White Paper

Impact of Financial Assistance on Patient Educational Programs and on Patient Adherence to Treatment

Comparative Approach of Treatment Access and Adherence Key Indicators Before and After Introduction of a Financial Assistance Component

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Background

Patient Educational Programs are known to improve overall patient health outcomes. Some of the benefits include:

- Increasing patient adherence to treatment through counseling and motivational calls,
- Improving care in chronic disease states while providing education on the disease and treatment management
- Empowering patients by creating centric and compassionate communications

In comparison, Patient Access Programs encompass a wide range of services focusing on facilitating access to prescribed treatment.

A key aspect of these programs lies in identifying the target patient population and, accordingly, developing a strong understanding of the target population's needs and requirements to provide tailored and customized support.

Situation

A recent example of this includes the addition of an access component to a running educational program that was mainly focusing on adherence alone. The additional access services provided under the program resulted in considerable improvements in the program indicators.

A patient support program has been monitored and evaluated for a whole year, during which services provided were limited to training on treatment administration, disease and treatment education, and follow up on adherence. Results were compared to the second year, in which the program had been scaled up to include an access component offering financial assistance support.

- **First Year: Educational and Adherence Program**
- **Second Year: Scaling up the program to include access components and an educational and adherence program. This was achieved through the introduction of the cash facilitation and co-payment services to a specific targeted group that mainly required support in the out-of-pocket burden at treatment initiation and maintenance.**

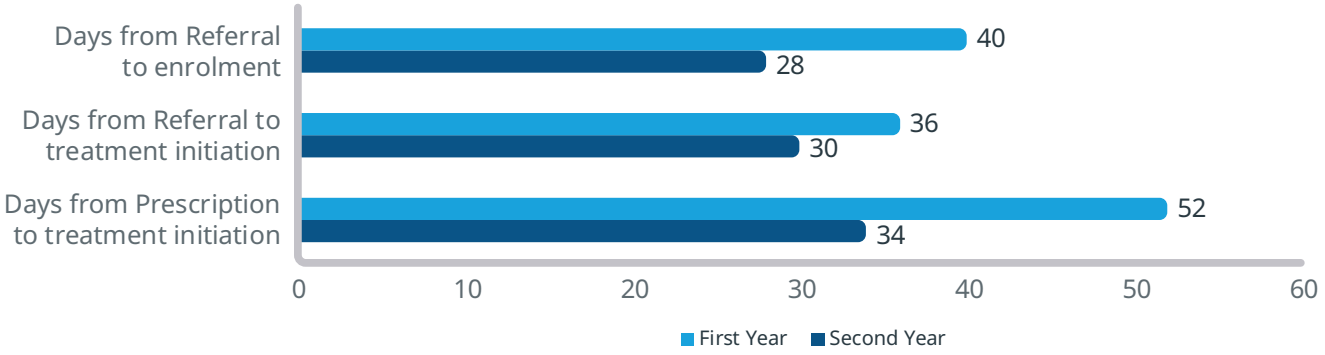
Data Extraction

Program characteristics and related access and adherence indicators were extracted and analyzed, with focus on the targeted population for which access program was introduced.

Results

The first outcome observed was related to **treatment initiation**, with a noticeable reduction in the number of days from prescription date to treatment initiation date as shown in the tables below:

Figure 1: Patient Introduction & Initiation Indicators



An overall enhancement related to patient referral to the program and treatment initiation dates has been observed with a significant decrease in the number of days.

