



# AfPA's **Urology** Initiative

## 2021 Meeting Summary

To mark the launch of the Alliance for Patient Access Urology Initiative, health care providers, advocates and fellow stakeholders convened virtually to discuss policies that affect people living with urologic conditions.

### Access Barriers

Attendees discussed how utilization management can delay optimal urological care and disrupt the physician-patient relationship.

- **Step Therapy:**

Known as “fail first,” step therapy can lead providers to prescribe a medication they know is covered by insurance, rather than the treatment option that might be best for the patient. Meeting attendees noted that there is a time and place for step therapy, but too often it’s overused and harms patient access.

- **Prior Authorization:**

Prior authorization delays care and makes it more difficult for providers to get their patient access to a prescribed therapy. Several providers expressed frustrations with prior authorization. “Delays in care mean advanced diseases,” said one physician. “Patients can’t get back what they lost. The clock is ticking,” echoed another provider.

- **Co-Pay Accumulators:**

Some commercial insurance companies no longer apply co-pay coupons’ value toward patients’ annual deductibles. Meeting participants noted that the Centers for Medicare & Medicaid Services do not allow patients to use co-pay coupons at all, leaving them with hefty out-of-pocket costs.

- **Out-of-Pocket Costs:**

Steep out-of-pocket costs can block patients’ access, said one clinician. Discussion noted patients should be allowed to spread costs evenly throughout the year. “We allow for smoothing in other areas of life, like utility bills. It can be done in health care as well,” said another provider. One participant echoed that out-of-pocket smoothing would be especially helpful for people living on fixed incomes.



## Telehealth

Meeting participants underscored the value of telemedicine for urology patients. America is facing a health care provider shortage, and telehealth helps mitigate that problem, emphasized one physician. Several clinicians agreed that it helped their patients who live in rural areas continue their treatment with minimal hassle. “Patients would have to drive several hours to come see me. But with telehealth, I can get their medical and family history and streamline the process,” one provider echoed. Then, she explained, when patients do need testing, they can make a single trip to the clinic. “Their in-person day is more efficient,” she concluded.

Participants agreed that telehealth appointments should be reimbursed at the same rate as in-person care. One Wyoming provider explained when her patients travel and cross state lines, she can no longer provide them care, even though she has been their provider for over 10 years.

## Long-Term Care

Discussion explored unmet needs in long-term care facilities. Staff of long-term care facilities must know how to treat their patient population, one provider emphasized. Clinicians agreed the right medication combination is crucial to providing effective patient-centered care to urology patients. One physician added, “The better we are at finding the right medication, the better we are at treating the patient.” He noted that strain on the staff is also less when providers can find the “right choice, right medication,” which alleviates staff burden and allows providers to help more patients. “We spend time making sure we are matching the appropriate medication to the patient, and we need continued access to those therapies to be able to provide good long-term care,” another clinician added.

## Patient-Centered Care

Certain policy challenges stand in the way of personalizing urological care. For instance, participants noted the United States Pharmacopeia needs a more streamlined approach to classifying medications. How medications are classified with USP can influence whether patients can access them, discussion concluded. Discussion also noted access issues with disposables. Access is not based on need, but rather on if a patient “qualifies.” In 2016, Texas reduced the Medicaid budget for disposables, and in the fourth quarter there were zero products available. One clinician noted that her 65-year-old patient was stuffing their pants with towels in lieu of products because of the cost issues.

### Next Steps

Meeting attendees discussed plans for producing educational materials in the coming year to expand public awareness and outreach. Insights from the meeting will inform the creation of a 2022 white paper on patient-centered urology care. Meeting participants will continue to work together on establishing and pursuing policy goals that will improve the lives of people living with urologic conditions.



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Patient Access**