2021 Medication Access Report

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Many people face medication access challenges, such as affordability barriers and manual processes that can delay care. Visit the 2021 Medication Access Report website to meet patients impacted by the issues explored in this report and learn how technology solutions helped them.

**Visit
go.covermymeds.com/
medicationaccessreport**

Introduction

For many, 2020 was a year in which life's essentials — medications included — took on a higher value and became more difficult to obtain.

As a society, we faced the threat of COVID-19, a global pandemic that exposed vulnerabilities in healthcare as it spread. Financial instability, social inequities and inefficient processes grew wider in reach and more potent in effect when the COVID-19 pandemic hit.

In addition to social distancing, patients also practiced medical distancing, avoiding doctors' offices and even emergency rooms. Patients canceled or delayed many elective procedures and routine visits, leaving acute and preventive care unaddressed.

Emergency room volume dropped by as much as 50 percent in some areas of the country, with notable dips in stroke and heart attack admissions.[1,2] Prescription volume dropped by as much as 12 percent compared to 2019 levels.[3] Childhood immunization rates plummeted by as much as 75 percent, leaving thousands of children potentially vulnerable to diseases beyond COVID-19.[4] And in April, clinical trial enrollment was also down by as much as 70 percent.[5,6]

While healthcare affordability is a perennial concern, the economic downturn resulting from nationwide shutdowns put it in bold. For at least some period of time, tens of millions of Americans lost their jobs, their health insurance and, for some, access to their medications.[7] Of the 1,000 patients surveyed by CoverMyMeds, 65 percent were financially affected by COVID-19; more than one in four became unemployed.[8]

Social justice movements fanned the flames of unrest. Protests in cities across the country demanded social reforms and an end to racial inequality.[9] COVID-19 took a disproportionate toll on Black, Latino and indigenous Americans, the most recent example of prevailing disparities in healthcare.[10]

2020 by the numbers

↓ **50%**
Emergency room volume[1,2]

↓ **12%**
Prescription volume[3]

↓ **75%**
Childhood immunization rates[4]

↓ **70%**
Clinical trial enrollment[5,6]

Health is the baseline and foundation of humanity — though it isn't always easy to come by. Those of lower socioeconomic status have trouble securing good jobs, education opportunities and ideal housing, often making it harder to access healthcare and medications. But even patients with more social and economic security run into barriers. For this reason, providers, payers, pharmacies and pharmaceutical companies must keep the patient at the center of the equation, addressing them as a person who spends most waking hours in roles outside an exam room or pharmacy.

To help patients overcome key disruptors and access the medications they need, these healthcare network stakeholders can participate in end-to-end patient engagement strategies.

Within this report, industry statistics, market research and new survey data from patients, pharmacists and providers illustrate patient-centered care, empowered by network-driven technology. Without this collaboration, the industry will struggle to break down barriers to medication access and improve the lives of patients.

CoverMyMeds conducted surveys of patients, providers and pharmacists over a two-month period during September and October 2020. We surveyed 1,000 patients, 400 providers and 328 pharmacists to achieve a 95 percent confidence interval and achieved a ±5 percent margin of error.

Patient Survey:
The patient survey leveraged the network of patientworthy.com to better reach patients with diseases more likely to take specialty medications. Patients represented the general population, including age, race, insurance type and area of living demographics.

Provider Survey:
The provider survey leveraged the network of CoverMyMeds, which includes over 750,000 providers.

Pharmacist Survey:
The pharmacist survey leveraged a panel of pharmacy professionals as well as CoverMyMeds pharmacy users.

Market Research:
CoverMyMeds conducted market research and literature review of reputable sources as well as focus group discussions with patients and industry stakeholders.

The Medication Access Report is developed in consultation with an advisory board of healthcare experts representing major organizations across the industry — each with unique perspectives, interests and opinions.

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Medication
Access Barriers

Individual patients may have unique sets of complications affecting their access to the medications they need.

If patients experience any constants in healthcare each year, it's the hurdles they face in accessing their medication. These barriers vary in type and degree based on the individual and can change over a lifetime — or even overnight.

"It's been difficult to manage, because there's not really a need to go to an appointment if I can't afford the medicine she's going to write the prescription for."

■ Ashley was one of an estimated 20 million Americans who lost their job and insurance during the pandemic. Without insurance, medication for her fibromyalgia and major depressive disorder was too expensive, and she went without treatment for both.

**Read more at
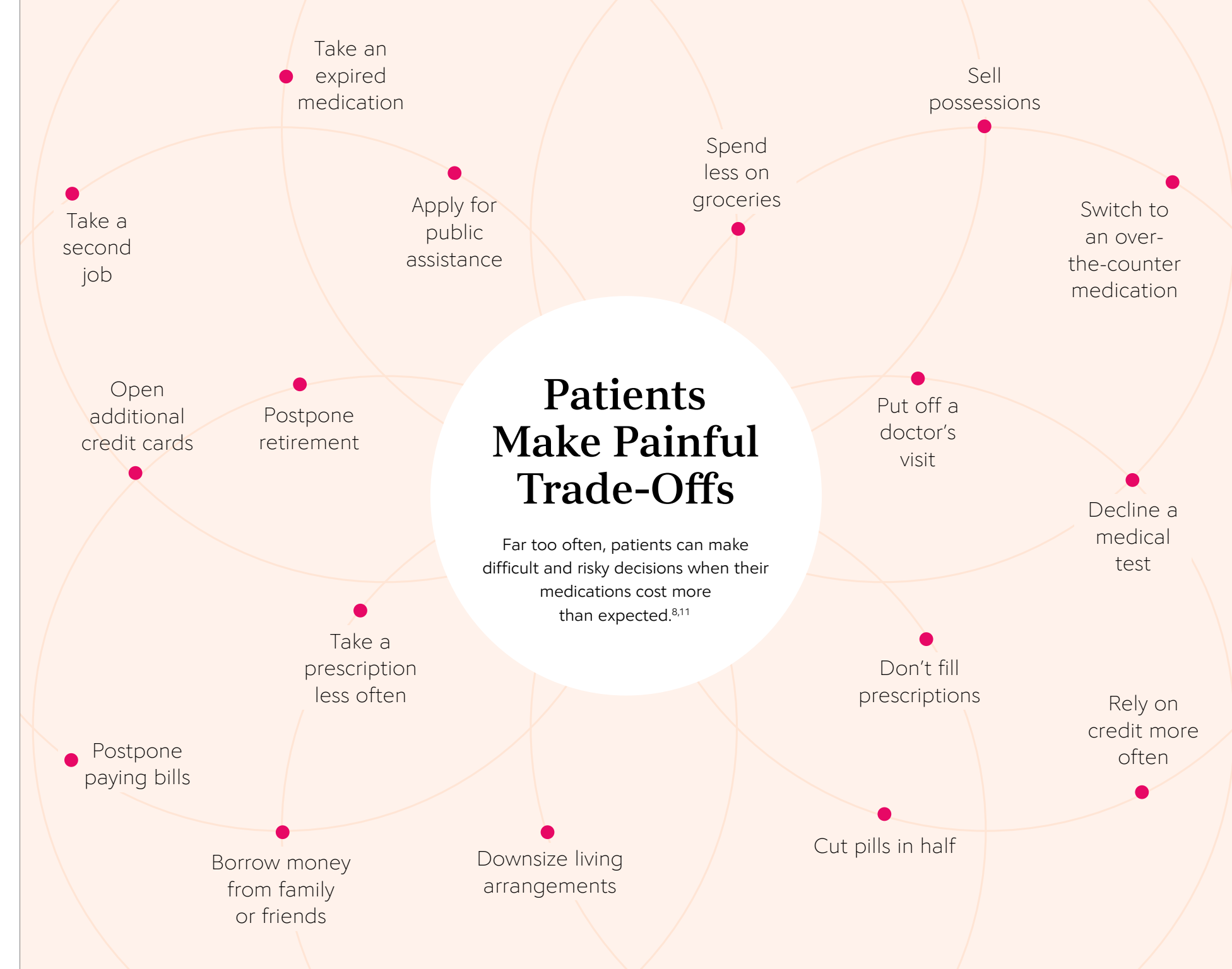go.covermymeds.com/
medicationaccessreport**

Affordability

Patients shouldn't have to choose among basic needs. But too often, the cost or ability to pay for a medication puts them in this difficult position. In the past year, patients said they had to make unfortunate choices with their medications.

More than one in three patients said they went without treatment or medications to pay for bills and basic needs.[8] Forty-three percent sacrificed basic needs and bills to afford their medications.[8]

Some tried to make both work: Over 40 percent of all patients said to stretch out their prescription, they skipped or reduced doses, potentially putting their health and adherence at risk.[8] The proportion was even higher for uninsured patients, at 58 percent, and those on Affordable Care Act (ACA) plans, at 60 percent.[8]

In many cases, several factors forced these tough decisions.

Patients Make Painful Trade-Offs

Far too often, patients can make difficult and risky decisions when their medications cost more than expected.[8,11]

- Take an expired medication
- Sell possessions
- Spend less on groceries
- Apply for public assistance
- Switch to an over-the-counter medication
- Take a second job
- Open additional credit cards
- Postpone retirement
- Put off a doctor's visit
- Decline a medical test
- Take a prescription less often
- Don't fill prescriptions
- Rely on credit more often
- Postpone paying bills
- Cut pills in half
- Borrow money from family or friends
- Downsize living arrangements

Healthcare Coverage and Stability

After the introduction of the ACA, the number of uninsured, nonelderly Americans dropped by 20 million, hitting a historic low in 2016.[11] Since then, the number of uninsured Americans has increased each year, though numbers remain lower than pre-ACA years.[11]

The most recent estimates, from 2019, show 29.2 million Americans under age 65 were uninsured — a 2.3 million increase from 2018.[12] Nearly three-fourths of the uninsured said they didn't have coverage because it was unaffordable.[12] Low-income individuals in the 12 states that did not adopt Medicaid expansion may find themselves below the poverty level, disqualifying them for premium tax credits, but above the upper limit for Medicaid eligibility.[13] This leaves them without affordable options for healthcare coverage if they're unable to secure employer-sponsored insurance.[13]

Patients without Medicare, Medicaid or private insurance through an employer face significant hurdles to accessing treatment, which have only been exacerbated by COVID-19.[8]
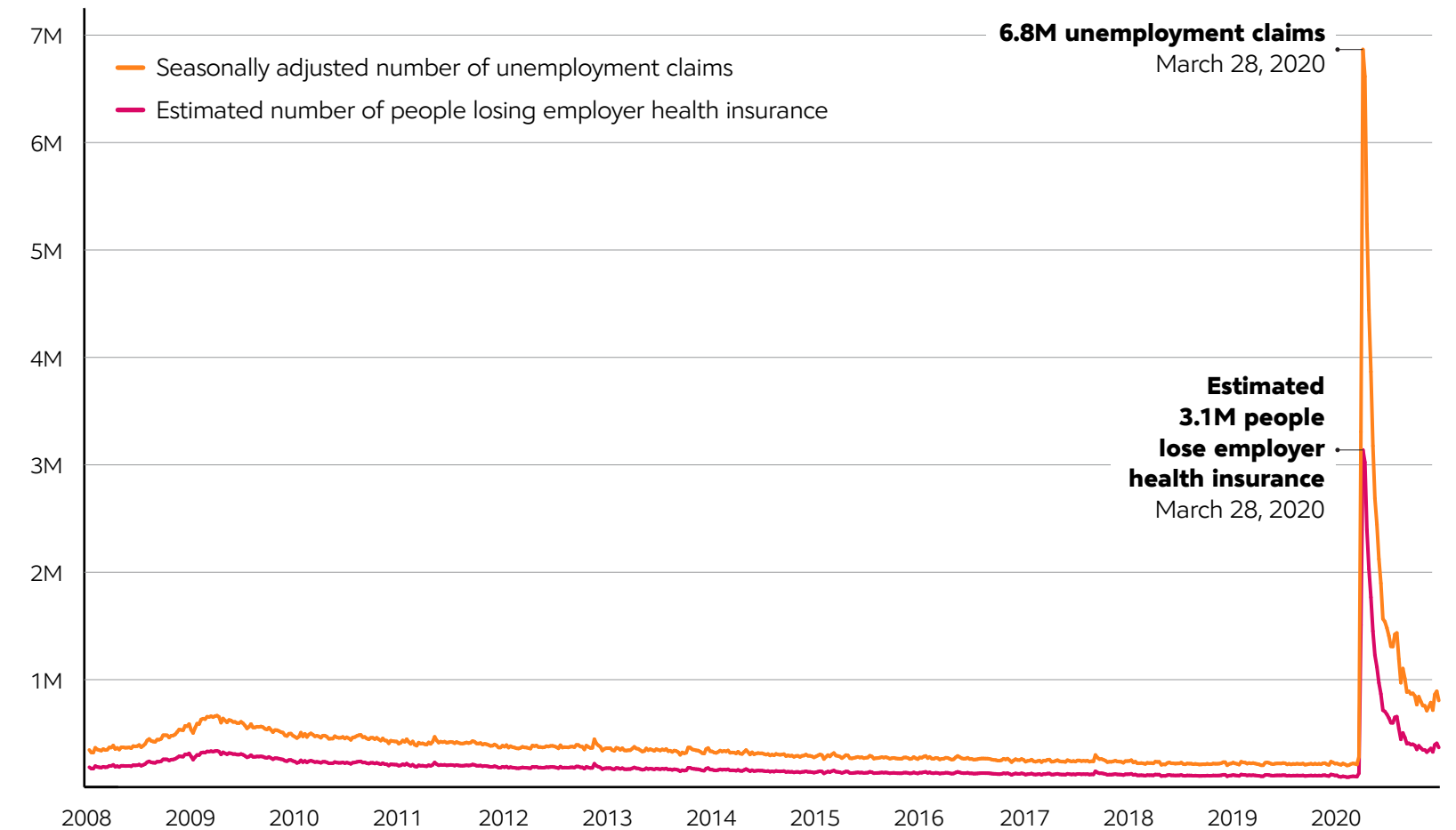
The economic fallout from COVID-19 shutdowns forced tens of millions out of their jobs. As a result, an estimated 20 million people lost their employer-sponsored health insurance along with their main source of income.[7] National unemployment rates hit record highs during 2020, reaching 14.7 percent in April.[14] More than one in four patients surveyed by CoverMyMeds said they lost their job for at least a period of time as a result of COVID-19, and over half faced reduced income during the year.[8] In total, 65 percent of patients surveyed faced negative financial consequences during 2020 due to COVID-19.[8]

For patients without coverage, even temporarily, cash may be the only option to pay for medications. With prescription decision support technology, providers can help patients consider all payment options, inclusive of cash, which can sometimes be the cheapest option.[15] Patient apps also enable cash price comparison among local pharmacies so patients can truly find the most affordable option.

As Unemployment Claims Hit Record Levels in 2020, Millions Likely Lost Health Coverage

During the economic fallout of the COVID-19 pandemic, initial claims for unemployment insurance hit record highs. With nearly half the U.S. population covered under employer-sponsored insurance, tens of millions lost their wages and likely their health coverage.

