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Background:

Bridging communication gaps between payers and providers results in improved collaboration and access to timely treatments for patients. The recent introduction of a high-investment treatments for eosinophilic esophagitis (EoE) challenges the balance between cost management and patient access in an environment of limited health care resources.

Objective:

To describe challenges and opportunities to improve access to appropriate and timely treatment of EoE through payer and provider collaborations.

Methods:

A series of virtual roundtables were conducted with payers and providers recruited from a proprietary database from November 7- 9, 2022. Participants were asked about collaborative opportunities between gastroenterologists, allergists, and payer decision makers. Responses were analyzed to identify common themes.

Results:

Insights from payers and providers (n=16) were evaluated following the roundtables. Participating payers represented more than 140 million covered lives and the providers had over 200 years of cumulative experience within their respective specialties. Provider (n=9) identified challenges were (1) payers lack of understanding on how early screening and monitoring of EoE can improve the quality of care and reduce costs, (2) payers lack of understanding of how atopic comorbidities impact treatment choice, (3) lack of coverage of dietary services, (4) prior authorizations, and (5) step therapy requiring use of a non-FDA approved medication. Payer (n=7) identified challenges were (1) lack of understanding EoE symptoms and progression, (2) the rigor of available clinical data, (3) lack of up-to-date clinical treatment guidelines, and (4) fragmentation of care and insurance. The collaborative opportunity with the highest level of payer and provider support was for respected academic centers to create treatment recommendations that bridge the gap between current evidence and treatment guidelines, followed by use of provider attestations in coverage determinations, improved access to clinical peers for appeals, and use of grandfathering.

Provider Identified Challenges

1. General lack of understanding across the health care system on how early screening and monitoring of EoE can improve the quality of care and reduce overall costs
2. General lack of understanding of how atopic comorbidities may impact EoE treatment choice
3. The lack of insurance coverage for dietary services creates barriers to appropriate care
4. Prior authorizations continue to be a burden
5. Concern around step therapy requiring use of a medication not FDA approved for EoE (e.g., PPI, topical steroids)



Payer Identified Challenges

1. Lack of understanding EoE symptoms and progression
2. There remains a need for rigorous evidence including cost offsets with biologic therapy and RWE
3. Lack of up-to-date clinical treatment guidelines
4. Fragmentation of care and insurance



Shared Collaborative Opportunities

Have respected academic centers create treatment recommendations that bridge the gap between currently available evidence for medications and treatment guidelines

Recommend the use of provider attestations in coverage determinations, improved access to clinical (GI and pediatric GI) peers for appeals, and use of grandfathering for patients established on treatment

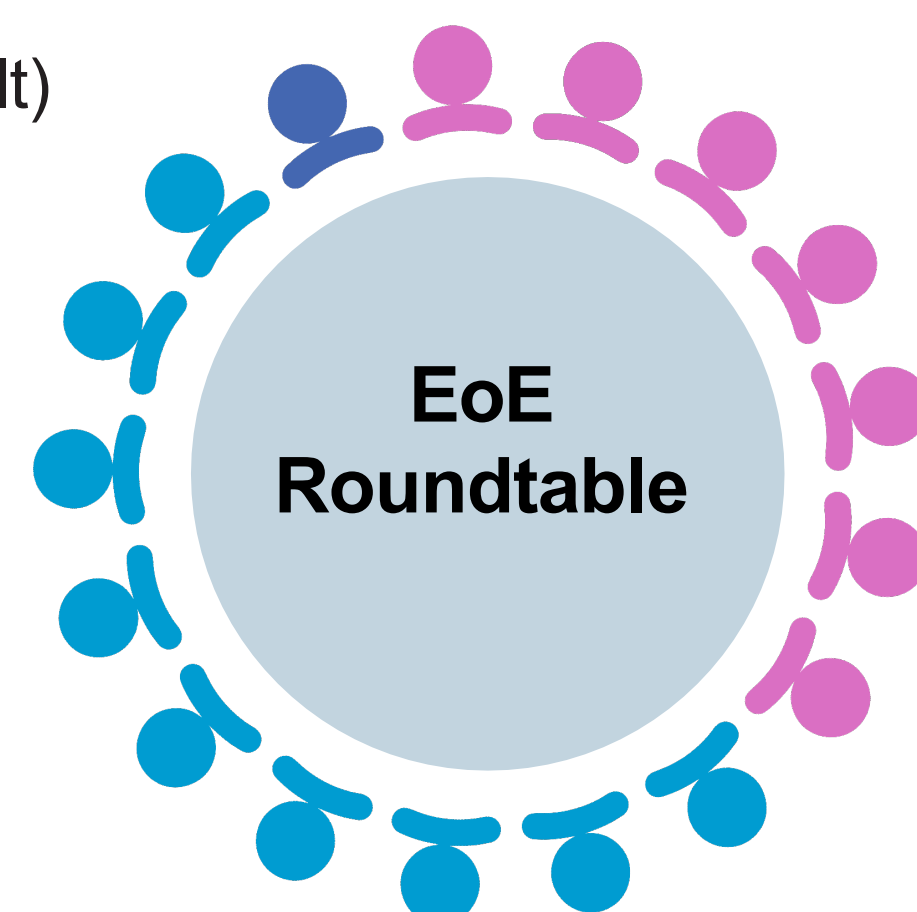
Expert Roundtable Participants

9 providers with over 200 cumulative years of clinical experience

*8 gastroenterologists (5 pediatric; 3 adult) and 1 pediatric allergist

1 patient representative

7 payer/health care purchasers representing more than 140 million covered U.S. lives



“The burden for patients in terms of symptoms is quite substantial. Swallowing is one of those things like breathing...you don't think about it until it goes wrong and then you realize how central a lot of things around eating and food are to everything that we do in life.”
—Provider

“Multidisciplinary care has allowed us to provide high-quality, patient-centered, coordinated medical care through a shared decision-making process that has resulted in high patient and provider satisfaction.”
—Provider

“I'm optimistic about the new therapies in development particularly for our patients, but the costs make me nervous.”
—Payer

“Affordability is an issue for patients, providers, and payers. There needs to be a conversation between all stakeholders...early screening, recognition, and monitoring may be able to reduce costs and access barriers...and payers can benefit from education on symptoms and disease progression.”
—Payer

Conclusions:

Payers and providers have opportunities to improve access to appropriate treatments of EoE through collaborations. As additional treatment options for EoE are approved, it will be important for all stakeholders to consider the identified challenges and to utilize these opportunities to support high quality care and appropriate patient access to EoE treatments.

1: Impact Education, LLC
2: Division of Gastroenterology and Hepatology, Department of Medicine, Center for Esophageal Diseases and Swallowing, Center for Gastrointestinal Biology and Disease, University of North Carolina School of Medicine
3: Priority Health
4: American Partnership for Eosinophilic Disorders (APFED)

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