

Volume 3

IDN Engagement Tracking Study

Executive Summary

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Research Overview



Background

Phase I conducted in May-June 2020

Phase II conducted in September-October 2020

Phase III conducted in April 2021 (implementation of third phase delayed by nationwide COVID surge)

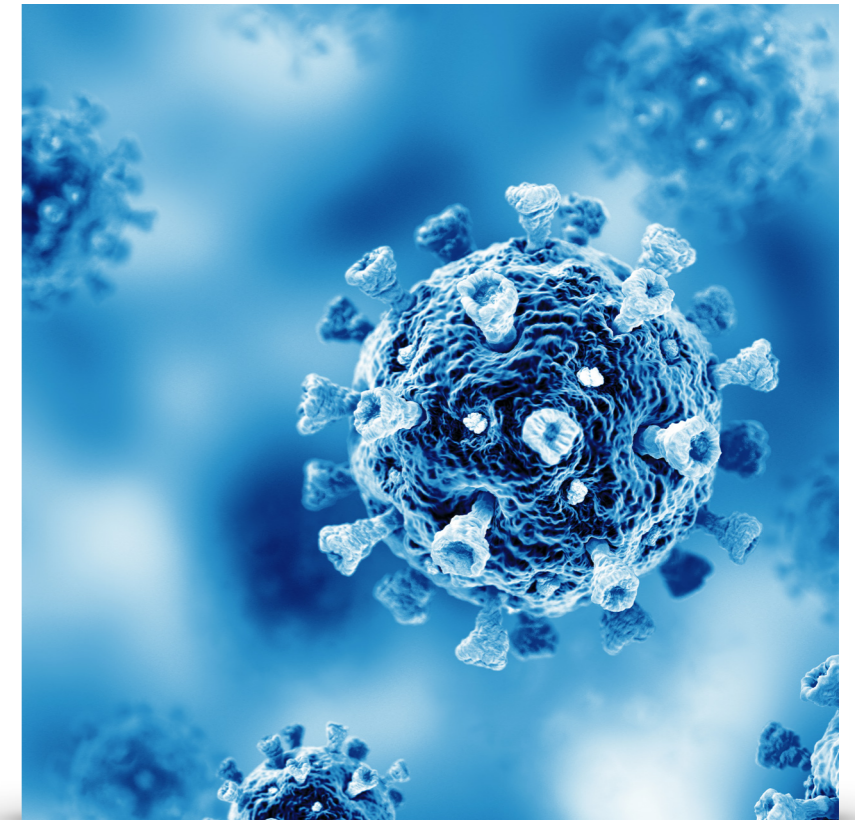
Methodology

- 22 completed 30-45 minute in-depth interviews
- 134 responses; 109 completed online surveys
- Cross-tabs: PharmD/MD, IDN size by number of beds, nine U.S. Census Bureau regions, and whether the respondent was part of an academic medical center



Research Questions

1. **What are the future implications of COVID-19** on access to decision makers and influencers?
2. **How are stakeholders engaging with Pharma** today, and how do stakeholders expect interactions with Pharma to change in the future?
3. **What has been the effect of COVID-19** on how patients are being treated, and are these changes permanent?
4. **How have prescribing practices changed** following the onset of COVID-19?
5. **How has the role of specialty pharmacy evolved** in its interaction with patients?



Implications of COVID-19

Key Findings

What are the **BUSINESS DYNAMICS**?

What are the new rules of **ENGAGEMENT**?

What are the **CHALLENGES** that executives face?

AREAS OF FOCUS

1. Strategic Priorities
2. Care Management
3. Telemedicine
4. Alternative Sites of Care
5. Pharmacy
6. Specialty Pharmacy
7. Pharma Engagement

Key Findings Executive Summary

BUSINESS DYNAMICS

1. **IDNs are open for business** and are focused on growth by increasing existing offerings and acquisitions of sites and practices
2. **Other areas of focus** include expansion of home health services, virtual visits, outpatient infusions, and urgent care centers
3. **Primary care** is an emerging service line focus (we are seeing evidence of this outside the scope of this project)
4. **Specialty pharmacy** is an important growth area for owned SPs
5. **Patient adherence** is owned SP's top strategic priority (was previously cost control)

ENGAGEMENT

1. **In-person engagement with Pharma** remains rare; only email/phone/Zoom
2. **55% say face-to face meetings** expected to resume within 6 months

CHALLENGES

1. **Reimbursement** is biggest SP threat
2. **Health disparities** remain a key area of interest
3. **Employee wellbeing and support programs** are ongoing focus; clinicians and others are feeling the cumulative effects of the past year's efforts

1. Strategic Priorities

BUSINESS DYNAMICS

1. COVID-19 has impacted virtually all IDN's strategic priorities; executives say they are just now getting back on track
2. Common strategic priorities include:
 - a. Increased focus on stabilizing their balance sheet by restoring service lines
 - b. Increasing elective procedures
 - c. Finding other opportunities for growth (e.g. acquisitions, adding sites of care)
 - d. Getting their service areas vaccinated
3. Key service line priorities include primary care, oncology, cardiovascular, and orthopedics

Well, our [primary] strategic priority is to gain more market share, of course, as you would anticipate. Second is to regain the bottom line, profitability. And third is how do you move more to value-based purchasing and outpatient care?

Now, what did COVID do to disrupt that? It disrupted all three of those strategic pathways.

