



# ENHANCING PATIENT ACCESS: HOW TO MINIMIZE FINANCIAL TOXICITY

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Patient Access Network  
Foundation

**Steven Paulson, MD, CEO**  
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**Brad Bourne, Director, Field  
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# PANEL MEMBERS:

## Moderator:

- Dan Klein, CEO  
Patient Access Network Foundation

## Panelists:

- Steven Paulson, MD, CEO  
Texas Oncology
- Brad Bourne, Director, Field Reimbursement – South  
AstraZeneca Oncology
- Donald Trujillo, Patient Financial Counselor  
Rocky Mountain Cancer Centers
- Nicole Davis CPhT,  
Beacon Cancer Care



## LEARNING OBJECTIVES:

Describe how financial toxicities differ based on payer type.

Describe the roles each healthcare professional can play when setting up a financial assistance process/flow.

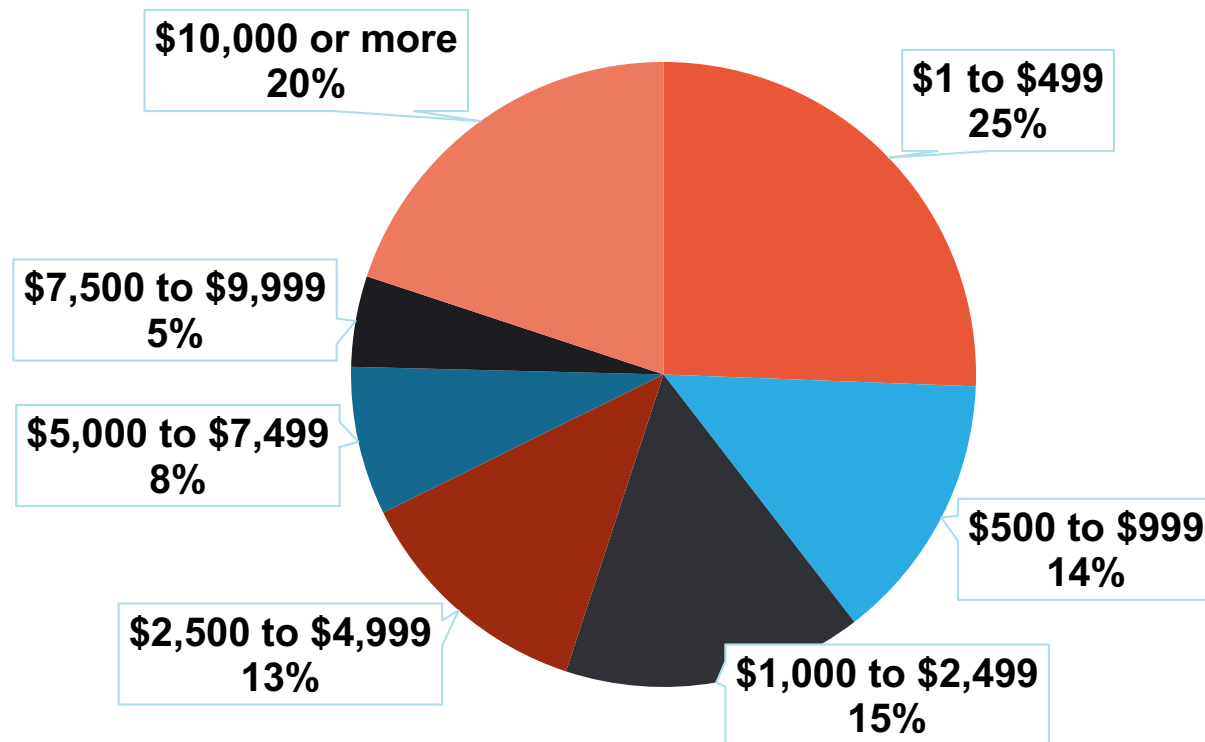
Implement solutions to mitigate financial toxicity to patients that are prescribed high cost oral oncolytics.

