Financial Toxicity Webinar Transcript

Stephen (00:01):

Good afternoon, everyone. Thanks for joining us today. We're excited to get started, but we're going to wait about one minute in order to give other people an opportunity to join. So we'll start in about 60 seconds. Good afternoon, everyone. My name is Stephen Davis. I'm the director of health system strategy for shields health solutions. Thanks for taking the time out of your day to join us today for our health system, specialty pharmacy exchange. The title of this webinar is solutions to financial toxicity and specialty pharmacy. For those that are new to this exchange, our goal is to provide a casual environment for sharing ideas and expertise. Please use the chat feature for sharing any questions that you may have. We'll be sure to check that as we go for this webinar, this meeting is being recorded and there will be a transcript with chat-based additions that will be made available at the end of the webinar today, I have the pleasure of having two other speakers that are going to be joining me today.

Stephen (01:45):

I have with me Bianca Pircio, who is one of our patient support advocates here at Scheels. And I also have Angela Killay. Who's the director of patient support operations at shields, as I get ready to jump into the slot. Since the beginning of 2020 shields have provided greater than $440 million in total financial assistance for our health system partners and patients. And we're very excited about that and the year isn't even over yet. And so our goal today is to discuss some of the things that we've learned along the way, and some of the things that we've been able to solve as it relates to financial toxicity. And what is financial toxicity for the purposes of this webinar, we're going to define financial toxicity as the objective financial burden and a subject, the financial distress that patients experience. And when I'm talking about financial distress, I'm mostly talking about the financial stress worry fear, the concern that they have specifically as it relates to the out of pocket costs that are associated with their medical care.

Stephen (02:52):

And so when I'm talking about out-of-pocket calls, I'm talking about the direct patient calls that patients pay directly for the medical care. This includes their copayments, their co-insurances their deductibles and within health systems, we have all experienced all types of scenarios regarding patients and financial assistance. There are some patients that we have that don't have insurance, as it relates to their job. Some uninsured patients don't know how to obtain financial assistance. A recent study found

that 45% of uninsured adults said that they remained uninsured because the cost of coverage was too high. And that takes me to my next slide about the increasing cost of healthcare. So studies have shown that the cost of healthcare continues to rise, and the reason why the healthcare costs continue to rise, it's mostly due to an Asian population. And it's also due to the rising prices and healthcare in general.

Stephen (03:58):

And so as healthcare costs, increase, insurers have shifted some of that cost burden over to our patients that result in higher out of pocket costs and out of pocket expenses. And so on the next slide, when we talked through economic consequences this does have economic consequences for our patients. So out of pocket expenses are typically higher in patients that have complex disease States, such as the specialty patients that we see on a daily basis. And what can happen is as insurers shift that cost burden over to patients, if they're unable to pay for their medications, then they could forego or delay their medical care. And as a result of that, that can lead to poor outcomes and poor quality of life for our patients. So on this next slide, I talked through a study that was done and in 2018 there was a study that said greater than 25% of adults with cancer report it financial toxicity that was associated with an increased risk for medical noncompliance.

Stephen (05:09):

And a couple of the top reasons that patients delayed their medical care was that they didn't have insurance and that they couldn't afford the household expenses. So it doesn't need to be to the next slide. There was one poll that showed that hot to high cost of prescription drugs is what drives 67% of patients into medical medication nonadherence. Another way to think of that is over two thirds of the patients that you're currently assisting right now due to the specialty medications, these are high dollar medications. So about two thirds of those patients are at risk for medication nonadherence. Another survey shows that 15 million Americans prefer purchasing prescription drugs due to the cost of medications. So as you can see there are a lot of scenarios in which patients are having difficult time paying for their medications. So in the next lab, what are the solutions to financial toxicity? Well, I'm going to turn this over to Bianca to discuss the financial assistance programs and a little bit more detail that are available to assist our patients that are on specialty medications. Bianca,

Bianca (06:24):

Thank you, Steven. So we understand that patient's ability to afford their medications directly impacts their health and outcome of their treatment. We've identified four target groups of patients starting with uninsured patients. These patients may be patients who are not citizens but do reside here in the US and patients who do not have any type of insurance at all. It's important to know that some of these patients are patients who also refuse to apply for insurance for a number of reasons, if an uninsured person, a patient presents. And we find that we may, that they may be eligible for assistance. With a state insurance program, we'll guide them to apply while searching for financial assistance. In tandem, under-insured patients are patients who have high deductibles or copays, which has become more typical with insurance. In recent years, they may also be Medicare D patients who will hit the coverage gap in their insurance coverage due to the cost of their medications.

