

2020 Medication Access Report

EXECUTIVE SUMMARY

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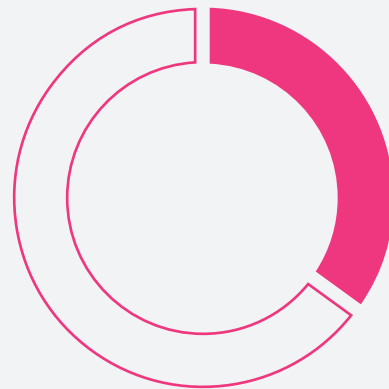
Introduction

Patients face significant healthcare barriers while trying to get the medications they need to live healthy lives.

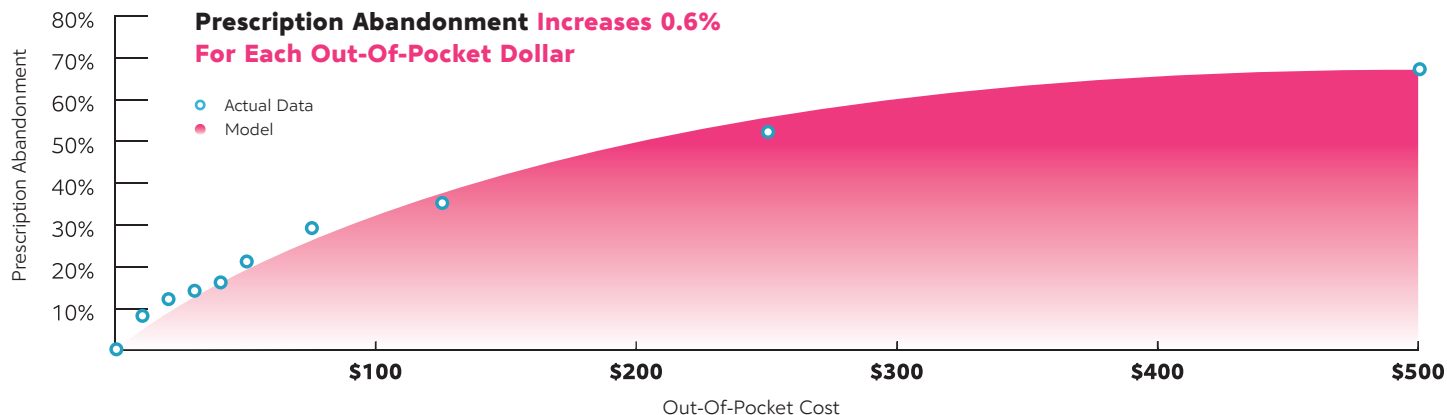
The 2020 Medication Access Report examines price transparency, prior authorization and complexity of specialty therapies as major areas influencing medication access for patients. Careful consideration of patient circumstances and point-of-view, along with stakeholder perspectives, is critical for development and success of healthcare IT solutions.

Price Transparency and Consumerism

With many now covered under high-deductible health plans, patients are increasingly exposed to high out-of-pocket costs and are vulnerable to prescription abandonment or medication non-adherence – **over one third of all Americans are at risk.**¹



**35% of Americans are
uninsured or under-insured.**¹



It's estimated that only one third of high-deductible plan members reach their deductible for a given year. Average patients do not reach their deductible until about halfway through the year.^{2,3}

A recent survey of 1,000 patients found that 69 percent have made personal sacrifices during their deductible period to afford prescribed medications – one in three patients make this decision once a month or

more frequently.⁴ For some, this financial strain is too much – one third of surveyed patients admitted to going without their medications if too expensive.⁴

A recent study of brand name medications revealed that **as out-of-pocket costs increase,⁵ prescription abandonment appears to rise exponentially** at a rate of ~0.6 percent for every dollar, before leveling off around 69 percent as costs exceed \$250.

When asked to pick the most important factor for making decisions about prescription medications, most surveyed patients prioritized paying the lowest price. As a result, empowering patients to be informed consumers of health may be the most effective strategy for improving medication access.

Prescription decision support (PDS) at the point-of-prescribing and beyond, through tools like real-time benefit check, can supply providers, their care teams and patients with price transparency information and affordability options to make informed healthcare decisions that consider clinical factors and personal circumstances.

For more information about price transparency, consumerism and available healthcare solutions, read our 2020 Report on Prescription Decision Support.

Patient Sentiment⁴



69% of patients make **personal or financial sacrifices to afford their medications**



77% of patients think it is **important or very important to discuss affordability options** with their provider

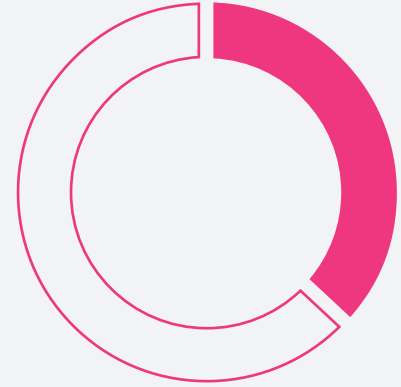


29% of patients **abandon their prescriptions** when they can't afford them

Prior Authorization

Prior authorization (PA) is an on-going challenge for patients seeking access to prescribed medications.

