



# Joint Cardiovascular Disease - Diabetes Working Group Meeting

MARCH 2019



Adults with diabetes develop heart disease at a much younger age – and they are two-to-four times more likely to die from it. The link between the two conditions served as the impetus for the Alliance for Patient Access’ first joint meeting of the Cardiovascular Disease and Diabetes Therapy Access working groups on February 22-23, 2019.

The event drew a dozen policy-minded clinicians and advocates to Washington, DC to discuss policy challenges that impact access for patients with both diabetes and cardiovascular disease.

### **AWARENESS, SILOS & WHOLE-PATIENT CARE**

Health care providers are increasingly aware of the need to provide comprehensive, whole-person care to patients with both diabetes and cardiovascular conditions. But there’s still room for improvement.

Working group members described a lack of awareness among health care providers about new clinical guidelines. They also expressed concern about gaps in knowledge about innovative therapies outside one’s specialty

area. A physician accustomed to treating diabetes, for example, may not be aware of the newest cholesterol medication. That means he or she may not feel comfortable prescribing such medications for patients.

Members also discussed the need for greater understanding of medications that have dual benefit for cardiovascular conditions and diabetes. One working group member described wanting cardiovascular nurses to become more comfortable talking with patients about the diabetes connection.



***“We’ve gone ‘paperless’ in our new systems but there’s more paperwork than ever”***

**Kari Uusinarkuas, MD**

*on prior authorizations for cardiovascular medicine*



But breaking down health care silos must extend to health plans as well, working group members agreed. Coverage policies should empower physicians to treat the whole patient and reflect the benefit of a comprehensive approach.

### **OUT-OF-POCKET BURDEN**

Members were unanimous: High out-of-pocket costs continue to impede patients’ access to medicine – even as drugs’ list prices decline. Innovative PCSK9 inhibitors for high cholesterol, for example, have seen significant list price decreases over the past year. Nevertheless, clinicians and advocates reported that not all patients have benefitted from price reductions in the form of lower out-of-pocket costs.

Diabetes clinicians and advocates expressed similar frustrations. For insulin in particular, patients don’t see

pharmacy benefit managers’ negotiated savings trickle down to them. Working group members suggested that many patients aren’t fully aware of the various middlemen in the diabetes medicine supply chain, undermining their ability to understand why they continue to pay high prices at the pharmacy counter. Members reported high hopes for a forthcoming generic insulin that could be available to patients at a significantly lower price.

### **UTILIZATION MANAGEMENT & PATIENT ACCESS**

Health plans’ utilization management techniques loomed large during the working group discussion. Clinicians and advocates focused on heart health described ongoing prior authorization challenges for patients who need PCSK9 inhibitors and other cardiovascular therapies. One member



***“There is a substantial burden on primary care physicians because of the shortage of endocrinologists nationwide.”***

**Frank Lavernia, MD**

*Diabetes expert*

suggested the process had gained a reputation for being so onerous that clinicians now need to encourage frustrated colleagues with success stories and best practices.

People with diabetes also struggle with health plan policies. Members confirmed that non-medical switching of insulin and other diabetes therapies continues to pose problems for patients.

### **NEXT STEPS**

Moving forward, the two working groups will work in tandem to pursue advocacy initiatives and collaborate on educational materials related to access challenges outlined by members.



**Cardiovascular Disease**  
Working Group



**Diabetes  
Therapy Access**  
Working Group



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