Bianca (07:27):

Now, commercial patients will typically qualify for assistance on brand name medications only with a noted exception, which I will address a bit further on. Now, the final group that we identify as very specific to shields, we identify all patients with the copay of $5 and work to secure any assistance that

may be available. Now, moving on to the next slide, there are six common types of financial assistance. There are manufacturer pro programs or what is also referred to as free medication. Foundation's supplemental insurance programs, hospital-based programs, copay cards, and discount cards. And I'm going to address each of these types in a bit more detail manufacturer programs are created by the drug manufacturer to supply free medication and assist patients who are uninsured and commercial patients whose copay is not covered. I'm sorry, whose medication is not covered, or the PA has not been approved.

Bianca (08:31):

There are certain eligibility criteria that the patient does have to meet to qualify for this free medication. Most manufacturers require the patient to have an income of no greater than 500% of the federal poverty level. For example, a household size of one, the patient cannot exceed an annual gross income of $62,000. Uninsured patients may have to meet citizenship requirements depending on the program for Medicare patients to qualify all foundation funds must be closed. The application process can be somewhat tedious, done via mail or fax, which can delay therapy foundations provide assistance primarily for Medicare D patients. However, there can always be that exception to the rule, for example, HIV or infectious disease patients. Those foundations generally tend to assist patients within with any type of insurance income criteria does apply to the foundations just the same as manufacturer's assistance, where they will need to be above or below a certain federal poverty level percentage.

Bianca (09:41):

Most common foundations are patient access network, good gaze health, well patient advocate, foundation, cancer care, and leukemia, and lymphoma society. Most of these foundations have made the application process simplified with online portals and immediate responses. Supplemental insurance programs are related to Medicare patients. These programs may cover some, if not all of the patients, cocaine, depending on the, in the income of the patient, these programs are state-specific and we do encourage every Medicare patient to apply. There are also hospital-based programs that of course are specific to the patient's hospital. They oftentimes provide a certain amount of funds, very similar to foundations per patient, which will allow the patient to essentially have their copay covered at a $0 out of pocket cost to them. They have income guidelines and are typically called charity care programs or free care programs. The health systems, financial counselors will help guide the patient through the application process systems utilize some of their three 40 B savings to pay for copays of patients that qualify based on income guidelines.

Bianca (10:58):

For example, we work with some HIV clinics where every patient's copays are covered by utilizing three 40 B funds. Typically there is an identified person that approves the expense and authorizes the pharmacy to build the copay to the clinic are specifically utilized for commercially insured patients only when they are prescribed brand name medications. And these copays will reduce the patient's copay. Typically between zero to $20. There are also discount cards available for patients who do not qualify for financial assistance for our case-specific reasons. Now we're talking about good RX, triple a certain specific pharmacy discount card. They're wonderful, and they don't require the insurance to be processed. So they just provide us a specific discount for each pill.

Bianca (11:55):

Here, we provide continuous education for our staff members, as things are always changing. Most importantly, our staff will know how to differentiate net income and gross income, as that is critical to finding the best assistance for our patients. Staff is also aware of the ever-changing manufacturer requirements that can be state-specific or most commonly the sudden change of the applications. We also explain to our patients that if they provide incorrect Infor income information, then foundations can audit them, which may end up resulting in a denial when running our audit reports, we do make sure we are avoiding the use of copay cards for our Medicare, Medicaid, DOD VA based plans. And we pull those audit reports out of the pharmacy dispensing systems to make sure we're maintaining compliance for all legal requirements, identifying the patients, and the assistance that benefits their needs, maintaining awareness to the ever-changing status of assistance. Continual training and monitoring compliance are all key to ensuring our patients, your patients are supported and removing financial barriers to medication adherence. And now I'm going to go ahead and turn this over to Angela.

Angela (13:18):

Thank you, Stephen and Bianca. So how does shields manage the issue of financial toxicity with their patient population? How can you manage it? It starts with data and a support team. The patients that need assistance existed. Every health system, as Stephen mentioned, 15 million Americans did not start their medication in a timely manner due to the cost. We know the outcomes are not optimal. If therapy is not started monitored and completed, we have developed a care model that includes a patient support center. We take data from dozens of sources in different formats. We aggregate it and rationalize it. And the telemetry RX data analytics engine, we utilize socioeconomic data and turns information, home caregiver, feedback information from the electronic medical record labs, payer access LDD access, and prescription history. So function-specific data. We take that, we provide it to a specialist and the patient support center.