# FINANCIAL TOXICITY OVERVIEW



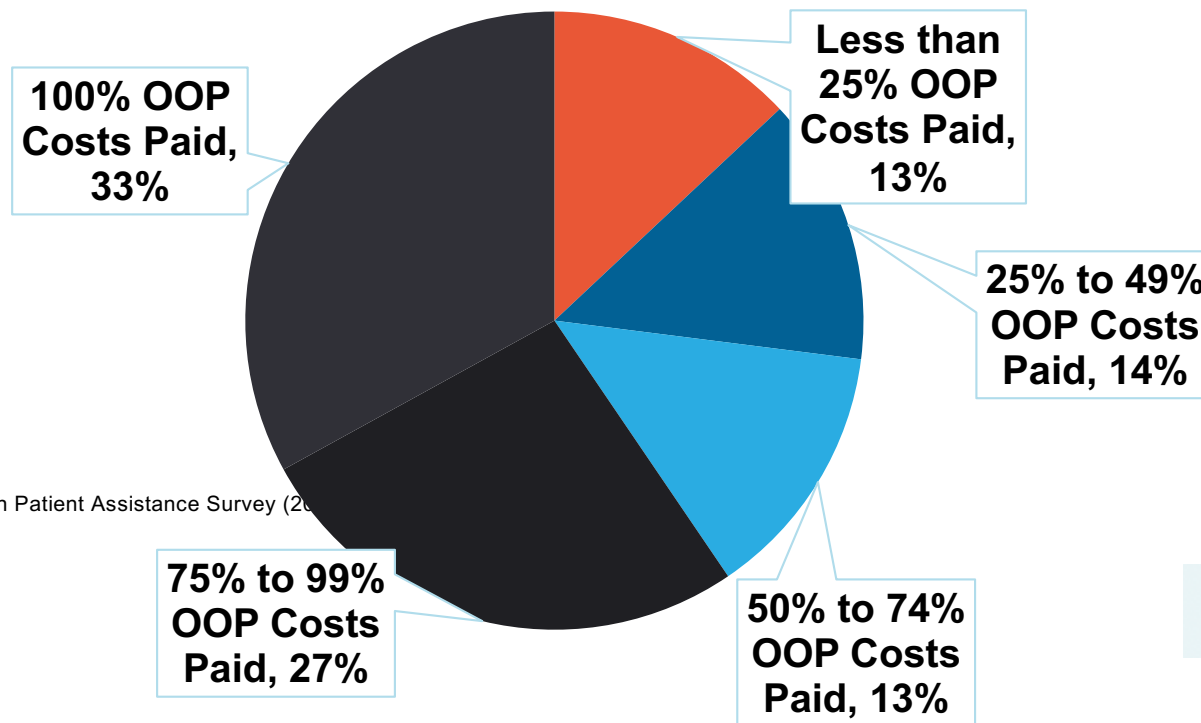
## MANY SERIOUSLY ILL PATIENTS NEED HELP WITH OUT-OF-POCKET COSTS

Over the past 12 months, how much of the out-of-pocket costs for your prescription medications were you unable to pay for? (n=703)



# FINANCIAL ASSISTANCE DOES NOT COVER 100% OF OUT-OF-POCKET COSTS FOR THE MAJORITY OF PATIENTS

What percentage of your out-of-pocket medication costs was paid by the financial assistance received? (n=437)



Source: PAN Foundation Patient Assistance Survey (2019)



## PATIENTS REPORT MULTIPLE CONSEQUENCES FROM LACK OF FINANCIAL ASSISTANCE

- Prior to PAN assistance, **44%** patients would skip taking medications or take smaller doses because they couldn't afford the prescribed dosage
- After receiving PAN assistance, non-adherence drops to **6%**
- **83%** still worry about the financial problems they will have in the future as a result of their illness or treatment

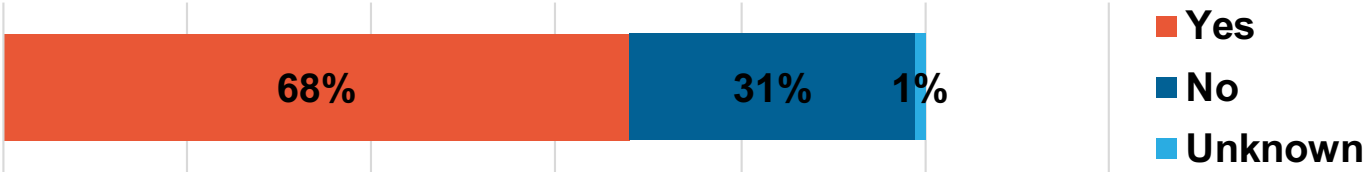
Source: PAN Foundation Patient Satisfaction Survey (2018).