Seasonally adjusted number of unemployment claims

Estimated number of people losing employer health insurance

6.8M unemployment claims March 28, 2020

Estimated 3.1M people lose employer health insurance March 28, 2020

Department of Labor Unemployment Insurance Weekly Claims Data. Kaiser Family Foundation Health Insurance Coverage of the Total Population

Insurance coverage can offer some stability, but it's not always the key to affordability. In a recent estimate, 47 percent of those under the age of 65 were on high-deductible plans through their employer.[16] This means many patients paid out-of-pocket for their medical expenses most — if not all — of the year.

Of those insured through the ACA marketplace, the rate was even higher, with more than 90 percent on high-deductible plans.[17,18] The average individual deductible of all ACA exchange plans selected during the 2020 open enrollment period was $2,835 — over twice the minimum IRS amount to be considered a high-deductible plan.[17,18] The silver plan, selected by 59 percent of enrollees for 2020, has an average deductible greater than $4,000.[18]

Those without employer-sponsored insurance were more likely to experience higher prescription costs than anticipated and to make personal sacrifices to afford their medications — or forego treatment entirely to pay the bills.[8]

The rising cost of healthcare coverage continued to outpace income levels in 2020. From 2010 to 2020, average wage growth increased 27 percent while average employer deductibles increased 111 percent and average family premiums increased 55 percent.[19]

In 2019, Americans with employer-sponsored insurance met their healthcare deductible after an average of five months — nearly two months longer than in 2009.[20] During this 10-year span, the average individual deductible nearly tripled to $1,350 — leaving patients burdened by their healthcare and medication costs longer each year.[19]

Deductibles Have Risen Faster Than Employee Pay Since 2010

In the last decade, employer-sponsored deductible growth far outpaced wage growth.
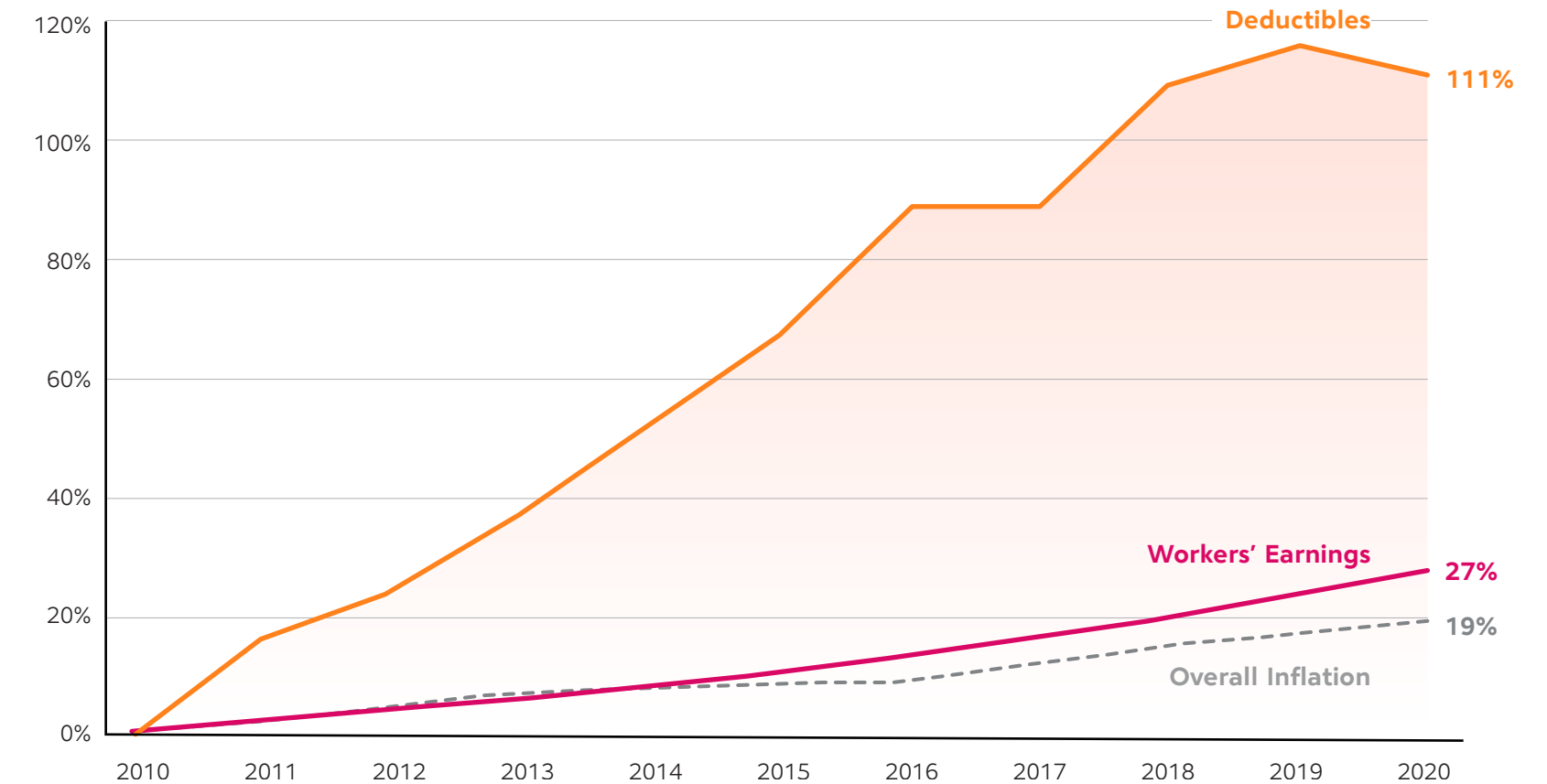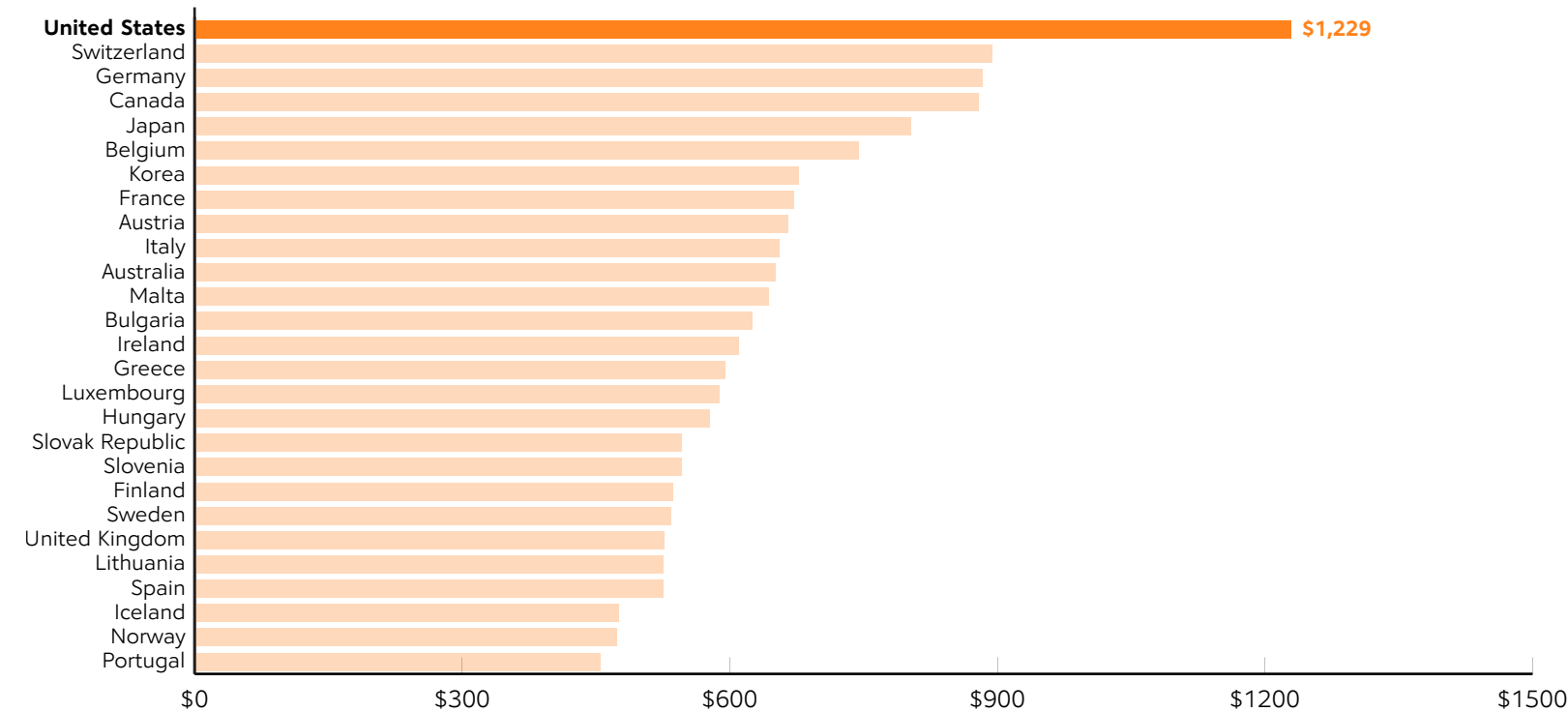

Kaiser Family Foundation 2020 Employer Health Benefits Survey

Prescription Costs and Availability

Many Americans are seeking answers for why healthcare costs are rising — specifically when it comes to their out-of-pocket costs for medications. While pharmaceutical spending made up only 11.5 percent of U.S. healthcare spending in 2018, Americans spent more per capita on prescription drugs than any other developed country.[21]

U.S. Outspends Other Countries in Dollars Per Capita on Pharmaceuticals

While the percent of total healthcare spending on drugs in the United States is moderate compared to other developed countries, the costs of the drugs themselves are the highest.
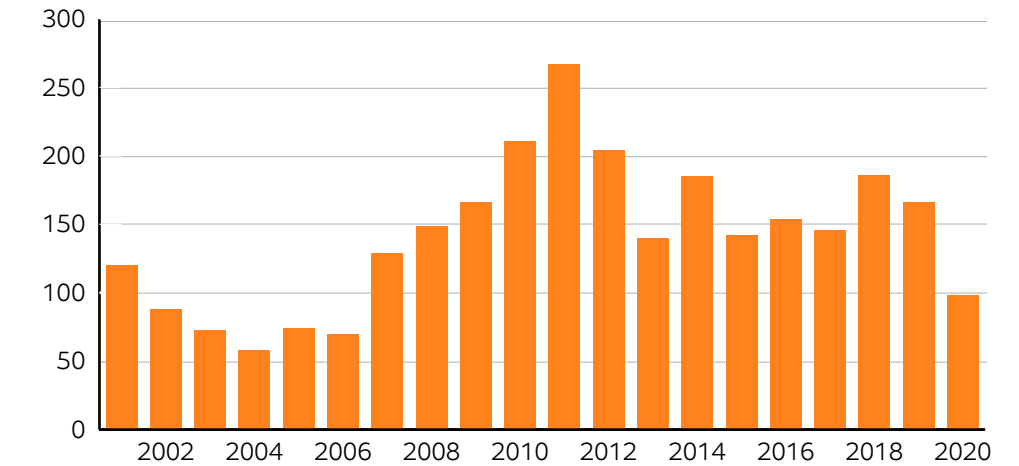
United States — **$1,229**
Switzerland
Germany
Canada
Japan
Belgium
Korea
France
Austria
Italy
Australia
Malta
Bulgaria
Ireland
Greece
Luxembourg
Hungary
Slovak Republic
Slovenia
Finland
Sweden
United Kingdom
Lithuania
Spain
Iceland
Norway
Portugal

$0 $300 $600 $900 $1200 $1500

U.S. dollars/capita

OECD Pharmaceutical spending (indicator), Organisation for Economic Co-operation and Development, accessed December 2020

Patients in the U.S. aren't prescribed more drugs than those in other developed countries, and most U.S.-prescribed drugs are generics.[22] High out-of-pocket costs result, in part, from a combination of high drug prices and a lack of patient coverage and price transparency.

In the U.S., pharmaceutical companies set prices and pharmacy benefit managers (PBMs) negotiate on out-of-pocket costs individually. As a result, out-of-pocket costs for patients can vary by plan and even by pharmacy. Patents for brand name medications can prevent manufacturers from producing biosimilar and generic versions for years, which can also keep prices high.

About 72 percent of active pharmaceutical ingredients, the main components of medications, are manufactured outside the U.S.[23] COVID-19 shut down many manufacturing plants while demand for specific drugs — some used to treat COVID-19 patients — led to drug shortages.[24] Though drug shortages are not a new problem, they received additional scrutiny during the pandemic due to particular demand of specific drugs to treat COVID-19. When supply is low and demand is high, prices can increase — by as much as 16 percent during a shortage, according to some estimates.[25] Unlike other industries where a price increase usually balances the market, demand for life-saving therapies or emergency drugs persists. Since manufacturers typically keep a lean supply of drugs

Drug Shortages Are Not a New Problem

While healthcare saw shortages of specific drugs to treat COVID-19, drug shortages have been worse in the past, typically due to manufacturing and quality issues.

300
250
200
150
100
50
0

2002   2004   2006   2008   2010   2012   2014   2016   2018   2020

University of Utah Drug Information Service. Data reflects January 2001-Sept. 30, 2020.

due to a short shelf life, shortages result.[26] Drug prices don't always equal drug costs. Manufacturer rebates, payer-negotiated prices and affordability programs can offset prices to offer patients lower out-of-pocket costs.

One in five patients, the majority of whom have chronic conditions, experienced delays in receiving their medication due to COVID-19 restrictions or shortages.[8] These delays can potentially lead to worsening conditions and possibly more healthcare costs down the road, such as hospital admissions or more provider visits.

Demographic Disparities

While prescription out-of-pocket cost can be a major hinderance at the pharmacy counter, other variables also affect patients' ability to access medications. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.[27]

For example, where a person is born can impact available opportunities throughout their life, including income level and socioeconomic status and even medication affordability. Socioeconomic status, education, transportation options, physical living environment, race and ethnicity have come to the forefront of healthcare with the current pandemic. Taking action on these factors may be the catalyst in shifting the healthcare industry's view from patients to people.

Social Determinants of Health Affect Healthcare Access Almost as Much as Insurance

Providers cited a mix of affordability and social determinants of health factors that affect their patients' healthcare access.