Angela (14:20):

They take that information and to Bianca's point determine financial assistance is needed and available. As noted earlier, we investigate all patients with a copay of over $5 for assistance. We share this information across all the functions. We provide it to a liaison that's in the clinic and the clinical pharmacist that liaison in the clinic becomes a central point of contact for the patient-physician, pharmacist, and payer. As we move to the next slide, you can see that year to date across all health systems that shield supports. We have assisted over 16,000 patients in securing financial assistance resulting over and over $440 million in estimated savings. This funding has come from all of the sources that beyond identified foundations, copay cards, supplemental insurance, community-based FAA programs. We've talked a lot about utilizing at base sources for helping patients, but there's another piece that Steve and addressed briefly, there are other financial barriers to patients obtaining their medication, their household expenses, their travel expenses, transportation expenses, or some of these.

Angela (15:31):

I have so many stories that I can share about patients that we've cared for, that it needed assistance. But one that I would like to share is about an HIV patient. The patient had been prescribed medication that needed to be refrigerated. We investigated that financial assistance was needed. The patient had an aged app. It was completely covered when he was talked to about storing his medication and we were setting up for delivery. He admitted he didn't have a working refrigerator. His liaison immediately started contacting community groups and the patient had a new refrigerator delivered the next day. So

in all these numbers that we show you, one of the things that you're not going to see is these outside the outside help that we get them for transportation, for things like new refrigerators. As we discover these things, we look at every patient and we have a comprehensive care model, and we believe you should too.

Angela (16:26):

For these patients, as we look at the next slide, you see our 2019 data from shields, our average copay across all health systems with less than $12 servicing, almost 1 million fills. You can see that that range of copays as wide based on the health system. And that's due to a number of reasons, disease States that are supporting the health systems, location funding that was utilized within the health systems among other factors, some of these partners are new to the shields model and we're working to ensure that all of their current patients are supported. So if you currently have a specialty pharmacy, you want to make sure that you're supporting all of your patients with their high copays, and that's what we're doing. They're moving to the next slide. We look at a new partner and how we're able to support their patients in a financial capacity.

Angela (17:12):

In the first month of a partnership, the scale-up was $1.1 million of financial assistance in the first four weeks that was made possible by utilizing the structure that we have adjusted and modified over the past eight years to reach efficiency in identifying these patients. Finally, how do we assess the outcomes of the patients supported within the health system pharmacies, several of which are patients that are at risk due to their financial hardships as discussed the financial toxicity, puts patients at risk for nonadherence, eventually leading to their poor outcomes. We put measures in place to address the financial and then measure the outcomes with several tools. We monitor their hearings, metrics, proportion days covered. We monitor monthly over 12 months, we monitor miss a dose doses. So we have missed dose reporting that lets us know if there's a trend in a patient missing doses.

Angela (18:07):

Are they cutting their meds in half, to save some money somewhere? We do an intervention on those. So we calculate the number of interventions that we complete and the number that are accepted by the clinicians. We monitor a patient's experience with biannual patient satisfaction surveys and our clinician experience where we monitor that annually. We've put a plan in place that is proven to lower overall healthcare costs, assist patients in getting on therapy as quickly as possible. And for the least possible cost by overcoming that barrier, we have significantly increased the patient's chance at a better quality of life and overall improved outcome. And with that, I will turn it back to Stephen Davis.

Stephen (18:54):

Perfect. Thanks so much, Angela. We actually had a couple of questions that have come in Bianca, I'm actually going to send, these questions to you, I'm going to combine them. And the question is it looks like, are you always able to find assistance for every patient? And what do you do if you can't find assistance?

Bianca (19:16):

So there is not always assistance for every patient. We do make sure that we are exhausting all of our options before we inform both the patient and the provider. When there is no assistance at the time they're requesting it, we keep them on our radar to continually look at like, as funding can, can open at

any time. And if there are no foundations available at the time we do inform the doctor and at that point, the patient will either choose to pay for medication or the doctor will change therapy.

Stephen (19:59):

Perfect. So it looks like that's it for questions right now. So I would like to thank everyone for joining us today. I would like to thank our speakers both Angela and Bianca. Thank you so much for your insight. And as I mentioned earlier, during the webinar, this webinar is recorded and there will be a transcript that will be sent out for all the participants. Just like to thank everybody for their time. We also have our email addresses on that. You'll see here on the slide. So please don't hesitate to reach out to us with any additional questions that you may have regarding solutions to financial toxicity and your hospital-owned specialty pharmacies. Thank you so much and have a great day.