Figure 2 represents the improvements in rates evaluated at several check points at the onboarding phase:

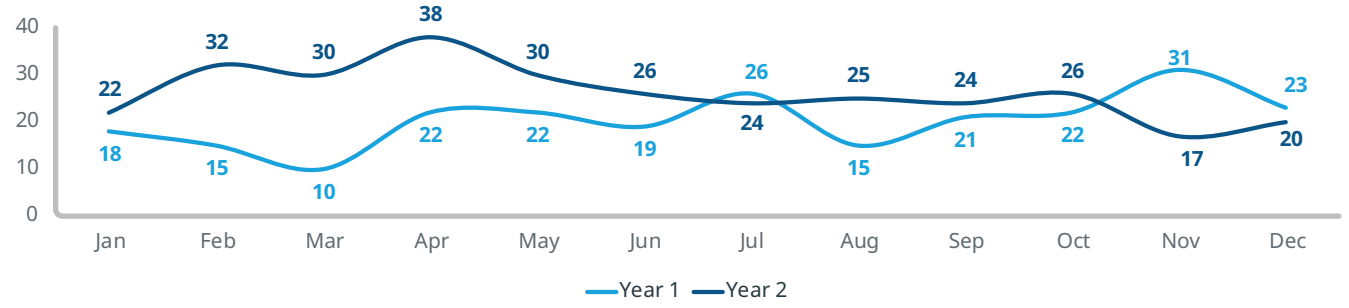
- A 17% time-gap reduction was achieved from the date of patient referral into the program to treatment initiation date. This impact was driven by the support and guidance provided to patients in completing the file and supporting documents submitted to the third-party payer authorities.
- 30% reduction in the number of days from referral to enrollment was materialized through thorough follow-ups, education and awareness from the PSP Team on the disease, importance to be treated and abiding the HCP prescriptions and recommendations. This phase was alleviated by the program financial offerings for this category of patients facing financial difficulties to start the prescribed treatment.
- The overall process was accelerated by 35% from the day of prescription to the treatment initiation date.

Figure 2: Treatment Initiation Indicators

DAYS FROM PRESCRIPTION TO TREATMENT INITIATION	DAYS FROM REFERRAL TO PROGRAM TREATMENT INITIATION	DAYS FROM REFERRAL TILL ENROLMENT IN PROGRAM
Decreased by **35%**	Decreased by **17%**	Decreased by **30%**

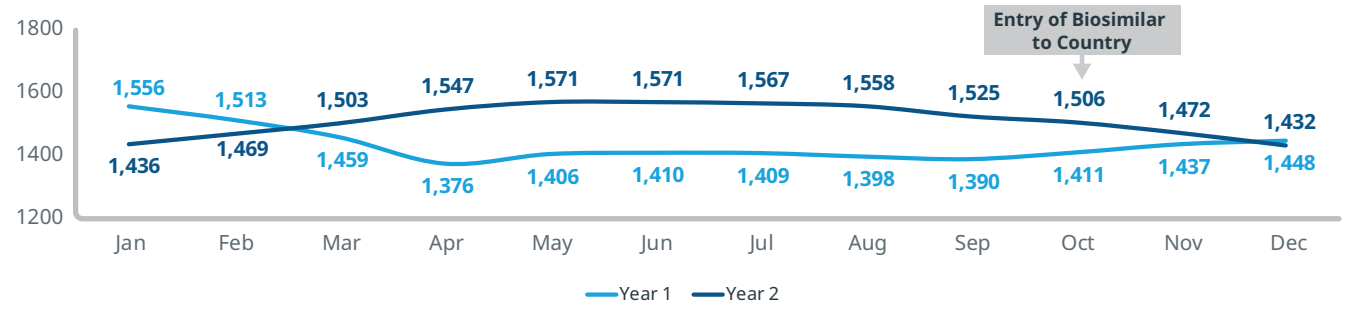
An obvious outcome is the increase in enrolled patients after scaling up the program and confirming the importance of having access benefits extended as part of the patient support program. The following figure illustrates the trend in the number of enrolled patients over months in comparison between year 1 and year 2. The number of enrolled patients was fluctuating from one month to another during year 2, showing a significant increase in some months going from double or triple the count versus year 1.

Figure 3: Enrolled patients over Time (year 1 versus year 2)



The number of active patients was maintained throughout the year, with significant improvement after full implementation of the financial assistance services. The copayment model had proven positive outcomes on patient adherence and mitigated the treatment discontinuation due to financial burden reasons. Consequently, patients are staying active on treatment for longer period of time as illustrated in the table below:

Figure 4: Total Number of patients over Time (year 1 versus year 2)



*The only trigger that affected active patients during year 2 was an external factor related to the entry of biosimilars to the country by end of the year, leading to a slight decrease in the number of active patients by the last quarter of year 2.