Number of Provider Responses

CoverMyMeds Provider Survey, 2020
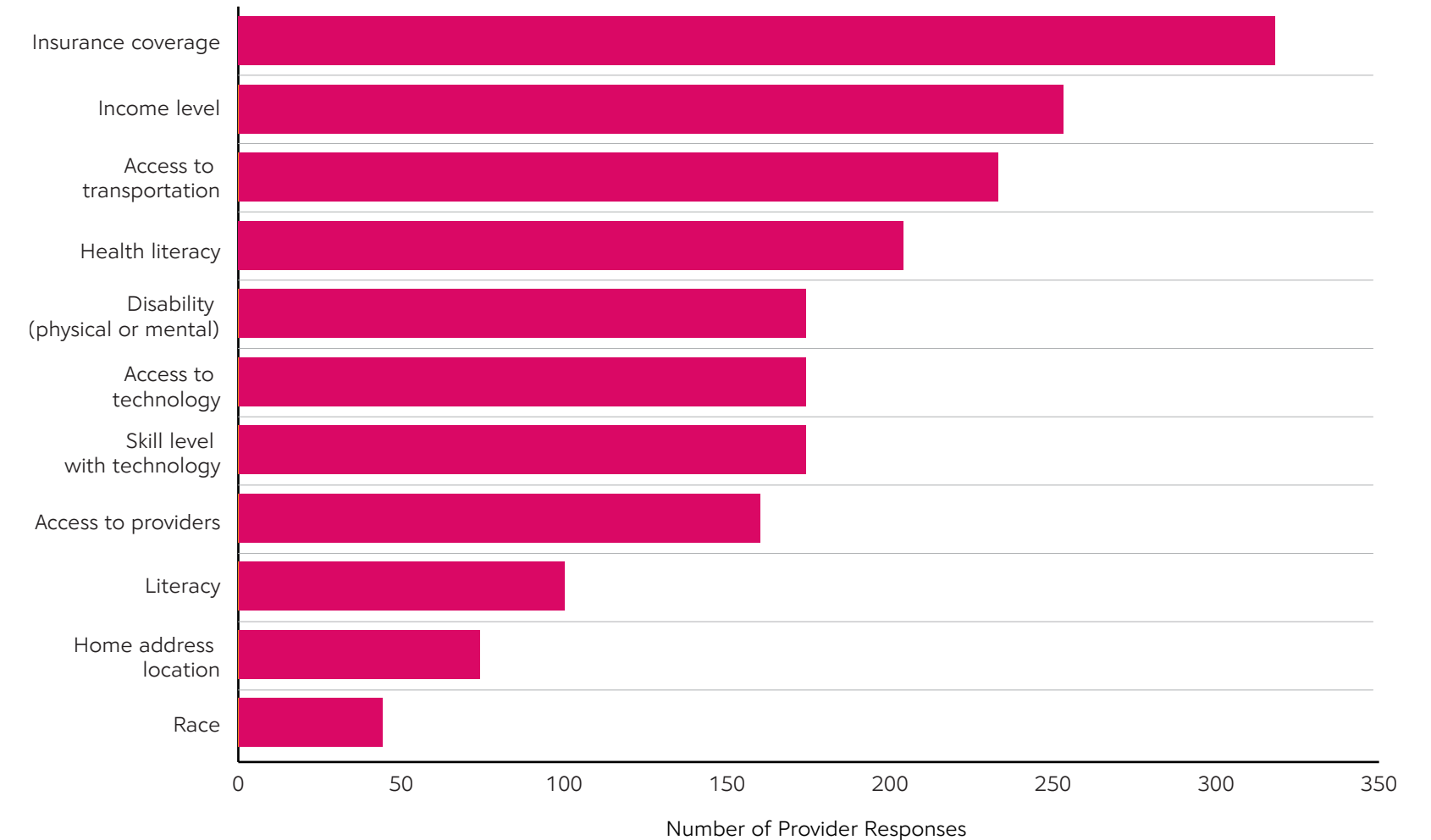
Social Inequities

The new coronavirus brought existing minority disparities in healthcare to the forefront. Black, Latino and indigenous Americans are at least three times as likely as white Americans to die from COVID-19, even when adjusting for age.[10] Racial minorities fare worse in other major areas of healthcare too, including heart disease, infant mortality and obesity.[28]
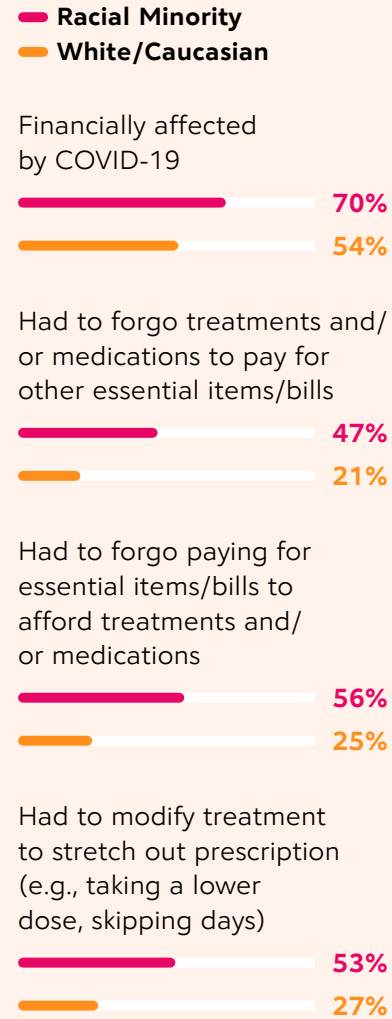
When surveyed, minority patients were more likely than average to be affected by finances, stretch out medication doses and make difficult decisions between their treatment and paying for essential items.[8] Seventy percent of minority patients surveyed were financially affected in some way by COVID-19, compared to just over half of white patients.[8]

While many racial disparities can be linked to financial concerns in general, studies showed Black Americans with high incomes and socioeconomic status are less protected from chronic medical conditions than whites of the same status.[29]

Even technology algorithms can't always factor out the complex issue of racial bias.[30,31] Race and ethnicity are among many variables to consider in healthcare technology — which is why it's important for providers to bring the human lens to patient interactions.

When deciding on the best path to medication access, providers have the opportunity to consider all variables that could impact each patient as an individual. Yet, one in five providers surveyed didn't ask patients about social determinants of health.[32]

Racial Minorities Were More Affected Financially by COVID-19

🟥 **Racial Minority**
🟧 **White/Caucasian**

Financially affected by COVID-19
- **70%** (Racial Minority)
- **54%** (White/Caucasian)

Had to forgo treatments and/or medications to pay for other essential items/bills
- **47%** (Racial Minority)
- **21%** (White/Caucasian)

Had to forgo paying for essential items/bills to afford treatments and/or medications
- **56%** (Racial Minority)
- **25%** (White/Caucasian)

Had to modify treatment to stretch out prescription (e.g., taking a lower dose, skipping days)
- **53%** (Racial Minority)
- **27%** (White/Caucasian)

Transportation and Location

Patients in urban areas were more likely to report using telehealth compared to suburban and rural respondents, most often citing convenience to justify their use.[8] When patients do attend in-person appointments, their mode of transportation correlated to trends in medication access decisions and barriers.

Fifty-eight percent of providers said access to transportation impacted their patients' ability to access healthcare — and they were most likely in urban areas.[32] Thirty-nine percent of patients surveyed used an alternate form of transportation to get to and from doctor's appointments — including public transportation or relying on a friend or family member to drive them.[8] Patients who used alternate transportation were far more likely to report modifying their treatment to stretch out prescriptions, forgoing medications to pay for other essentials and forgoing essentials to pay for medications over the last six months.[8]

Transportation Mode Affects Medication-Related Patient Sacrifices

🟥 **Use Own Vehicle**   🟧 **Use Alternative Transportation**

Patients who had to modify treatment to stretch out prescriptions (e.g., taking a lower dose, skipping days)
- **14%**

Patients who had to forgo treatments and/or medications to pay for other essential items/bills
- **13%**

Patients who had to forgo paying for essential items/bills to afford treatments and/or medications
- **18%**

0%   10%   20%   30%   40%   50%   60%
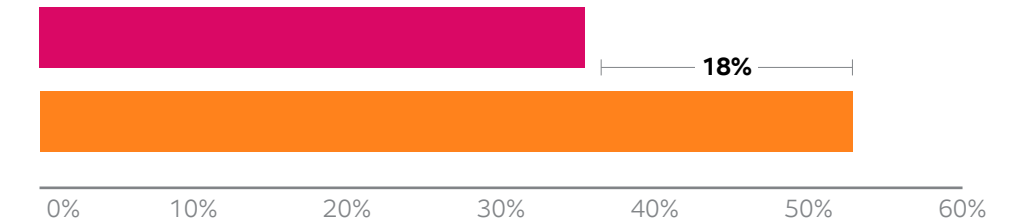
CoverMyMeds Patient Survey 2020. Patients were asked about actions they took from March to September 2020

Generational Differences

Society's youth no longer hold claim to the stereotype of internet and technology saturation: Survey results showed no significant difference in internet and technology use across various age groups.[8] No significant differences appeared across ages in the uninsured population.[8] Instead, preferences and habits seemed to separate generations when it came to medication access.
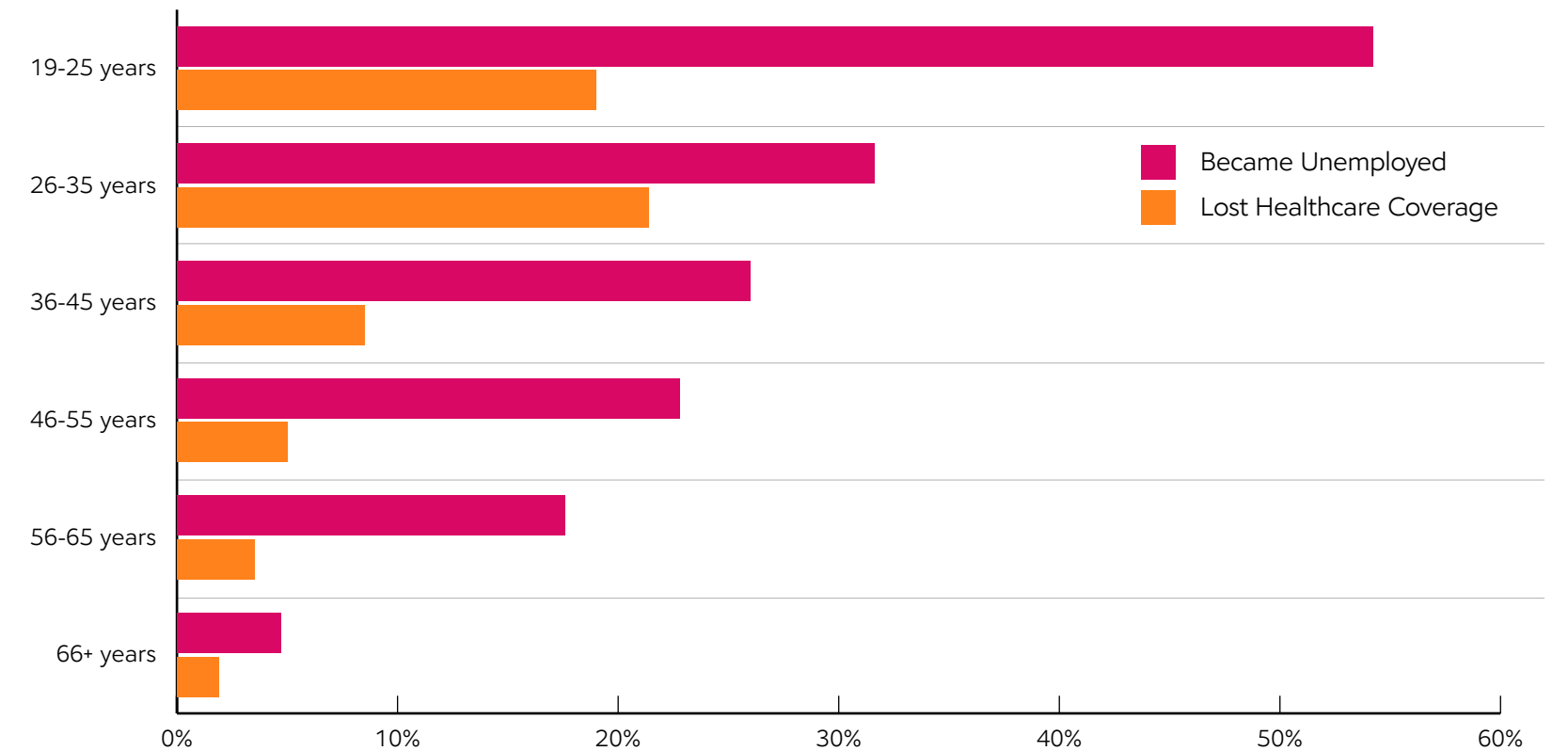
Younger age groups seemed to want a more active role in their healthcare. More often than older age groups, 19- to 45-year-olds who participated in telehealth did so for greater control of their healthcare.[8] This group was also more likely to note a change in the relationship with their pharmacist due to COVID-19 — and most regularly asked their pharmacist questions about their medication.[8] Eighty percent of 26- to 35-year-olds received a medication that cost more than they expected — but many acted to find alternative solutions.[8] A third used price-comparison technology through apps or websites to find a lower price, and 43 percent asked their provider or pharmacist about cheaper alternatives — the highest share among generations for both options.[8]

Younger generations were also more likely to be proactive about affordability conversations with their provider. This could be because they faced far more financial instability in 2020 due to COVID-19 in the form of job loss and loss of healthcare coverage.

Older groups were less likely to hold affordability conversations. In fact, those 56 and older were nearly twice as likely to say they didn't feel their provider was the person with whom they should be discussing medication price.[8] But when they talk with their provider, they want it to be in person. Those ages 66 and older were far more likely to say they intend to return to all in-person appointments when possible.[8] This age group was also twice as likely as others to use a mail-order pharmacy, but this could be due to the higher prevalence of chronic conditions in this group.[8,33]

Younger Generations Faced Disproportionate Financial Instability Due to COVID-19

Survey results showed patient age was inversely related to likelihood of being unemployed and also influenced loss of healthcare coverage.

Legend: ■ Became Unemployed ■ Lost Healthcare Coverage

(Categories: 19-25 years, 26-35 years, 36-45 years, 46-55 years, 56-65 years, 66+ years; axis 0% to 60%)

CoverMyMeds Patient Survey, 2020

Benefit Barriers

Health plans and PBMs also had to adjust to the fluctuating trends in healthcare. Due to the COVID-19 pandemic, many plans relaxed or waived medication regulations, such as prior authorization (PA) and refill-too-soon orders, to allow patients easier access to their prescribed medications during office closures.[34,35]

Despite this temporary relief, many patients still encountered administrative and benefit barriers to accessing their medications. Each year, PBMs evaluate medications for inclusion on their drug formulary, a list of reimbursable medications by the PBM payer client, based on factors such as clinical efficacy, safety, cost and cost effectiveness. Medications included on the formulary can be further stack-ranked into tiers based on payer/PBM preference (e.g., rebate negotiations).

