

ACE-ing Launch Success

Unlocking the true drivers
of patient access,
experience, and conversion

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Successful drug launches depend on more than generating demand. They depend on whether patients can ultimately access and start therapy.

In today's environment, access is not a single milestone to achieve but a system to actively manage. Securing payer coverage is only one part of the equation. Patients must also be able to afford treatment, navigate distribution pathways, connect with appropriate healthcare providers (HCPs), and receive the support needed to initiate and remain on therapy. When any part of this system breaks down, patients fall out of the equation and launch performance suffers as a result. For launch brand leads, this creates a clear mandate: ensure that market access, trade and distribution, and patient support are not operating in silos, but as a coordinated system working together to create a seamless, positive customer experience.

Most organizations recognize this challenge and are evolving their launch dashboards accordingly – placing greater emphasis on integrated real-time performance metrics that reflect actual patient outcomes, not just activity. Among these, Access Conversion Efficiency (ACE) has emerged as a critical metric to understand how effectively patients move from treatment decision to therapy initiation.

What is ACE

ACE tracks patient attrition at each stage of the access process, enabling teams to not only determine when patients abandon treatment, but whether abandonment reasons are access-related, and more importantly whether they are addressable. While most launch teams already monitor elements of this journey, few have a complete and consistent view across functions. Teams often see the symptoms (e.g., lower-than-expected initiation), but lack clarity on root causes or how to intervene effectively.

When operationalized correctly, ACE shifts the focus from activity to outcomes. It enables teams to:

- Translate demand into measurable patient progression
- Identify the highest-impact breakdowns in the access process
- Prioritize interventions with clear line of sight to patient and commercial impact

Importantly, ACE creates a shared framework across stakeholders – aligning brand, access, patient services, and commercial teams around the common goal of improving patient conversion.

In a launch environment where small improvements in conversion can materially impact trajectory, ACE becomes not just a metric, but a management system that is results-driven.

ACE your launch by making sure access reporting is...

1

Integrated

Create a single source of truth on how patients and HCPs *experience* the access journey by aligning on a common framework and integrating data from each stage of the journey

2

Actionable

Empower your teams by reporting not just how many patients progress through the access process but when and why they drop out of the process

3

Simple

Comprehensive does not have to mean complicated. Consistently apply metrics in formats that are understandable at-a-glance to keep team members continually checking in on overall team progress

Access Conversion Efficiency (ACE) measures how effectively patients move from treatment decision to therapy initiation and beyond. It quantifies the percentage of patients who successfully navigate each stage of the access process, from when a treatment decision is made with the HCP at an appointment to the first dose. It also centers the patient experience of interactions between their HCP, manufacturer hub (if one exists), and payer and applies regardless of whether the drug is covered under the medical or pharmacy benefit.

For a launch brand lead, ACE reframes access as a conversion funnel that must be actively managed, rather than a series of disconnected milestones. Rather than focusing on isolated metrics such as PA approval rates or shipment volume, ACE connects the full sequence of events into a single, end-to-end view. It answers critical launch questions:

- Are patients successfully moving through the journey?
- Where are we losing them?
- Which losses are recoverable, and which are not?

Many brands enter launch with fragmented visibility: claims data captures fills, hub data captures services, and data aggregators are left trying to make sense of it all. Designing a data ecosystem with ACE in mind prior to launch addresses this by:

- Anchoring performance to demand (prescription, hub enrollment, or qualified interest)
- Measuring conversion at each stage of the access journey
- Enabling benchmarking against analogs and competitors, across time periods and enrollment options
- Providing a foundation for cross-functional accountability

Measuring ACE

An ACE dashboard can be a powerful tool for a launch brand lead, but not all dashboards are created equal.

