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Psoriatic Disease Payer Advisory Panel

Report on January 29, 2016 Roundtable

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The Landscape

Health Insurance System & Challenges Today

- Our nation's health care system has recently undergone seismic changes **driven by enactment of the Affordable Care Act in 2010.**
- All stakeholders – including physicians, hospitals and other providers, manufacturers of pharmaceutical and medical devices, insurers and, of course, patients – have been impacted by these changes.
- Insurers have been particularly affected by policies that have greatly expanded their base of customers, but also amended many longstanding market practices.
- **At the same time, providers are seeing a greater percentage of their payments at risk and tied to value-driven payment models – many of which are poorly defined; often not involving important key stakeholders such as patients and physician experts.**
- Adding complexity are the rising costs for biopharmaceutical products, including many therapies patients with psoriasis and psoriatic arthritis rely on, **as well as narrow network plans that limit access to specialty care.**

Payer Roundtable Concept

Given these challenges, NPF & IDEOM asked:

What do payers think about standardizing access and treatment?

And, ultimately....

What role can patients & patient centric outcomes measures play to inform payer coverage decisions and improve patient health outcomes?

Agenda

Panel I: The Payer Perspective

Payer panelists spoke about their work and challenges, how they make decisions, how clinical guidelines, outcomes measures and patient experience and perspective factor into decisions and how organizations can participate in the process.

Overview of Psoriatic Disease

Overview of psoriatic disease including the natural history of the disease, prevalence, age of onset and other statistics, current treatment options and standards of care and clinical opportunities and challenges.

Panel II: The Patient Perspective

Three patients with psoriatic disease spoke about the disease and how it has impacted their lives, their clinical experiences and their experiences accessing clinically recommended care.

Panel III: Outcomes Measures in Psoriatic Disease

Leaders of IDEOM presented a basic overview of the efforts, goals and progress to date and engaged in a moderated dialogue with members of the payer panel.

Panel IV: Access Challenges & Opportunities for Patients with Psoriatic Disease

Payer, clinician and patient participants explored the challenges patients with chronic psoriatic disease encounter in accessing clinically recommended treatments including access to physicians, medical procedures and pharmaceuticals.

Participating Payers

- Large national plan (1 of top 3)
- BCBS plan
- Payer from an integrated health system
- Medicare Advantage plan
- State Medicaid program
- Leading actuarial firm

What Drives Payer Decision-making?

- A desire to practice *evidence-based benefit design*.
- Increasingly focused on *population health*, driving access and utilization challenges.
- Psoriatic disease only landed on payer radars when *specialty drug prices increased*.
- A *value-driven argument* is useful and payers will respond if a treatment or therapy can decrease overall costs.
- Plan's have *fiduciary responsibility* to members - if a treatment add costs, payers likely to push back and limit access. If it can decrease total costs, they will be more likely to support and promote access to it.
- Most interested when therapy provides *clear benefit* to health.

Payers consider...

1. *Clinical benefit* to patients.
2. *Non-clinical benefit*: productivity etc. (But... this is hard to measure & hard data to access)
3. *Health system benefit* (ex. Off-set utilization that doesn't occur down the line, or don't need to use a scarce resource from elsewhere (like a doctor that there are only a few of) – this is an efficiency.
4. *Societal* – Again, don't have a good way of figuring out responsibility. Need data & tools.

Top Challenges for Payers

- *Disconnect* between trial data and clinically meaningful outcomes data. Absent the latter, payers may not cover a product if they feel it lacks sufficient supporting data.
- Payers want:
 - *standardized outcomes measures,*
 - *practice guidelines that are generated by experts, updated regularly and that have widespread acceptance and uptake by the providers.*
- To see that *guidelines are influencing clinical practices.*
- *Lack of comparative effectiveness and lack of agreement on treat-to-target cited as a barrier to payers.*
- A lack of studies focused on stepping down or decreasing dosages (not stopping) even if potentially beneficial to patients.

Top Challenges for Payers

- *Inability to pay based on indication*, particularly challenging in psoriatic disease.
- Shifts to *personalized medicine* further complicate the picture when a desire is standardized practice guidelines.
- On the flip side, personalized medicine can also prevent wasteful spending by preventing populations that will not benefit from receiving an at-times costly drug.
- *Silos* between medical and pharmaceutical complicate things – e.g., inability to look at potential offsets in drug spending via expanded access to phototherapy.

So What Can We Do?

- *Update and disseminate clear, detailed and evidence guidelines* that inform practice. This will help make sure payers have the data they need to make decisions.
- *Continue the dialogue*: Keep lines of communications open and ask payers what data, including patient data, we might be able to provide to support their decision-making.
- Consider *pilots* or other projects. For example, could payers embrace a bundled payment for phototherapy, lower or no costs for such visits, or consumer-friendly policies supporting access to home unit?
- Consider ways to infuse the patient voice into benefit design. We have patient-focused drug development – can we get to patient-focused benefit designs?

IDEOM Can Accomplish This

Meeting needs through...

- ✓ Multiple stakeholder – *including patient* – input
- ✓ Rigorous Delphi
- ✓ Consensus meetings

IDEOM will...

- Develop & validate patient centric outcomes measures that can be used by providers to *get to a decision point*.
- Develop & validate measures that can *live up to a diagnostic test*.
- Serve the end goal ... Something that can be *transmitted to payers* and will indicate if a patient is *responding* or not to a treatment.