



# Field Reimbursement Managers: Overcoming Patient Access Barriers Through One-on-One Support

An Amplify Health Article

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**F**ield Reimbursement Managers (FRMs) are highly skilled professionals operating in a specialized non-sales role supporting healthcare professionals and office staff in defined territories. FRMs use their extensive knowledge of insurance coverage, patient assistance programs, and the local reimbursement landscape to provide one-on-one support throughout the reimbursement journey. Depending on the role of the FRM, they may be able to access limited patient-specific information (with appropriate controls and patient consent, of course) that would never be disclosed to a sales representative.

Historically, FRMs were deployed almost exclusively by manufacturers of high-cost injectable biologics. These drugs are largely covered under the medical benefit and administered in physician offices through a “buy and bill” process, wherein the healthcare provider purchases, stores, and administers the product, then bills the payer for the cost of the drug plus an administration fee. However, in recent years FRMs have been increasingly used to support new-to-market specialty brands (including oral and self-injected therapies) that are covered under the pharmacy benefit and distributed directly to patients via specialty pharmacies.

The reality is that, in some ways, these oral and self-injected specialty drugs can present access challenges that are as acute — or even more acute — than buy and bill brands. For example, buy and bill patients often receive automatic clinic-based reimbursement support, since it is the *prescriber* who pre-purchases the medication and takes on the responsibility for billing insurance. Conversely, patients who receive prescriptions for specialty pharmacy-delivered drugs often face crippling access challenges, including NDC blocks, step therapy requirements, prior authorization hurdles, high out-of-pocket costs, etc., all of which can present time-consuming obstacles for office staff. This may lead patients and healthcare providers and their staff to feel overwhelmed, when faced with the prospect of working through the insurance labyrinth for new drugs on their own.

**The primary role of the Field Reimbursement Manager is to engage with HCPs and their office staff, who in turn can provide support to these patients, helping them obtain the medication their provider has already determined to be the best course of treatment.**

### Why not let the sales team manage the FRM role?



Some organizations mistakenly believe that the field sales team can fulfill the FRM role, but our experience has shown that multiple problems can arise with such a strategy. First, the sales team — especially during launch — needs to be focused on generating new prescriptions, not investing valuable time teaching the office staff how to navigate reimbursement. Second, the FRM skill set and training are quite distinct from that of the sales team; asking sales representatives to fill the role of

FRM is like trying to fit a square peg into a round hole. Finally, engaging the sales team in the FRM role raises a host of potential and problematic compliance issues.

Our research indicates that successful launches in this space enable the sales team to focus on selling and deploy an experienced field reimbursement team to navigate the reimbursement and access related challenges.

### Ensuring uninterrupted patient access with distinct Sales & FRM responsibilities

Each client’s strategy is ultimately defined by their sales priorities. As the pharma industry’s true commercial partner, we consider it our primary job to align the Sales and FRM teams’ responsibilities with those goals, while ensuring that all compliance standards are met. The image below lays out the responsibilities framework we typically deploy when defining Sales and FRM teams (the mix can be flexed when appropriate):

SALES	FRM
Drive Sales	 Educate HCPs and office staff on product access <b>PRIMARY GOAL</b>
Prescribers	 Billing and financial coordinators Office administrators Medical assistants <b>PRIMARY TARGETS</b>
Generating prescriptions/orders	 Addressing reimbursement obstacles that may prevent lost/unfulfilled prescriptions <b>RESPONSIBLE FOR</b>
Promotional Product features and benefits Safety Fair balance Dosing and administration	 Reimbursement Payer Access HUB Services <b>DELIVERING INFORMATION ON</b>
Reports to Sales or Marketing	 Reports to Patient Services or Market Access <b>RECOGNIZING THE FIREWALL</b>
None	 Limited; Visibility to patient-consented identifiers enables FRMs to help solve patient access issues for the HCP office <b>ACCESS TO PATIENT INFORMATION</b>

## When should a brand deploy FRMs?

Our experience in deploying several FRM teams over the past 10 years has shown that brands benefit most from launching FRM teams at launch. Whether a buy-and-bill or pharmacy-adjudicated product, HCP offices typically face numerous complex challenges within the first 6 months of introducing new products into their practices. These issues include but aren't limited to\*:

- Navigating medical exception requirements while payers review coverage policies
- NDC blocks, step therapy requirements, prior authorization hurdles, complicated appeals
- High patient out-of-pocket costs, even when covered
- Confusion in correct diagnosis coding requirements and changing product codes



While it may seem prudent or cost-effective to delay deploying FRMs until the product gains momentum and the need becomes obvious, we have found this strategy to be a mistake. The first several months of launch are crucial. If patient access is routinely denied or delayed by payers and PBMs, both patients and prescribers become frustrated. **Scripts are lost, momentum falters, morale declines, and the launch fails.**

## What's the best way to measure FRM success?



When considering the best metrics to assess FRM impact, we have found that simply measuring brand sales is not the most effective approach. For one thing, product sales are a lagging indicator. What's more, there are better metrics. For example, we have demonstrated success pegging FRM success to “conversion rates.” That is, the percentage of scripts written that are eventually converted to a filled prescription. The FRM team's work to overcome access challenges can show up quite clearly and quickly in the conversion rate. Another potential key performance indicator is “time to fill,” which simply measures the number of days from when a referral was first initiated until the script was filled. A time-to-fill decrease of 2 days, for example, may seem like a modest decrease; but if you're the patient waiting for a life-altering therapy, those 2 days may be critical, and that could be the determining factor in whether to fill a new prescription or seek an alternative from the provider.

\*These are general issues that impact patient access to medications, and the FRM role is never to provide/offer a service, benefit, or value to HCPs or their office staff, nor do they get involved in the selection of appropriate treatment or patient specific care. Services are provided to assist patients after the choice of medication has already been made.



## Conclusion

Amplity Health has the resources and experience to ensure that your well-crafted commercial strategy is translated into successful execution in the field. Our teams understand the market access landscape and its critical connection to a product's success.

Amplity has a proven history of delivering high-quality field reimbursement teams that provide critical support through the reimbursement journey and help solve complex issues that may create patient access barriers.

When you're ready to discuss how we can partner to create better healthcare solutions, contact us here: [www.amplity.com/contact-us/](http://www.amplity.com/contact-us/)