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Real-World Data: Overcoming the Chasm Between Payer Policy and Real-Life Practice

Speakers

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For years, pharma teams have been using real-world data (RWD) inputs from medical claims, lab tests, and other sources to understand disease burden, complete market sizing, and inform drug development. But what about RWD's applications to market access and commercialization?

Improving patient access to needed therapies is an area getting a lot more attention in recent years, given increasing complexities in the interplay between pharmacy benefit manager (PBM), payer, and IDN policies and practices. The chasm between what a payer says should be covered and what actually is covered can often create blind spots in market access analyses—which RWD can help identify, says Lance Wolkenbrod, Senior Director of Commercial Solutions at MMIT.

"As therapies have advanced and we're stratifying specific patient populations from a market access standpoint, real-world data has really helped us understand how patients actually move through the treatment paradigm," he said in a recent webinar with BioPharma Dive. "And when payers put restrictions on those policies, are patients actually moving at the right time?"

Wolkenbrod, along with Ted Search (General Manager and CEO of Real-World Data at Norstella) and Dr. Robert Petit (EVP of Commercial Operations, Real-World Data at Norstella and CMO/CSO of OS Therapies) co-presented the MMIT-sponsored webinar, "Real-World Data: Overcoming the Chasm Between Payer Policy and Real-Life Practice."

Here's what the group discussed about the power of integrated RWD to uncover and resolve patient access barriers:

The Broadening Reach of RWD for Biopharma

The panelists opened the webinar with a discussion about the impact of RWD on pharma as a whole—including how insights gleaned from RWD can inform key moments across R&D and commercialization, from clinical trial recruitment to provider identification and more.

Current RWD sources include both structured and unstructured inputs, the speakers added, from labs and claims (structured) to physician notes (unstructured). Hospital chargemaster data and physician chart audits can further complement insights for a more comprehensive picture of real-life practice.

Added Search, "A lot of what real-world data can do for brands is to enable better prediction and then, ultimately, to provide the evidence that helps them to [positively] impact the patient's care. You can start to ask bigger, more potent questions—like when is the right time to prescribe? What is the patient profile? Why is one medication better than another in certain situations?"

> **"When you're looking to bring a new product into the market, you have to understand first of all what's going on in the real world. There's nothing that really substitutes for getting actual data to help discern where the nuances are, where the gaps are in the market, where you're going to fit in, and where the opportunities are for your product to grow in the marketplace."**
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> **Dr. Robert Petit**
> EVP of Commercial Operations, Real-World Data, Norstella;
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Uncovering Nuanced Market Access Barriers

Another important question RWD can help answer: What are the actual access barriers for a particular therapy?

Although payer and PBM policies provide coverage guidelines, the sophistication of today's drug products leaves grey areas subject to payer judgment and other nuances. As an example, Wolkenbrod pointed to newer trends, such as payers requiring lab testing for targeted therapies.

"Payers are putting policies in place to ensure that certain biomarker or genetic testing is occurring first," he said. "RWD gives us insights to make sure that physicians are actually identifying the patients at potentially the right time so that when they do present with a specific disease, they're eligible for the given therapy."

Other complications between practice and policy can include things like combination regimens: Is the payer covering the second therapy, and what barriers are seen with that product's access story? Or, how does the reauthorization cadence impact adherence?

While these questions typically center on the limitations of payer coverage, other use cases can reveal areas where payers may be less restrictive than what the policy says. For example, Dr. Petit shared insights on the changing protocols for tumor evaluations.

“We recently had a situation where we were looking at an oncology trial and the standard of care is to get patient evaluations every 12 weeks,” he said. “And we found that payers were reimbursing for having scans done every two months instead of every three months in an end-stage cancer patient because that’s what the patient needs. If you just look at [the policy], you might be misled as to what payers might be able to reimburse.”

Integrating Disparate Datasets for a More Actionable Picture

Even with all the RWD in the world, insights aren’t useful unless they’re made to be actionable, which requires integrations from one dataset to the next, internal and external alike. And that capability—powered by advanced linking and tokenization—hasn’t necessarily been possible until the past few years, added Search.

“There are petabytes of data out there, but [integration hasn’t been available until] recently with technology advancements as companies come together to collaborate on this,” he said. “When you can tokenize data into a single record, you can better contextualize the medical journey. And some of the proprietary datasets that some companies have, like clinical trial information, formulary information, and more, become even more actionable to allow you to solve specific questions that can impact patient care.”

As manufacturers compare their options on the open market for RWD, the panelists advised biopharma brands about what to look for in a potential partner—with integration topping the list.

“Do they understand the data?” Search said. “Do they have a strong engineering team that can take these large datasets and make them actionable? Are they looking at what the pharma company is trying to solve and working backwards, not just providing the data itself?”

That last part—purposefully matching insights with business objectives—is critical, Wolkenbrod added.

“Is the data representative of what I’m trying to solve for and can the team actually support me?” he said. “It’s not just about the dollars and cents, but also about the time you’re committing to these processes. Is that partner going to help solve questions that you have for today, and also for tomorrow?”

For more insights from the hour-long discussion, including best practices and an engaging Q&A session, access the full webinar from BioPharma Dive’s resource library.

Watch the webinar ▶