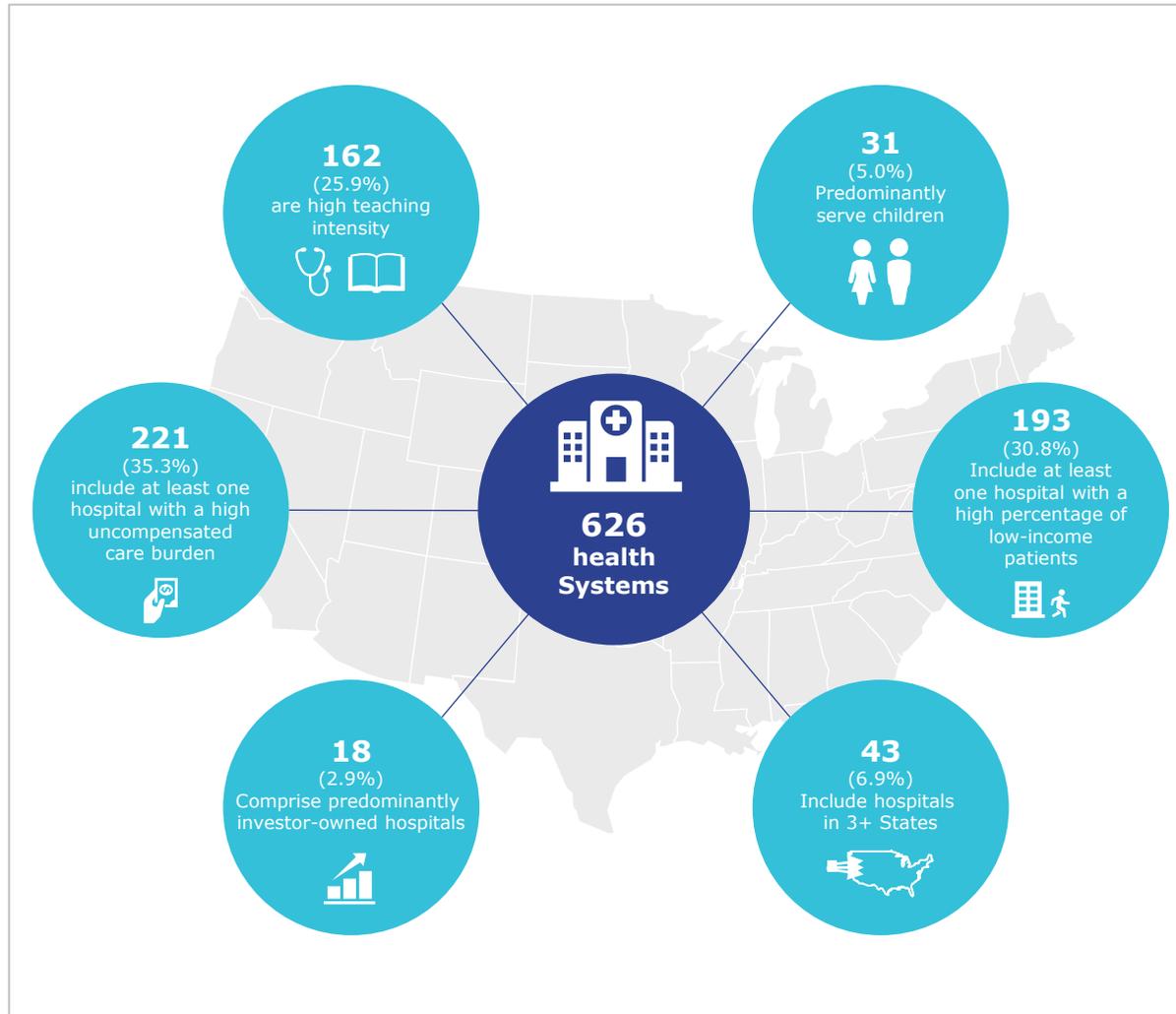
- ⚡ Kaiser Permanente announced plans in April 2023 to acquire Geisinger, based in central Pennsylvania. Kaiser plans to form a new organization, Risant Health, and Geisinger is the first member. Eventually, Kaiser aims to acquire more local health systems under the Risant banner.
 - Leaders of both systems say **the deal will accelerate the move to value-based care.**
- ⚡ BJC HealthCare and Saint Luke's Health System The Missouri-based systems will form a combined organization with 28 hospitals and \$10 billion in revenue.
- ⚡ Henry Ford Health and Ascension Michigan say they are planning to form a new system with a combined \$10.5 billion in revenue.
- ⚡ 2022 Intermountain Healthcare and SCL Health, two leading nonprofit healthcare organizations, completed their merger, impacting patients and communities in Utah, Idaho, Nevada, Colorado, Montana, Wyoming, and Kansas.
 - This combination employs more than 59,000 caregivers, operates 33 hospitals (including one virtual hospital), and runs 385 clinics across seven states while providing health insurance to one million people in Utah and Idaho. With the close of this merger, Intermountain Healthcare is the **eleventh largest nonprofit health system in the United States.**

