

Chronic Biologics: Improving Access to Affordable Care to Ensure Patient Satisfaction

By Judi A. Grupp

Patients suffering from chronic conditions such as rheumatoid arthritis, psoriasis and multiple sclerosis can pay thousands of dollars for just one year of treatment in insurance deductibles and co-insurance. Physicians have a right to be worried about how their patients will be able to afford such treatments. Patients who face high medical costs are four to five times as likely to forgo or delay care because of cost concerns.¹

The financial strain will only grow more acute in the coming years, as biologic treatments for chronic conditions become more available for mainstream working populations. These so-called "specialty drugs," administered by injection or infusion to treat chronic conditions like diabetes, are taken by just 1% of Americans yet account for 15% of total U.S. drug spending. Experts estimate that 4% of Americans will be using them by 2010, accounting for 60% of drug spending². Of the 101 biopharmaceuticals in late-stage U.S. development, it is estimated that 70 percent will require administration by a healthcare provider³.

What's behind the high costs? Much of the public spotlight has been on the high price of the drug itself and the lack of bio-generics. This spurred the Biologics Price Competition and Innovation Act of 2007 being considered in Congress to provide price competition for established biologics or specialty drugs. This is certainly part of the puzzle, although most insurers have reasonable success in negotiating sensible drug prices through their physicians or specialty pharmacy providers.

Overlooked, however, is the cost of servicing the patient, which is often buried in the medical spend and can be difficult to manage. In the past, if physicians were unable to support infusions or ongoing injections in their offices, they referred patients to doctors who specialized in these therapies. This often resulted in losing patients. Today, even these specialists are increasingly unable or unwilling to provide infusion or injection services due to reimbursement reductions.⁴

Other traditional service channels such as homecare nursing may not be appropriate due to clinical reasons or to the increasingly shorter duration of infusions. In addition, patients generally work and may not wish to receive treatment at home. Hospital outpatient settings are the most expensive of all service locations, and with limited weeknight and weekend availability it is not always feasible for a patient to leave work for treatment on a regular basis. Patients usually choose work over getting treatment and suffer the consequences silently.

As for proper use of the prescribed biologic, it's important that a patient receive proper training, as the drug may require self-administration and is often the first injectable the patient has ever used. Often the patient receives limited education on the payment options or the impact of not engaging in therapy.

Finally, today's chronic healthcare services may have limited clinical reporting and accountability, as it is often difficult to provide information back to the referring health plan or primary care doctor on how a patient was treated, including valuable clinical and usage data that could ensure better management of overall patient care.

A Fivefold Problem

The problems with supporting the chronic biologic patient are fivefold:

1. Prohibitively high costs for patients
2. Inability for physicians to provide service in their office setting
3. Limited patient access to affordable injectable and infusion services
4. Inconsistent patient education and follow-up
5. Lack of consistent clinical protocols and data collection

Ultimately, patients pay the price in the form of non-compliance. This dropout rate catches up with the patients in the form of higher costs and suffering when the chronic condition intensifies to the point that it requires hospitalization or lost workdays.

Fortunately, the industry has produced a paradigm-shifting solution that broadens patient access and supports those physicians who are unable to treat biologic patients in their offices. It is a cost-effective, high-quality alternative for patients and providers who have been looking for increased support of biologic therapies.

This solution uses a centrally managed clinic network staffed with high-quality personnel, which supports chronic biologic injections and infusions when not provided by the prescribing physicians in their offices. For medical groups that do not offer infusion or injectable services, this ensures the primary physician maintains control of the patient's care and may reduce the overall therapy cost. What's more, patients can choose convenient evening and weekend hours, minimizing disruption to their workdays and lifestyles. In addition, each clinic in the network uses consistent protocols that meet or exceed all JCAHO and NCQA standards, giving the patient and his or her physician peace of mind. Prescribing physicians stay in the loop as they are provided outcome reports on patient treatments.

For example, a patient receiving asthma injections now has convenient access for this twice-monthly treatment, often after work or on the weekends. As with a physician's office, the patient may not incur the costly co-insurance of the hospital outpatient setting. The prescribing physician no longer needs to purchase or supply medication in his or her office, keeping costs down while receiving reports on patient treatment.

For more costly biologics, such as psoriasis infusions, patients benefit even more, as they may no longer face thousands of dollars in deductibles and co-insurance because only a co-pay for the drug and service is generally required. The combination of high-quality services, reduced costs, and convenient hours that minimizes disruption to their workdays and lifestyles may increase patient compliance and reduce the chance of a future costly hospital visit.

Leveraging a state-of-the-art software system, patients can be scheduled online—often from their physicians offices. Patients are treated and educated in person on their conditions and treatments by nurses knowledgeable about the condition, drug and delivery. If a patient needs to self-inject or infuse, a nurse educated on the proper procedure follows up with a phone call to make sure the self-injection/infusion proceeded smoothly. This model offers inbound and outbound call center support for patients and

physicians, integrated enrollment support, compliance and education programs and a 24/7 nursing hotline.

A patient outcome report is available to the physician through fax or online access. This enables true accountability of the patient service, including true medication utilization, dose optimization, a side-effect profile and clinical measurements. The report allows for true management of the therapy with clear visibility for improved patient compliance and overall care.

As chronic healthcare costs continue to soar, physicians may need to turn to new solutions to help provide the best care for their patients. The example of this network's innovative approach may be a glimpse into the future management of chronic biologic support.

References

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Judi A. Grupp is the founder, president and CEO of ActiveCare Network LLC, which provides access to over 1,400 centrally managed national infusion clinics, resulting in control for chronic biologic services, including infusions, injections/training and diagnostic testing. (www.activecarenetwork.com)