Consequences	Count (n=111)
Did not start treatment	48
Skipped doses or took smaller doses to make the prescription last longer	41
Accumulated credit card debt to pay for out-of-pocket costs	27
Used personal savings to pay for out-of-pocket costs	27
Changed treatment plan so that it was less costly	17
Took out a loan to pay for out-of-pocket costs	9

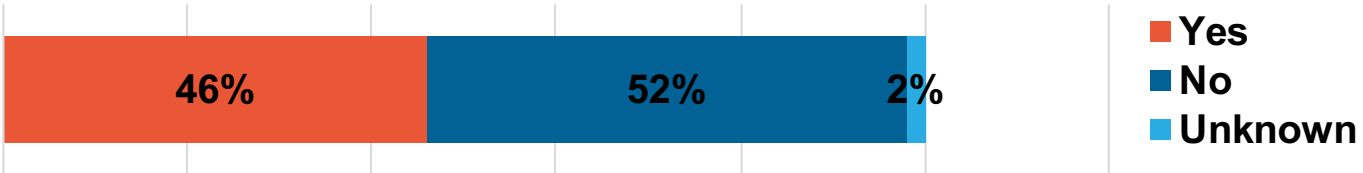


# TRANSPORTATION BARRIERS AMPLIFY THE PROBLEM

- In the past year, have you delayed scheduling or missed a doctor’s appointment because transportation was a problem?



- In the past year, has transportation-related costs prevented you from seeing your doctor?

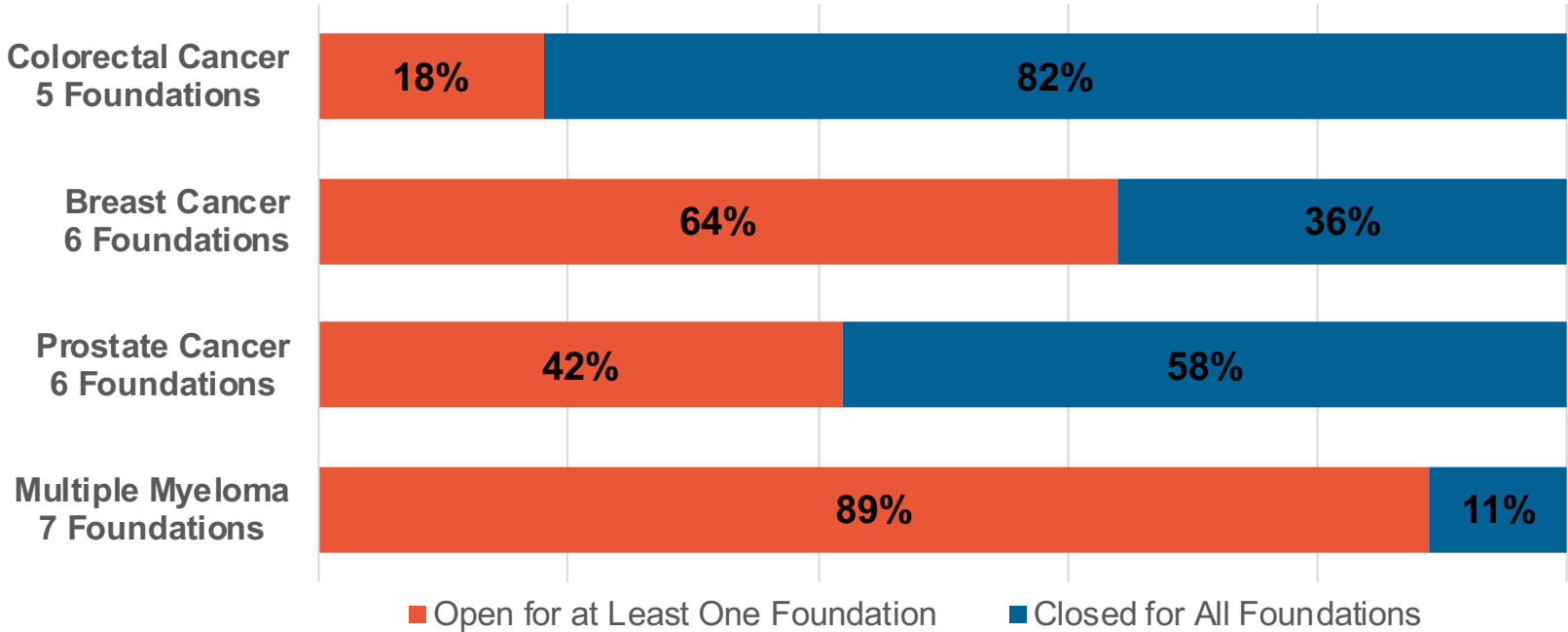


Source: PAN Foundation Travel Pilot Survey (2019).

N=253.