Key questions:

What are the “care-about” for these new regional behemoths? – let’s talk about Geisinger

How can we connect with them to achieve common goals?

Identifying and addressing the unique needs of their population footprint is an increasingly important strategy for health systems due to their safety net responsibilities



Health systems in the U.S. health care safety net

Systems account for **88.4%** of total discharges from all U.S. hospitals with high uncompensated care burdens

88.3% discharges from hospitals with high percentages of low-income patients.

Systems include 63.4% of all U.S. hospitals with high uncompensated care burdens

Systems include 74.8% of all U.S. hospitals with high percentages of low-income patient populations

Hospitals with high percentages of low-income patient populations represent those with a high disproportionate share hospital patient percentage

*This analysis is based on AHRQ's Compendium of U.S. Health Systems, 2016. Developed as part of the Comparative Health System Performance (CHSP) Initiative, the Compendium is a resource for data and research on health systems. For the purposes of the Compendium, **health systems include at least one hospital and at least one group of physicians that provide comprehensive care (including primary and specialty care) and are connected with each other through common ownership or joint management.** The CHSP Initiative includes a robust set of research activities that draw on several other definitions of health systems. For more information about these definitions, see: <https://www.ahrq.gov/chsp/chsp-reports/resources-for-understanding-health-systems/defining-health-systems.html>.

Key Question:

Do your regional marketing plans consider this key stakeholder's influence, pain points and core objectives?

Vertical business relationships add another layer of relational complexity



Vertical Business Relationships Among Insurers, PBMs, Specialty Pharmacies, and Providers, 2023



1. Since 2021, Prime's Blue Cross and Blue Shield plans have had the option to use Express Scripts or AllianceRx Walgreens Pharmacy for mail/specialty pharmacy services. In Dec. 2021, Walgreens purchased Prime Therapeutics' 45% ownership interest, so this business had no PBM ownership as of 2022. Effective June 2022, the company was rebranded as AllianceRx Walgreens Pharmacy.
 2. Centene has announced that it would outsource its PBM operations to Express Scripts in 2024. In 2023, Centene rebranded its pharmacy benefit subsidiary as Centene Pharmacy Services.
 3. In 2021, Centene sold a majority stake in its U.S. Medical Management to a group of private-equity firms.
 4. Since 2020, Prime has sourced formulary rebates via Ascent Health Services. In 2021, Humana began sourcing formulary rebates via Ascent Health Services for its commercial plans.
 5. Previously known as Evernorth Care Group and Cigna Medical Group.
 6. In 2021, Cigna's Evernorth business acquired MDLive.
 7. In 2022, Cigna invested \$2.7 billion for an estimated 14% ownership stake in VillageMD. Walgreens owns a majority of VillageMD.
 8. In September 2022, CVS Health announced its acquisition of Signify Health. In February 2023, CVS announced its acquisition of Oak Street Health. Both transactions closed in 2023.
 9. Previously known as IngenioRx.
 10. In 2021, Partners in Primary Care and Family Physicians Group businesses were rebranded as CenterWell Senior Primary Care.
 11. In 2022, Kindred at Home was rebranded as CenterWell Home Health. In 2022, Humana announced an agreement to divest its majority interest in Kindred at Home's Hospice and Personal Care Divisions to Clayton, Dubilier & Rice. Humana also announced plans to close a majority of its SeniorBridge home care locations.
 Source: The 2023 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers, Exhibit 234. Companies are listed alphabetically by corporate name.

