



# SHIELDS

HEALTH SOLUTIONS



## Health-System Specialty Pharmacy Exchange: Solutions to Financial Toxicity in Specialty Pharmacy

September 25, 2020

## Today's Discussion

### Discussion Objectives

- Examine the impact of financial toxicity on health-systems
- Provide actionable insights on the types of financial assistance available to patients on specialty medications
- Discuss solutions to financial toxicity for health-system owned specialty pharmacies

### Meeting Format and Flow

- Casual sharing environment
- Insights gathered from our guest speaker, internal Shields experts, and our partner health-systems will be shared
- Use the chat feature to ask a question or provide additional insight into a topic area
- Meeting is being recorded and a transcript with chat-based additions will be made available and shared

Shields Health Solutions



Stephen Davis



Bianca Pircio



Angela Killay

*With significant input and support provided by our expert peers within Shields Health Solutions*



## What is Financial Toxicity?



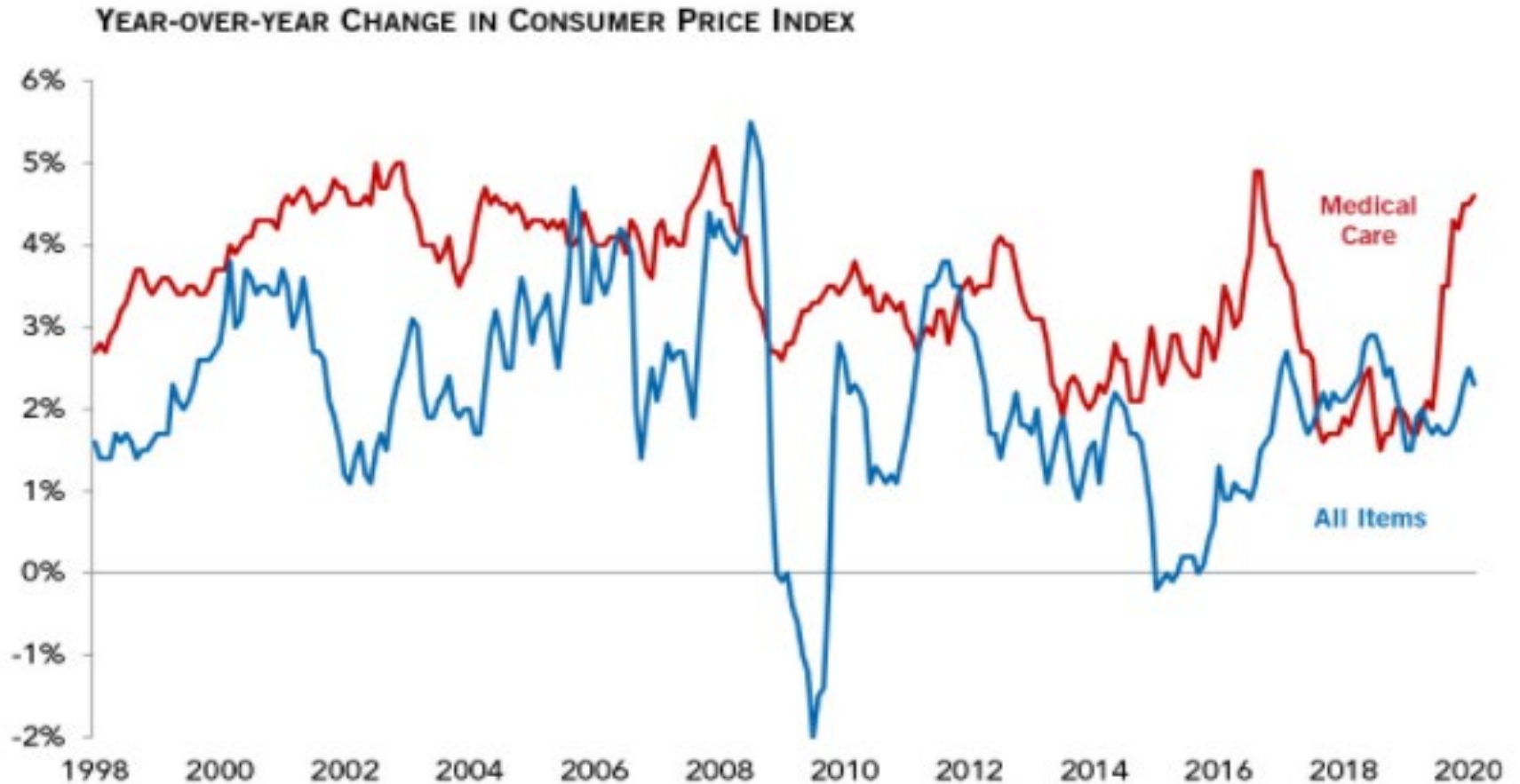
## Direct Patient Costs

- **Out-of-pocket costs** – the amounts that patients pay directly for their medical care
- **Copayment** – the fixed amount patients pay for a covered health care service such as an office visit or to pick up their prescriptions
- **Coinsurance** – the percentage of costs of a covered health care service patients pay after they have paid their deductible
