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OVERCOMING BARRIERS TO DERMATOLOGICAL TREATMENT

DCAN

Derma Care Access Network

INTRODUCTION

Skin is an organ like no other. It can be seen and touched; it is instantly visible on ourselves and others. And in addition to dictating much of our outward appearance—which has vast social significance—our skin allows us our sense of touch and serves as armor protecting us from hostile environments and microbes.

Just as skin serves multiple functions, conditions impacting our skin can have a multifaceted impact. People who have skin conditions may experience feelings of isolation due to how the appearance of their skin is perceived. For patients with conditions like psoriasis or eczema that are connected to stress, these feelings can be doubly painful—isolation breeds stress, which in turn exacerbates the condition. Skin conditions can undermine a patient's ability to function at work, school, home, or other social situations, meaning they can have a serious impact on a patient's financial security and emotional stability.

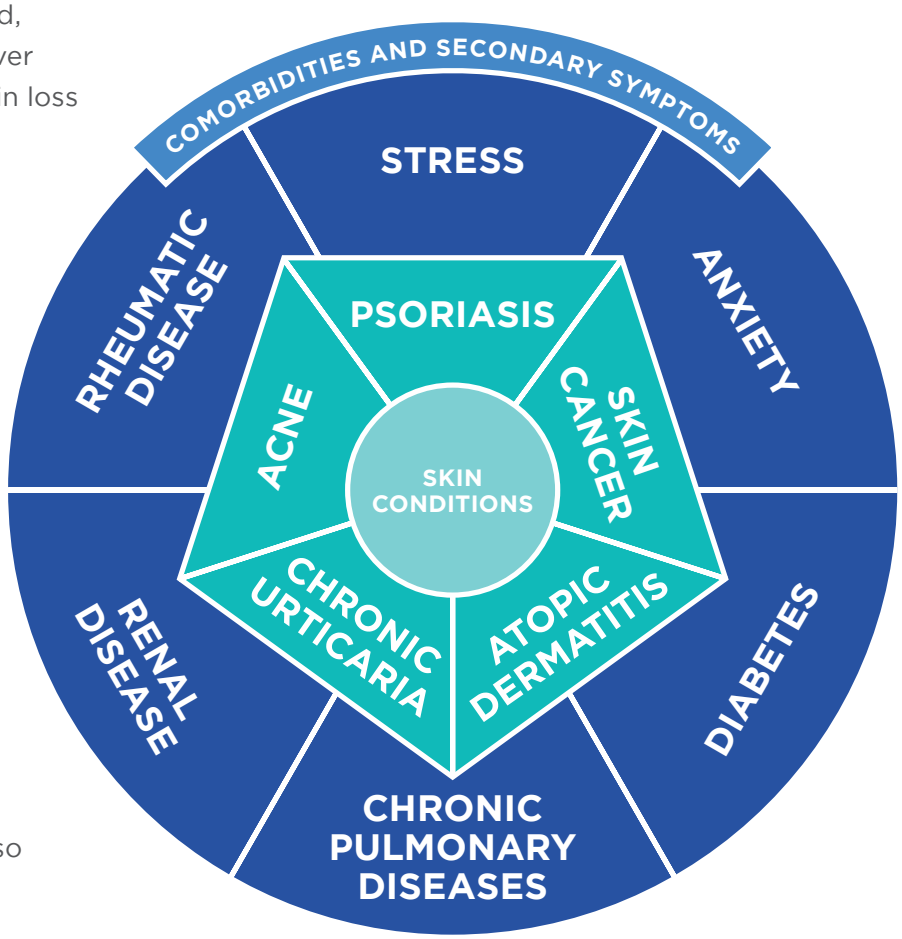
THE IMPACT OF SKIN CONDITIONS

Skin conditions affect tens of millions of people across the United States with symptoms that range from purely cosmetic to downright painful—and in some cases lethal. A few of these conditions include:

- **Atopic dermatitis** (commonly known as eczema), which affects more than 30 million Americans
- **Psoriasis**, which affects 7.5 million[1]
- **Acne**, which affects as many as 50 million[2] people
- **Chronic urticaria**, which causes red, itchy welts that recur frequently over months and years, often resulting in loss of sleep, and which affects 15-20% of the population[3]
- **Skin cancer**, the most common cancer in the United States, which affects 5.4 million people[4] and has an estimated 9,500 diagnoses every day.[5]

