Clinic Staff Perspectives on Obstacles to Specialty Medicine Access & Adherence: A Qualitative Study
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¹University of California San Francisco School of Pharmacy, ²Walgreen Co.

Results

Obstacles to specialty medicine access (continued)

High cost of specialty medicines, despite manufacturer financial assistance benefitting some (but not all) patients

• “So it behaves my staff to be knowledgeable in terms of what copayment assistance program is out there, what patient assistance programs are available, and then recognizing the cost of these medications and trying to then go to the provider and say, ‘Okay, so we can get this medicine for this cost, but if you consider switching it might be more affordable for the patient at this cost.’ And the patient is active in those decisions too? Yeah, we definitely try to engage them. Oftentimes it’s the sticker shock that makes and breaks the decision making.” (Nurse Practitioner, RA)

Extra lab work, clinic errors on authorizations, trying to send the prescription to the right specialty pharmacy

• “So, we basically ask them to send us the letter of appeal so we may see what the issue was. Sometimes it’s actually just a mark on the wrong box on the prior auth form. And they will not allow you to remedy it by phone, not by faxing. So sometimes it creates a delay ‘cause they may ask you to speak to the provider for a peer review when all it requires is just resending some data with the correct box marked off.” (Nurse Practitioner, RA)

Difficulties navigating systems and processes of all the various specialty pharmacies with whom clinicians must work resulting in duplication of work and delays in care

• “And, you know, most would fax us paperwork that needs to be filled out and then we’d fill it out and fax it back and then nothing happens. Nothing happens, then they’ll fax something else that needs to be filled out and it’s just -- again -- there’s all kinds of variations of what can happen but it’s just a painfull process.” (Nurse, Cancer)

Obstacles to specialty medicine access

Insurance authorization, disagreement with formularies/step therapies, difficulty communicating with insurance companies

• “There’s problems getting the drug that you want because it’s not what the insurance company wants you to use. So, you might want to use Gilenya ... and they say, ‘No, you’ve got to try and fail Capozone and Rebif.’ You could try and argue those aren’t appropriate options by saying, ‘This person is needle phobic or their disease is too aggressive...’ Sometimes it works, and sometimes it doesn’t.” (Nurse Practitioner, MS)

• “It’s a tremendous phone call, talking to different people... giving them information then they transfer you to the next person and it takes exact same information and then they transfer you to the next person. It’s just a complete waste of time and resources of, you know, people on both ends. (Nurse, Cancer)

Models of specialty medicine access

• Model 1: Clinic responsible for prescribing, PAs, applying for manufacturer financial assistance, education. Requires higher level staff. Some use pharmacists for these tasks; nursing-based models had higher levels of frustration with balancing clinic and specialty medicine responsibilities.

• Model 2: Manufacturer assisted. 1st step involves alerting manufacturer of prescription. Manufacturer conducts benefits review, provides cost assistance, and identifies specialty pharmacy for dispensing. Clinic staff handle required PAs and other coordination.

• Models 3a and 3b: Specialty pharmacy assisted /centric. Pharmacy conducts benefits review and alerts clinic (a) or manages PA (b), applying for manufacturer financial assistance. Clinic provides education.

Background

For patients to obtain specialty medications, multiple players are involved and many coordinated processes occur. The University of California San Francisco School of Pharmacy has partnered with Walgreen Co. to explore optimal ways for patients to access specialty medicines. Study objectives:

• Map complete process involved in obtaining specialty medicines from clinic, pharmacy, and patient perspectives

• Identify pitfalls that cause administration delays

• Identify system-, provider-, and patient-adherence barriers to inform specialty programs at community pharmacies

Data presented reflect 1 arm of the study sample: clinic staff, views. Staff were not limited to a specific specialty pharmacy, and included experiences with any specialty pharmacy. The larger study (ongoing) includes pharmacy staff and patients as respondents.

Methods

• Qualitative study w/semi-structured telephone interviews

• Purposive sample of staff serving cystic fibrosis (CF), rheumatoid arthritis (RA), multiple sclerosis (MS), cancer, or hepatitis C (HepC) patients.

• Committee on Human Research approval #15-17874

Items assessed during interviews

• Demographic information

• Tasks involved in facilitating access to specialty medicines

• Challenges & efficiencies in facilitating access

• Perceived obstacles to patient adhering to specialty medicines

• Ideas for improving the process of obtaining specialty medicines

Data analysis

• Analyzed using Dedoose (cloud-based mixed-method system)

• Transcripts checked vs. audio-recording for accuracy

• Transcripts coded and reviewed in an iterative process as codes evolved and additional transcripts became available

• Analyzed thematically using deductive and inductive processes to meet study objectives

Table 1: Participant demographics

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<th>CF</th>
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<th>MS</th>
<th>Cancer</th>
<th>HepC</th>
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</table>

The table above presents the demographic information of the study participants, including age, gender, ethnicity, and the number of patients served. The data reflects the distribution among the different specialties including CF, RA, MS, Cancer, and HepC. The median age is calculated for each category, and the total number of patients served by each staff member is also noted.

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