- **Deductible** – the amount patients pay for covered health care services before their insurance plan starts to pay
- **Uninsured (Self Pay/Private Pay)** – patients that do not have coverage for health care services through a third party such as Medicare, Medicaid, or insurance plan
- **Underinsured** – if a patient’s out-of-pocket health care costs exceed ten percent of their income (five percent when income is less than 200 percent of the federal poverty level) or if their insurance deductible is more than five percent of their income





## Increasing Costs of Healthcare





## Economic Consequences

Increase  
in health  
care costs

Increase  
in shift of  
cost  
burden to  
patients

Increase  
in out-of-  
pocket  
expenses

Forego or  
delay  
medical  
care

Poor  
quality of  
life

Poor  
outcomes

## Needed but unable to afford

- In a 2018 study of cancer patients, more than 25% of adults with cancer reported financial toxicity that was associated with an increased risk for medical noncompliance
  - Prescription and OTC medications
  - Mental health care
  - Dental care
  - Doctor's visits
  - Medical tests

## Reasons for delays in medical care

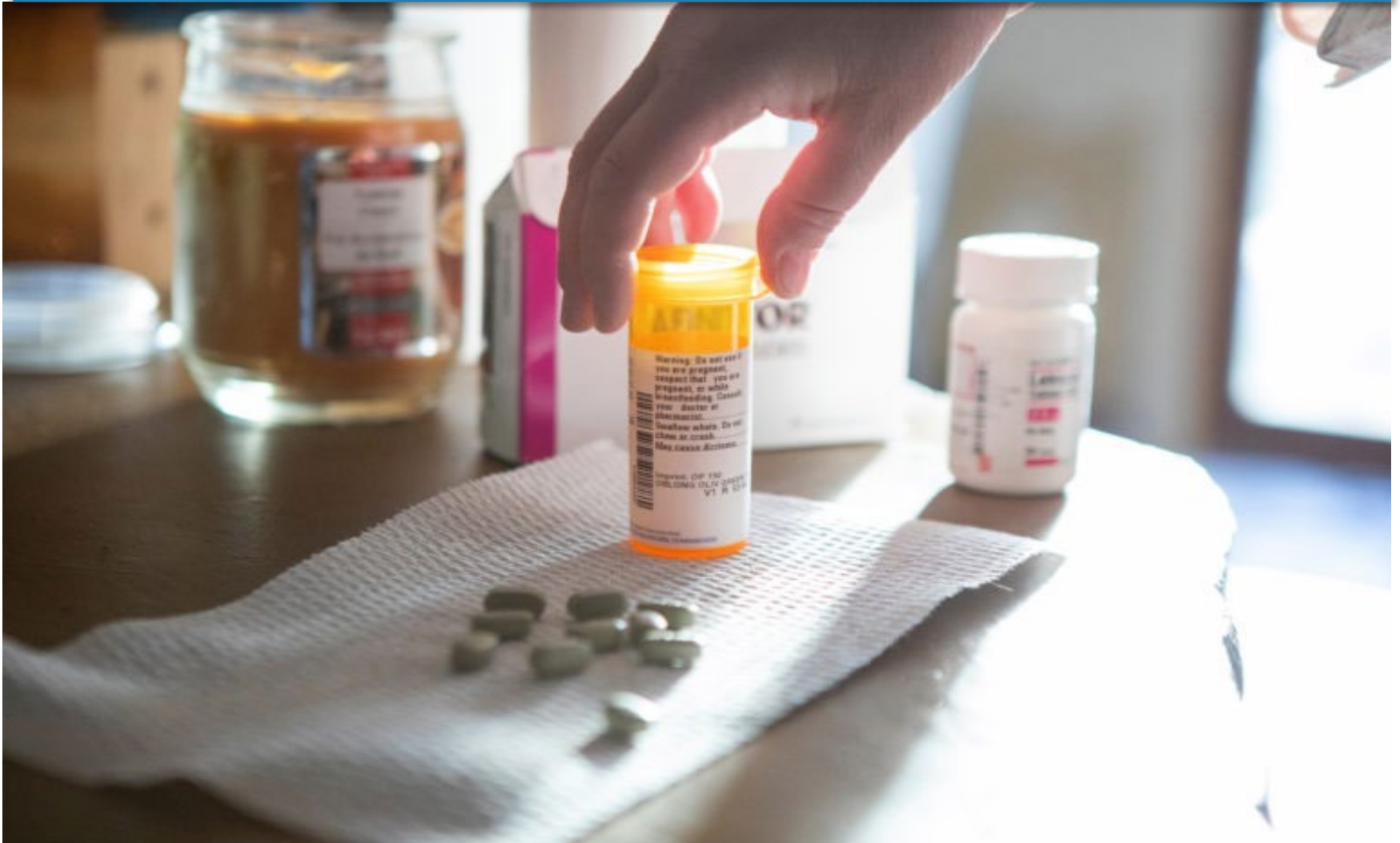
- Could not afford household expenses
- Did not have health insurance
- Could not afford travel expenses
- Could not take time off work
- Did not have transportation