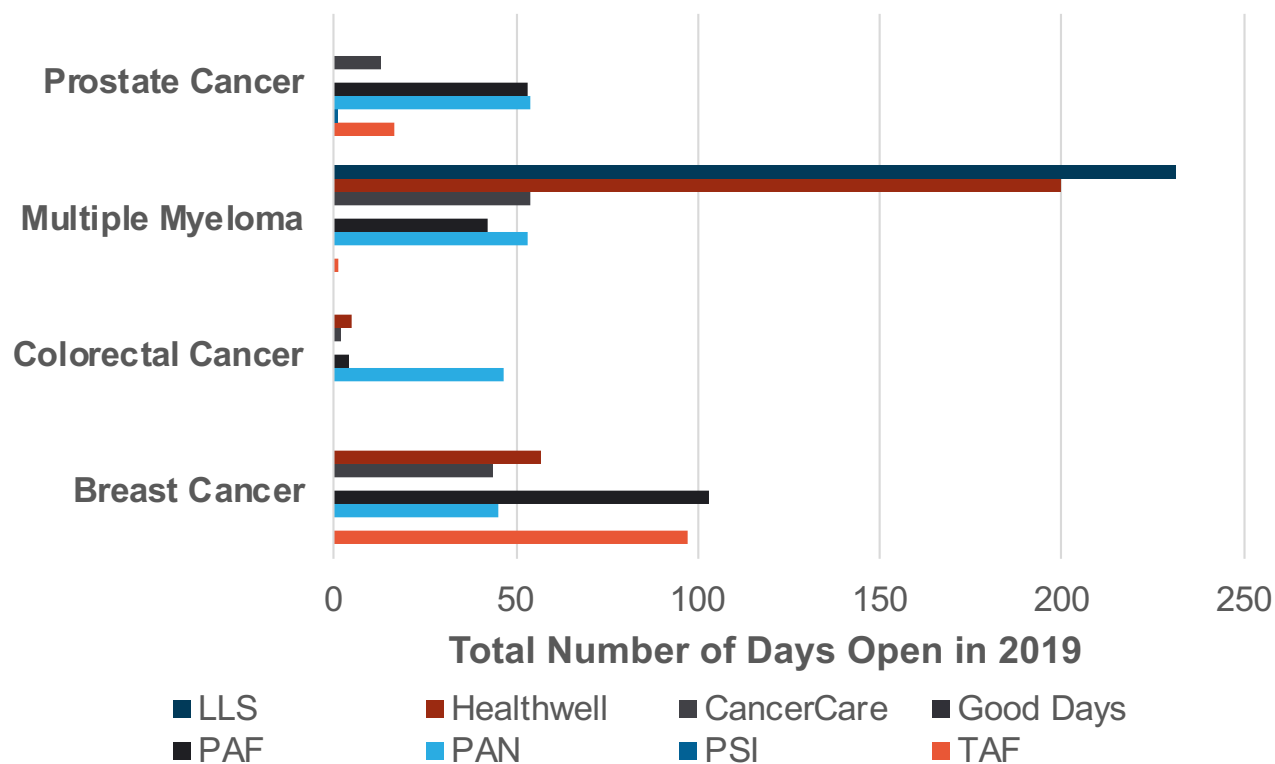
# DESPITE MULTIPLE FOUNDATIONS OFFERING SUPPORT, KEY DISEASE AREAS REMAIN CLOSED A SIGNIFICANT PERCENTAGE OF TIME

Percentage of Days Open/Closed



Source: FundFinder (Jan 1 – Sept 30, 2019).

# AVAILABILITY OF ASSISTANCE CHANGES DAY-TO-DAY SUBJECT TO FUNDING



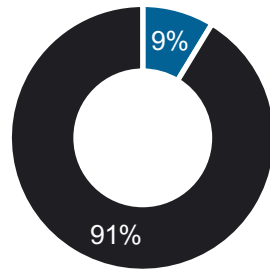
## Key Considerations:

- Foundations are not open consecutively and open and close multiple times during the year
- Some Foundations have separate programs for metastatic and non-metastatic cancers
- Medication coverage policies, eligibility criteria, and amount of assistance differ per Foundation

Source: FundFinder (Jan 1 – Sept 30, 2019).