If a prescribed medication is not on a patient's PBM formulary or has unfavorable tier placement, the drug may require PA to verify clinical necessity before it's approved for reimbursement. Even if approved, the patient may pay more out of pocket at the pharmacy. In fact, 83 percent of insured workers were on insurance plans with three or more formulary tiers.[19]

On top of out-of-pocket expenses, benefit barriers can also cost patients time. In a recent survey, patients ranked these factors their top two in order of importance when managing prescription medications.[36] One in four patients surveyed reported delays due to their medication requiring a PA.[8] One in 10 experienced delays in receiving medications due to delays at their provider's office.[8]
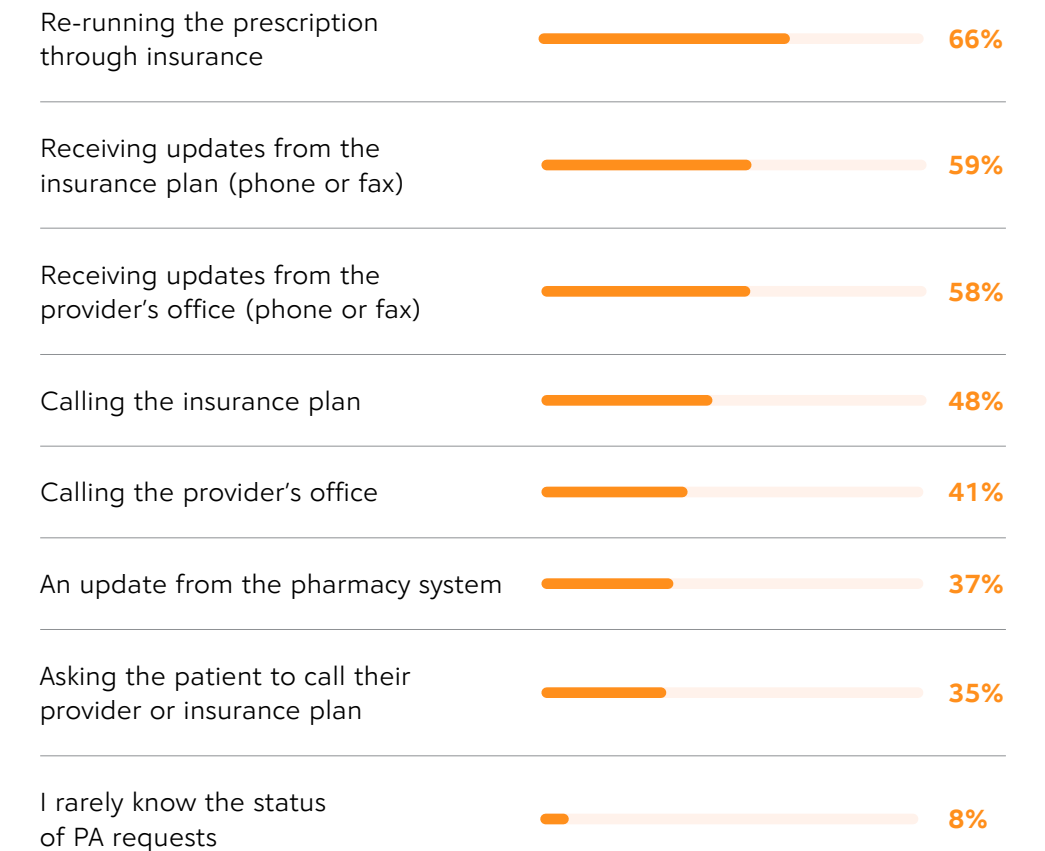
Providers likely wouldn't be surprised by these numbers: 82 percent listed PA as a time-consuming part of their workday.[32] Over half of providers surveyed indicated they don't have enough time to complete PA requests.[32] Due to PA management, more than a third of providers reported having less time for face-to-face interaction with patients — during which meaningful conversations about affordability, access or social circumstances could occur.[32]

Initiating PA requests at the point of prescribing could improve work efficiency for both pharmacists and providers. But fewer than one in five providers initiated PA requests prospectively, most waiting for the pharmacy to notify them if one is needed.[32] More than half of pharmacists surveyed reported spending at least an hour on insurance-related rejections each day, with one in five spending two or more hours daily on these tasks.[37] Half listed PA as the most challenging insurance rejection to resolve — perhaps because of how manual the process can be.[37] Two-thirds of pharmacists get PA request updates by re-running the prescription through the patient's insurance, while only one-third get status updates from a pharmacy system.[37]

Intelligent technology can detect pertinent PA-related information in claims and auto-start requests and update PA request status in real time. Pharmacists using these intelligent solutions saw an average 14 percent increase in paid claims and 11 percent more providers accessing PA requests compared to those using standard methods.[38]

Pharmacists Need More Automation in Electronic Workflows

Though many use electronic methods for PA request management, pharmacists are often manually checking for PA status instead of receiving real-time updates. Below, pharmacists share how they receive status updates on PA requests.

|	
Re-running the prescription through insurance	**66%**
Receiving updates from the insurance plan (phone or fax)	**59%**
Receiving updates from the provider's office (phone or fax)	**58%**
Calling the insurance plan	**48%**
Calling the provider's office	**41%**
An update from the pharmacy system	**37%**
Asking the patient to call their provider or insurance plan	**35%**
I rarely know the status of PA requests	**8%**

CoverMyMeds Pharmacist Survey, 2020

Technology Adoption and Availability

With telehealth as a new sustainable option, patients and providers will need to overcome technology adoption hurdles — with some needing to jump higher than others. Though most patients may have access to technology such as smartphones and laptops, many may struggle with using technology.

Telemedicine Visits in Rural Areas Increase with Wider Broadband Availability

Historically, data shows an increase in telehealth visits per capita when broadband is more widely available in rural areas.
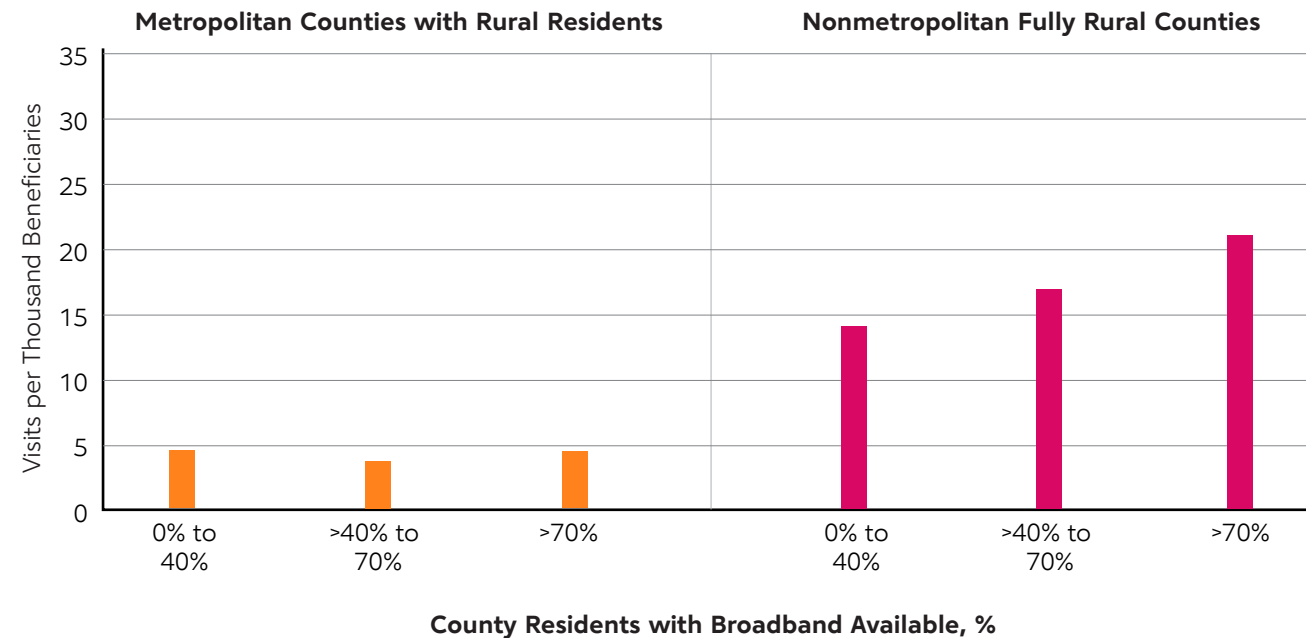
Association Between Broadband Internet Availability and Telemedicine Use in 2016, Wilcock, Rose, Busch, JAMA Internal Medicine, 2019

Ninety-five percent of patients surveyed used a smartphone daily, 78 percent had daily access to a laptop or desktop computer and 62 percent had a tablet.[8] Obtaining technology doesn't seem to be a barrier for patients — but proficiency may be a different story. In the CoverMyMeds COVID-19 report published in June 2020, 80 percent of providers listed patients' lack of technology skills as a telehealth challenge.[39]

High broadband availability in rural counties can make a significant difference in telehealth use. In one study, rural counties with high broadband availability saw 34 percent more telehealth visits per capita compared with counties where there was low broadband availability.[40]

Additionally, the telehealth model can vary by provider and health system, and patients may have varying comfort levels with the type of care offered.

For instance, telehealth models can be synchronous, where a patient and provider are communicating in real time, such as via videoconference or telephone; asynchronous, where messages and data are sent back and forth and stored, such as in a patient portal or messaging system; and remote patient monitoring, a direct transmission of patient health data to a provider.[41]

While patients generally have access to technology...

Smartphones:
95%

Tablets:
62%

Desktop or Laptop:
78%

...80% of providers listed patients' lack of technology skills as a telehealth challenge.

While telehealth has the potential to open home-care possibilities for patients living with disabilities, there are challenges.

A patient's physical limitations, for example, can hinder a provider from getting the right angle to examine a patient via videoconferencing. Patients with auditory or visual impairments may also be limited, depending on the type of telehealth offered.[42]

While the venture into telehealth is exciting, our path toward accessible healthcare must consider factors beyond reimbursement and legal regulations. Collecting vital signs, viewing skin and mobility-related conditions and educating patients on using home devices can test the limits of telehealth — but overcoming these obstacles could help patients feel like they're working in collaboration with their care team.

Solving for Medication Access Barriers

Medication access barriers exist from diagnosis to prescription pickup. They span the impersonal technology and benefit complications to very personal matters of demographics and affordability. Solutions such as real-time prescription benefit (RTPB), electronic prior authorization (ePA) and intelligent pharmacy workflows can help smooth the patient medication access journey.

RTPB technology enables providers, pharmacies and plans to quickly exchange patient benefit coverage and out-of-pocket cost information. By housing this data in healthcare workflow, providers can hold productive and timely conversations with patients without having to search for medication and benefit information in multiple locations. Point-of-prescribing solutions inclusive of RTPB are expanding to include medication alternatives and cash price, helping solve more patient access and affordability challenges before they reach the pharmacy.

ePA can also help improve patient adherence rates, especially when providers need visibility during the prescribing process. When providers send PA requests prospectively, patients can **get their medications an average of 13.2 days** sooner compared to starting PA requests at the pharmacy.[38] In 2020, providers reported a 13 percent increase in adoption of electronic methods over 2019 data.[32,43]

At the pharmacy, integrative solutions can help pharmacists stay in workflow while remaining vigilant to patient needs in a constantly shifting environment. Two-thirds of pharmacists reported checking the status of a PA by re-running it through insurance, a time-intensive, manual use of their pharmacy system.[37] Intelligent technology can expedite the PA request process and provide real-time PA status updates based on claim information. Pharmacists using these intelligent solutions saw an **average 14 percent increase in paid claims** and an 11 percent higher rate of providers accessing these ePA requests than those using standard ePA request submission methods.[38]

The next frontier in healthcare technology is **fully interoperable systems** — not just within current, siloed workflows, but those that allow information exchange among pharmacies, providers, payers and patients. In current practice, the technology is often developed ahead of necessary regulations and legislation, creating haphazard adoption scenarios.[44]

"There are still so many unmet needs in the healthcare arena as it relates to understanding, access to care and to treatment and compliance that have yet to be addressed."

– NURSE PRACTITIONER, PSYCHIATRY, CONNECTICUT

"Anything that minimizes interruptions and streamlines processes would be helpful — less phone calls, less time on hold, better communication tools and more accurate and detailed information sent back from the insurances on rejects. So many times we get 'drug not covered/not on formulary' but they don't populate the covered alternative fields — that should be mandatory. … These simple changes would make a day in the life of a pharmacist so much easier."

– INDEPENDENT RETAIL PHARMACIST, PENNSYLVANIA

The forthcoming **2021 CoverMyMeds Medication Access Report: Regulatory and Legislative addendum** will address updates to interoperability and access legislation and what regulations are in store in 2021 to better universally integrate these much-needed technologies.

Healthcare Consumerism

Empowering patients with choice and visibility opens the door to person-centered medication access. Today, cars give directions, smart speakers reorder coffee and nearly anything can be delivered to a doorstep. These daily experiences come with a level of consumer expectation: a marriage of convenience and speed of service.

Prescription Delivery

Telehealth

Cost and Choice Transparency

Patient Education and Health Literacy

Patient-Facing Technology

Healthcare often lags behind other industries regarding use of technology to improve consumer engagement — by 10 years according to some estimates.[45]

Patients are starting to realize they have a choice when it comes to acting as consumers in their own healthcare — and expectations and healthcare accessibility aren't always on the same level. For some, this is a minor inconvenience. However, for most Americans living with a chronic condition, it's an ongoing struggle. Six in 10 Americans have a chronic disease, and more than four in 10 live with at least two.[46] Over half of Americans take at least one regular prescription.[47]

With these conditions and medications come decisions — often difficult ones. Alternative ways to get healthcare and medications went from "nice to have" to "must have" after COVID-19.

While few anticipated pandemic-induced healthcare struggles, many future-planned technologies were shoved into reality as a result. This forced expansion of options — from retail prescription delivery to various forms of telehealth — ushered healthcare into the home, where many patients quarantined.

Research shows when patients have options, they take them.

"I think there's a lot to be said for how comfortable you feel when you're at home. I felt like I remembered more that I wanted to talk to the doctor about because I wasn't so nervous."

■ Kathy has always been a savvy, proactive consumer. When she was diagnosed with multiple sclerosis (MS), her prudent nature became even more important in managing her condition.

