



Respiratory Therapy Access Working Group

2022 Meeting Summary

This fall, the Alliance for Patient Access hosted a meeting of the Respiratory Therapy Access Working Group. AfPA welcomed a broad range of providers and advocates to examine barriers to respiratory care.

Utilization Management

Working group members discussed utilization management tactics that can delay or alter treatment plans, preventing patients from accessing the care they need.

- **Prior Authorization**

Working group members agreed that prior authorization presents a major barrier to timely care. For their patients, this barrier can often exacerbate symptoms, worsening patients' conditions and quality of life.

One clinician noted that reauthorization is a major issue as well. Oftentimes, the patient and provider identify a treatment that improves a patient's condition. But when they attempt to get the prescription reauthorized, the patient's progress means that he or she no longer meets the eligibility criteria for the treatment.

- **Step Therapy**

Health plans often require patients and providers to work through several low-cost alternatives before accessing the prescribed treatment.

One provider described how a patient's employer changed health plans, forcing the patient to start from square one with the low-cost alternatives preferred by the insurer. Working group members agreed that, in addition to the impact on the patient's physical health, step therapy requirements introduced a level of uncertainty that caused patients "anguish and despair."

- **Barriers to New Medications**

Respiratory care has seen a significant increase in the number of treatments in recent years. Whether it be through biologic treatments or digital inhalers, patients have more options than ever before.

Many providers echoed the sentiment that payers are actively keeping these new treatments from patients. One working group member mentioned that his patients had to work through treatment options with different mechanisms of action before the patient could receive the new treatment that the clinician had prescribed.



ICER & Value

Innovation has ushered in a number of new and effective treatment options, such as new biologics, therapies in sleep medicine and methods for pulmonary rehabilitation. ICER, however, plays a growing role in who can access these innovative treatments.

Working group members explored the flaws in the ICER model, including health economists' reliance on clinical trials data, use of discriminatory metrics like the QALY and growing influence with payers and state legislatures.

They also considered the fact that, while ICER provides an opportunity for community feedback, that feedback is often dismissed. Some feedback opportunities may even take place after value determinations have been made.

One clinician mentioned the importance of providers being informed about ICER. Working group members agreed that bringing awareness to ICER's flawed methods is critical, as value assessments continue to be used by policymakers when determining coverage for emerging treatments.

Access Barriers in Medicare

Medicare Administrative Contractors, private health insurers who are responsible for handling Medicare Part A and B claims, have recently made coverage decisions that are not supported by current guidelines.

One approved asthma treatment was recently moved to the Self-Administered Drug Exclusion List, despite no FDA approval for self-administration or

instructions on the label. Clinicians unanimously agreed that this overreach by the Medicare Administrative Contractors impacted patient safety and could have led to poor outcomes.

Clinicians applauded the Centers for Medicare and Medicaid Services and were pleased to hear that this harmful decision was rescinded. They agreed the experience highlighted the need for proactive advocacy to protect against decisions that endanger patients.

Needs Assessment

Working group members recognized the value that new treatments and procedures are having on patients with respiratory conditions. One clinician emphasized that we must continue to prioritize “patient-centered care, rather than payer-centered care.”

Members also reinforced their commitment to advocating for their patients, whether through engagement at the state or federal level.

Get Involved

To learn more about AfPA's Respiratory Therapy Access Working Group, contact Casey McPherson at cmcpherson@allianceforpatientaccess.org.



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