



# Respiratory Therapy Access Working Group

## 2021 Meeting Summary

At its annual Respiratory Therapy Access Working Group meeting, the Alliance for Patient Access virtually welcomed providers, advocates and fellow stakeholders to discuss policies that affect clinicians and patients managing respiratory conditions.

### Utilization Management

Members discussed how utilization management barriers can delay optimal care and disrupt the clinician-patient relationship.

- **Step Therapy**

“At its core, step therapy can be appropriate care,” one provider noted. But participants said that overuse or abuse of “fail first” hinders patients from receiving timely, adequate care. “The steps are getting more and more ridiculous,” emphasized a physician. The process is so onerous and torturous that patients struggle to navigate their care. “If we could work to change the policy, then all those patients on a given health care plan can access their prescribed treatments,” concluded another working group member.

- **Non-Medical Switching**

Discussion explored how non-medical switching can impact patients’ physical health as well as their mental health. “It’s so distressing,” said one provider. Participants agreed the barrier leaves patients, families and caregivers with angst, anxiety and stress when they can’t access the prescribed medication upon which they depend. One frustrated provider said that, when health plans non-medically switch his patients, they are saying, “We know better than you, doctors.”

- **Prior Authorization:**

Working group members agreed that prior authorization disrupts patient care. One provider said state Medicaid overutilizes prior authorization at the expense of patients’ health. Some conditions are not going away, participants noted. And to require prior authorizations again and again prevents patients from accessing life-improving therapies. “It truly is an obstacle to care,” another physician noted.



## Telehealth

Working group members said the future of health care includes both in-person and telehealth visits. “It’s not a replacement for in-person care,” one provider noted. But participants said telehealth was important to both patients and providers for continuity of care. Working group members agreed telehealth became more accessible when the Centers for Medicare and Medicaid Services began covering telephone-only visits, as broadband access varies across the country. “It’s between the patient and the provider which type of appointment is needed,” another provider concluded.

## ICER & Value-Based Assessments

Working group members heard a presentation on the Institute for Clinical and Economic Review, the group of Boston economists who increasingly influence coverage decisions for new therapies. The discussion noted that severe asthma, the topic of a 2021 ICER evaluation, is costly to patients and society, a fact that ICER doesn’t adequately account for. And the one-size-fits-all approach to care doesn’t work when each individual patient needs targeted treatment options. The presentation highlighted the importance of clinician input in conversations about value, specifically when it comes to informing future ICER assessments of respiratory treatments.

## Policy Considerations

Asthma has benefitted from groundbreaking, sophisticated biologics, noted participants. Complicated and expensive drugs like biologics often invite debates about value and access, but members are hopeful that current bills moving through Congress, and future bills that will be proposed in state legislatures, can improve patients’ access to care. Good policymaking can ensure patients have their medication when they need it, one participant noted. Working group members considered the impact of drug pricing reform and underscored how Medicare Part D reform could help patients receive appropriate treatment with minimal barriers.

### Next Steps

AfPA’s Respiratory Therapy Access Working Group will continue to build on its current advocacy and educational efforts in the coming year to further inform and support policies that encourage optimal, patient-centered care for respiratory patients.



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Patient Access**