Key questions:

Each element of the vertical relationship has a role in the Rx journey – knowing this, how do we ensure the value of our products is conveyed and appreciated throughout the vertical?

Rapid market evolution requires a nimble approach



Certain design elements of clinical trials could invite utilization management restrictions down the line, or access could be influenced by site of care, formulation or mode of administration.

- ⚡ By Bringing in the market access professional before the protocol is closed for the phase 2 design can help mitigate these problems before they begin



Inadequate understanding of market and customer needs can lead to a less optimal launch , which is why landscape assessments and payer value propositions are so critically important to shine a light on where payers may impede access

- ⚡ The rarer the disease (and smaller the patient population) the greater level of granularity required to uncover key questions including:
 - Do public and private payers understand and agree on the burden of disease?
 - How does it impact health systems, which have responsibility for total patient care?
 - Do these payer stakeholders believe current treatment options are adequate?
 - What is the likely budgetary impact of the product? – Sovaldi®
 - How are treatment options evaluated and WHO conducts or influences the evaluation
 - The role of HTA (Blue Cross Blue Shield Technology Evaluation Center (BCBS TEC), Emergency Care Research Institute (ECRI), Evaluation of Genomic Applications in Practice and Prevention (EGAPP), Hayes, Institute for Clinical and Economic Review (ICER), United States Preventive Services Task Force (USPSTF), etc.)

How we define and communicate and demonstrate a brand's value to stakeholders, together with our approach to pricing, contracting, reimbursement, patient support and fulfillment, can mean success or failure



**Truly integrated planning
matters more than ever**

The approach to strategy and marketing is evolving



Old Way

- ⚡ Distinct roles and responsibilities: ex. Marketing detail aids; Market Access contracts
- ⚡ Siloed strategic planning led by brand with market access a bolt-on
 - Brand Marketing Focus on prescribers and patients; Market Access focus on payers
- ⚡ Clinical outcomes for HCPs, Cost Outcomes for payers



New Way

- ⚡ Payer decisions based on far reaching, multiple and comprehensive data sets – think UNITED
- ⚡ The importance of early payer value prop work, using analogs if necessary, to identify early pitfalls and opportunities
- ⚡ Joint understanding of the market; integrated strategic planning
- ⚡ Consider HCPs as business managers – contracts impacting their profitability (ex. GPO, IDN contacts)
- ⚡ ~74% of HCPs now accountable for costs and clinical – scorecards and pathways because they are employees with performance-based metrics and bonuses

A comprehensive and integrated strategy between Marketing and Market Access can help ensure launch/brand planning, success in today's market

Where to begin?

- ⚡ Ensure Medical, Marketing and Market Access are all included in discussions on phase II and III clinical trial design (remember the cat lady)
- ⚡ Engage in joint strategic plan development with shared goals, project plans, budgets and coordinated communication
- ⚡ Integrate strategic launch or brand planning with annually refreshed situation analyses
- ⚡ Conduct war gaming, inclusive of potential policy changes impacting access and reimbursement (no longer than a 3-5 year horizon) – scenario plan for what could be and monetize it
- ⚡ Partner in project planning with clear optics into milestones, timelines, budget prioritization and key dependencies

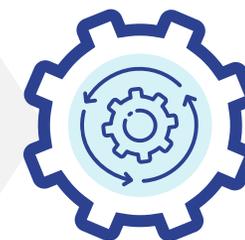
Market Research

Payer Landscapes

Value Propositions

Patient/Payer journey

Operations (PSS/HUB, Trade and Distribution etc.)



