

Creating a Universal Payer Plan Hierarchy

Improving payer performance reporting in support of commercial effectiveness

Situation

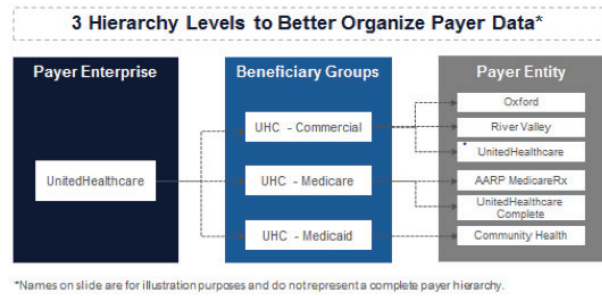
Precision Promotional Effectiveness was requested to assist a pharmaceutical client experiencing inconsistency with tracking payer coverage and performance across the organization. The market access, contracting, and sales teams were looking at the same data, but in such markedly different ways that it resulted in confusion and delays in execution. For example, when the client signed a contract with a large national payer, the groups were not able to align on how much coverage improved, how to target the prescribers most impacted by the change, or how to integrate the improved coverage into pull-through messages. In addition, internal teams were unable to consistently link payer access restrictions to performance to inform brand decisions and contracting. With incomplete and inconsistent payer data hindering market access efforts across the organization, a solution enabling simplified integration and summarization of transaction and formulary data was sought.

Data vendors provide managed markets information at disparate levels, prohibiting direct and seamless integration

Challenges

- Internal stakeholders were not aligned on one definition of a payer
- The information used in contracting and field force initiatives was not appropriately capturing payer behavior, resulting in an incomplete picture of the managed market environment
- Data vendors provide managed markets information at disparate levels, prohibiting direct and seamless integration
- Prescribing information for retail drugs is typically sourced from one of two vendors (IMS and Symphony Health) and includes plan names based on translation of BIN, PCN, and Group information

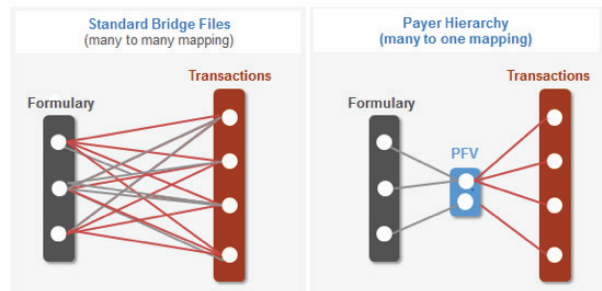
- Access data typically comes from one of the several major vendors (MMIT, DRG Fingertip, Zitter) and uses plan and formulary names with formulary lives
- More than 9,500 IMS plans, 4,500 Symphony Health plans, 6,500 MMIT plans, and 2,800 DRG Fingertip plans were observed in the client's data repository without a source for integration



Solution

Precision recommended use of our Payer Plan Hierarchy to:

- Establish a series of actionable, recognizable, and differentiated payer names through 3 levels for use across managed markets reporting platforms
- Provide a master payer spine and create a common definition of a payer for use across functional areas of a pharmaceutical company to allow meaningful integration of data across vendors
- Support all major forms of vendor data via bridge files, immediately including IMS, SHA, MMIT, DRG Fingertip, Zitter; bridge files also available for specialty pharmacy data
- Continuously review names and bridge files to capture the most current data available and appropriately classify payers in the most relevant manner, with updates delivered to client partners on a monthly basis



Results

Through the application of Precision's Payer Plan Hierarchy, the client was able to better understand the payer landscape and had a more direct and consistent line of sight on supporting product performance in managed markets contexts.

- The client specifically gained a greater understanding of payer, distributor, and provider influence on individual physician prescribing and patient adherence
- Efficiency of allocation of commercialization resources was improved through better targeting of opportunities/risks and tactics selection
- Pull-through efforts were enhanced via improved communication effectiveness at point of customer engagement, including specific information about local product availability and affordability

For more information about our promotional effectiveness solutions, please contact us at info@precisionforvalue.com, or visit precisionforvalue.com.



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