

CASE STUDY HIGHLIGHTS

How Three Leading Providers Leveraged Technology to Optimize Financial Assistance



TAILORMED

Background

It's no secret that medications are unaffordable in the U.S. Last year, nearly **40% of Americans** skipped or delayed care due to costs. The consequences are far-reaching – for patients and the entire healthcare ecosystem.

For patients, the financial burden of care leads to medication abandonment and nonadherence, resulting in worse treatment outcomes and the need for more extensive (and costly) care down the line. It also impacts providers' bottom line and hinders their ability to create positive patient experiences.

The problem is obvious and yet the solution – financial assistance – is underutilized. There are thousands of assistance programs and **\$58 billion** in available resources – including drug manufacturer copay assistance, foundation grants, and free drug programs. However, utilization rates remain low among providers and pharmacies alike.

The reasons? Healthcare organizations' financial assistance capabilities often lack:

- A centralized approach
- A comprehensive, disease-state agnostic program scope
- Defined business drivers
- Operational alignment

From a process standpoint, many financial navigation programs face obstacles to success, including:

- Manual, reactive workflows
- Inability to quantify results
- Limited, overburdened staff

The following case study highlights illustrate how integrated delivery networks (IDNs) can leverage technology to scale their programs—and maximize potential funding.

USE CASE: HEALTH SYSTEM

Advocate Aurora Health

Advocate Aurora Health (AAH) is nationally recognized for clinical expertise across the care continuum while leading healthcare transformation to drive value and reimagine the patient experience. AAH's **75,000 team members** serve more than **three million patients** at **27 hospitals** in Illinois and Wisconsin.

The leaders at AAH have long recognized that living up to their mission requires them to serve each patient's unique needs. Given the barriers posed by rising healthcare costs, they understand that patient financial health is critical to that care delivery ethos.

CHALLENGE

AAH set out to improve patient access and standardize assistance across its two-state system. The patient financial experience was highly variable from site to site due to manual, fragmented processes and staffing limitations.

SOLUTION

AAH implemented a technology solution to be the foundation for its unified patient financial experience. AAH also established a multi-site committee to develop and implement a standardized process framework, supported by technology, to promote consistency and improve team efficiency.

RESULTS

- **\$2M secured** for two-site pilot
- **\$11M secured** for entire two-state system in two years
- Systemwide standardization of financial assistance across all medications
- Empowerment of staff who were able to achieve better results for their patients

USE CASE: CANCER CENTER

Moffitt Cancer Center

Moffitt Cancer Center is Florida's only National Cancer Institute–designated Comprehensive Cancer Center. With more than **7,800 team members**, Moffitt has a vision to revolutionize cancer care and provide the best possible patient outcomes. Last year, Moffitt served more than **79,000 patients**.

Moffitt has always been an organization focused on delivering the best possible care experience. And with patients being asked to pick up a greater share of costs in recent years, the patient financial experience has become more important than ever.

CHALLENGE

Though Moffitt had an existing copay assistance process, it had always been manual, siloed, and wholly unscalable. Leadership realized the importance of centralization and automation when manufacturers began telling them of lost opportunities.

SOLUTION

Moffitt implemented a technology solution to operationalize copay assistance across its centers. With the solution in place, assistance teams could provide a more cohesive experience and capitalize on every opportunities for their patients.

RESULTS

- **\$1M** in copay assistance secured in the first year
- More efficient management, enrollment, tracking, and collection of funds
- Increased capacity to evaluate and assist more patients
- Improved reporting to track program successes

USE CASE: REGIONAL MAP TEAM

Large Health System

One of the largest health systems in the U.S. delivers a comprehensive range of health services to upwards of **five million patients** at **51 hospitals** across **seven states**.

To improve patient access and outcomes, the health system established a charity pharmacy that dispenses medications for several facilities. Led by an expert Medication Assistance Program (MAP) team, the pharmacy serves close to 200,000 patients annually.

CHALLENGE

In addition to dispensing meds, the MAP team was tasked with enrolling patients in assistance and monitors hundreds of ongoing fund renewals. Without technology, this resource-intensive manual process severely limited the team's capacity to fulfill their duties and maximize assistance resources for patients.

SOLUTION

TailorMed's automated program matching, streamlined enrollment support, and pre-built worklists helped to balance the team's workload and immediately improve their efficiency. The platform's centralized reporting capabilities also enabled the team to demonstrate institutional and patient benefit more meaningfully.

RESULTS

- **\$55M secured** in the first year
- Automation of previously manual workflows, elevating the team's performance
- Greater leadership visibility into program effectiveness
- More patients assisted: **2,234 unique patients** served and **3,170 individual program enrollments** in the first year

For more information, contact us at:

contact@tailormed.co

800.910.9801

tailormed.co

About TailorMed

TailorMed offers the nation's largest network of patients, providers, pharmacies, partners, and life science companies focused on ensuring all patients across all medical conditions can afford treatment. Driven by TailorMed's best-in-class platform, network constituents can proactively identify, match, and enroll patients in financial assistance programs to deliver a world-class patient financial experience while reducing the cost of care delivery and increasing revenues. TailorMed's secure, web-based financial assistance solutions are deployed across more than 1,000 sites of care including Providence Health, UnityPoint Health, Yale-New Haven Health, and Advocate Aurora Health. To learn more, go to tailormed.co.

The TailorMed logo is positioned in the bottom left corner of the slide. It features the word "TAILOR" in a white, uppercase, sans-serif font, followed by "MED" in a larger, bold, white, uppercase, sans-serif font. The logo is set against a dark blue background that transitions into a lighter blue area at the bottom left. A decorative graphic of a light blue curve and a series of small red dots is visible in the bottom right corner of the slide.

TAILORMED