

Health Plan Coverage for Medical Devices and the Use of Electronic Medical Record Systems

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Background

- The TPG-National Payor Roundtable (TPG-NPRT) focuses on market access programs within the United States and is a subsidiary of The Pharmacy Group.
- The JeSTARx Group provides evidence-based research and support to the Healthcare Industry.
- The TPG-NPRT maintains a proprietary database of Chief Medical Officers, Chief Pharmacy Officers and other key decision makers from health plans in the United States.
- Medical devices are used to treat different conditions, are reviewed by the FDA, and potentially paid for by insurers / payors.
- For some payors, medical devices payments are mandated through a specific benefit.
- The Affordable Care Act, approved in 2010, provides health plans reimbursement incentives and an Electronic Medical Records (EMR) adoption deadline.
- Pharmacy & Therapeutic (P&T) Committees and technology assessment entities review medical devices and are tasked with making coverage decisions.
- Based on recent programs with US Payors, Medical Directors, and Sponsors (pharmaceutical companies, medical device, and health technology companies), the authors and their organizations decided to conduct a survey of medical and pharmacy directors involved with P&T Committees on their policies regarding medical device review and the adoption/use of Electronic Medical Records.

Objectives

- This study sought to survey medical directors and pharmacy directors of US payors representing: health plans, insurers, employer groups and Pharmacy Benefit Managers (PBMs).
- The survey focused on:
 - Their involvement in the review of medical devices
 - Their Pharmacy & Therapeutics (P&T) committee:
 - Requirements for AMCP-style dossiers
 - Comparisons used in the review of medical devices
 - Evaluation and coverage of medical devices
 - Their plan's adoption, use, and funding of EMRs

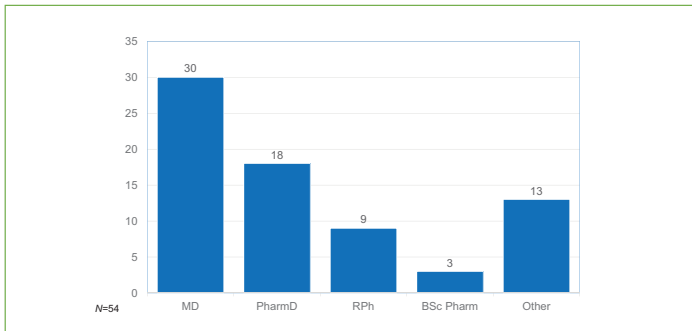
Methods

- An online, interactive survey was developed with 63 questions and included:
 - Yes / No questions
 - Lists for users to select single or multiple answers
 - Open-ended responses (ie, what disease states most concern you?)
- Invitations to participate were sent to 224 medical and pharmacy directors currently employed by US health plans and insurers from the TPG-NPRT database in December 2014.
- Material or financial incentives were not offered for completion of the survey.
- Topics included:
 - Plan coverage:
 - Geographical coverage
 - Types of lives
 - Coverage of medical devices:
 - Their involvement with medical device reviews
 - Required materials for medical device review (eg, AMCP-Style dossiers)
 - Comparators for medical device reviews
 - Electronic Medical Records (EMRs):
 - Areas where EMR use was required
 - How their plans and physicians acquired their EMR systems
 - Funding received through the Affordable Care Act

Results

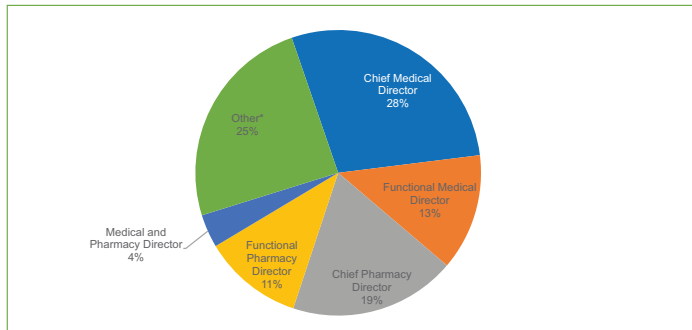
- A total of 54 persons responded to the survey invitation (24.1% response rate).
- Many advisors reported multiple degrees (Figure 1), and the most common degree was MD (55.6%).

Figure 1. Survey Respondent Degrees (multiple answers allowed)



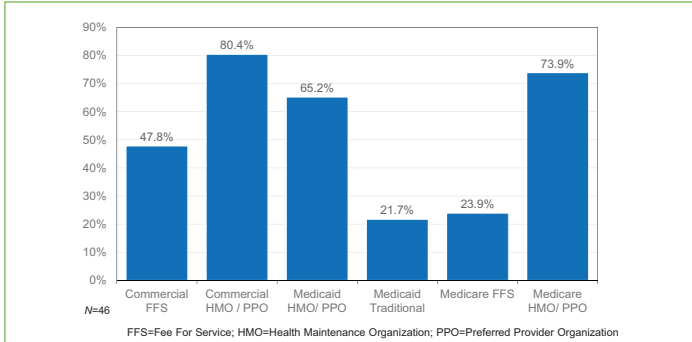
- The respondents were mostly chief medical directors and chief pharmacy directors (Figure 2), the "Other" category included: VP (of Pharmacy, Medicine, or Medical Affairs); Chief Medical Officer, Senior Medical Director [3], and Consultant [3].

Figure 2. Respondent's Title within their Organization



- Most respondents worked for a health plan (83.6%) and 39.6% were local, 35.4% were national, and 25.0% were regional.
- The type of plans represented are shown in Figure 3.

