Utilization Management Modifications Based on Regional Payer-Provider Roundtable Discussions

Impact Education LLC

Education for the Managed Care and Payer Professional

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BACKGROUND

Utilization management (UM) strategies can cause administrative challenges for patients and providers and may impact timeliness to prescribed treatment. This study explores recommendations for improving UM programs through open communication between provider specialists and managed care decision makers.

OBJECTIVE

To outline opportunities and develop recommendations by sharing insights on clinical evidence and health plan UM strategies through an open communication channel between clinical specialists and managed care decision makers.

METHODS

Two virtual roundtables were held in the Western region with managed care professionals and provider specialists, recruited from a proprietary database, for high-cost conditions (eosinophilic esophagitis [EoE] and retinal disease), on October 3 and 23, 2023, respectively. Participants provided quantitative data via polling and discussed recommendations to improve UM strategies that can lead to effective and timely treatment for both diseases. Follow-up interviews were conducted with managed care attendees 6 months later to assess UM changes.

Western Region
RETINAL ROUNDTABLE PARTICIPANTS

- 3 Physician Specialists
- 3 Payers/Health Care Purchasers

Western Region
EoE ROUNDTABLE PARTICIPANTS

- 5 Physician Specialists
- 5 Payers/Health Care Purchasers
- 3 Patient Representatives

RESULTS

Insights from 8 managed care professionals and 8 clinicians (4 gastroenterologists, 1 allergist, and 3 retina specialists) were evaluated following the roundtables. EoE clinicians identified the physical, social, mental, and financial impacts on patients and families. Managed care professionals were generally unaware of the EoE lived experience and most were not aware of challenges with prescribing recommended treatments. Retina specialists noted a high PA approval rate for anti-VEGFs, but the process can delay appropriate treatment by weeks. Step therapy was generally viewed as acceptable among both stakeholders, but the initial PA to access the first agent is cumbersome for providers. For EoE, a regional health plan changed PA criteria from a 2-step process before approving biologic therapy to a 1-step process. A health system implemented the first gold-carding policy for a retina specialist group based on historical prescribing patterns in line with preferred formulary agents and plans to gold card an additional group.

WESTERN REGION **6-MONTH FOLLOW UP**

Key Areas of Change
IN RETINAL DISEASES

- Removal of PA for preferred anti-VEGF therapies
- Increased utilization of ePA
- Leverage the ophthalmologist's office to coordinate care
- Implement annual regional meetings among payer and provider stakeholders
- Develop medical policy specific to retinal disease state and disease severity

> *"Since participating in the program, I now go out of my way to talk to more patients and providers than I normally would for other therapeutic spaces because of what I learned. The program cemented for us that a 2-step edit for anti-VEGF agents should not be used for our 227,000 Medicare covered lives."*

> *"A major change we made after the program was to eliminate the 12-month anti-VEGF reauthorization for all specialists, so in essence, Gold Carding was put into place after the initial treatment began for 15,000 Medicare lives."*

Key Areas of Change
IN EoE

- Greater knowledge of EoE and treatment options
- Change in sequencing of treatments and step therapy edits
- Greater appreciation of the patient journey

> *"Prior to the event, when someone said EoE, I thought budesonide slurry. That was the extent of treatment options. I realized there was an unmet need from a disease modifying perspective."*

> *"Now, after 8 weeks, we are not going to say you need to try both a PPI and topical steroids before approving dupilumab, it's just one they need to try."*

> *"The change we made was to adopt the dupilumab indication as our coverage criteria – we don't require trial of an off-label [PPI] medication first, we don't require eosinophil counts."*

> *"Understanding the patient journey is always really valuable, it gives a different spin and makes plans think more about how to approach the drug and treatment in coverage."*

GAPS REMAINING

> *"A universal step therapy roadmap among health plans within the region could minimize confusion and administrative burden for both payers and providers."*

> *"The majority of patient treatment is still being managed by community physicians and educating them is crucial for improving the overall standard of EoE care."*

CONCLUSIONS

Open communication between managed care professionals and clinical specialists proved an effective approach to address barriers to timely treatment. At the 6-month follow-up evaluation, the modifications made to UM strategies demonstrated that informed and collaborative discussions lead to meaningful improvements in care delivery. The findings suggest that continued engagement between payer and provider stakeholders is valuable for evolving UM strategies to better support both patients and providers.

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PA = prior authorization; PPI = proton pump inhibitor; VEGF = vascular endothelial growth factor

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