

# The Psoriatic Disease Payer Advisory Panel

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## Abstract

A collaborative exchange of ideas occurred at The Psoriatic Disease Payer Advisory Panel sponsored by International Dermatology Outcomes Measures (IDEOM) and The National Psoriasis Foundation (NPF) in January, 2016. Patient, provider, payer, pharmaceutical industry, IDEOM board member, and NPF leader representatives shared perspectives to address the unmet needs in the treatment of psoriatic patients. The payers who play a crucial role in controlling treatment access and improving patient outcomes played a pivotal role in the discussion. Progress made during the Payer Advisory Panel will ultimately advance psoriatic initiatives and help to address the persistent challenges of all vested stakeholders.

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## INTRODUCTION

In January, 2016, The Psoriatic Disease Payer Advisory Panel, sponsored by International Dermatology Outcomes Measures (IDEOM) and The National Psoriasis Foundation (NPF), convened for a collaborative exchange in a meeting that was the first of its kind in that it brought together leading healthcare payers, psoriatic disease clinicians and researchers, patients, and patient advocates to discuss challenges and opportunities in attaining access to clinically appropriate care. Participants had the opportunity to share their perspectives to foster a dialogue and, ultimately, to hopefully identify areas of common ground and opportunity. A significant emphasis focused on understanding the needs and pressures of healthcare payers given their role in establishing payment and access policies that impact patient access to care. Here we share the insights gathered from this panel and outline next steps in the IDEOM initiative to bridge gaps in psoriasis care.

## Patient Perspectives

Three patient representatives delivered moving accounts of their decades-long struggles with psoriatic disease, including how the disease has negatively impacted their lives. They also spoke to the life-altering impacts treatments have yielded in helping them live fuller and healthier lives. These impacts included significant effects on career development, personal relationships, family dynamics, and overall physical and mental health. While the benefits were clear, the patients also recounted their challenges in attaining such treatments, such as sizeable out-of-pocket expenses or payer policies that restrict access to certain therapies and/or that require patients to first use another therapy. While patient representatives noted an understanding of healthcare financing and the challenges payers face in caring for a population of beneficiaries, they encouraged payers to place greater emphasis on the human component in the coverage decision-making process, particularly with regard to physician recommendations. The payer panelists noted that they were particularly moved by the compelling stories these patients told.

## Provider Perspectives

Obstacles that prevent the delivery of optimal care to psoriasis patients stood among the most crucial concerns raised by healthcare providers, which included both dermatologists and rheumatologist. Currently half of patients with moderate-to-severe psoriasis do not receive systemic therapy.<sup>1</sup> Barriers to access include economic disincentives for physicians to use biologic and other systemic therapies, lack of training, and absence of treatment outcome measures for psoriatic disease activity that are useful in clinical practice. Providers who care for psoriasis patients with the most severe disease are penalized through policies such as physician tiering and narrow networks. Additionally, as the healthcare system overall transitions to one focused on value-based payments and that seeks to hold providers accountable for the health outcomes and cost of their patients, providers who treat patients with the most severe form of any disease, such as psoriatic disease, face additional challenge in this paradigm.

## The Payer Perspective

The high cost of psoriatic care, especially that associated with new biologic and new oral treatments was central to the assembled payers. Representatives included a leading national

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