**The high cost of prescription drugs is what drives 67% of patients into medication non-adherence<sup>1</sup>**

**15 million Americans deferred purchasing prescription drugs due to the costs of the medications<sup>2</sup>**

## What is the Solution to Financial Toxicity?



## Identifying the need, etc.

- **Uninsured**
- **Underinsured**
  - High Deductibles/Copays
  - Medicare Patients
- **Commercial Patients**
  - Brand Name medications
- **Copays' over \$5.00**

## Types of Assistance

- Manufacturer Programs
- Foundations
- Supplemental Insurance Programs
- Hospital based programs
- Copay Cards
- Discount Cards

## Details of each program, foundation, etc.

### ■ **Manufacturer Programs**

- Uninsured
- Underinsured
  - Commercial patients where medication is not covered- Prior authorization not approved
- Medicare Patients
  - Only when no grant funding available



### ■ **Foundations**

- PAN- Patient Access Network
- Gooddays
- Healthwell Foundation
- Patient Advocate Foundation
- Cancer Care
- Leukemia and Lymphoma Society (LLS)

## Details of each program, foundation, etc.

- **Supplemental Insurance Programs**
  - Medicare Patients
  - State Specific
  
- **Hospital Based Programs**
  - Hospital Free Care Programs
  - Foundations
  - 340B Savings
  
- **Copay Cards**
  - Commercial Patients
  - Free first month- Any patient
  - No State or Federally insured may use copay cards
  