Chief Medical Officer

2. Care Management

BUSINESS DYNAMICS

1. 95% of respondents indicate that most service lines and locations are open or that IDN has returned to pre-COVID levels

ENGAGEMENT

2. Other SDOH focus areas include increased use of telemedicine, targeting at-risk populations, and increased educational efforts

CHALLENGES

3. Leaders are most concerned with new COVID-19 variants and for patients who have delayed care
4. 72% of online survey respondents indicate an increased focus on health disparities – a large jump from our previous two surveys
5. Addressing health disparities by targeting zip codes for vaccinations

We had to create new pathways for caregivers, especially for those who had poor social economic status or whom the social determinants of health had determined that their ability to live independently would be compromised.

Chief Medical Officer

3. Telemedicine

ENGAGEMENT

1. Many IDNs are looking for ways to expand from basic tele/video visits to more sophisticated tech, such as remote monitoring
2. We found a consistent increase in EHR integration: 63% of respondents say their telemedicine program is integrated into their EHR, up from 55% in October and 48% in June
3. While EpicCare is the most used telemedicine platform (24%), others are using Zoom (21%); choice is driven by EHR integration (EpicCare or Cerner) or ease of use and accessibility (Zoom or FaceTime)
4. Opportunities for patient education in the virtual waiting room, as indicated by executives in personal interviews

CHALLENGES

5. Reimbursement rates declining across payers

So, telemedicine is beginning to give you a sense of exactly what goes on when a patient is at their home, as opposed to your office. It also, when used in combination with remote patient monitoring, allows telephonic transfer of information, such as weight, oxygen saturation, blood pressure, blood glucose, and oxygen levels, that allows a doctor to be able to make better decisions about how a patient is truly doing at home, as opposed to, again, just that 15-minute office visit.

Chief Medical Officer

4. Alternative Sites of Care

BUSINESS DYNAMICS

1. 63% of respondents say the pandemic has caused them to consider expanding alternative sites of care, compared with 49% in October
2. Many IDNs have converted existing clinics into spaces that could be better used for their needs amid the pandemic, such as a respiratory clinic or transitional care clinic, and increased the number of ICU beds to meet demand
3. Other notable initiatives include expansion of home health services, virtual visits, outpatient infusions, and urgent care centers
4. Home infusion use has steadily grown throughout the pandemic

We are in the process of setting up two or three more of what we call TCCs, transitional care clinics, which are for patients who are discharged from our acute care facilities who either do not have a primary care physician or cannot get a primary care physician appointment within one to two weeks. They are referred for a period of up to three months to be seen in our transitional care clinics.

Chief Clinical Officer

5. Pharmacy

BUSINESS DYNAMICS

1. Unchanged from our last study, 25% agree that, in immunology, there has been a shift toward prescribing more oral and injectable medications versus infused products; in oncology, the percentage dropped from 25% to 20%
2. In our interviews, respondents are unanimous in their view that a shift away from infused medications (generally) has occurred during the recent spike in COVID-19 cases, but most said this shift began before the COVID-19 pandemic
3. Physician recommendation drives biologic drug selection, as indicated by 87% of respondents, up from 65% in October
4. The use of copay assistance programs has consistently increased since the start of the pandemic; they remain popular with both medical and pharmacy executives

They haven't really switched. There are some great oral products out there, but to my knowledge, and what I've seen in our budget throughout the year, is we continued with the care that we did in the outpatient oncology infusions throughout the year.

**Pharmacy Director,
community health system**

6. Specialty Pharmacy

BUSINESS DYNAMICS

1. Nearly 40% of IDNs in our online survey own a specialty pharmacy, most often these are larger health systems
2. 44% of respondents who own their SP report there has been an increase in specialty pharmacy prescriptions since the onset of COVID-19, compared with 26% in October and 20% in June
3. Top SP strategic priorities include patient adherence, cost control/reduction, and continuity of care; patient adherence was previously the 4th most important priority

CHALLENGES

4. Top SP threats include reimbursement, barriers joining the payer/PBM network, and D.I.R. fees; barriers to join was previously the 5th largest threat

Some insurers will mandate that those medications that we are infusing in our institution come from their specialty pharmacy. That's detrimental to us because then we don't get the revenue on that, especially because we're a 340B hospital. With these insurers now saying, "No, you have to go through our specialty pharmacy for the drug." That's causing us to lose a lot of revenue.

Pharmacy Director

7. Pharma Engagement

ENGAGEMENT

1. In-person meetings remain limited; when speculating about future requirements, top responses included masking and social distancing (76%), standard pre-screening and credentialing (66%), and proof of vaccination (44%)
2. Respondents are interacting with corporate account managers through email (55%), phone calls (51%), and Zoom/Skype (41%)
3. Best ways to support pharmacy:
 - a. Be available when needed and stay in touch
 - b. Keep leadership aware of relevant changes to policy or personnel
 - c. Share significant new clinical data when available
 - d. Keep leadership aware of product availability warnings, and provide assistance when shortages do occur

I do think it will remain all phone calls and emails, with some Zoom. I mean, one, for the convenience, but two, I think it'll be a while just before people really start to feel comfortable about letting people back in their facilities.

**Director of Pharmacy,
regional health system**



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RESEARCH GROUP

ABOUT DARWIN

Darwin Research Group provides strategic information services for our health care clients, specializing in health care provider systems and the life sciences. Through research, publications, and consulting services, we help our clients understand the changing health care ecosystem and how they can be successful—and profitable—in a new era.

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