Changing Viewpoints: Developing Patient Support Services for the Changing Needs of the Uninsured and Underinsured.

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Over the past decade the number of uninsured Americans has essentially doubled to 50+ million. With the goal of taking this issue head on, one of the key pillars of health reform and the Affordable Care Act (ACA) swings into action over the next year. Simply termed “coverage expansion,” this initiative includes the establishment of state/federal insurance exchanges and the expansion of many state Medicaid programs that, over time, could convert 25-30 million uninsured Americans to a “covered” situation. The continued implementation of the ACA—coupled with ongoing economic uncertainty and other payer pressures—has resulted in a mix of challenges and opportunities for pharmaceutical manufacturers.

New Strategies to Consider.

1. Supporting the Coverage Expansion Transition. During the time of expansion, patient assistance programs (PAP) will provide valuable education support for patients who need to understand how to access their new insurance options. Patient assistance programs were critical referral and education sources for Medicare beneficiaries during the implementation of Part D and the LIS (low income subsidy) in and around 2006 and that experience is absolutely relevant today. For example, our experience during the Part D transition demonstrated that approximately 70 percent of patients appearing to be eligible were able to access Part D and the LIS with our help. Open enrollment for the new coverage sources begins October 1, 2013 so manufacturers should start as early as possible in planning and configuring their programs to maximize the access opportunities for patients they currently support with free drugs.

2. Assess Your Current Copay Strategy and Prepare to Adjust in the New Environment. With many millions of Americans gaining insurance under the ACA, it is anticipated that the challenge of affordability with out-of-pocket costs (i.e., copayments, coinsurance, etc.) will rise significantly. Today, manufacturers often employ a three-pronged approach, utilizing a mixture of strategies to help uninsured patients receive appropriate access to medications:

- **Commercial copay assistance**: Direct assistance from the manufacturer that pays for patients who have commercial insurance to cover their out-of-pocket costs.

- **Independent copay charities**: Administered to patients from a pool of donations made by manufacturers to independent charities on a disease-state basis. Currently, this is the only way underinsured individuals with federally funded insurance plans like Medicare can receive assistance with their copays.

- **Expanded patient assistance or free drug programs**: Traditionally only for those without insurance, but more applicable to today’s patients rendered functionally uninsured by more significant copays.

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These strategies will certainly continue to apply within the evolving health reform landscape but the mechanisms to provide assistance, the scale of assistance required and the patient mix seeking assistance will change. Manufacturers should assess their patient populations to understand the potential shift in resources required to support the underinsured as patients transition to new sources of coverage.

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Establishing and administering copay programs can be challenging. It’s essential to build awareness about the need for these programs—and the complexities of those needs. All stakeholders must understand the solution is not as simple as mass producing and distributing coupons. There are certain strategies that make sense for certain types of products. It’s critical for manufacturers to create specific strategies that take into account their company’s product type and the disease state it treats.

Historically, participation rates in copay programs have indicated that large numbers of patients are not taking advantage of these programs as much as they should. External awareness must be built among both providers and their patients. Beyond knowing these programs exist, patients and providers need a firm grasp on how to initiate participation and use these programs to their fullest extent.

3. ALTHOUGH EVOLVING, PATIENT ASSISTANCE PROGRAMS WILL CONTINUE TO BE A CRITICAL SUPPORT OFFERING. Because of the unprecedented insurance expansion, a common misperception is that “PAP is going away.” However, there will still be approximately 20 million uninsured individuals who may need support through these programs. Through patient segmentation analyses, manufacturers can assess and plan for their “new” PAP approach within the new world of the ACA. Although many of their existing PAP patients will be transitioning to coverage, the remaining patients in need will present challenges because many of them tend to be very transient in nature. Additionally, a significant portion of the remaining uninsured will be undocumented, so manufacturers should assess their eligibility policies as it relates to citizenship and assess their operational procedures as it relates to having bilingual materials and agents to support this population.

MAXIMIZING PROGRAM AWARENESS: WORKING CLOSELY WITH PHYSICIANS AND PHARMACISTS. Physicians and pharmacists are used to visiting product websites to check for programs, so manufacturers need to use their website as a resource for providers and their staff to find product and procedural information. Webcasts and field force personnel like reimbursement managers can also be used to get the word out, as well as partnering with state societies and physician networks within a particular disease state.

PAYER REACTION TO INCREASED USE OF ASSISTANCE PROGRAMS. Initially, payers tend to associate copay with reduced incentives for their own copay structures, but when manufacturers provide them with context and information about the different types of programs
offered, and how they are designed, their perception can change. In 2010, Lash Group convened a 10-person advisory board made up of medical and pharmacy directors from national payers. Initially they had a negative baseline perception about copay assistance programs due to the reduction of their incentives. After a 45-minute conversation about the different types of programs, how they are designed, how they can help keep patients on therapy for a longer period of time and how they help to avoid drop-off, the payers started to realize the benefits.

BEST PRACTICES FOR MEASURABLE, POSITIVE RESULTS.
Programs that provide wrap-around, fully integrated services to patients, as well as to physicians and their staff, will have the most impact. To maximize patient uptake and ongoing adherence, a program should offer all of the access services a patient might need in one place—from reimbursement support to copay assistance, patient assistance and adherence services.

LOOKING AHEAD.
It’s essential that manufacturers keep an eye on the continuing implementation of healthcare reform as well as gain a solid understanding about the way programs must evolve to meet ever-changing patient needs, especially as technology continues to advance. With more web-based-type programs and smart apps on the horizon, the future is sure to hold significant changes in how copay assistance programs are administered and adjudicated.

Manufacturers have certainly stepped up to the plate by either establishing new programs for the underinsured or, if programs are already in place, expanding criteria. By adjusting their approach to assistance programs—despite their own financial challenges—and investing resources in an intelligent manner for these programs, it is clear that manufacturers realize the importance of ensuring patient access to critical therapies. Ongoing patient access means better outcomes for everyone involved.

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