



# Respiratory Therapy Access Working Group

## 2023 Meeting Summary

The Alliance for Patient Access' Respiratory Therapy Access Working Group held its annual meeting in September 2023. Working group members convened in Washington, D.C. to discuss trends in respiratory treatment, access barriers that hinder quality care and potential emerging policies that will improve patients' health outcomes.

### Utilization Management

Working group members discussed the harm done to patients by utilization management – tactics used by insurers to restrict what treatments a patient can access. Utilization management often places a heavy burden on both providers and patients, delaying or denying patients access to their prescribed treatment.

#### Prior Authorization

Working group members discussed how prior authorization is one of the greatest challenges they face on a regular basis. Patients must go without their treatment as they wait for authorization, which can exacerbate existing symptoms and allow conditions to deteriorate. “Delayed care has been the most frustrating aspect of prior authorization,” one meeting participant stated.

Keeping track of all the different authorization forms – which can vary based on insurer, treatment or condition – is also a challenge for providers. The amount of time spent managing and completing prior authorizations detracts from time that could be spent with patients, working group members explained.

#### Step Therapy

Step therapy forces patients to try and fail other treatments before they can receive their prescribed treatment. Meeting participants discussed how this utilization management tactic can be particularly stressful for patients. Some may be forced to try treatments that they've previously failed, while others may grow frustrated and simply forgo treatment altogether.

For many patients, especially those with uncontrolled respiratory conditions, getting on the right treatment path quickly is essential to managing their condition.

#### Non-Medical Switching

Working group members discussed how non-medical switching presents a serious burden for patients and providers. Non-medical switches take treatment decisions out of the hands of patients and providers, ultimately giving insurers the final say. Switches can occur for a variety of reasons. For example, patients may experience a non-medical switch when their prescribed treatment is taken off their health plan's formulary and they are bumped to an alternative treatment.

One meeting participant shared the story of a patient who was non-medically switched and ultimately stopped her treatment because her new medication was disruptive to her routine. As a result, her asthma symptoms significantly worsened. These situations are all too common, and providers may not be aware of the change until a patient's adherence drops or symptoms worsen.



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## Cost Sharing

Cost sharing methods were also a source of great frustration for working group members. Copay accumulator programs don't count copay coupons toward a patient's deductible, frustrating and confusing patients. When their copay coupon runs out, patients may be forced to choose between paying for their treatments or other necessary expenses.

Meeting participants also discussed the dangers of alternative funding programs. These programs divert insured patients into charitable assistance programs, which can create gaps in treatment. They ultimately lead to fewer resources for those who are uninsured or those whose only coverage is available via these assistance programs. Patients don't receive timely coverage, and the unnecessary burden may result in them choosing not to pursue treatment.

## Improvements in Respiratory Care

Innovative treatments and technologies are improving outcomes for many patients. Working group members discussed how digital therapeutics can be a valuable tool, but understanding and analyzing the data to best support patient outcomes can be somewhat challenging.

Biomarker testing and biologic treatments will also continue to prove valuable for patients with respiratory conditions, meeting participants emphasized. As more innovative asthma treatments become available, it is important that patients are aware of their options. Patients who are unable to control their severe asthma with traditional medications may benefit from biologic treatments.

Meeting participants also discussed how advocacy can have a powerful impact on policies for respiratory patients. Advocacy efforts, for example, have brought oxygen reform to policymakers' minds, and policies increasingly consider the value of supplemental and liquid oxygen for respiratory patients.

Meeting participants discussed how telehealth, when used in appropriate contexts, can improve access and care. Innovative technologies and treatments can open doors for respiratory patients, but working group members emphasized that policies must ensure those options remain accessible and affordable.

## Needs Assessment

Respiratory patients may encounter many barriers while seeking care, but good policies can protect patient access. Advocacy and outreach efforts should promote policies that encourage patient access and limit utilization management tactics.

Innovative options can open doors for patients and give them the opportunity to do more than just survive. New biologic treatments, for example, can help some patients manage their asthma and truly thrive. But patients must know these options. Working group members identified creating educational resources as a top priority for future efforts.

Efforts should also seek to protect providers from the harmful tactics of insurers. Meeting participants were particularly concerned about provider burnout and burnout's influence on provider shortages. Drug shortages also present a serious problem for many patients and providers, and working group members said policies should protect patients and care teams from having to bear the brunt of these shortages.

### Next Steps

Working group members discussed plans for educational materials and advocacy efforts that will promote policies that implement patient-centered care for respiratory patients.

### Get Involved

To learn more about AfPA's Respiratory Therapy Access Working Group, contact Casey McPherson at [cmcpherson@allianceforpatientaccess.org](mailto:cmcpherson@allianceforpatientaccess.org).



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