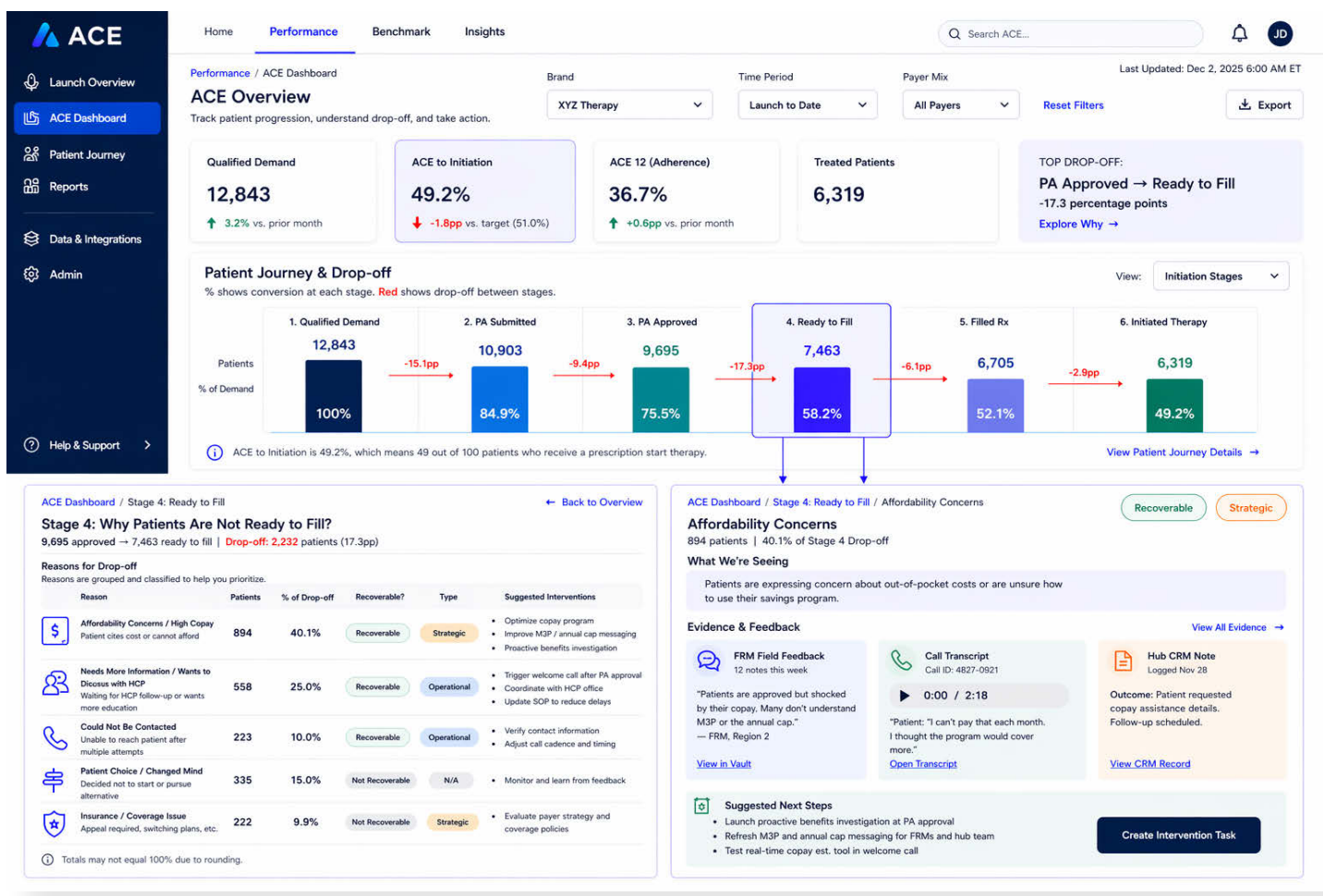


Figure 1. Example integrated launch dashboard outlining conversion hiccups and potential interventions

A **good** launch dashboard cleanly shows gaps between stages so brands can prioritize their efforts based on where drop-off occurs in the patient journey and the magnitude of these drop-offs. Drop-offs, even if smaller in magnitude, but occur earlier in the patient journey (i.e., top of the funnel) result in larger NBRx or TRx fluctuations. Users also need to be able to double-click on individual stages to understand the reasons behind those drop-offs.

A **better** launch dashboard groups individual patient experiences into common themes to distinguish between drop-offs that are recoverable vs not and strategic vs operational. Contracting to remove step edits with a payer is a completely different solution from one that requires updating SOPs or FTE estimates with a hub vendor. The latter is often not captured in traditional data sources, but they have a direct impact on both patient outcomes and commercial performance.