Read more at go.covermymeds.com/ medicationaccessreport

Prescription Delivery

In 2019, 88 percent of patients surveyed reported receiving their prescriptions from a retail pharmacy — many of which weren't offering home delivery services.[36] Within the next year, many pharmacy chains and payers rapidly began offering home delivery services — often free of charge.[48] Today, half of patients surveyed reported receiving their prescriptions at home through mail order or pharmacy delivery during the previous six months.[8] Forty-one percent of pharmacists surveyed in 2020 said they've taken on prescription home delivery services since the start of COVID-19.[37]

Patients Changed How They Received Prescription Medications in 2020

CoverMyMeds survey results show shifts in how patients have received their prescription medications over the past year. In 2020, patients notably picked up fewer prescriptions at their retail pharmacy as mail order and home delivery services increased in popularity.
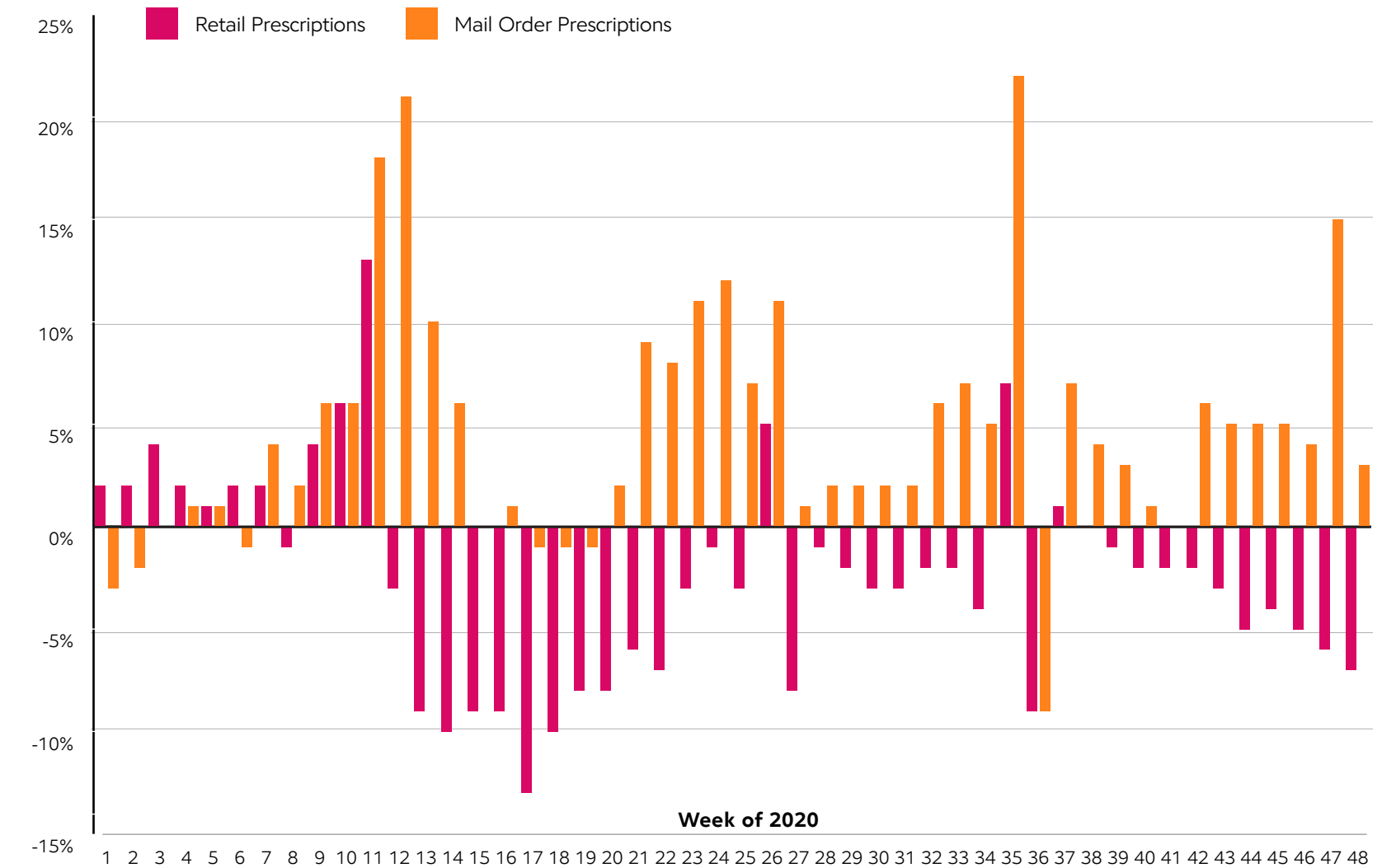
	Dec. 2019	May 2020	Sept. 2020
Retail Pharmacy	88%	84%	50%
Mail Order	18%	25%	12%
A Mixture of In-Person and Mail Order	n/a*	n/a*	25%
Specialty Pharmacy	8%	10%	n/a*
Directly from HCP or Infusion Center	5%	5%	n/a*
Home Delivery Through Local Pharmacy	n/a*	n/a*	13%

CoverMyMeds Patient Survey, 2019; CoverMyMeds COVID-19 Patient Survey, 2020; CoverMyMeds Patient Survey, 2020
*Not all survey answer options were included in both 2019 and 2020.

Prescriptions Shifted to Favor Mail Order in 2020

New-to-brand prescriptions in 2020 showed significant drops in retail during initial COVID-19 shutdown weeks compared to the same weeks in 2019.

Retail Prescriptions / Mail Order Prescriptions

Week of 2020

IQVIA: National Prescription Audit (NPA), National Prescription Audit: New to Brand (NPA NTB); 2019-2020

Telehealth

Telehealth use has grown steadily over the past two decades as mandates for telehealth reimbursement slowly came through in most states.[49] And then the pandemic happened. As many offices shut down to prevent the spread of the virus, telehealth exploded. Like gas to a flame, telehealth use was sped along by the removal of regulations that had prevented some practitioners from conducting telehealth across state lines or without having first seen a patient in person.[50]

According to medical claims data analysis, telehealth use rose nearly 4,000 percent from baseline levels in mid-April 2020, while office visits simultaneously dropped 65 percent.[3] Even after falling from peak levels once office visits resumed, telehealth use remained exponentially higher than ever — over 2,000 percent from baseline levels as of this writing — indicating a more permanent option for provider access.[3]

Over 90 percent of providers surveyed offered some kind of telehealth option for their patients, with 54 percent saying the option was available for all patients.[32] Of the 70 percent of patients surveyed who had participated in a telehealth appointment, over half said they did so for the convenience.[8] More than one in five said they participated because it gave them more control over their healthcare.[8] Sixty-eight percent of patients would consider using telehealth in the future.[8]

Many providers and lawmakers are pushing to expand telehealth use, asking for permanently relaxed regulations regarding provider and patient locations and controlled substance prescribing requirements.[51] These moves, they argue, would allow more patients to use the technology at their own comfort level and providers to access more patients — especially when patients may need access to behavioral health more than ever.[52]

In December, the Centers for Medicare & Medicaid Services announced permanent expansion of many telehealth services for patients, extending beyond the public health emergency provisions.[53] The final rule added more than 60 services to the list of covered telehealth services for rural medical facility patients under Medicare. It also allowed for more remote management of online evaluations and services provided by psychologists, therapists and social workers.[53]

Bringing telehealth on par with office visits will likely require robust, forward-thinking resources. Bluetooth stethoscopes, portable electrocardiograms, remote monitoring tools, technology training on these tools and telehealth software are a few examples of what we may see more of in the next few years as finances and developments allow.[54] Medical claims data from 2020 showed prescribers were less willing to initiate new prescriptions remotely, with as much as a 40-percent difference in prescribing volume for in-office visits over telehealth visits.[3] This could be due to a lack of diagnostics tools or shorter telehealth visits compared to in-office visits.[3]

Telehealth Proving to be More than a Temporary Trend

A comparison of 2019 and 2020 week-to-week telehealth claims as well as cumulative growth, indicating initial spikes during COVID-19 shutdowns and sustained use.

Legend: ■ Weekly Growth — — Cumulative Growth

5991%

Week of 2020 (1 to 48)
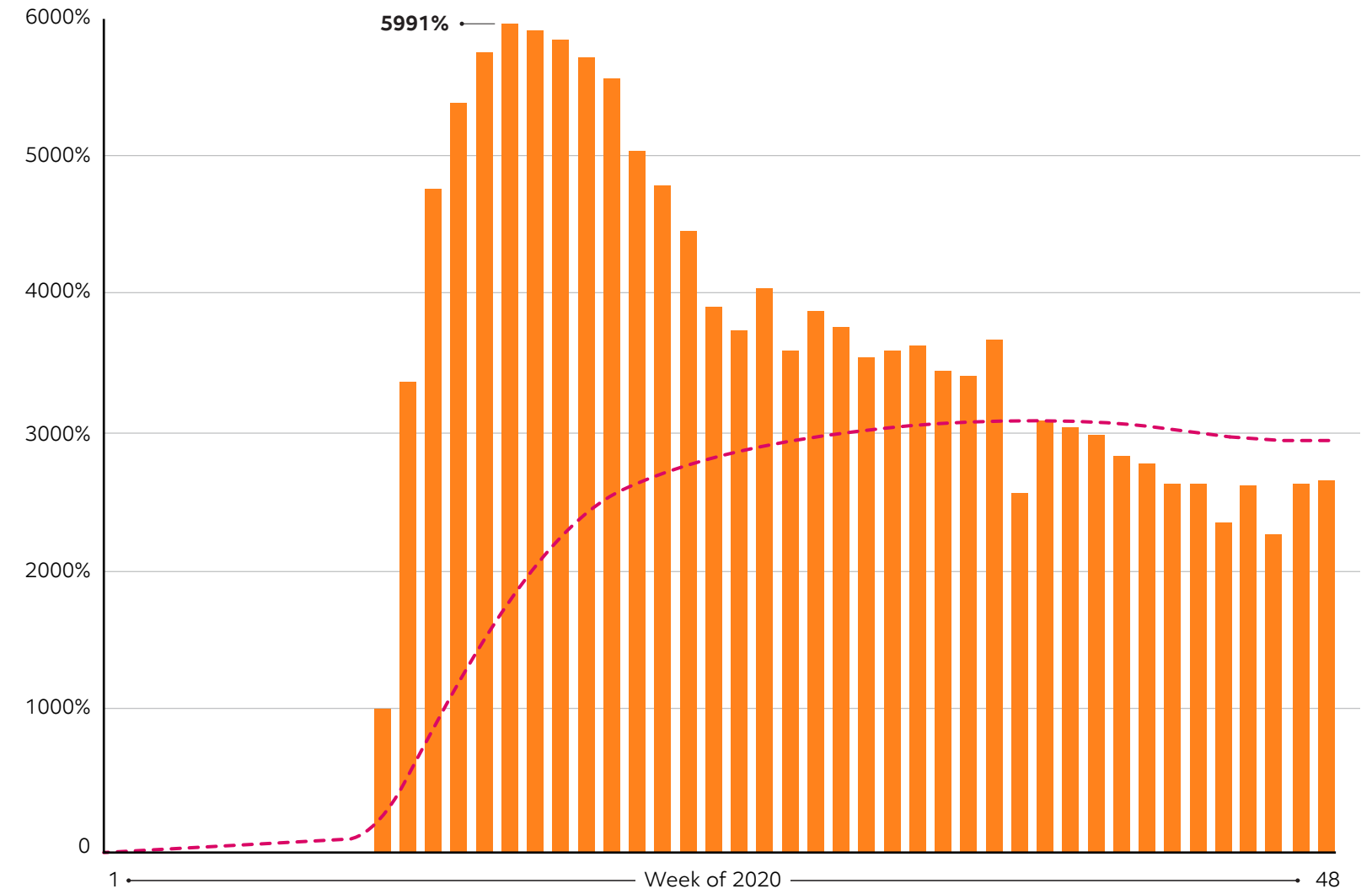
IQVIA: Medical Claims Data Analysis, 2020; Week 1 2019 = W/E 1/11/2019; Week 1 2020 = W/E 1/10/2020, Week 46 2019 = W/E 11/22/2019; Week 46 2020 = W/E 11/20/2020

Cost and Choice Transparency

Patients are still experiencing affordability issues, certainly impacted by COVID-19, but they are also increasingly likely to take financial matters into their own hands. When a prescription cost more than expected, 43 percent of patients in 2020 said they checked a pharmacy comparison app to find a better price, up from 28 percent in 2019.[8,36] Over a third of pharmacists said they've seen patients using prescription price shopping tools daily.[37]

For all of those positive trends, prescription abandonment is unfortunately on the rise. Nearly 10 percent more patients said they would leave without their prescription if it cost more than they expected in 2020 compared to 2019.[8,36] Nearly one in five patients said they experienced delays in getting their medications because the prescription was unaffordable, and they searched for other options.[8] These delays or complete abandonment of medications can lead to worsening conditions, prolonged symptoms and even pricey hospital admissions later on.

While patients are willing to prescription price-shop, they often don't know where to start or what's available. Sixty-two percent said they actively asked their provider about medication price and affordability options.[8]

Many providers are limited by the information in their EHRs — and most don't trust it.[43] Patients were more likely to find prescription pricing information on their own by searching for a cash price outside of insurance.[8] And with so many patients on high-deductible plans, many patients may consider forgoing insurance to pay for medications since they're unlikely to hit their deductible within the year anyway.

One in five patients participated in a financial support program provided by the medication manufacturer, while 37 percent were unaware these programs existed.[8] In 2016, nearly 20 percent of brand prescriptions were filled by patients using co-pay coupons to help offset costs.[55] Patient assistance programs have helped more than 36 million patients obtain their necessary medications.[56]

When Prescriptions Cost Too Much, Patients Lean on Care Team for Affordability Options

Technology can help providers and pharmacists work with patients to afford their medications by sourcing alternatives, finding manufacturer discount programs and even cash price.

Ask their pharmacist or provider about cheaper alternatives
55%

Use prescription price-shopping tools to find a better price
43%

Go without prescription medication
38%

Ask their pharmacist or provider about the cash price of the medication
23%

CoverMyMeds Patient Survey, 2020

Patient Education and Health Literacy

Before patients take the baton and run in their pursuit of healthcare autonomy, they first need providers to meet them halfway in fully understanding their condition and treatment plan. In a short time window with their care team, patients receive complex details surrounding a diagnosis. During this time, they're often clouded by anxiety, confusion and even the condition itself. It's no wonder patients forget 40 to 80 percent of the information their providers give them — and of what they do remember, half is incorrect.[57]

The impact on adherence and outcomes can be significant, especially since patients are often responsible for dispersing their drug history, lab data and condition information among several providers.[58] The better they can work with their care team to develop a condition-management elevator pitch, the better their potential outcomes as they progress along the patient journey.

While provider time is sacred, strategies such as having patients explain back a concept can improve provider-patient trust and helps patients put complicated healthcare jargon into their own words.[59] By taking a moment of compassion to ensure patients feel understood and heard, providers can further improve trust, setting up clearer communication lines for the future.

Patients also tout portals that give diagnostic and health information in easy-to-understand terms or diagrams — placing an upward-facing arrow next to values in a blood test that are too high, for example. Technology such as natural language processing (NLP) systems can also help translate complex EHR notes into more digestible terms for patients.[60]

And with better patient education comes better health literacy. Health literacy is a measure of a person's ability to obtain, communicate, process and understand basic health information and services to make personalized health decisions.[61] It is not a measure of intelligence, but related more directly to medical knowledge. Currently 36 percent of adults have limited health literacy, and only 12 percent have proficient health literacy.[62] In other

Estimates indicate *low health literacy costs the U.S. economy up to $238 billion a year* due to a greater risk of patient hospitalization and higher use of expensive services to treat advanced conditions and readmissions.[62]

words, most patients likely struggle with finding and interpreting information on their own condition and treatments.[59] Estimates indicate low health literacy costs the U.S. economy up to $238 billion a year due to a greater risk of patient hospitalization and higher use of expensive services to treat advanced conditions and readmissions.[63]

Pharmaceutical companies can help fill gaps here with educational materials to accompany prescriptions. With provider-facing tools, these materials can be surfaced digitally for quick reference and even incorporated into patient after-visit summaries. While people can differ in their ideal learning technique, offering patients oral, printed and electronic communication about their condition and prescribed medication can help improve outcomes and understanding.[64]

Most American Adults Have Below-Proficient Health Literacy Levels

More than a third of adults have health literacy at the basic or below basic levels.