- **Discount Cards**
  - Pharmacy Specific
  - Good Rx
  - AAA
  - Many others

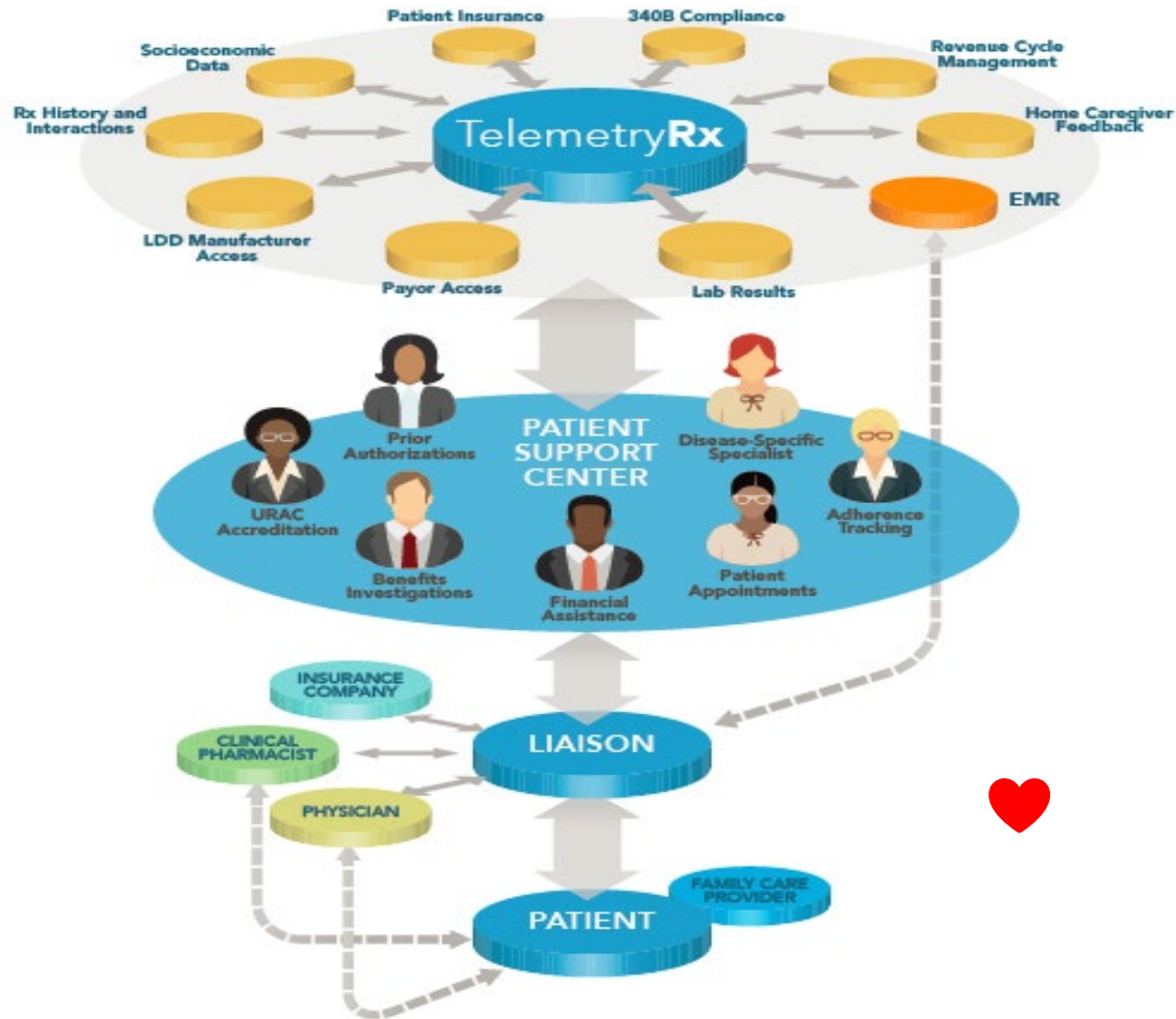


## Compliance, audit reports, etc.

- **Staff training and ongoing education**
  - Foundations- Net vs. gross income
  - Explaining the audits of foundations to patients
  
- **Avoiding use of copay cards for Medicare, Medicaid and DoD/VA based plans**
  
- **Audit Reports**
  - Patients with excluded plans and screen secondary/tertiary payor for copay cards
  - Patients with copay cards in secondary/tertiary field and review primary and secondary plans