The number of Interdependencies can be staggering

Joint business planning can help ensure commercial success

Identifying and understanding key external customers while engaging key internal stakeholders is critical



External Customers / Partners

Distribution Channel
Partners
(SD, SP, GPO)

HTA Evaluators,
Payers, IDNs PBMs

Physicians
Physician/Patient
Advocacy
Trade
Organizations
Medical
Societies

Internal Coordination & Partnership with Stakeholder Support

Marketing
Market Access
HEOR
Med. Affairs
Regulatory
Advocacy
Pt. Services
Public Policy
Finance
Legal



Support and deliver on a unique clinical and economic value propositions that meets customer requirements to drive patient access – know who your customer REALLY is



Create connections between the evidence, & ensuring disease / product differentiation – *Coverage per Label – per Trial Design*



Deliver on a Distribution, HUB/Patient Support Services offerings that ensure seamless product access and a differentiated patient experience



Drive to support a corporately aligned Public Policy presence that addresses patient access barriers to the product/portfolio

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Thank you!

**Feel free to reach out with any questions or strategic market
access support needs**

SASI MARKET ACCESS CAPABILITIES



Medical and Commercial Value Assessments

- a. Medical and Commercial Value Assessments; Early Pipeline To Launch
- b. ICER Strategy and Execution
- c. Field Pre-launch Engagement
 - a. AMCP Dossiers and PIE Decks
- d. Pipeline Asset and Portfolio Assessment (Analog, Price Bands)
- e. BD&L Assessment
- f. Benefit Funding Type and Impact



Market Access Commercial Planning

- a. Landscape Assessments
- b. HUB Vendor RFP and Evaluation, Recommendation and Selection
- c. Field Team Engagement Strategy
- d. Pipeline to Product Forecasting GTN Assessments
- e. Environmental Analyses and Business Planning Across Payer, Patient, Site of Care, Etc.
- f. Annual strategic plan development



Performance Planning and Assessment

- a. Evaluate Data And Reporting Needs from Launch to LOE
- b. Develop KPI Metrics
- c. GTN and Contract Performance
- d. Forecasting GTN Modeling
- e. Governance and Decision-making
- f. Contract Strategy and Analysis for Contract Management, Gross to Net Implications, Government Price Reporting, Etc.



Excellence in Execution

- a. Payer Engagement Resources
- b. Payer Conference Engagement Strategy And Messaging
- c. HUB And SP Vendor On-boarding, SOW Creation and Contract Negotiations
- d. MA Field And Sales Training
- e. Field Solutions and Account Management
- f. Field Engagement and Planning Tools

WE ENGAGE AT ALL PRODUCT DEVELOPMENT PHASES STRATEGY TO EXECUTION WITH A MARKET ACCESS FOCUS



ENTERPRISE



Enterprise solutions & business transformation



Market Access Capabilities



Training and capability development



BRAND AND PORTFOLIO

Early clinical strategy ●

Launch excellence ●

Brand and portfolio management ●

Payer evidence planning and value proposition ●

Market access launch and lifecycle planning, distribution vendor assessment and contract review ●

Patient services strategy and engagement ●

Field team preparedness, strategic account planning and pull through ●

Contracting assessment ●

Scientific platform development ●

Brand strategy ●

Disease state awareness ●

HCP and expert engagement ●





HEATHER LEE WHIPPLE

FOUNDER/PARTNER, Strategic Access Solutions and Insights (SASI)

Heather Lee Whipple is based in Raleigh, NC. She leads the market access strategic business planning and field engagement solutions business.

EXPERIENCE



Prior to co-founding SASI, Heather Lee was VP, Market Access Strategy at Skysis and SVP, US Strategic Brand Market Access Insights at Health Strategies Group (now Eversana). She has also held senior leadership positions at companies including Ashfield Healthcare, Sanofi US, and Novo Nordisk after beginning her biopharma career at Merck. Prior to Merck, she worked in health policy on Capitol Hill and was staff support for the Leader's Task Force on Health Care.

EDUCATION AND PROFESSIONAL CERTIFICATION



Heather Lee earned her MBA in Healthcare Marketing with an emphasis on Public Health from the Kenan-Flagler Business School at the University of North Carolina, Chapel Hill. She holds a BA from Mount Holyoke College, and received an Executive Leadership Certification from the Wharton School of the University of Pennsylvania.