THE NEED FOR PATIENT-CENTERED CARE IN AMERICAN UROLOGY

A WHITE PAPER FROM AfPA'S **UROLOGY** INITIATIVE

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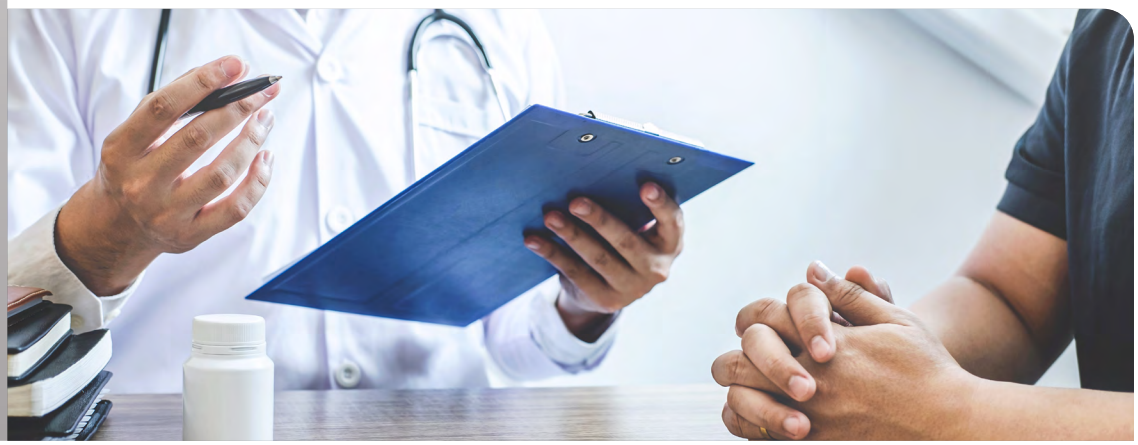
Perhaps no specialty in American medicine better illustrates the value of patient-centered care – and the costs of obstacles to it – than urology. On every front, health care providers are better equipped than ever to treat urological conditions. Yet factors outside the physician-patient relationship unnecessarily restrict access to care, overburden providers and undermine the physician-patient relationship at the expense of patient health.

Tens of millions of Americans suffer from urological disorders and diseases, and that number stands to rise sharply in coming years as the U.S. population ages. New medications, new diagnostics, new treatment modalities – yielding better outcomes that benefit patients – are being developed all the time. Meanwhile, innovations like telehealth are making it easier for patients to seek needed care for common yet burdensome conditions like overactive bladder and incontinence.

Yet urology care providers are struggling to keep pace with growing demand. And too many patients looking for solutions find themselves blocked by misguided policy hurdles and outdated bureaucracy.

With the country and the urology workforce aging, these problems will only grow worse and more expensive over time. It is time for state and federal policymakers to clear the barriers that prevent patients from receiving the personalized, effective care they deserve, before these challenges turn into a crisis.



UROLOGICAL HEALTH IN AMERICA

Urological conditions are endemic today, accounting for at least 35 million physician visits every year.[1] These conditions diminish health for a large segment of the population, especially older Americans, who comprise a greater portion of the population with each passing year.

In the United States:

- One in 11 Americans suffer from kidney stones.[2]
- About half of all women will experience urinary tract infections.[3]
- Half of all men will experience enlarged prostate by their 50s, with incidence rising with age.[4]
- 3.1 million men live with prostate cancer, and last year, more than 34,000 died as a result.[5]

Overactive bladder, the most prevalent urological condition in the United States, affects at least 33 million people.[6] This involuntary contraction of bladder muscles is characterized by more frequent urination, less warning time and sometimes urinary incontinence.[7]

Overactive bladder has a significant impact on individuals and society. The Urology Care Foundation estimates that as many as 40% of American women and 30% of men live with overactive bladder or urinary incontinence.[8] These conditions are more common among older men and women, as well as among those with comorbidities like Type 2 diabetes.[9]

In addition to symptoms, older people living with overactive bladder and urinary incontinence also face increased risk of falls due to frequent nighttime trips to the restroom. Treating overactive bladder and urinary incontinence could, therefore, lighten patients' burden while also reducing costs associated with hospital visits due to falls.