Health Literacy Level

Proficient 12%

Intermediate 53%

Basic 22%

Below Basic 14%
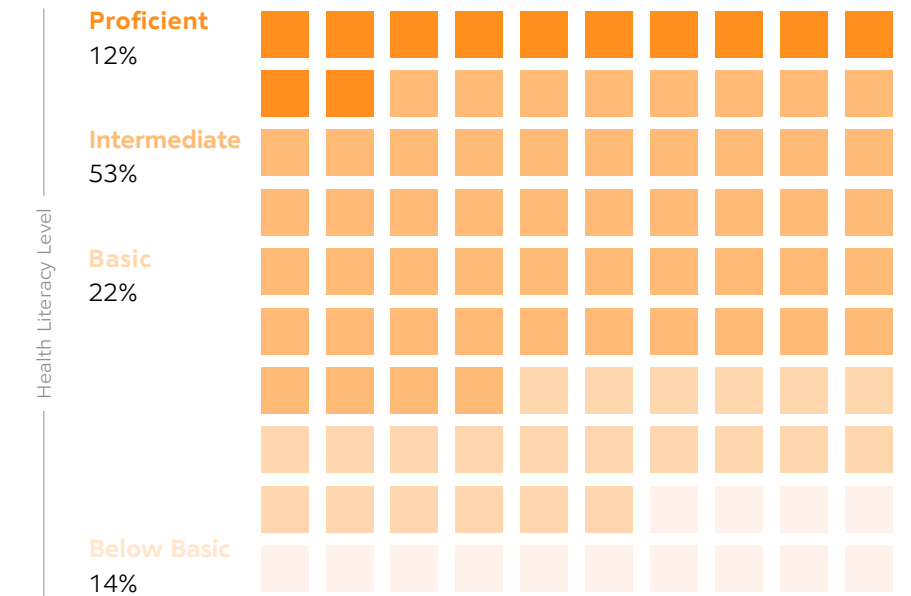
National Assessment of Adult Literacy, Arizona Center on Aging, 2019

Patient-Facing Technology

Healthcare sits at the crux of the deeply complex and the deeply personal. This presents a challenge when it comes to creating technology that brings all stakeholders together — primary care providers, specialists, payers and pharmacies, to name a few — and allows patients visibility into the process.

Patients want easy access to their own health records, especially when health data no longer sits in a stationary file at the providers office. In fact, at least a quarter of Americans don't have a primary care provider and could benefit from nimbler, more patient-facing health records across health systems.[65]
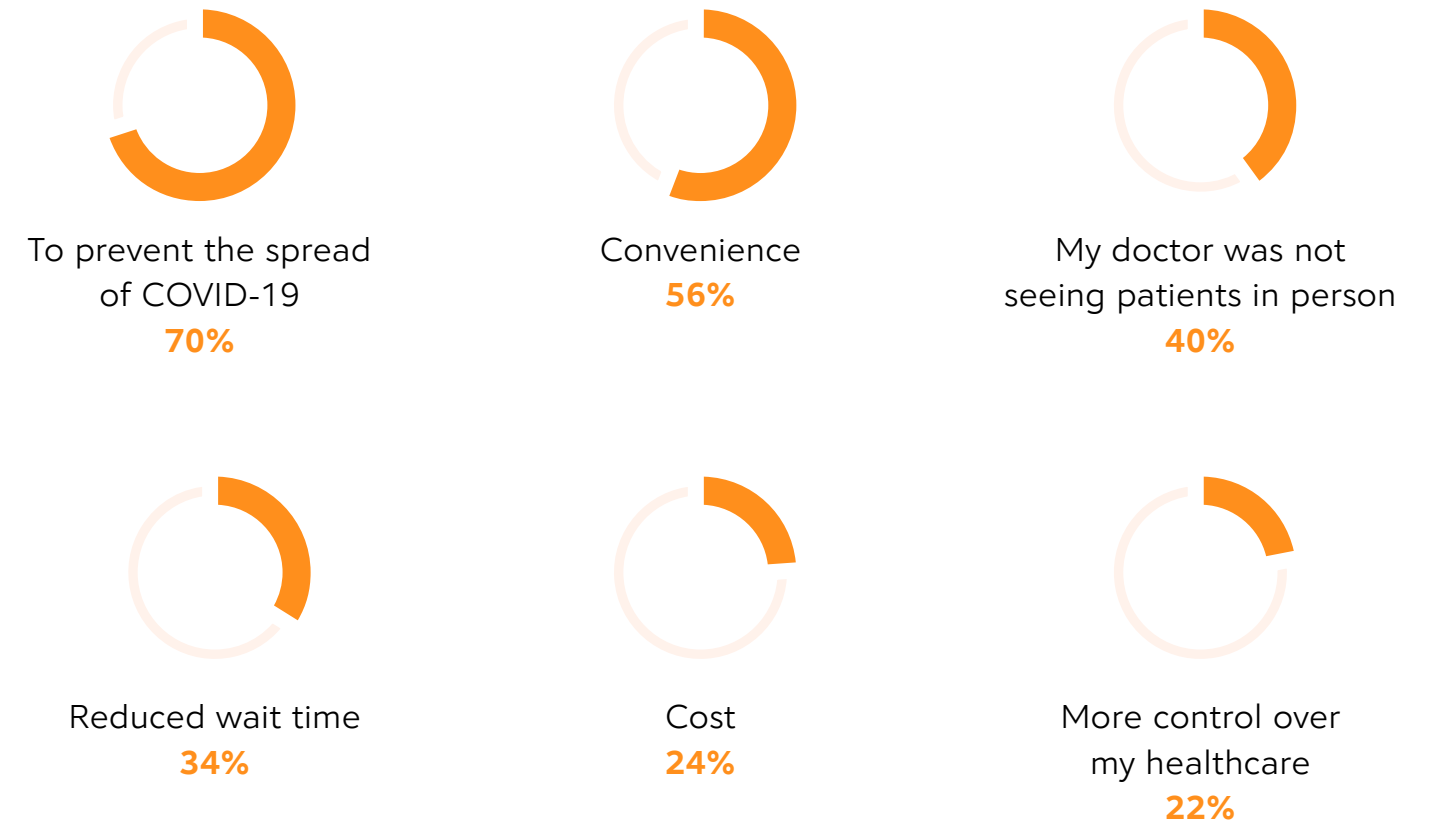
More than half of patients surveyed listed easier access to their own records as one key aspect of healthcare they'd like to see improve following COVID-19.[66] Smarter patient portals and use of EHR integrations can help patients move beyond simply seeing appointments and diagnoses by layering in more deeply detailed condition and medication information. A simple text, email or verbal reminder to log in could make a difference in better patient education and portal use. As of 2017, 52 percent of patients reported they were offered online access to their medical record through their provider or health plan.[67] But only 28 percent actually viewed their record at least once within the year.[67]

Communication with providers and staff could be key in increasing visibility of patient-facing

healthcare information. And for some groups, including patients 56 years old and older, human connection remains their preferred way to receive healthcare.[8] For those in this age group who used telehealth, they did so to prevent the spread of COVID-19 and because it was their only option to see a provider, eclipsing even convenience as a factor.[8] Those aged 66 and older were nearly three times as likely as any other age group to indicate they would return to in-person appointments as soon as possible.[8]

While some may prefer to keep medical appointments in person, the rapid adoption of smart, wearable devices opens the door for a parallel healthcare experience that could both complement and, in some cases, reduce the need for appointments. Digital therapeutics harness devices and software, including EHRs and pharmacy systems, to provide visibility into patient data and create patient-involved treatment plans. Some pharmaceutical companies are partnering with digital health groups to track and improve medication adherence and better serve the whole patient.[68]

Unique Circumstances Affected Patients' Reasons for Participating in Telehealth

To prevent the spread of COVID-19
70%

Convenience
56%

My doctor was not seeing patients in person
40%

Reduced wait time
34%

Cost
24%

More control over my healthcare
22%

CoverMyMeds Patient Survey, 2020

Empowering Healthcare Consumers

Most patients want more control and transparency in their healthcare — base-level attributes of nearly all other consumer industries. Varying patient populations, broadband internet availability and access methods can make finding solutions difficult. There is no silver bullet — and there doesn't need to be. The ideal prescription for consumer-facing healthcare technology is different for each patient, just as it is for medications.

Solutions built with a patient-centric focus, such as **prescription decision support** inclusive of RTPB and ePA, keep lines of communication open among patients, providers, pharmacists and payers. **Enabling patient choice** in price, method of treatment and mode of provider interaction can help improve feelings of control and trust, potentially leading to improved therapy adherence.

Literacy in most any language improves with immersion, so the more patients are involved in healthcare and medication decisions, the better they can advocate for themselves. Health literacy can also improve through artificial intelligence (AI) devices designed to record and translate conversations with their provider. Additionally, providers can help get more health and drug information into patient's hands through tools that surface **digital patient literature** from pharmaceutical companies at the click of a button. This helps enable more informed conversations during appointments, especially those via telehealth, and presents **pull-through opportunities** in patient post-visit documentation and portals for later reference.

"Healthcare literacy is one thing that truly hinders the wellness of my patient population. Resources spent on resolving this wide chasm between the medical world and the patients we serve would be a great achievement."

– PHYSICIAN, INTERNAL MEDICINE, LOUISIANA

"Our delivery process … is far from perfect. People expect [food delivery] speed in an industry that's much more complicated, regulated and expensive than food. … Patients should be able to open an app and see exactly what queue [position] their prescription is and when it's due to be returned to stock. They should be able to input their own insurance info via app. We should be able to push messages through like if their med is on backorder or if they need a PA."

– PHARMACIST-IN-CHARGE, RETAIL, TEXAS

The **2021 CoverMyMeds Medication Access Report: Technology Update** to be released later in 2021 will provide a deep dive into development and adoption of healthcare technology.

Patient Engagement

While many appointments happened behind a screen in 2020, the patient relationship with their care team — which goes beyond simply the provider — remained pivotal in obtaining and adhering to medications.

Patient-provider trust is a crucial, unquantifiable element that can compound the effects of existing medication access barriers. Over a third of patients said they avoided asking their provider about medication affordability, while more than 60 percent of providers said they may wait for the patient to bring up financial concerns before discussing medication price and affordability.[8,32] This chess match benefits no one. Sixty-seven percent of patients went to pick up a prescription only to find it cost more than expected.[8] As a result, over a third of patients left without their medications.[8]

Coming up with a financial game plan before patients reach the pharmacy counter can save everyone time — and patients money. Empowering providers and care team members with tools at the point of prescribing can help bolster affordability conversations with patients. Data within RTPB solutions such as prescription cost, remaining deductible, formulary alternatives, cash price and cost savings programs can save patients valuable time before picking up their prescription by helping them know what price to expect and their options to move forward.

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"In most [doctor's] appointments, we all hope or wish there was something new. But this time there was a breakthrough, and [my doctor] was excited about it because she knew what it would mean to those of us afflicted."

■ Through an active, trusting relationship with his provider, Dennis found a breakthrough drug to help treat his asthma. He also collaborated with his care team to mitigate cost barriers and stay on his preferred medication.

Read more at go.covermymeds.com/ medicationaccessreport

Point-of-Prescribing Care

Productive patient conversations need both time and effort — and providers are notoriously short on time. On average, physicians spend about 15 minutes of face-to-face time with each patient and about half of their workday on EHR tasks.[69,70,71]

These stats were further supported in our own survey, in which over 40 percent of providers said they didn't have enough time to discuss medications with their patients.[32] To help mitigate time barriers, nurses provide information to prescribers to help make the best medication decision. In a recent survey, almost all nurses said they provide patient and medication information to prescribers, and more than half searched online and used multiple resources to find it.[72] They said they did so because most information isn't located in a single, trustworthy source.[72]

To best support patients and hold effective conversations surrounding medications, each care team member needs an effective technology support system. A holistic solution surfaces drug information, side effects, interactions, patient medication history, PA requirements, benefit details and discount pricing to best support the prescriber.

Nearly all providers surveyed have adopted some kind of ePA solution, up from 80 percent in 2019.[32,43]

Those using solely manual methods have dropped from 15 percent in 2019 to less than three percent in our most recent survey.[32,43] Despite the increase in ePA adoption, those who are using solely electronic methods have held steady at 33 percent.[32,43] Lack of interoperability between electronic systems and cost are some of the reasons manual methods persist, decades after most industries have moved on from the fax machine.[73]

Adoption of a robust ePA solution not only reduces manual processes, but may also improve patient outcomes. Care team members can further help patients and prevent more work later on by heading off PA requests before patients get to the pharmacy. Fewer than one in five providers said they started PA requests at the point of prescribing and less than 40 percent had visibility into alternative options when a PA was required.[32] In a recent case study, patients accessed their medications an average of 13.2 days sooner when PA requests were submitted prospectively versus following claim rejection.[74]

More Providers Submitted PA Requests Through Electronic Methods in 2020

Below is a year-to-year comparison of how providers are submitting PA requests, with notable changes in those using only manual methods and the overall use of electronic methods.

	2019		2020
Both an electronic (CoverMyMeds/EHR/other website) and a manual (fax/phone) PA solution	46%	+16%	62%
Manual (fax/phone) PA solution	62%	+3%	65%
Only a manual (fax/phone) solution	15%	-12%	3%
Electronic (CoverMyMeds/EHR/other website) PA solution	80%	+16%	96%
Only an electronic (CoverMyMeds/EHR/other website) solution	34%	-1%	33%
Other	5%	-2%	3%

CoverMyMeds Provider Survey, 2019; CoverMyMeds Provider Survey, 2020

Improving Patient-Care Team Relationships

Technology can help improve workflows, and it can provide a platform for meaningful patient interaction. With an information toolbox at their fingertips, providers can more easily field patient questions and facilitate productive appointments — especially for the 38 percent of patients who may not initiate affordability conversations.[8]

Further enhancing these conversations, social determinants of health can be taken into account during any patient visit. More than half of providers said access to transportation impacted patients seeking care, and providers in urban areas were more likely than those in rural and suburban areas to note transportation as a potential patient barrier.[32] While 63 percent of providers said income level affected their patients' access to healthcare, only 17 percent asked patients about their household income, a major factor in affordability and prescription abandonment.[8,32]

By understanding the many pressures and facets of patients' lives, providers can better understand the best care plan for patients and, further, collaborate on the best way for them to access medications.