Skin conditions can also signal deeper problems. For example, patients with psoriasis are at a higher risk because of associated comorbidities such as chronic pulmonary disease, diabetes, renal disease, and rheumatic disease, among others. Some skin-disease patients have even been found to have higher cholesterol.[6] There are also comorbidities associated with eczema, vitiligo, and non-melanoma skin cancer.[7]

Though these conditions are common and often life threatening, the cost of accessing the health care providers and drugs that treat them can be staggering. The total estimated direct cost of skin disease is nearly $75 billion a year, of which 61 percent is medical costs.[8] In 2013, $15.6 billion was spent on drugs and vaccines for skin diseases.[9] This does not factor in lost time from work, transportation to the doctor's office, and other hidden expenses.



ACCESS TO SPECIALISTS

A patient's health care provider plays a pivotal role in diagnosing skin conditions and identifying which treatment options are most likely to be effective. Yet accessing medical specialists is becoming more difficult.

A SHORTAGE OF SPECIALISTS

Not all patients with skin conditions need to see a specialist. Often, general practitioners can offer necessary care. Physician assistants and nurse practitioners also play a role in caring for patients with skin conditions.

Patients with moderate-to-severe conditions, however, typically do need to see a specialist. Yet a shortage of dermatologists, reportedly driven by a shortage in available training spots for medical students hoping to enter the field, makes finding an available dermatology care provider challenging. Although only 20 percent of dermatologists focus on cosmetic treatments[10] and procedures rather than treating traditional skin conditions, wait times to see a dermatologist can be painfully long. The average wait time for a dermatologist appointment in Philadelphia is 47 days; in Boston, it is 72 days.[11]

Dermatologists aren't the only specialists who play a pivotal role in caring for patients with skin conditions. Allergists/immunologists treat patients with chronic urticaria. They also treat patients with atopic dermatitis, who frequently experience food allergies or asthma in addition to their skin condition. Meanwhile, many psoriasis patients visit rheumatologists.

But, like dermatologists, these physicians are not always nationally available. Specialists tend to practice in densely populated, urban areas or near academic centers, creating an added barrier for patients living in small or rural communities.[12]

NARROW HEALTH PLAN NETWORKS & COVERAGE LIMITS

Then there's the added challenge of narrow health plan networks. Health plans have faced mounting expenses in recent years, driven in part by higher-than-expected expenses to cover patients with pre-existing conditions. To offset those costs, some insurers have negotiated down the number of "in-network" doctors available to patients. In a small field like dermatology, there may be an even smaller subset of providers who have expertise on a given skin condition. For example: a dermatologist that specializes in eczema may not have the expertise necessary to advise a patient with chronic urticarial conditions. Here again, the scarcity of accessible dermatologist care presents significant barriers to patient care.

Other barriers also exist. Some health plans do not cover visits to dermatologists.

Meanwhile, some dermatology practices lack the resources and staff necessary to process patients who have Medicare or Medicaid, presenting added challenges for these patients.

Dermatology has experienced an upswing along with growing public interest in skin health. In 2009, Americans made an estimated 34 million visits to dermatologists.[13] This is good news, as skin-disease prevention is important to increasing life expectancy. However, the field is small—half of dermatologists see 50 or fewer people a day[14] —leaving dermatologists and their limited staff struggling to meet the influx of patients who need care.[15]

ACCESS TO TREATMENT OPTIONS

Access challenges don't necessarily end when a patient finally sees a dermatologist. Getting the treatments their doctor prescribes can be equally—if not more—difficult.

These challenges are particularly unfortunate given the innovation in dermatological therapies. While traditional dermatology treatments such as topical agents or phototherapy are still used, new advances such as biologics now offer options that may, in some cases, be more effective.

BIOLOGIC MEDICINE & HIGH COST SHARING

Biologic medicines are sophisticated drugs developed from living cells or systems. They have a quicker response time and offer the chance to improve disease control and reduce associated comorbidity.[16] For example, scientists have discovered that psoriasis and eczema can often be treated more quickly and effectively with biologic medicines than with conventional practices.

