

2022



CARDIOVASCULAR HEALTH POLICY SUMMIT



PARTNERSHIP TO ADVANCE
**Cardiovascular
Health**



Institute for
Patient Access



Alliance for
Patient Access



OVERVIEW

The fifth annual Cardiovascular Health Policy Summit, held on June 9, welcomed policy experts, patient advocates and health care providers to address patients' pressing needs and explore policy solutions that will improve the lives of Americans with cardiovascular disease.

This year's event examined issues such as:

- ♥ Peripheral artery disease in America
- ♥ Utilization management in high-risk populations
- ♥ Non-medical switching in cardiovascular disease
- ♥ Hypertrophic cardiomyopathy

In his opening remarks, **Dharmesh Patel, MD**, president of the *Partnership to Advance Cardiovascular Health*, emphasized the importance of meaningful policy change. "Policy is one area where you and I can impact not just one patient individually, but thousands—if not millions—of patients collectively," he said.

The summit was convened by the *Partnership to Advance Cardiovascular Health* and co-hosted by the *Institute for Patient Access* and *Alliance for Patient Access*.

“
The most
powerful person
in this room is
the patient.

”

-Dharmesh Patel, M.D.





IMPLEMENTING SOLUTIONS

Peripheral Artery Disease in America

A panel of physicians, patient advocates and policy experts discussed the need for greater education and awareness about peripheral artery disease, which affect as many as 12 million Americans. The disease's toll is expected to rise, especially among Black and Hispanic patients.

Patient advocate **Ann Roy** described receiving multiple misdiagnoses before finally determining she had peripheral artery disease. Those misdiagnoses led to multiple unnecessary surgeries, including a hip replacement that forced Roy to move away from her hometown to seek help from relatives.

“I had to uproot my life because of peripheral artery disease.”

-Ann Roy

Pam Parker, an advocate and elementary school teacher, strives to educate people about peripheral artery disease. Parker even updated her classroom curriculum to teach students about the disease. “We must educate at the youngest age possible,” Parker said.

Dharmesh Patel, MD, echoed the need for greater education on peripheral artery disease not just for patients, but for providers as well. “We need to have a uniform, verified policy on screening,” he said.

Eric Harkness, executive director of the *Sycamore Institute*, described his work in health policy and advocacy in community health. “I’m a big believer in the power of the public square for us to come together [...] and find opportunities to address these challenges,” he said.

The discussion was moderated by **Jasmine Patel** of the *Partnership to Advance Cardiovascular Health*.



BY THE NUMBERS

Utilization Management in High-Risk Populations

Access to advanced medicine for high-risk cardiovascular patients remains a challenge. Utilization management techniques are often used by pharmacy benefit managers as a strategy to reduce their spending on medications. Panelists highlighted the devastating impact these access barriers have on heart patients.



Cindy Lamendola, a nurse practitioner, offered a health care provider's perspective on insurance hurdles. She claimed that the process of getting insurance coverage for patients' prescribed medications is frustrating

not only to the patient but also to the medical community. She urged greater accountability for insurance companies. "We as providers are held to the highest standard," Lamendola said. "I think insurance companies should be held to those same standards."



Daniel LoDolce, a patient advocate, described his diagnosis of familial hypercholesterolemia. He worked with his cardiologist to determine the right treatment plan and was prescribed a PCSK9

inhibitor. LoDolce later received a letter from his insurance company denying his medication. "I was scared because I didn't know why it failed," LoDolce recalled.

Like many patients, LoDolce underwent an extensive appeal process before he could finally access his medication.

"To file an appeal, I need to know what I'm appealing."

-Daniel LoDolce



Ryan Gough, executive director of the *Partnership to Advance Cardiovascular Health*, revealed new data on patient groups that are disproportionately denied access to PCSK9 inhibitors. A recent report shows that

health plans reject women, southerners and Black and Hispanic patients more often than they reject white patients. "If you are a Black or Hispanic woman living in a southern state, it's a compounded effect," he added. "The rejection rate is even higher than the national average."