As American society ages, the demand for urological health care will only increase. Today's senior population of 46 million will reach 62 million by 2030 and almost 100 million by 2060.[10] With overactive bladder and urinary incontinence cases expected to rise at the same rapid pace at which society ages, the $11 billion Americans spend on

urological care today will explode in coming years. So will the need for patient-centered urological care, the goal shared by all but still denied to most.

While the number of Americans needing urologic care will rise, however, the urology workforce is already struggling to keep pace with the growing patient population. The median age of a practicing urologist today is 55, and only 38% of U.S. counties are home to even one of them.[11] And over the next decade, the United States will need to train and hire more than 1 million new home care providers, a critical component for treating older patients who need help getting to and from a restroom.[12]

PATIENT-CENTERED UROLOGICAL CARE FOR OVERACTIVE BLADDER

As in all industries, growing challenges in health care are usually met through technological innovations. Urology is no exception. Medical breakthroughs have ranged from surgical techniques to cystoscopy to lithotripsy.[13] And like every other specialty, urology has been transformed in recent decades by groundbreaking medical treatments that relieve symptoms, reduce unwanted side effects and cure conditions once thought beyond medicine's reach.

Despite better care options, however, patients with treatable conditions like overactive bladder often find themselves without access to the right treatments. Bureaucratic and regulatory barriers stand between patients and optimal care – and between patients and their providers. Whether outdated, short-sighted, or just profit-minded, these obstructions discourage patients, overburden health care providers and impose higher long-term costs.

Step Therapy

One significant barrier is step therapy. Many insurance companies require overactive bladder patients, regardless of their individual needs, to first try older, potentially less effective prescription drugs before covering newer, innovative ones. The choice reflects insurers' financial incentives, not any medical purpose.

A prime example in urology today is anticholinergics. These medications disrupt the brain signals that create overactive bladder patients'

"Some of these insurance tactics are risky, and we don't have a way out."

Chad Worz, PharmD, BCGP

sense of urinary urgency.[14] But anticholinergics, as neurological drugs, can have dangerous side effects for some patients. These include hallucinations, memory loss and increased risk of dementia.[15,16] For older patients in particular, these symptoms can be alarming.

When anticholinergics were the only treatment option, patients and physicians could assess those risks accordingly. But today, alternative medications are available that may be safer and better suited for patients, especially older patients. Botox injections, advanced surgical techniques and beta-3 agonists are all highly effective options with fewer side effects. But these advanced treatments may remain out of reach for patients because of insurance companies' financially driven policies.

Through step therapy, insurers may compel patients to instead try older treatments like anticholinergics, despite the dangerous side effects they can cause. In these cases, insurers' policies force patients and providers to choose between urinary incontinence and cognitive function – despite the fact that more suitable treatment options exist.

Prior Authorization

Another problematic insurance tactic is prior authorization. Here, insurance companies require providers to undergo a time-consuming and often daunting bureaucratic permission process. Prior authorization forces health care providers to spend valuable time that should be reserved for patient care on the phone and filling out paperwork.

The process may entail several rounds of back and forth as providers repeatedly request and are denied coverage for the medication their patient needs. Meanwhile, patients' symptoms persist and often worsen. Sometimes the patient will lose faith in his or her provider during this period of delay. A patient may then be less likely to adhere to the medication if approved.

Co-Pay Accumulators

To help patients afford more innovative medications, pharmaceutical manufacturers often issue co-pay cards. These cards can help when patients need a high-cost drug for which there is not a generic alternative. With urological conditions affecting

disproportionately older patients, many living on fixed incomes, co-pay cards are especially useful.

Patients covered by Medicare, however, are prohibited from using co-pay cards. This limitation, coupled with the fact that the Medicare system has no out-of-pocket maximum for prescription drug costs, can separate patients from the medication they need.

Barriers also exist for patients who carry commercial health insurance. Many insurance companies have decided in recent years not to count the value of co-pay cards against patients' annual deductibles and out-of-pocket limits. When the co-pay card's balance is used up, patients can face exorbitant out-of-pocket costs, often unexpectedly. Some patients may abandon their treatment as a result.

Here again, insurers' policies threaten to override physicians' judgment and undermine patients' best interests.

Bureaucracy

Some hindrances are intentional and can even be abusive. Others are simply byproducts of bureaucratic inefficiency.