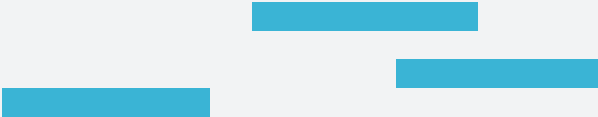
In fact, it is estimated that seven percent of all prescription claims are rejected due to PA and 37 percent of those prescriptions are abandoned by patients.⁶ As 5.8 billion prescriptions were dispensed in 2018, **PA could be the cause of over 150 million patients⁷ not getting the medications they need.**



37% of prescriptions rejected due to PA are abandoned.⁶



Providers report spending an average of *two business days a week (14.9 hours) completing PA requests* and 86 percent claim that the PA burden for their office is high or extremely high.⁸



Beyond such access challenges for patients, PA is perceived as a significant administrative burden for healthcare stakeholders across the industry with providers, pharmacists and payers spending thousands of hours to complete requests.

In a recent survey, providers most often cited reduced face-to-face time with their patients as a major consequence of PA.⁴ When completed by phone and fax, determination for PA requests can delay time-to-therapy – leading 91 percent of providers to agree that PA has at least some negative impact on patient outcomes.⁸

Electronic prior authorization (ePA) remains the most effective solution for such PA-related difficulties. Through real-time transfer of information, ePA streamlines how PA requests

are completed and can improve how quickly determinations are received from health plans.

91% of providers asserted that PA can have a **significant or somewhat negative impact on clinical outcomes** for patients.⁸

Despite the benefits offered through ePA, half of PA volume is still completed through outdated phone and fax channels.⁹ Efforts to improve provider adoption of ePA are important for easing stakeholder burden while improving time-to-therapy for patients.

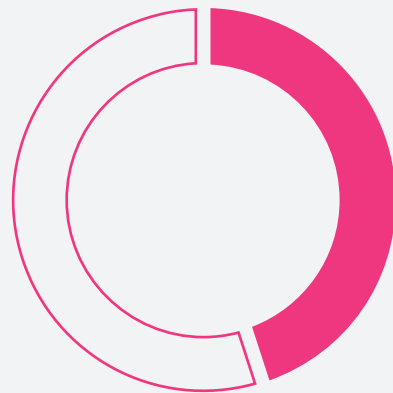
For more information about PA, ePA and provider adoption, read our 2020 Report on Electronic Prior Authorization.

Complexity of Specialty Therapies

Specialty medications offer hope to patients with rare or chronic diseases, but their high-cost and complexity create distinct medication access challenges.

Although they only account for 2.2 percent of prescription volume, **specialty medications account for 45.4 percent (\$218.6 billion) of total pharmacy spending.**^{10,11}

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**2% of prescription volume
accounts for 45% of spending**

Utilization of such therapies is increasing at more than twice the rate of traditional medications, so rapid change is needed to streamline inefficiencies and improve patient support services to help patients get the specialty medications they need.

Of more than 500 specialty patients recently surveyed, 60 percent claimed that they had some difficulty in receiving their first dose of specialty therapy and 76 percent reported their personal role in coordinating care as involved or very involved.⁴

Over a third of these patients spent more than three hours of their personal time coordinating care. Nearly one in ten surveyed patients reported waiting 8 weeks or more to receive their first dose of therapy.⁴

Patient Challenges



60% of patients **had some difficulty receiving their first dose**



76% reported their role in coordinating care **was involved or very involved**

Patient support services, or hubs, exist to guide patients through the difficulties of specialty access, affordability and adherence. Despite the value they bring, awareness for such programs is low and administrative inefficiencies can still delay time-to-therapy.

According to a recent survey, ~two out of five providers are not aware of such support and four out of five associate

coordinating care for specialty medications with some level of difficulty.⁴ Technological improvements to the traditional support model are needed to solve for these challenges.

For more information about specialty medications, patient support services and areas for improvement, read our 2020 Report on Specialty Patient Support.



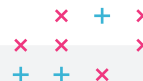
Only 19% of patients are aware of support programs



Only 63% of specialty patients are aware of support programs



Only 63% of providers are aware of support programs



Network Opportunity

As indicated through market research and survey data, rising financial pressures, restricted choice, administrative bottlenecks and limited support are keeping patients from the medications they need to live healthy lives.

Healthcare IT solutions offer strategies to overcome many of the challenges facing patients.

For the entire network to return the most value from new technology, integration and adoption are key.

By promoting awareness and installing operational changes, industry stakeholders can

drive behavioral changes and meaningful use to help more patients.

For more insights into patient challenges and innovative solutions, read the full Medication Access Report, along with three supplemental reports on ePA, PDS and specialty patient support.

go.covermymeds.com/medicationaccessreport

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