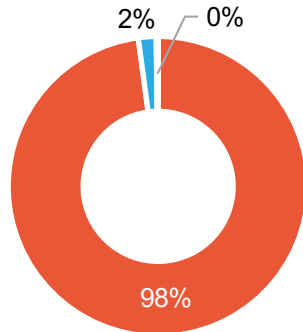
# LOW-INCOME, MEDICARE BENEFICIARIES WILL CONTINUE TO NEED AND RELY ON FOUNDATION ASSISTANCE UNTIL OOP COSTS ARE REDUCED

Patient Age



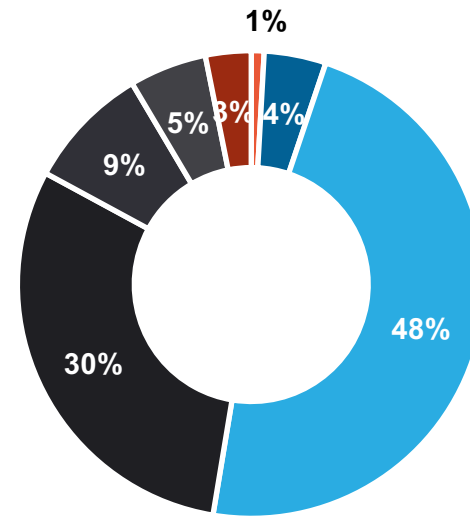
■ <65

Patient Insurance



■ Medicare ■ Commercial

Patient Income by Federal Poverty Level



■ Not reported ■ <100%  
 ■ 100-200% ■ 200-300%  
 ■ 300-400% ■ 400-500%  
 ■ >500%

# PHYSICIAN / OWNER PERSPECTIVE

Dr. Steven Paulson,  
CEO, Texas Oncology

- How do high drug costs impact your patients and your business?
- How often does a treatment or setting get changed due to financial barriers?



# TECHNICIAN PERSPECTIVE

**Nicole Davis CPhT,**

- **Beacon Cancer Care**

**Donald Trujillo, Patient Financial Counselor**

- **Rocky Mountain Cancer Centers**



# PRIOR AUTHORIZATIONS

## Various Portals per payer

- CoverMyMeds, ExpressPath, OneHealthPort, Eviti

## Cover My Meds

- the easiest “one stop shop”. Good tool to find correct forms also.

## Others

- Forms can sometimes have confusing wording so direct coordination between dr., progress note, and guidelines is crucial.

## FINANCIAL ASSISTANCE



After the Prescription is approved by the insurance, the patient's **copay must be addressed.**



Often times, patients need assistance and the type of assistance they are eligible for **depends on the insurance**



# FINANCIAL ASSISTANCE



## Identify Type of Patient

Public/Government Insurance (Medicare)

Private/Commercial Insurance

No Insurance/ Pay out of pocket



## Each will take a different path

depending on Drug Coverage

# FINANCIAL ASSISTANCE

## Public/Government Insurance

- Cannot use Copay Cards
- Copays are based on Percentages
  - normally always some amount due by patient
  - (coverage gaps, catastrophic etc.)
- Most Copay Foundations will cover only with this type of insurance
- Usually need to go directly to Drug MFCT for free drug if all other options fail.
- Patients with High Income will not be able to utilize most assistance programs – income over 500% of Federal Poverty Level

## FINANCIAL ASSISTANCE

# Private / Commercial Insurance

- Can always utilize copay cards so long as one is available from MFCT.
- Copays are usually covered in full when deductible/ OOP max is met – when benefits allow
- Not all Foundations (few) allow patient's to apply for grants to cover copay
- Mostly utilize Drug MFCT assistance when underinsured or if pharmacy benefits do not cover drug in full – or lapse in coverage



# FINANCIAL ASSISTANCE

## Uninsured

- No Coverage for drugs – full cost not possible for most patients to handle out of pocket
- Cannot utilize any type of Copay Grant Foundations as they require Insurance coverage
- ALL patients should be referred to Drug MFCT for assistance
- Patients with high income and no coverage should be referred to look into insurance during Open Enrollment – any coverage is better than no coverage

**IF ALL ELSE FAILS.....**

**Refer back to MD or  
Clinic for guidance**

# MANUFACTURER PERSPECTIVE

**Brad Bourne, Director,  
Field Reimbursement –  
South**

- **AstraZeneca Oncology**



# MANUFACTURER ASSISTANCE

## Limited Distribution Drugs (LDD)

- Contracted pharmacy may not procure the LDD
  - Back and forth with payer as to which pharmacy should fill that drug
  - Wasted time and resources
  - Opportunity for collaboration
- Benefits of LDD:
  - Limit waste
  - Use pharmacies that are in the therapeutic category (oncology)
  - Patient Benefit

## Traditional Support Services

- HUB Support Services
- Quick Start Programs
- Vouchers
- Get to know your Field Reimbursement Manager!



# CONCLUSION

## Patients face financial toxicity

- Real-world solutions and effective practices shared today to help overcome that barrier and improve care

## NCODA presents clear value

- Exchange of best practices and information like those shared here today
- Financial Assistance Tool
- <https://www.ncoda.org/financial-assistance/>







**2019 NCODA Fall Summit**

**QUESTIONS?**