Figure 3. Type of Plans Represented by Respondents (Respondents can cover multiple types)



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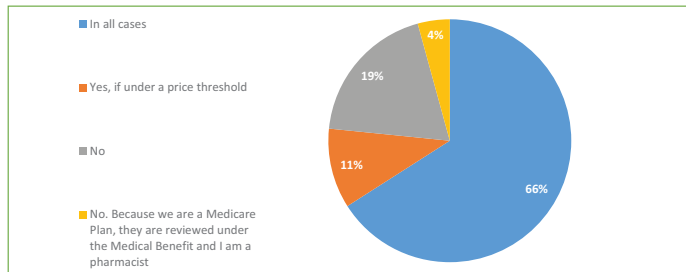
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Complete this year's survey

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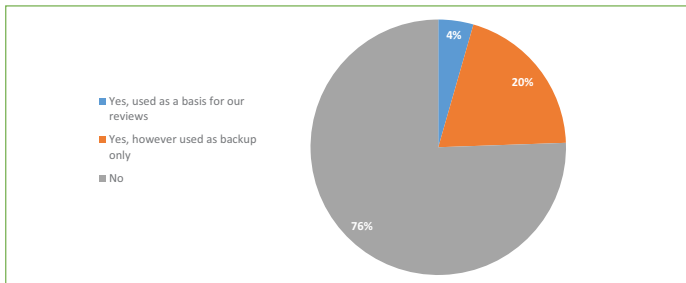
- 66% of the advisors were involved in all formulary decisions for medical devices (compared with 86% for pharmaceutical products, Figure 4).

Figure 4. Advisor Involvement in medical device reviews



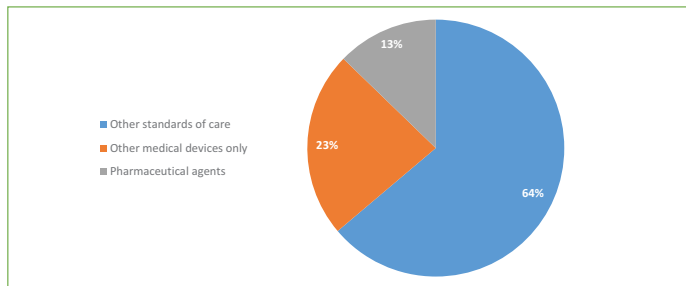
- AMCP-dossiers for medical devices were not required by most plans (Figure 5).

Figure 5. Health Plan requirements for AMCP-style dossiers for medical device reviews



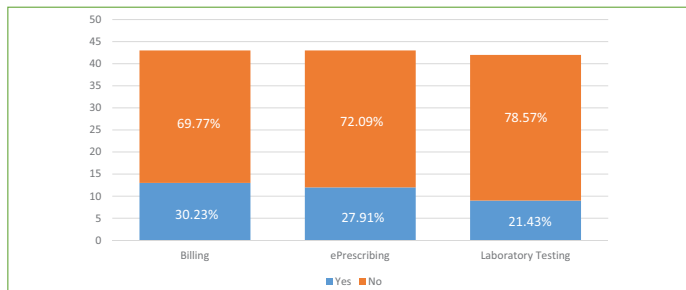
- In their reviews, medical devices were most frequently compared with the standards of care (Figure 6).

Figure 6. Comparators for medical devices



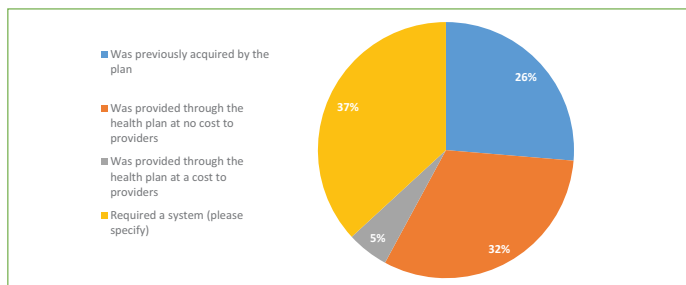
- Most plans did not require the use of an Electronic Medical Record (EMR, Figure 7).

Figure 7. Areas where Electronic Medical Record Use is mandated



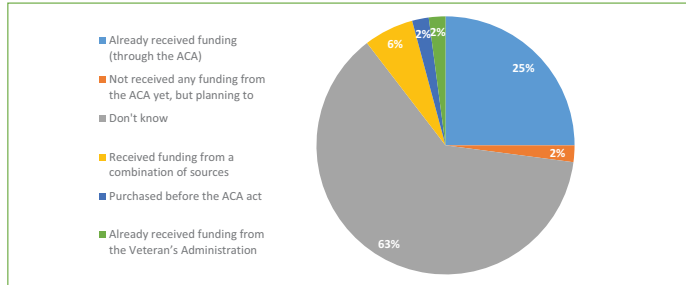
- If the plan requires use of an EMR, the EMR system came through a variety of sources (Figure 8).

Figure 8. Funding for the Electronic Medical Records Systems used within their plan



- The Affordable Care Act (ACA) provided incentives for the implementation of EMR systems. Figure 9 shows that the majority of advisors were not sure if funding has been received.

Figure 9. Receipt of Affordable Care Act funding for the EMR Systems used within their plan



Conclusions

- The environment for P&T Committee decision making in managed care is undergoing a series of changes.
- Health plan medical and pharmacy directors, who commonly serve as P&T Committee members, have distinct opinions as to how to alter the process to adapt to these influences as they review medical devices and implement Electronic Medical Record Systems.

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