Having these options readily available can further aid the improvement of telehealth. Eighty-six percent of providers surveyed reported having a positive experience using telehealth, with a third of providers noting decreased patient no-show
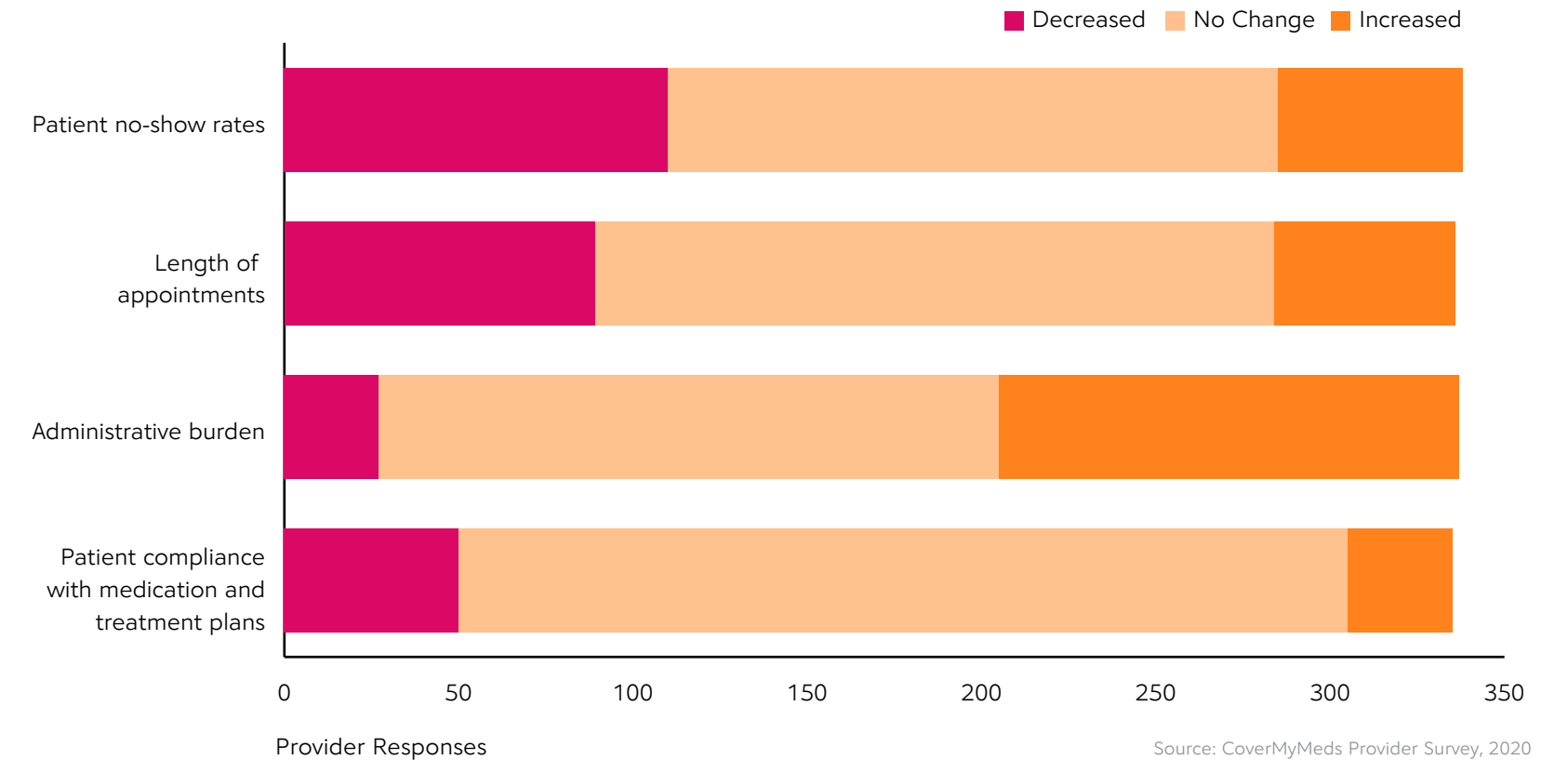
rates.[32] Unfortunately, nearly 40 percent noted an increase in administrative burden.[32] Telehealth appointments often involve a single provider handling all aspects of a patient visit.[75] For telehealth to remain a permanent option in healthcare, care teams may consider adopting technologies and workflows such as real-time prescription benefit that support virtual patient interactions without contributing to provider burnout.

Additional technology such as home-monitoring equipment use will also need to catch up with telehealth adoption rates. Home oxygen monitors, stethoscopes and even remote EKGs can all help enhance the at-home experience and relieve some burden on providers.

One positive aspect of telehealth some providers noted was a better understanding of their patients as people.[76] Seeing patients in their own homes can bring providers closer to the things patients care about most — which can help providers make better care and prescribing decisions.

As a Result of Telehealth, Providers Noted Changes in Appointments

Eighty-six percent of providers surveyed reported having a positive experience using telehealth, with a third of providers noting decreased patient no-show rates.[32] Unfortunately, nearly 40 percent noted an increase in administrative burden.[32]

Legend: Decreased | No Change | Increased

Categories (y-axis): Patient no-show rates; Length of appointments; Administrative burden; Patient compliance with medication and treatment plans

X-axis: Provider Responses (0, 50, 100, 150, 200, 250, 300, 350)

Source: CoverMyMeds Provider Survey, 2020

Leaning on the Pharmacy

More than any other role involved in medication access, the pharmacist has likely evolved the most. Pharmacists have embraced challenges throughout the COVID-19 pandemic as the pharmacy counter shifted in perception from a cash register to a keystone for patient security.

More than half of patients surveyed said they asked their pharmacist or provider about cheaper alternatives when their prescriptions cost too much.[8] And providers and pharmacists agreed the task of helping patients find medication affordability options most often fell on pharmacists.[32,37]

Since COVID-19, over two-thirds of pharmacists surveyed have taken on new job responsibilities.[37] The top new responsibilities listed were patient follow-up calls for refills and adherence, a prescription home delivery program and finding new ways to help patients save money.[37] One third of pharmacists have begun COVID-19 testing at the pharmacy.[37]

These new responsibilities propelled pharmacists into a patient support role sooner than many foresaw. In a survey from 2018, 78 percent of pharmacists said they anticipated a greater role in patient care within the next five years.[77] In the wake of COVID-19, few could have expected the pharmacist role to shift so rapidly. For patients, the heavier reliance on their pharmacist is a positive shift, as many indicated greater comfort visiting their pharmacy than their provider's office in the past year.[66] They're also relying on pharmacists more for testing and vaccine distribution during one of the busiest flu vaccination seasons to date.[78,79]

Seventy-two percent of patients regularly asked their pharmacist questions about medications.[8] Pharmacists said these questions were most often about medication price, drug information, alternative affordability options and PA status.[37] This information also happen to be what pharmacists most want to see in their ideal tool, with PA status topping the list.[37] Forty-three percent said they used resources outside of their pharmacy system to complete day-to-day tasks.[37]

Seventy-two percent of patients regularly asked their pharmacist questions about medications.[8]

As pharmacists solidify themselves as a true part of the patient care team, they will need tools to effectively field patient questions and problem-solve when affordability issues come up. Staying in-workflow is critically important: 82 percent of pharmacists said it's important or very important to integrate their ideal tool into their current pharmacy dispensing system.[37]

Prescription tools give pharmacies opportunities to help patients find suitable alternatives when an original prescription is denied. And if PA can't be avoided, pharmacists need solutions that cut out manual fax and phone processes. This in turn allows pharmacists more meaningful time with patients, fostering lasting relationships.

Surfacing benefit information and cash pricing is also a critical component in a tool, as pharmacists look to help underserved patients. The under-and uninsured were more likely to pick up their medications in-person at the pharmacy and rely on their pharmacist for information on affording and understanding their medications.[8]

As vaccines grow in importance, the roles of the pharmacist and pharmacy technicians will likely continue to evolve.[79] In August 2020, the U.S. Department of Health and Human Services authorized licensed pharmacists to order and administer vaccines to children ages 3 to 18 to help increase access during the COVID-19 pandemic.[80,81] Previously, pharmacists' ability to administer vaccines within their scope of practice varied by state.[82]

Pharmacists already play a significant role in administering flu vaccines: During the early 2018-2019 flu season, pharmacists were responsible for over a third of the vaccines administered.[83] As many rushed to avoid a potential "twindemic" of influenza and COVID-19, flu vaccines jumped in volume by 72 percent in 2020 over the previous year.[3] The number of flu vaccines administered at pharmacies in 2020 increased by nearly 50 percent over 2019.[3] Pharmacy technicians and interns were also authorized to administer COVID-19 tests and vaccines as they became available, and large chains hired in anticipation of the expanded roles and demand.[84]

Pharmacists Took On More Patient-Centric Roles During COVID-19

Patient follow-up calls
45%

Prescription home delivery program
41%

Finding ways to help my patients save money
40%

Immunizations
31%

COVID-19 testing
29%

Point-of-care testing for conditions (flu, A1C)
25%

CoverMyMeds Pharmacist Survey, 2020

Strategies for Patient Engagement

Healthcare information technology such as RTPB, ePA and pharmacy applications can help reduce administrative burden through surfacing real-time answers to medication cost, insurance queries and prescription or PA status. These solutions can give providers and patients more time for meaningful conversations.

RTPB and prescription decision support solutions can supplement patient affordability conversations at the point of prescribing, helping patients avoid sticker shock at the pharmacy, as two-thirds experienced in the last year.[8] In fact, a study shows that when providers use a prescription decision support solution like RTPB, patients are **19 percent more adherent** to picking up their medication.[38]

Pharmacy workflows shifted in 2020 as many pharmacists and technicians switched to remote work. This was often to allow social distancing to prevent COVID-19 spread, but many found efficiencies in having data entry and managerial tasks concentrated to one team or person. Cloud-based virtual servers now enable secure, remote access to pharmacy systems. This creates a more efficient workflow both for remote pharmacists and those physically at the counter who operate more effectively as patient providers, as most were called to do in 2020.[37] **Clear workflow delineations** can provide clarity and save time as pharmacy roles expand to take on disease testing, vaccination and holistic patient services.

As more patients seek care at the pharmacy, pharmacists will need tools to effectively address patient concerns around affordability, access and medication information. They also need to stay in workflow: 82 percent of pharmacists said it's important or very important to **integrate their ideal tool** into their current pharmacy dispensing system.[37]

"It would be easier if the PA went to the patient as well as the physician and pharmacy. Then we could just say, 'You will be contacted by your insurance when your PA has been approved or denied. If approved, please call us so we can try it before you make a trip to the pharmacy.'"

– INDEPENDENT RETAIL PHARMACIST, GEORGIA

"Everything involved in prior authorization is time consuming and really detracts from patient care. ... It doesn't allow us to practice medicine in the patient's best interest. ... It's so frustrating. This should not be such a large barrier to patient care."

– PHYSICIAN ASSISTANT, FAMILY MEDICINE, NEW YORK

Patient Support Services

Patients with pre-existing conditions such as chronic and rare diseases face a higher risk for contracting COVID-19, making any trouble accessing the medications they need to manage their preexisting condition potentially life-threatening. The situation is further complicated when the condition requires a specialty medication.

Specialty Medication Affordability

Specialty Hub Services

Crisis-Proofing Chronic Conditions

Specialty Pharmacies

The definition of specialty medications can be as murky as the process for obtaining them: Drugs classified as specialty are usually more expensive than other medications, treat rare and/or chronic conditions and often have particular handling and administration requirements, such as refrigeration, injectables and infusions.[85]

The Centers for Medicare and Medicaid define specialty-eligible drugs simply as any Part D drug with a wholesale acquisition cost over $670 per month (over $8,040 per year).[86]

For the first five months of 2020, use of key autoimmune, oncology and osteoporosis drugs fell by as much as 53 percent below 2019 levels.[3] This drop can be attributed to patients distancing from medical facilities where providers administer infusion and injectable drugs.[87]

Nearly half of providers surveyed indicated they changed how they approach specialty patient appointments due to COVID-19; nearly one in five providers saw a decrease in patient therapy compliance.[32]

"I was still trying to plan my vacations, and it became vacations or MS treatment. I don't know how people can afford to be sick and still live their lives."

Patricia led a busy, active life until her multiple sclerosis diagnosis. Due to concerns about cost and side effects, she has not pursued treatment for her condition.

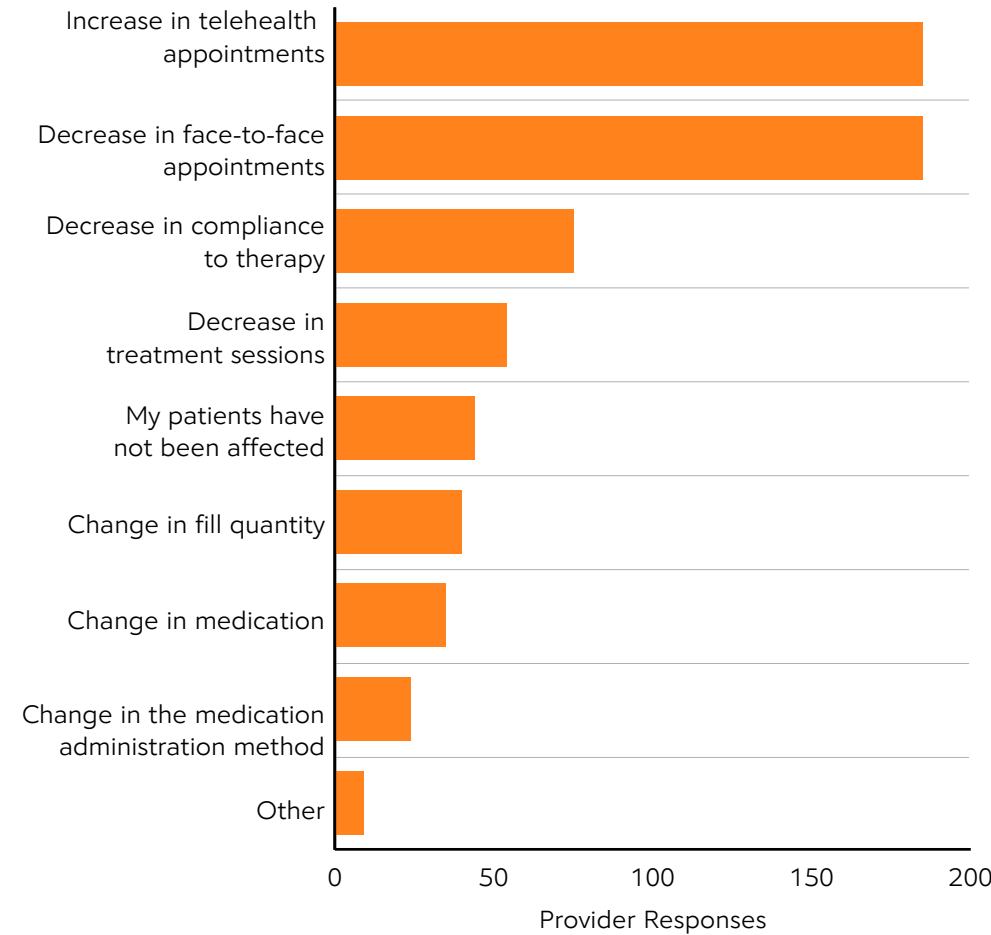**Read more at go.covermymeds.com/ medicationaccessreport**

Specialty Medication Affordability

Specialty drugs have become the fastest-growing, largest segment of the total pharmacy market. While they represented only 2.2 percent of U.S. prescription volume, they accounted for 36 percent of the pharmacy industry revenue in 2019, or about $161 billion.[88,89] The average annual retail cost of a specialty medication in 2017 was $78,781 — nearly $10,000 more than the median household income.[90,91]

Of workers with employer-sponsored insurance, 96 percent had coverage for at least one specialty drug and 45 percent had a plan with at least one specialty drug cost-sharing tier.[19] Most of the time, the higher a drug is in a tiered system, the more of the cost patients are responsible for.[92] Patients on Medicare and Medicaid may pay a coinsurance of 25 to 33 percent.[93] Due to high costs, patients were more likely to abandon specialty therapies than any other drugs during the deductible period, possibly leading to worsening conditions and future hospitalization.[55]

Nearly Half of Providers Changed the Way They Approach Patient Appointments Due to COVID-19

Providers caring for specialty patients shifted to telehealth, and nearly one in five indicated they saw a decrease in patient therapy compliance.

