

## Webinar Q & A

1. What is the best resource for identifying industry benchmarks by which to measure performance, i.e., conversion rates? (Similar question: Would you please comment on current best practices to measure effectiveness and success of programs?)

It's important to measure program success against your own internal expectations. Effectively meeting your internal goals is the measurement that matters most. Clearly defining and communicating those objectives *at the beginning* of a project is the best way to ensure internal and external alignment around how success will be measured.

2. What mechanisms have you found to hold your outsource partners accountable?

Establishing performance and quality measurement tools early in the design and launch phases is the most effective way we have found to hold partners accountable. Well-defined goals and realistic Key Performance Indicators are essential. If you launch or move a program without this foundation, you historically play catch up and often never align on realistic expectations.

3. In a hybrid model, is there a pattern to which services are insourced/outourced?

The value of the hybrid model is often focused on the personal connection the manufacturer can make with customers - both HCPs and patients. We find the services that tend to be outsourced are the less-personal, back-end, fulfillment type services that might include benefit investigations, prior authorization support, etc.

4. When looking at services being provided, who is the source of truth to determine "best in class" services?

The notion of a "best-in-class" HUB can be a red herring. We advise our customers to measure their program against their own internal objectives first, and against market benchmarks second. Defining internal objectives early in the HUB development and across all key stakeholders is a best practice. We would urge any company to resist the temptation to define best-in-class by competitive programs or the "we've always done it this way" approach.

# Navigating HUB Design in 2020: Insource vs. Outsource vs. Hybrid



## 5. How difficult is it to develop the CRM to be implemented at the vendor while retaining ownership of the data?

Today, there are companies that specialize in insourced/hybrid technologies that are turnkey for the manufacturer because they can be implemented in a matter of months at an affordable price. This is a game-changer for enabling the transition from an outsourced model to a hybrid.

Of course, the more complex the needs of your product and your customer base, the more challenging the configuration and development can be.

There are many companies that provide platforms and services for these types of programs. We caution against a cookie-cutter mentality that says just because Company X did it this way, you should do the same.

Retaining ownership of data is an important issue. Much of how manufacturers handle data is determined internally by IT and legal departments. Some companies don't want to house PII data because they want a layer of insulation. Other companies are completely comfortable retaining this data. The key takeaway is that data belongs to the manufacturer and a program should be contracted to ensure clarity on this point. How you manage and retain that data becomes unique to each program.

## 6. Curious as to your opinion on the industry trend. In terms of Outsourced, Hybrid, and Insourced Models, are you seeing a trend with one model?

Historically the insourced models were reserved for ultra-orphan or high-touch products where there are tight-knit advocacy groups and manufacturers wanted to directly connect with patients. With the broader introduction of biologics and other buy-and-bill products about 20-25 years ago, we saw a steep rise in outsourced models. Now, some manufacturers are seeing results from patient satisfaction surveys showing a preference for insourced models. Yet at the same time, the market is asking more and more from HUBs. That's making it hard for manufacturers to both offer the benefits of an insourced model and still provide all the valued services expected by customers.

What we're seeing is a convergence in the middle: companies want to connect directly with their customers, but they recognize the limitations of their organization to provide comprehensive services internally.

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There is also a trend for earlier, executive-sponsored evaluation of models. There's a greater level of investment at leadership levels in fundamental design decisions based on the company's appetite to balance customer connectivity with organizational lift.

## 7. How do consultants help with HUB design?

As consultants, it's our job to fully understand the industry trends and vendor capabilities that can help manufacturers make an informed decision. Aligning this experience with the product needs and your overall goals, we look to tailor the process. We have designed, built, implemented, and optimized more than one hundred HUB programs. Thus, Archbow can bring wisdom to help ensure a successful outcome – however, that may be defined. Some manufacturers just want assistance with design decisions, while others are looking for support in vendor selection (RFP process) and implementation. Good consultants are flexible and can plug into wherever a manufacturer needs additional expertise or project management.

## 8. What type of team and/or skill set have you found in high-performing Patient Services teams? Strategic thinkers, highly analytic, other?

First and foremost, it's important that it's a team. Recognize that the individuals performing the tasks and helping to achieve the program goals are the key focus. The customer and product needs have a lot to do with the type of team you need. An oral product once daily, with a low side effect profile on the pharmacy benefit side, is very different than a pediatric, home-infused product billing to the medical benefit.

High-performing teams have a mix of skill sets and personalities. Assembling people who are aligned to a strategic vision for what you're trying to accomplish is critical, as are analytical, operational, and quality-focused individuals. We've seen many different types of teams perform at a high-level, but those teams who underperform are often homogenous in their professional background and thinking style.

## 9. With the trend toward rare and orphan disease products, which models seem to be better equipped to manage those products?

We see a trend with rare and ultra-rare products moving to a hybrid or insourced model. The difference often comes down to what resources the manufacturer has to support these models. If it is a first product to market with 3-6 people on the commercial team, a completely insourced model might not make sense for the

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company. There are so many factors that ultimately guide the best decision, and each should be carefully considered as early as possible.

10. You mentioned three sizes of vendors in the HUB space. Of these three, have any historically delivered on timelines best? Do you find that the smaller HUBs might be better equipped to handle lower patient counts?

There is a fear in the marketplace that small programs will be lost at large vendors. While sometimes that may be true, large vendors also have the infrastructure, staff, and experience to provide certain levels of support that might be just the right fit for a smaller program. Because it can be so circumstantial, it's very helpful to work with a consultant who knows the ins-and-outs at various vendors and can help you get the support you need.

11. Define the range of services under reimbursement, please.

“Reimbursement” in most cases includes benefits investigation, prior authorization support, and appeal support. Some manufacturers may choose to have some of these services done at the SP level due to network design. But the HUB will typically support all of these for a manufacturer if contracted.

12. What are the pros / cons to having most or all services under one roof vs. having multiple services being supported in multiple places? For example, an outsourced model across several vendors or a hybrid model where you have a vendor and manufacturer that need to coordinate? Or having one vendor handle all of the services?

Ideally, with multiple vendors you are getting a focus on their respective expertise and bringing that to your program. Challenges for a seamless experience may occur with many points of integration.

In a one-vendor-manages-all solution, the biggest issue is risk: what if there is a breakdown? What is your business continuity plan? Further, there are high switching costs with HUB programs - in time, materials, and business continuity - during a transition. A single partner you have chosen may not have the same incentives to innovate on your behalf as compared with a company always competing for a bigger slice of the pie.

Of course, one would expect a solo vendor to have seamless interaction and engagement due to single points of connectivity and service.

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13. The cost model was on a 100% axis. Can you talk to which model generally costs the most to launch and operate?

The answer to this depends on multiple, varying circumstances. It's easy to believe that it's much more expensive to insource, but that's not always necessarily the case. Your goals, your existing infrastructure, the services you want to offer, etc., all impact overall cost. There are no absolutes.

It is also key to consider value alongside cost. What will you sacrifice if you move from an insource to an outsource model? Or vice versa?

If you have any additional questions for Douglas, DeWayne, or the Archbow team, please contact us directly at [info@archbow.com](mailto:info@archbow.com).