


# THE PATIENT PERSPECTIVE

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## Issues Facing Patients Around Access to Medications

**Andrew Schepers**  
American Cancer Society Cancer Action Network, Inc.

*"The ultimate conquest of cancer is as much a public policy aspiration as it is a scientific and medical challenge."*  
— John R Seffrin, PhD, Chief Executive Officer


### Access to Medication

- Access to Medications
  - Utilization Management
    - Step Therapy
    - Prior Authorization
    - Formulary Tiering
  - Impacts on Physician / Patient Relationships
  - Impacts on overall health
    - Non compliance
    - Overall impacts on health.



### Issues Surrounding Access to Medication

- Control to Access
  - Opioids
- Price Barriers
  - Oral Chemotherapy Fairness
- Contractual Issues
  - Non Medical Switching



## INSURANCE ACCESS ISSUES FOR THOSE WITH CHRONIC HEALTH CONDITIONS

**Brianna Romines, MPA**  
President, Epilepsy Foundation of Michigan

## The Cost of Chronic Diseases and Health Risk Behaviors

- In the United States, chronic diseases and conditions and the health risk behaviors that cause them account for most health care costs.
- Eighty-six percent of all health care spending in 2010 was for people with one or more chronic medical conditions.<sup>1</sup>

1. Corbett J, et al. *Can J Infect Dis*. 2014; 25(1):1-6. <http://dx.doi.org/10.1185/09502688.12345678>

## The Cost of Chronic Diseases and Health Risk Behaviors

Without Health Insurance, individuals with chronic health conditions, like epilepsy, do not get the care they need. In the end, this makes the chronic health population far more likely to rely on government programs and support.

**Common Insurance Issue:**  
**Lack of Insurance Stability**

Individual with chronic medical condition has employer-based health insurance through self or spouse and there is job loss.

### Common Insurance Issue: Lack of Insurance Stability

#### OUTCOME

- Individual is offered COBRA, but many clients find it cost prohibitive.
- Due to the Affordable Care Act (ACA), "job loss" qualifies individuals to a Special Enrollment Period and includes tax-credits to pay for premiums and cost-sharing subsidies to lower insurance costs for many.
- Prior to the ACA, getting coverage during a gap period or getting insurance at all was a very difficult and/or unaffordable as their epilepsy would have been considered a pre-existing condition.

### Example:

*Patient with well-controlled seizures loses employer-based insurance*

- Job loss causes person with epilepsy to stop medication entirely or have to change to a less-ideal medication with a lower out-of-pocket cost.
- Breakthrough seizure occurs.
- Healthcare Cost Implications: Ambulance Ride, ER Visit, Diagnostic Tests, Specialty Care
- Social Implications: Loss of Driver's License, Employment Barriers, Financial Hardship

### Clinical and Economic Burden of Breakthrough Seizures

Divina, Viktorla et al.  
Epilepsy & Behavior, Volume 51, 40-47

- 28.4% or 5,729 adults with epilepsy in the sample had breakthrough seizures during the study period. Among those people, most (75.8%) had one breakthrough seizure that led to a hospitalization or emergency room visit.
- All health care costs for people with breakthrough seizures were 2.3 times higher than the control group.
  - The increased costs were related primarily to hospitalizations.
  - The health care use and costs in the 6 months after a seizure increased with the number of seizures a person had.
- Epilepsy-related costs for people with breakthrough seizures were 8.1 times higher than the control group.
  - More than 50% had at least one hospitalization for seizures.
  - People with breakthrough seizures and who had outpatient office visits for epilepsy saw a provider more often than controls.

No insurance =  
Uncontrolled epilepsy =  
Higher Health Care Costs

**Diagnostic Delays in Children with Early-Onset Epilepsy:  
Impact, Reasons, and Opportunities to Improve Care**

Berg, Anne E., Fatou-Louise Komper, and Christine S. Buck. *Epilepsia* 55.1 (2014): 117-122.  
PAC Web. 19 Apr. 2017.

- Delayed diagnosis of early-onset epilepsy is a potentially important and avoidable complication in epilepsy care.
- Diagnostic delays occur in many young children with epilepsy. They are associated with substantial decrements in development and IQ later in childhood. Several factors influence diagnostic delays and may represent opportunities for intervention and improved care.

Even with Health Insurance, individuals face challenges because health plans continue to increase cost-sharing requirements on beneficiaries.

Insurers limit coverage of specialist and certain medications. Insurers limit physician-directed care, which is the primary need of our community and those with chronic conditions more broadly.

**Common Insurance Issue:  
High Out-of-pocket Costs**

Individual with chronic medical condition has insurance with high deductibles and/or copays, minimal prescription coverage (typically excludes many brand-name medications), and high monthly premiums.

**Common Insurance Issue:  
High Out-of-pocket Costs**

OUTCOME

- Office visits, diagnostic testing, and procedures are delayed and/or cancelled.
- The patient is prescribed a medication that works but cannot afford the out-of-pocket costs.
  - The patient does not qualify for assistance programs as most require that you have no prescription coverage to qualify.
  - Examples: Pharma-based Patient Assistance Programs and World Medical Relief.

**Prevalence and Cost of Nonadherence with Antiepileptic Drugs in an Adult Managed Care Population**

Devita, K. L., Combs, S. D., and Edin, H. M. (2012). *Epilepsia*, 53: 446-454. doi:10.1111/j.1528-1167.2012.03414.x

- This study assessed the extent of refill nonadherence with antiepileptic drugs (AEDs) and the potential association between AED nonadherence and health care costs in an adult-managed care population.
- Adherence with AEDs among adult epilepsy patients is suboptimal and nonadherence appears to be associated with increased health care costs. Efforts to promote AED adherence may lead to cost savings for managed care systems.

**Quality care can not happen without insurance coverage.**

**ACCESS TO PROVIDERS  
IMPACTS OUTCOMES  
FOR PATIENTS**

**Amy Zaagman**  
Executive Director



**Getting to the right provider**

- The role of primary care
- The need for specialists
- Adequate networks
- Workforce recruitment, retention and distribution

Getting to the right provider:  
**at the right time**

- Referral policies
- Care coordination efforts
  - Community health workers
  - Specialty clinics
- Other support services
- Transportation

Getting to the right provider:  
**at the right cost**

- Reimbursement is the driver
- Ability to participate
  - payer mix for providers
  - co-pays, deductibles for patients
- Timely diagnosis, referral and treatment is more effective and efficient

Getting to the right provider:  
**for the best outcomes**

**Delays in reaching the right provider  
can have dramatic impacts  
on outcomes.**

**Contact Information**

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