Patient adherence was extremely positive in year 1 (99.93% by the end of the year). This was maintained during year 2 as well, reaching 98.81% as an average throughout the year. This led to the conclusion that adherence was mainly driven by the educational components offered under the Patient Support Program.

Figure 5: Adherence Rate

ADHERENCE RATE IN YEAR 1	99.93%
ADHERENCE RATE IN YEAR 2	98.81%

Figure 6: Persistency Rate

PERSISTENCY RATE IN YEAR 1	65.12%
PERSISTENCY RATE IN YEAR 2	93.06%

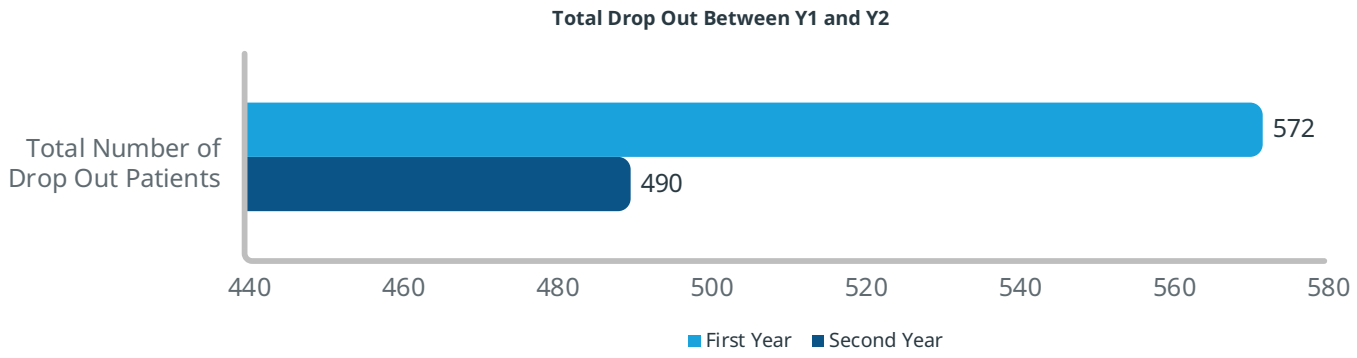
On the other hand, the persistent adherence of patients to their prescribed treatment significantly improved under the program. Persistent patients are those who remained active on treatment throughout the whole year or from the treatment start date after having the treatment prescribed is highlighted in the table below.

Results showed a major increase in patient persistency after implementing financial assistance coverage in which the program was robustly designed to mitigate the financial burden risks. This included:

1. Co-payment Service: support of a specific percentage of treatment cost throughout monthly dosages.
2. Cash Facilitation Service: to assist patients in treatment initiation by contributing in covering first payment of treatment cost and maintaining same buffer throughout the journey to fund subsequent packs.

The number of patients dropping out from program had decreased by 57% from year 1 to year 2 after incorporating financial support. It is worth mentioning that the drop-out data analysis collected throughout Year 1 was used as a base for shaping and tuning the design of the financial program.

Figure 7: Total Drop Out



Conclusion

Scaling up a running Patient Educational Program by introducing an access component offering financial support to target patients has resulted in an accelerated initiation of the treatment's first dose, improvement in persistency on treatment, ensuring patients remain active on treatment and maintaining adherence reflected on patient's health improvement.

An even stronger outcome from the program can be achieved by initiating both services together (assistance and educational support) in a uniquely designed frame considering key points, such as disease, treatment type and method, and financial risk, that may affect patients in case the treatment is not fully covered by local insurance companies or other third party payers.

Financial burden has a direct effect on patients' access to treatment and indirectly on their emotional and psychological health that may affect, at a point in time, their decision to continue on the treatment and even accepting the long-term treatment of chronic diseases.

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