One such example is the work of the United States Pharmacopeia. The scientific nonprofit organization classifies drugs for the health care system and issues the information in a compendium. The United States Pharmacopeia aims to protect patient safety and improve global health. But like many large-scale efforts, the process can lead to unintended outcomes.

For some urology medications, classification decisions are confusing and seem arbitrary, even to specialists in the field. Overly broad categorizations in particular can work to patients' detriment. Imprecise classifications can influence health plan coverage, making it still harder for patients with urological conditions to get the exact medication they need.

Bureaucratic decision-making can impact patients in other areas as well. For instance, although overactive bladder is most common in older patients, Medicare does not cover adult diapers. Medicaid can, but the decision pivots on certain eligibility criteria rather than on a patient's need.

"Patients aren't being offered the option of what's optimal, what's right for their age and condition."

Toby Chai, MD

TELEHEALTH

Urology patients' experience with telehealth offers a more encouraging narrative, one that policymakers can and should continue.

All Americans and every medical specialty have seen a transformative rise in internet-enabled remote health care during the COVID-19 pandemic. The rapid growth of broadband access and increase in internet speeds have made telehealth an invaluable complement to in-person visits and a force-multiplier for health care providers.

Telehealth creates particular opportunities for patients struggling with overactive bladder or urinary incontinence. The condition itself can be isolating, as patients can feel tethered to their homes, afraid of being caught in a pinch too far from a bathroom. Many patients are also embarrassed by their symptoms and reluctant to seek help.

Telehealth can mitigate both concerns by allowing patients to connect with providers from the privacy and comfort of their homes. Remote visits will never replace in-person examinations. But if telehealth enables providers to see more patients, and allows more patients to get the help they need, access and appropriate payments for providers doing telehealth should be a priority.

LONG-TERM CARE, LONG-TERM CHALLENGES

America's population is not only aging, but also aging with fewer children than ever before.[17] This will only further exacerbate future demand for traditional health care along with professional home care and long-term care. Providers are already overburdened, grinding through an epidemic of overwork and burnout.[18]

And while COVID-19 will eventually subside, current demographic trends will only accelerate.[19] Long-term care centers, assisted living facilities, home care providers and private nurses need to prepare now to weather this demographic storm. So do the federal agencies that fund and regulate them.

Urology, along with other specialties serving older patients, will need more personnel and resources. But more than that, urologists will

"We're trying to care for patients in the best way possible, to give them the highest level of care that's available."

Jannah Thompson, MD

need the flexibility to use all of the tools that science, technology and human ingenuity. Personalized care leads to better-managed patients, which not only helps the patients themselves but also lightens the load on long-term care staff – health care providers and support staff alike – lessening the likelihood of burnout.

REFORMS TO IMPROVE PATIENT-CENTERED CARE

The challenges facing urology providers and patients can be met by policy reform that prioritizes patient-centered care.

First and foremost, policies must allow patients timely access to the medication that best treats their condition and reflects their individual needs. Newer and safer medications are by nature more expensive than other pharmaceuticals. But their efficacy saves patients time, money and office visits down the road.

On a spreadsheet, delay tactics and cost-cutting techniques may seem to save money. But policies that deny patients effective, timely and individualized care more likely cost more than they save over the long term.

That's part of the reason drug manufacturers fund and distribute co-pay cards, and why insurance companies' resistance to them – is so damaging to patient care.

Similarly, reforming utilization management tactics like step therapy and prior authorization would enable physicians to treat their patients more quickly and effectively. Well managed patients would not only enjoy a better quality of life but also reduce strain on the health care system.

Meanwhile, U.S. Pharmacopeia's classification process, like the Center for Medicare and Medicaid Services' treatment eligibility rules, can also be streamlined to maximize patient autonomy and physician flexibility. Telehealth regulations, including provider reimbursement rates, can be modernized to encourage its use –increasing access and care while still saving the American people time, money and unnecessary suffering.

By removing these obstacles to patient care, state and federal policymakers will go a long way toward mitigating the long-term demographic challenges bearing down on the urology community and the entire health care system.

Finally, less red tape and the ability to provide effective and personalized care can contribute to a happier, healthier and larger urology workforce.

Fueled by the insights of health care providers and patients, policymakers can create a more patient-centered health care system, offering urology patients a better treatment experience and a better quality of life.

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AfPA's **Urology** Initiative

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