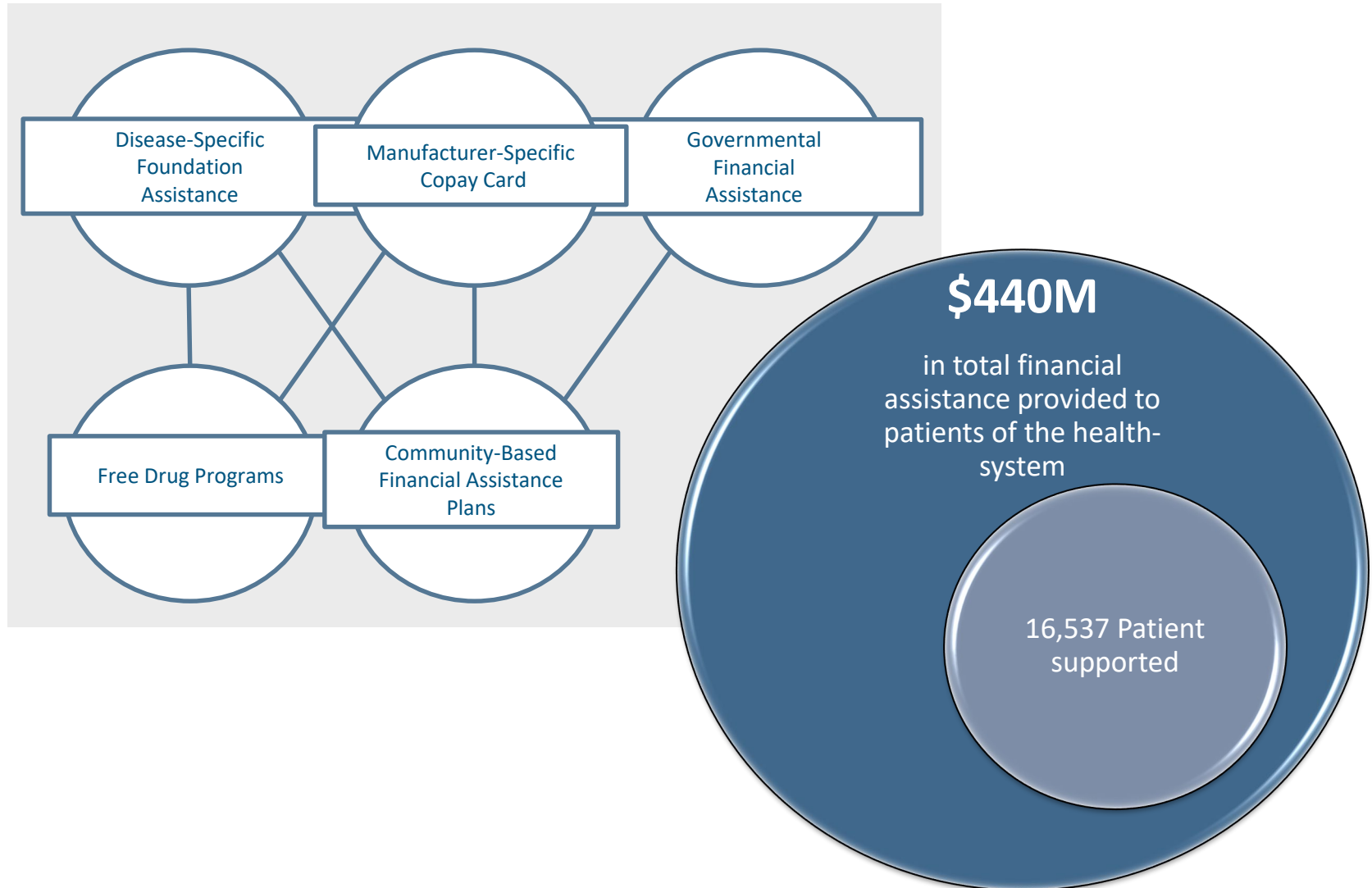
# Shields Care Model: Enhanced value for the patient

## PSC care model



# Case Study:

Across all health systems supported by Shields- 2020 YTD



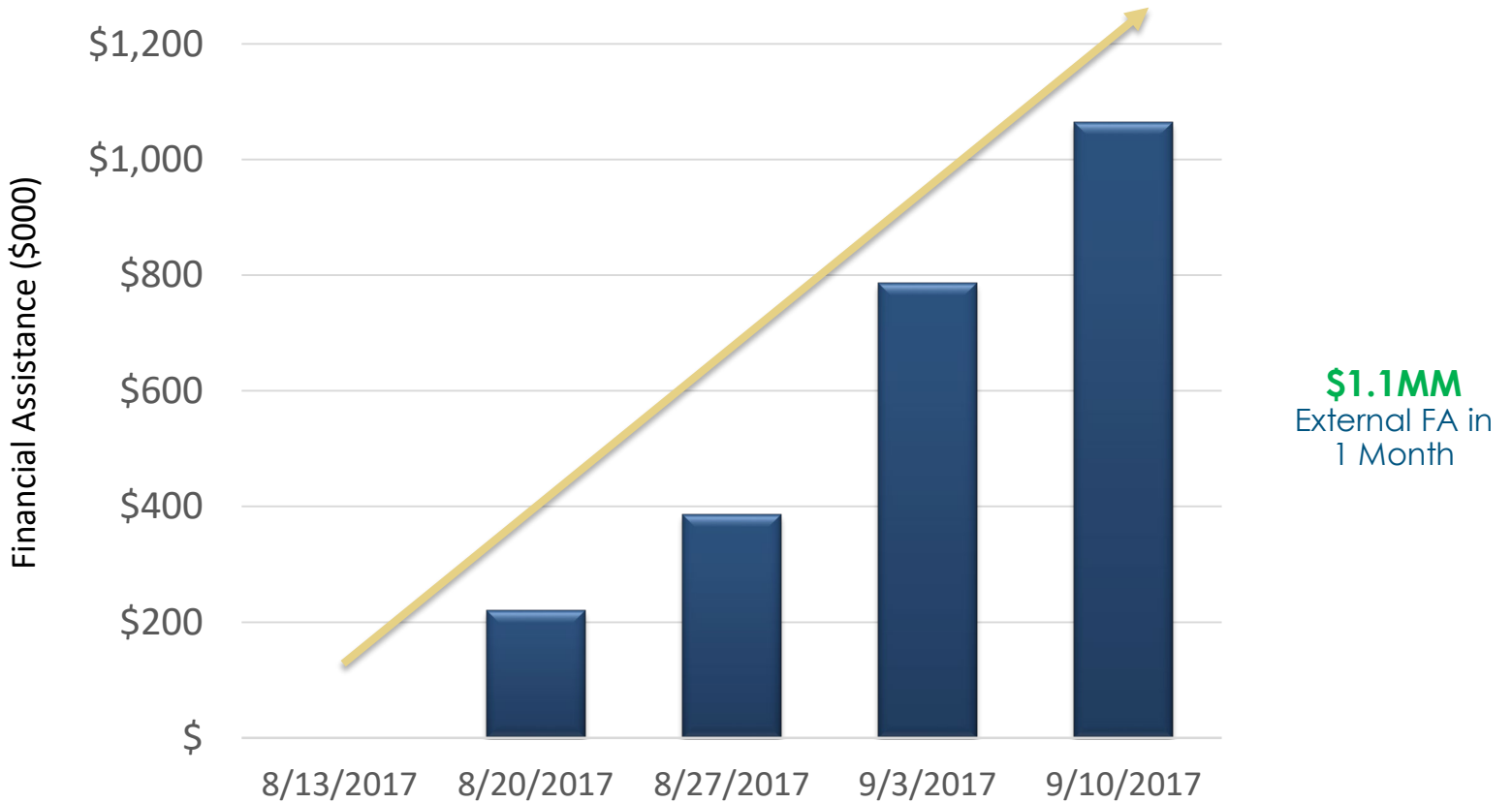
# Case Study:

## 2019 Data – Shields Financial Assistance Team- Average Copay

Hospital	# of Fills	Patients	Avg. Copay per Fill	Fills per Patient
A	115,347	5,429	\$6.21	21.2
B	27,066	3,178	\$48.06	8.5
C	76,005	6,109	\$7.29	12.4
D	159,432	21,800	\$8.84	7.3
E	357,368	47,032	\$10.57	7.6
F	35,694	2,112	\$16.81	16.9
G	22,059	1,815	\$22.94	12.2
H	22,250	1,376	\$7.07	16.2
I	5,148	677	\$28.52	7.6
J	4,526	819	\$16.34	5.5
K	4,717	1,164	\$27.41	4.1
L	10,457	3,787	\$13.32	2.8
M	1,879	375	\$24.98	5
N	20,114	911	\$10.17	22.1
O	11,359	1,119	\$7.63	10.2
P	20,991	1,459	\$12.56	14.4
Q	17,335	2,685	\$30.22	6.5
R	4,179	503	\$20.56	8.3
S	4,287	625	\$13.25	6.9
T	37,606	3,910	\$10.30	9.6
U	12,025	1,443	\$10.05	8.3
V	509	69	\$17.84	7.4
W	1,132	199	\$23.47	5.7
<b>Total</b>	<b>971,485</b>	<b>108,596</b>	<b>\$11.66</b>	<b>8.9</b>

# Case Study:

## Shields Financial Assistance Team Secured \$1.1MM for Patients in First Month of New Hospital Partnership



The Financial Assistance Team was engaged prior to the first prescription fill

## Assessing outcomes

### Adherence Metrics

- Proportion days covered (PDC) monitored monthly over 12 months

### Missed Dose Reporting

- Calculated monthly based off adherence calls to patient

### Interventions Completed/Accepted

- Reported out via the clinical pharmacists

### Patient Experience

- Patient satisfaction surveys bi-annually

### Physician Experience

- Clinician satisfaction surveys annually



### Shields Health Solutions



[sdavis@shieldsrx.com](mailto:sdavis@shieldsrx.com)



[bpircio@shieldsrx.com](mailto:bpircio@shieldsrx.com)



[akillay@shieldsrx.com](mailto:akillay@shieldsrx.com)

- Please reach out to us with any information you want to share or questions for the network you may have
- Summary documents will be sent out



# SHIELDS

HEALTH SOLUTIONS



## Health-System Specialty Pharmacy Exchange: Solutions to Financial Toxicity in Specialty Pharmacy

September 25, 2020