Bar chart — Provider Responses:
- Increase in telehealth appointments
- Decrease in face-to-face appointments
- Decrease in compliance to therapy
- Decrease in treatment sessions
- My patients have not been affected
- Change in fill quantity
- Change in medication
- Change in the medication administration method
- Other

CoverMyMeds Provider Survey, 2020

Specialty Hub Services

While the high cost of specialty medications can feel like a staggering barrier, simply accessing therapy can prove even more difficult. Once receiving a diagnosis and prescription for a complex therapy, many patients are often left to manage their own care. Eighty-two percent of patients reported spending an hour on the phone coordinating care for specialty therapies.[36] Over a third spent at least three hours.[36]

Specialty hub programs are designed to help patients overcome hurdles on their way to their first dose of medication and after. Hub program services can include connecting patients to financial assistance, facilitating PA-related activities, benefits investigation, benefits verification, supplying bridge therapy while coverage is being determined, collecting data for FDA-mandated regulatory compliance, guiding patients through any pre-therapy requirements, optimizing distribution, reporting outcomes data and managing adherence programs.

That's a lot to manage — which is why ideal hub programs can enroll patients electronically at the provider's office for a seamless transition to therapy. Care can then also be managed electronically for improved record access by both patients and providers.

Majority of Patients Spend Multiple Hours Trying to Start a Specialty Medication

0 hours	**18%**
1-2 hours	**47%**
3-4 hours	**23%**
5+ hours	**12%**
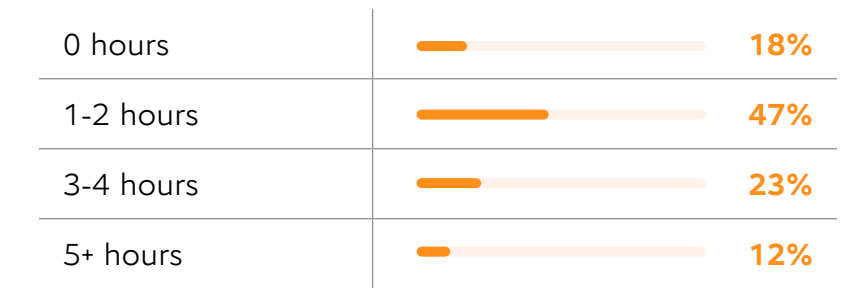
CoverMyMeds Patient Survey, 2019

Over Half of Specialty Patients Wait Over a Week Between Initial Prescribing and Their First Dose

Less than 1 week	**42%**
1-4 weeks	**44%**
5+ weeks	**14%**
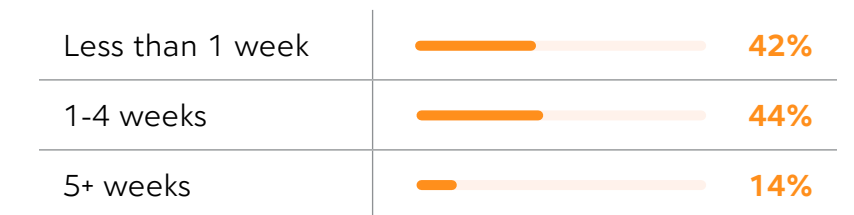
CoverMyMeds Patient Survey, 2019

Crisis-Proofing Chronic Conditions

While COVID-19 certainly disrupted the norm in healthcare, it put the resiliency of those managing conditions requiring specialty medications in focus. Data shows that many patients who were receiving provider-administered drugs in hospitals or facilities shifted to self-administered oral, patient-injectable or home infusion drugs.[3]

While in-person treatments are below baseline levels currently, remote treatments are up by nearly 600 percent over baseline levels, now accounting for over 20 percent of specialty treatments.[3] Many insurance companies, including Medicare and Medicaid plans, relaxed restrictions on home infusions to allow specialty patients improved access to their medications.[94]

The interim purpose of specialty care at home was to keep medical facility census low and protect high-risk patients from COVID-19. But many providers saw improved quality of care and patient satisfaction in expanding more home-based specialty drug administration.[95] Home administration means patients don't have to miss as much work, reduce time spent in waiting areas and even learn more about their own condition and medications as they truly become part of their own care team.

The rise of digital therapeutics recently harnesses continuous remote patient monitoring (RPM) to allow providers a noninvasive window into their patients' therapy adherence. Coupled with technologies that provide medication information, prescription decision support and patient communication, this mode can help prevent disease progression and improve medication adherence. Challenges to this mode of therapy include the adoption and affordability of smart wearable and RPM devices as well as access to the internet. This trend will also need shifts in reimbursement strategies, which is likely as many health systems and the practice shift from volume-to value-based care.[96]

## Remote Specialty Treatment Rose Significantly in 2020
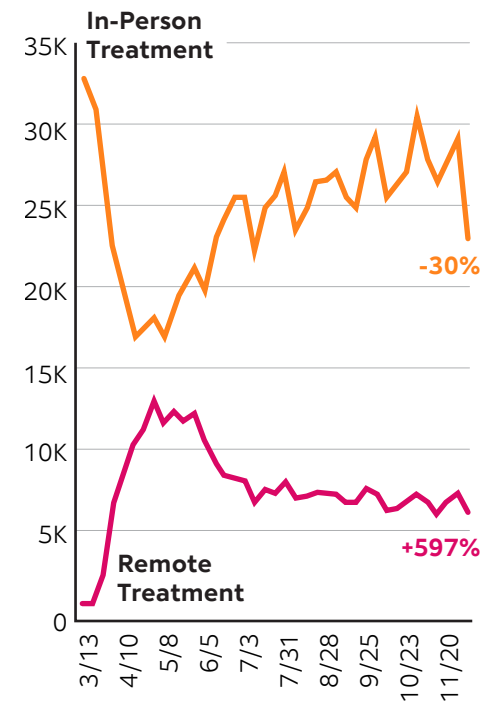
-30%

+597%

Specialty Pharmacies

While the retail and local pharmacist relationships are burgeoning, specialty pharmacies have long held closer patient relationships, even if interactions are less often face-to-face.[97] These pharmacies work closely with patients to manage chronic diseases and as such often have an important role in patient education. This role became critically important in 2020 as specialty drugs were in short supply.[98] Specialty pharmacies also played a crucial role in 2020 for patients most at risk of contracting COVID-19 due to vulnerable health conditions.[89]

As specialty drugs increased in both number and spending over the past decade, specialty pharmacies also became more prevalent. From 2015 to 2019, the number of accredited specialty pharmacies nearly tripled.[89] That's likely a good thing for the growing number of patients with life-threatening, chronic and rare diseases who need advocates. Often, their provider may not have experience with a complex therapy prescribed unless they participated in clinical trials. Specialty pharmacists are intimately close with these therapies and work shoulder-to-shoulder with patients, from teaching them to administer their own medications to helping find affordable options.[99]

As specialty pharmacies, and therefore specialty pharmacists, become more widely available, patient adherence could improve through more accessible support systems.

In Less Than Five Years, Specialty Pharmacies Tripled
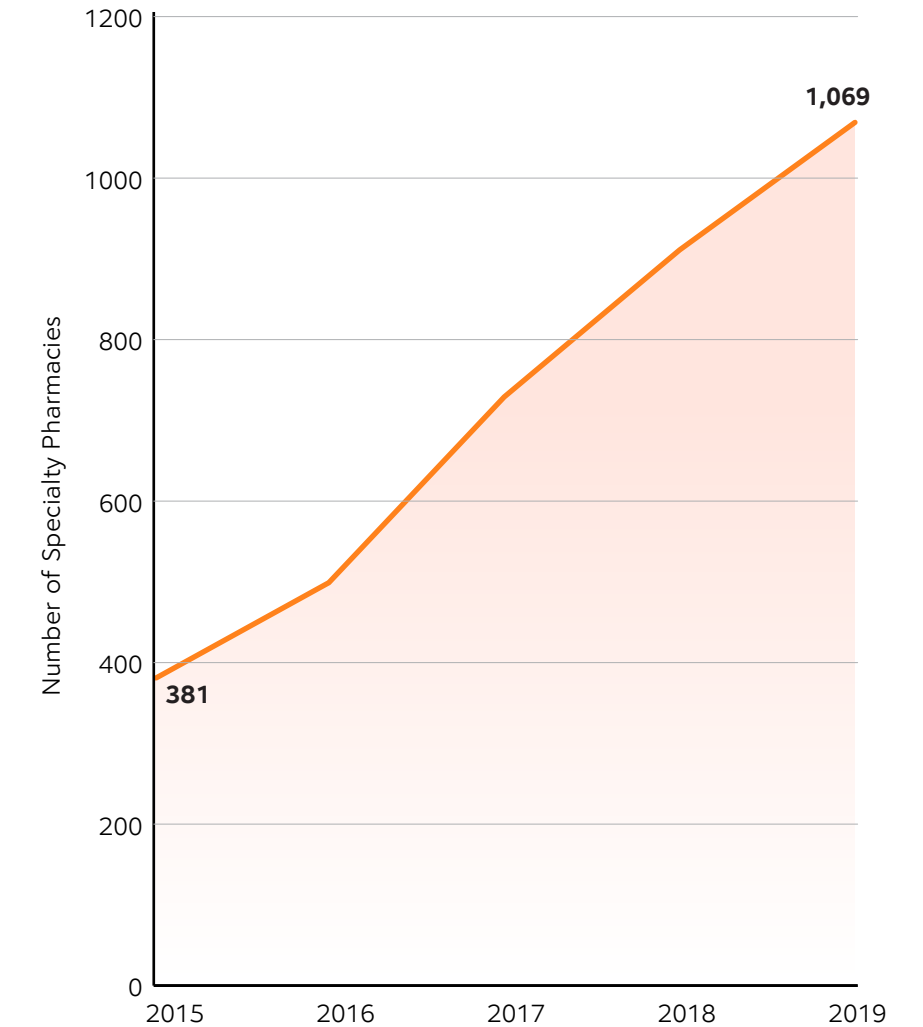
Supporting Chronic Conditions and Specialty Patients

Specialty therapies are often the hardest to access for patients, usually due to process complexity and affordability challenges. Through continued development of electronic patient support services, available at the point of prescribing for prescribers and their staff, more patients can experience end-to-end support to access specialty medications.

Specialty dashboards and tech-enabled hub services can **electronically enroll patients** during an appointment to begin therapy sooner while also reducing administrative work for provider offices. Patients can then electronically navigate affordability, benefit verification, pharmacy access and medication mode of delivery. In some cases, such inclusive patient support services have contributed to a **34 percent reduction in time to therapy.**[100]

AI integrations within existing EHRs can also identify ideal patient candidates for novel drugs or even clinical trials in nearby areas. This can help broaden patient choice and therapy options while saving providers time searching for appropriate, potentially **life-saving therapy trials.**

Digital therapeutics, a new class of therapy, uses existing patient access and **prescription decision support platforms integrated** with smart devices and remote patient monitoring to treat and even prevent chronic conditions such as diabetes or hypertension, and alert patients and providers of acute health fluctuations. This can help cut costs on medications and hospital visits and can increase data visibility for everyone.[96]

Increased interoperability measures can promote efficient care by enabling patients to view their health and medication data from their smartphones or computer. Increased visibility can help reduce prescription abandonment and medication non-adherence.

"We as a medical community need to continue to do our part in aiding all patients that come through our clinic. You have many that don't understand their care, which brings nursing to a teaching moment."

– UROLOGY NURSE, ALABAMA

"Patients are always, always top priority, so making a tool that's user friendly and doesn't require an advanced degree to interpret is pivotal. Having access to all of the information in one place is also key. Having to go to multiple places just to find out what medications an insurance will cover is frustrating for professionals, so I can only imagine how frustrating it is for patients."

– PHARMACY TECHNICIAN, MAIL ORDER, ARIZONA

As the specialty patient space develops rapidly, look for the **2021 CoverMyMeds Medication Access Report: Specialty Update** to publish later this year.

Conclusion

The year 2020 brought about monumental changes in healthcare. The impact from the COVID-19 pandemic caused tens of millions of Americans to lose their jobs, health insurance and, for some, access to their medications.

At the same time, the pandemic drove beneficial advances, such as the adoption of telehealth and other technologies, that will benefit patients into the future.

Patient-centered healthcare solutions can help lift barriers at each step of the medication access journey. They inform medication conversations between patients and providers, support prescribing decisions and empower all stakeholders on the patient care team.

Promoting Affordability: During appointments, solutions that intake patient social determinants of health can help complete the full picture of patients as people — and even spark conversations around affordability, improving provider understanding of what's feasible for the patient. **One in five providers aren't asking about social determinants of health,** but the impact is worth the effort.

By understanding patient environments and affordability status, providers can effectively use prescription decision support technology, inclusive of RTPB, to find the right medication and price to improve adherence. In one study, patients were **19 percent more adherent to picking up their medication when providers used a prescription decision support solution like RTPB.**[38]

Holistic solutions now also include options for cash price and medication alternatives, further providing patients options and choice, even for the uninsured and underinsured.

Enabling Access: While a patient's ultimate price for medication can vary, benefit barriers such as PA are often unavoidable. Even so, the time spent resolving PA can be reduced so patients get the medications they need faster. ePA solutions can replace manual phone and fax processes, and providers in 2020 showed a **16 percent increase in ePA adoption** and a 12 percent drop in those solely using phone and fax methods compared to 2019.[32,43]

Integrated ePA solutions within EHRs can allow providers to submit ePA requests at the point of prescribing. Patients can get their medications an average of **13.2 days sooner compared to requests started at the pharmacy**.[38]

Pharmacists' job responsibilities expanded rapidly in 2020, as patients relied on them for testing, vaccinations, medication questions and even primary care services in some cases as providers' offices closed due to COVID-19.

When patients go to pick up prescriptions, pharmacists need robust solutions to resolve patient access barriers and questions. While many pharmacy tools exist, they don't always have the capabilities they need to best serve patients in one system. Only one third of pharmacists receive PA status updates within their current system, and 43 percent said they go outside their system daily to complete tasks, including PA request management.[37] Pharmacists using an integrated solution, including real-time PA status updates, saw a **14 percent increase in paid claims, on average.**[38]

Supporting Adherence: Patients with chronic conditions or specialty medications often face high cost and complex paths to medication access. For these reasons, they're more likely to abandon specialty therapies than any other drugs during the deductible period.[55] Electronic patient support services can bridge barrier gaps to improve patient adherence through automatic enrollment in specialty hubs, expedited benefit verification and PA processes and improved access to specialty pharmacies. Such patient support services have contributed to a **34 percent reduction in time to therapy** in some cases.[100]

Patients need reliable paths to medication access — no matter their origin or surroundings. Benefit, demographic, technology and affordability barriers delay and even deny access to medication. These barriers can force tough choices among life's necessities. But technological solutions can bring hope and relief to patients and care team members. These solutions can positively impact access, affordability and adherence and are poised to make an even greater impact as stakeholders develop them in partnership with patients.

Look for updates to the **2021 CoverMyMeds Medication Access Report** to publish later this year.

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