Integrated *financial assistance management* in a multi-specialty, multi-tenant pharmacy management system provides *indispensable data* for improving patient access to specialty medications

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Background

House Rx is a health technology and services company, supporting community clinics in dispensing specialty medications. House Rx has built a novel pharmacy management system (PMS) that is cloud-based, multi-tenant, and embeds patient management solutions within the specialty medication dispensing workflows. One solution is the financial assistance (FA) tool that identifies, procures, bills, and tracks FA to help patients afford specialty medications, reducing non-adherence1 and treatment abandonment[2] due to prohibitive costs. The FA data, along with demographics, claims, and other robust data, are used to identify opportunities to help patients obtain and remain on life-saving medications.

Objective

The primary objective was a descriptive analysis of the success rate in filing FA applications. Secondary objectives included quantifying the financial savings for both uninsured and insured patients.

Methods

This analysis included operational data collected from 26 clinics between May 1, 2023 and April 30, 2024. Descriptive analyses included the success rate of FA exploration. An FA exploration was defined when a PMS user attempts to obtain a type of FA, such as copay card, free drug program, foundation, etc. A successful exploration was when the attempt resulted in funds or free drugs.

The financial savings for uninsured patients was the estimated cost of the drug, using the wholesale acquisition cost (WAC). The savings for insured patients was found by comparing the copay before and after applying the FA as a secondary insurance.

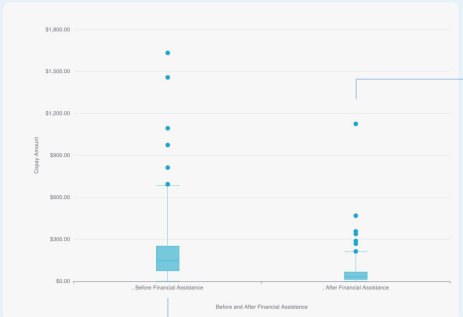
Results

Of 1,694 FA explorations run to attempt to cover OOP cost, 56% (947) were successful. 65% of the patients that had an exploration received at least one form of FA.

Among the successful conversions, 63% got on a patient assistance program (PAP), which provide free medications to the un/underinsured[3]. The average cost of drugs covered by PAPs was $13,118 per fill.

Insured patients received $3,693,283 in funds. These funds reduced the mean OOP by 74%, from $197 to $52, with the majority of patients (68%) having no OOP.

OOP Distribution Before & After Financial Assistance



Before FA

Mean OOP: $196.62
Median OOP: $147.78
First Quartile: $74.73

Max OOP: $683.99
Min OOP: $0.00

Observations: 310
Outliers: 7

After FA

Mean OOP: $51.98
Median OOP: $32.78
First Quartile: $13.01

Max OOP: $211.11
Min OOP: $0.00

Observations: 310
Outliers: 7

Future Opportunities

FA data can be further stratified by FA type, disease state, income, preferred language, and other data available in the PMS to hypothesize targeted ways to lower OOP across different socioeconomic and demographic populations. Data can be evaluated again to gauge these objectives' effectiveness.

Conclusion

Insight into FA for specialty medications is limited. FA management within the PMS captures data which can be analyzed and used to improve patient access to funds. It also enables proactive procurement of funding when foundation waitlists open and when patients' previous FA funds are running low/expiring.

References

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Disclosures

Sophia Clark - Nothing to disclose Catherine Titcomb - Nothing to disclose Jessica Fiant - Nothing to disclose Janet Ye - Nothing to disclose