



A Study of the Qualitative Impact of Non-Medical Switching

RESEARCH ABSTRACT

BACKGROUND

Non-medical switching occurs when health insurers or pharmacy benefit managers, in an attempt to cut costs, adjust prescription drug coverage policies to drive stable patients to a treatment option that's less expensive for the health plan. While **2017 research** by the Institute for Patient Access suggested that any upfront savings were counteracted by higher non-drug medical expenses (such as additional physician visits or hospitalization) downstream, little research existed to demonstrate the qualitative impact that non-medical switching has on affected patients.

METHODS

Researchers first conducted two in-person focus groups, one in Des Moines, Iowa and one in Dallas, Texas on December 10-11, 2018. Information gathered at the focus groups informed the content of a national online poll conducted by Public Opinion Strategies. The survey was completed by 800 patients who had been non-medically switched. It has a margin of error of +/-3.46%.

Participants were 51% male, 49% female. Seventy-six percent were white, 11% African American or black, 9% Hispanic or Latino American, 3% Asian American, 1% American Indian and 1% other. Participants represented an age range of 18 to 65+, with 27% age 18-34, 21% age 35-44, 12% age 45-54, 24% age 55-64 and 17% age 65 or older.

Study participants represented a wide range of chronic diseases:

43% High Blood Pressure
38% High Cholesterol
28% Asthma
27% Diabetes
24% Chronic Pain
9% Heart Disease
9% Rheumatoid Arthritis
7% COPD
7% Osteoporosis
6% Psoriasis
6% Cancer
3% Crohn's Disease
3% Epilepsy
2% Multiple Sclerosis
10% None of the Above

Patients were allowed to select more than one disease state as applicable.

RESULTS

Responses shed light on the qualitative experience and impact of non-medical switching.

The Value of the Right Medicine

A majority of patients (60%) reported that it was “hard” to find the initial medicine that worked for them. They overwhelmingly placed a high value on having the right medicine (95%) and reported depending upon their original medicine to go about their day-to-day lives (88%).

Impact on Patients’ Health & Health Care

Nearly 40 percent of patients said the new medicine was not as effective as their original, and almost 60 percent experienced a complication from the new medication. Nearly one in 10 reported being hospitalized for complications after the switch. And almost 40 percent reported that being switched was so frustrating it led them to stop taking their medicine altogether.

Impact on the Physician-Patient Relationship

More than three-fourths of patients looked to their physician as their ally in coping with the non-medical switch. But a clear majority reported that non-medical switching “disrupted” the plans the patient had made with his or her physician (73%), with 86 percent agreeing that the insurer “took control” of a decision that “rightfully belongs” to the health care provider.

How Non-Medical Switching Happens

Most patients reported that their insurer stopped covering their current medicine (41%), and that they found out about the change at the pharmacy counter (48%). A majority turned to their health care provider for help in understanding the switch (54%).

Impact on Work & Family Life

Two-thirds of respondents said the switch impacted their ability to be productive at work, while more than 40 percent said they weren’t able to care for their children, spouses or other family members as needed. More than half said they couldn’t continue their regular hobbies or activities, or didn’t find the same enjoyment in them.

Psychological & Emotional Impact

Patients reported experiencing non-medical switching on a deeply emotional level. Participants reported that the switch left them feeling “frustrated” (83%), “confused” (72%) and “helpless” (70%). Three-fourths said, “I felt anxiety about losing a medicine I depended upon” (75%).

CONCLUSION

Non-medical switching can be disruptive and damaging to patients’ health, but also to their emotional well-being, their work life and productivity, their home life and family commitments, and their relationships with their health care providers.



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