The **best** launch dashboards integrate quantitative data with qualitative data such as FRM feedback, anonymized call recordings, and market research including industry benchmarks informed by relevant analogs. These also allow brand teams to compare ACE between cohorts of the same brand such as cohorts based on geography, direct to SP vs enrolled through hub, new- vs experienced-treaters, etc.

Better Tracking Requires Better Data

Managing ACE effectively requires intentional data strategy, not just data aggregation. Traditional longitudinal claims data has been the gold standard in providing insight to the patient and HCP access journey and likely will remain the backbone for many manufacturers' launch dashboards. However, these data sets increasingly face limitations due to data **latency**, **limited visibility** into patient and prescriber behavior, and data **blocks**.

These days, nearly every specialty drug faces PA or medical exception. As HCPs increasingly secure authorization before prescription routing, traditional rejection-based insights are less reliable. This creates a need for integrating additional data sources, including ePA, hub data, and CRM-driven insights.

For payer-approved adjudications, abandonment analyses can shed light on when patients decline to fill medication. Historically, this has largely been attributed to affordability and is even reported by primary and final cost-share exposure. However, cost-sharing has become more complex with increasing deductibles, use of coinsurance over copays in benefit design, and mechanisms such as accumulators and maximizers. Additionally, patients continue to abandon for a variety of reasons besides affordability as they look to sources beyond HCPs and pharmacists for health (mis)information. Being able to capture the reason why patients do not move forward with therapy and whether that is recoverable has become increasingly important for brands.

Where patients are receiving treatment has also evolved the reliance on traditional pharmacy claims data. Specialty drugs, especially those that treat rare conditions, may have data blocks or blind spots with limited distribution networks. Even brands that have data contracts in place with network SPs can find it challenging to benchmark their performance against competitors due to these blocks. Retail brands face challenges with emerging direct-to-patient / digital pharmacy channels not reported by traditional sources.

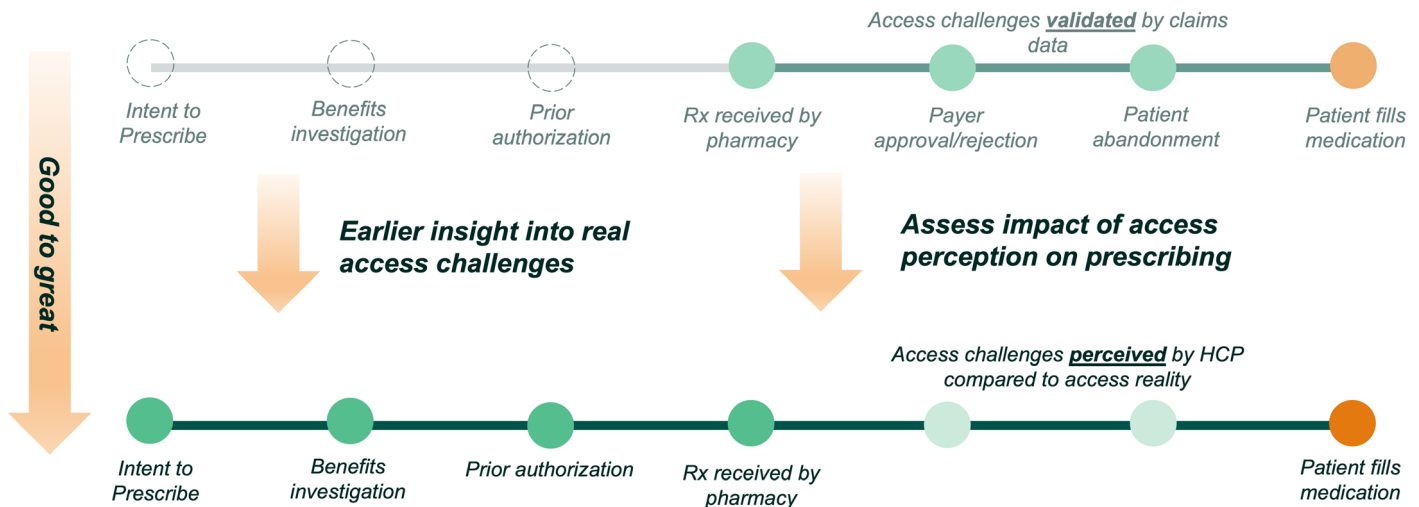


Figure 2. Evolution of data sources and its impact to ACE tracking

In some instances, brands can overcome these gaps in visibility with select SPs or a hub partner. Improving visibility into the patient journey can unlock meaningful insights to drive commercial success.