Health plan structures, however, sometimes limit patients' use of biologics—and the associated costs. Usually a health plan's prescription coverage assigns tiers with fixed dollar co-payment required for each tier. For example, a generic medication might be in tier 1 and require a $10 copayment, whereas a biologic might be on tier 4 and require a 25 percent coinsurance payment.[17]

For example, a biologic used to treat psoriasis, a chronic disease, is likely to be $500 or more a month.[18] This means patients could be spending a minimum of $1,500 a year on top of the cost to visit their dermatologist to receive treatment. Health plan's prescription drug tiers can limit treatment options by making them unaffordable for patients.

PRIOR AUTHORIZATION & STEP THERAPY

Many health plans require prior authorization for biologic treatments. Prior authorization is a process where providers must obtain advanced approval from the insurer before performing a service.[19] Prior authorization may sometimes include step therapy, requiring patients to fail a lower-cost treatment preferred by the insurers before getting approval to receive an innovative treatment.

Patients in need of serious dermatological assistance must sometimes fail treatment with conventional topical agents—which are generally less effective—before being recommended for biologics.[20] This is often the case, for example, for patients with chronic urticarial issues.

Some health plans' step therapy requires a patient to use a medication off-label before they can receive the FDA-approved treatment. Patients seeking treatment for atopic dermatitis, for instance, can encounter this requirement.

Step therapy's value to health plans is as a tool to control spending on patients' medications. Yet step therapy has been shown to have a negative impact on patients—including delayed access to efficient treatment—and significant burdens on health care providers and their patients. Step therapy can also increase long-term health care costs.[21] Often, decisions about whether or not a patient receives critical care are determined not by a health care professional, but by insurance company staff who may know little about the disorder at hand.[22]

The burden of dealing with step therapy can have a bearing on whether a patient continues treatment. Researchers have found that patients were more likely to discontinue their treatment after step therapy was implemented.[23] This is especially problematic for patients with chronic skin conditions, which require ongoing care.

Moreover, there are socioeconomic restrictions that step therapy does not consider. Consider, for example, a step therapy protocol that requires a patient with eczema to try phototherapy before gaining access to a biologic treatment. While a retired patient seeking treatment for eczema may have no problem coming in three times a week for phototherapy, a patient with a full-time job may have trouble with such a schedule. Step therapy often ignores these types of practical considerations.

Nevertheless, as of 2014, 75% of large employers reported offering employees plans that use step therapy.[24]

POLICY RESPONSES

A patchwork of state bills have emerged in response to prior authorization and step therapy practices. Laws related to prior authorization now exist in 28 states, with legislation introduced in several others. Some states now require the use of a standard form as an attempt to streamline prior authorization processes for patients and their health care providers.

Legislation about step therapy practices varies from state to state. Some measures, for instance, impose limitations on when health plans can require step therapy. Others may require exemption criteria for patients for whom step therapy is medically inappropriate. As of 2017, 14 states have step therapy laws in place.[25]

At the state level or otherwise, policy works best when it reinforces shared decision-making between the patient and physician. Treatment choices should not be the dominion of health plans or pharmacy benefits managers.

Recent advances in medicine have exciting implications for patients with dermatological conditions, but only if those treatments are made available.

CONCLUSION

Allowing patients with skin disorders to resume healthy, productive, and confident lives begins with allowing them to access necessary care and proper medications to treat their conditions. Selection of these treatments should be a shared decision between the patient and his or her physician.

To improve access, federal and state legislation regarding health plans should prioritize patient treatment, including those with chronic dermatological problems. Leadership on issues such as step therapy, prior authorization, and exorbitant out-of-pocket requirements can lead to commonsense reforms that improve patients' ability to get the care and medication they need. Meanwhile, policymakers on all levels must effectively balance short-term expenses with long-term considerations about cost and value.

Proper dermatological care stands to improve patients' health, productivity and quality of life. But those improvements are predicated on access to the specialists who can guide their treatment and the innovative medicines that can change their lives.

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ABOUT DERMA CARE ACCESS NETWORK

The Derma Care Access Network sponsors educational initiatives and advocacy programs designed to encourage informed policymaking about the benefits of access to approved therapies and appropriate clinical care.

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