The discussion was moderated by **Jasmine Patel** of the *Partnership to Advance Cardiovascular Health*.





TURNING TABLES

Non-Medical Switching & Cardiovascular Disease

Pharmacy benefit managers often switch stable patients from their current medications in an attempt to save the health plan money. This tactic, called non-medical switching, is increasing across the United States. Panelists examined its impact on patient health and discussed policy changes that would protect patients from non-medical switching.

Beth Waldron took the same medication for deep vein thrombosis for eight years before receiving a letter stating that it would no longer be available to her. This was a result of CVS Caremark's decision to remove her blood thinner from the national formulary. She pushed back on CVS Caremark's decision, initiating a national grassroots advocacy effort. Waldron's access to her medication was restored because of her advocacy. "There's power when patients, physicians and nonprofits work together," she said.

Geoff Barnes, MD, discussed the frustrations that arise when non-medical switching occurs. He stated that health plans and pharmacy

benefit managers are undermining the provider-patient relationship.

"The choice has been completely taken away from them."

- Geoff Barnes, MD

Robert Popovian, PharmD, MS, from the *Global Healthy Living Foundation*, discussed the organization's recent study, which examined the impact formulary exclusions have on patients. Popovian described how formularies are a tool to maximize rebates for health plans, noting that coverage and switching decisions often have "nothing to do with clinical effectiveness."

The discussion was moderated by **Ryan Gough** of the *Partnership to Advance Cardiovascular Health*.





SURVIVOR INTERVIEW

with Jennifer Donelan

Chris Burger of the *Partnership to Advance Cardiovascular Health* interviewed heart attack survivor **Jennifer Donelan**. She suffered a heart attack at age 36 and was diagnosed with a spontaneous coronary artery dissection. Donelan's experience led her to become a nationally renowned advocate for women's heart health.

Donelan reflected on how mental health plays a key role in heart health. "I can't get heart healthy until I'm mentally healthy," she emphasized. Donelan described how her experience seeing a therapist allowed her to recover mentally from her heart attack and embrace the advocacy role she has today.

“
I was lying in
a hospital bed
when I found out
heart disease is
the number one
killer of women.

”
- **Jennifer Donelan**





INTO THE SPOTLIGHT

Hypertrophic Cardiomyopathy

Though hypertrophic cardiomyopathy affects one in 250 people in the U.S., patients are often misdiagnosed because the symptoms mimic other chronic conditions like asthma, anxiety or fatigue. Panelists explored the topic of hypertrophic cardiomyopathy, emphasizing the importance of patient and provider education.

Many hypertrophic cardiomyopathy patients have been denied access to medication by their insurance plans. Patient advocate **Lisa Salberg** described the advocacy work she has done to improve access for patients.

“We all need to go further and faster to ensure patients get access to the care they need.”

-Lisa Salberg

Salberg has also educated policymakers and is working to introduce state legislation to reduce access barriers for hypertrophic cardiomyopathy patients. Better policy, Salberg explained, can “get doctors’ offices equipped for education” and create more opportunities “to talk about family heart health history.”

Cardiologist **Anjali Owens, MD**, echoed Lisa’s point that some patients struggle to get proper treatment for hypertrophic cardiomyopathy. “We have a very diverse group of patients we care for, and it’s important they can all get their prescriptions,” said Dr. Owens.

She also reiterated the importance of legislative action. There is “a lot of power,” Dr. Owens noted, in building policymakers’ understanding of hypertrophic cardiomyopathy.

The discussion was moderated by **Allison DeBattista** of the *Partnership to Advance Cardiovascular Health*.



Conclusion

More than 200 people joined the Partnership to Advance Cardiovascular Health for their fifth annual Cardiovascular Health Policy Summit, making it the largest yet.

To learn more about topics discussed at the summit and the Partnership to Advance Cardiovascular Health's policy priorities, visit www.advancecardiohealth.org.



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