About the Author



Jennifer Dong

Jennifer Dong is a life sciences strategy advisor with 15 years of experience spanning strategy consulting, patient support operations, and healthcare analytics. Her career has been shaped by a deep understanding of the healthcare system as a complex, interconnected ecosystem – one in which every player has a role in influencing a patient's access to therapy. Having guided multiple launches, Jennifer has successfully designed and implemented human-powered, tech-accelerated solutions, bringing client ambition to life. This pragmatic but aspirational nature defines her advisory work.

About Hayden Consulting Group, a BGBx Consulting Company

Hayden, a BGBx Consulting company, is a strategy and analytics consulting firm that partners with life sciences companies to untangle access complexity, uncover deep insights, and unlock commercial success. Our team of leaders is connected by a common thread – to redefine how the life sciences industry thinks about access. Placing access at the forefront of decision-making is critical to ease the process for patients and their providers to obtain clinically necessary therapies.

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Case Study 1: Conversion Bottleneck

Situation

A specialty injectable launched with strong payer coverage and forecasted strong ACE performance. However, early launch signals showed that prescriptions were not progressing as expected, with delays and discontinuations despite low rejection rates.

Solution

Hayden conducted a more detailed tracking of ACE and found significant variability in patient progression across SPs, particularly when the injectable was covered under the medical benefit. Our analyses revealed that white-bagged prescriptions covered under the medical benefit were often re-routed between SPs, resulting in numerous calls to patients by multiple SPs, delaying treatment and increasing patient frustration. The Hayden team conducted both internal and blinded external interviews to better understand the reason for re-routing prescriptions and uncovered that some of the SPs in their limited distribution network lacked the appropriate medical benefit contracts or infrastructure to adjudicate these claims.

Impact

Rather than pursuing costly structural changes, the launch team implemented targeted, near-term interventions:

- Provider education on benefit pathways
- Enhanced benefit verification processes
- Proactive coordination with in-network SPs

These changes reduced friction, improved coordination, and increased conversion—demonstrating how ACE can guide rapid, practical decision-making during launch.

Case Study 2: PSP Value Optimization

Situation

A mid-sized specialty brand, 5 years post-launch, was continuing to achieve its target ACE scores, indicating that patients were successfully navigating the access journey with strong initiation and continuation rates. However, as the brand continued to grow, copay assistance spending began to rise disproportionately without corresponding gains in initiation or persistence.

Solution

To investigate, the Hayden team analyzed copay vendor data to identify the drivers of increased spending. This analysis revealed a substantial rise in patients fully exhausting program benefits, often with total spend exceeding Affordable Care Act (ACA) thresholds. These patients were identified as likely enrolled in accumulator or maximizer plans. Under these plan designs, manufacturer support does not meaningfully reduce patient out-of-pocket costs because patient support does not count towards the patient's ACA maximum. Instead, funds are absorbed at the payer level, leaving patients exposed to high costs later in the year as copay assistance benefits are exhausted and risking discontinuation of therapy. The brand re-evaluated its patient support program (PSP) benefit design.

Impact

By adjusting benefit design levers, the brand was able to stem the steep increases in copay spend year-over-year. It was important to the brand that the patient experience remained positive, so ACE tracking was closely monitored after changes were made. While APU patient volume declined modestly as program rules changed, overall ACE remained stable because impacted patients were either unlikely to benefit from assistance or were predisposed to discontinue. Meanwhile, initiation and persistence among traditional deductible patients remained unchanged, confirming that support was preserved for those most sensitive to affordability barriers. This team used ACE not only to identify inefficiencies, but to confidently make trade-offs, optimizing program design without compromising patient experience or conversion outcomes.