The Business Imperative: Addressing Healthcare Inequities for Sustainable Growth and Strategies to Prioritize Business Growth and Innovation

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Objectives

01

Understand how healthcare disparities lead to higher costs, and increased hospitalizations.

02

Explore the economic benefits of addressing inequities, including cost savings, improved patient adherence, and enhanced population health outcomes.

03

Analyze some systemic barriers that contribute to healthcare disparities, and what can be suggested to solve for some of these barriers.

04

Discover untapped market opportunities that can be considered to address underserved communities and expanding patient access through payer access.

05

Learn how to drive systemic change through policy and advocacy through the pivotal role of advocacy in influencing healthcare policy and regulatory environments.

06

List some strategic approaches for collaborating with policymakers to drive impactful systemic reforms that support equitable healthcare access.

Financial Impact of Healthcare Inequities

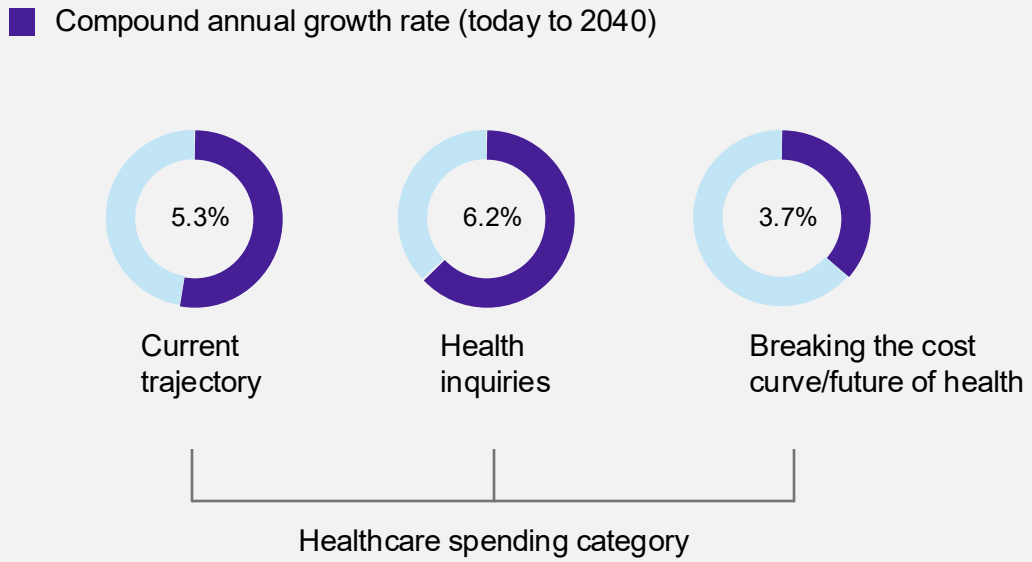
"Inequities in the U.S. health system cost approximately $320 billion today and could eclipse $1 trillion in annual spending by 2040 if left unaddressed."

Bhatt, J., Gerhardt, W., Andy Davis, F., Batra, N., Dhar, A., & Rush, B. (2023, September 20). *US Health Care Can't afford health inequities*. Deloitte Insights. https://www2.deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities.html

Health Inequities Spending Trend

Deloitte's 2021 report, Breaking the Cost Curve, outlined how innovative business models, technological advancements, consumers equipped with personalized data, and regulations promoting change could significantly slow down health care expenditures by 2040. Nonetheless, health inequities present a significant obstacle to achieving this vision. In reality, the prevailing trend of healthcare spending is intensified by health disparities.

Growth of U.S. health care spending



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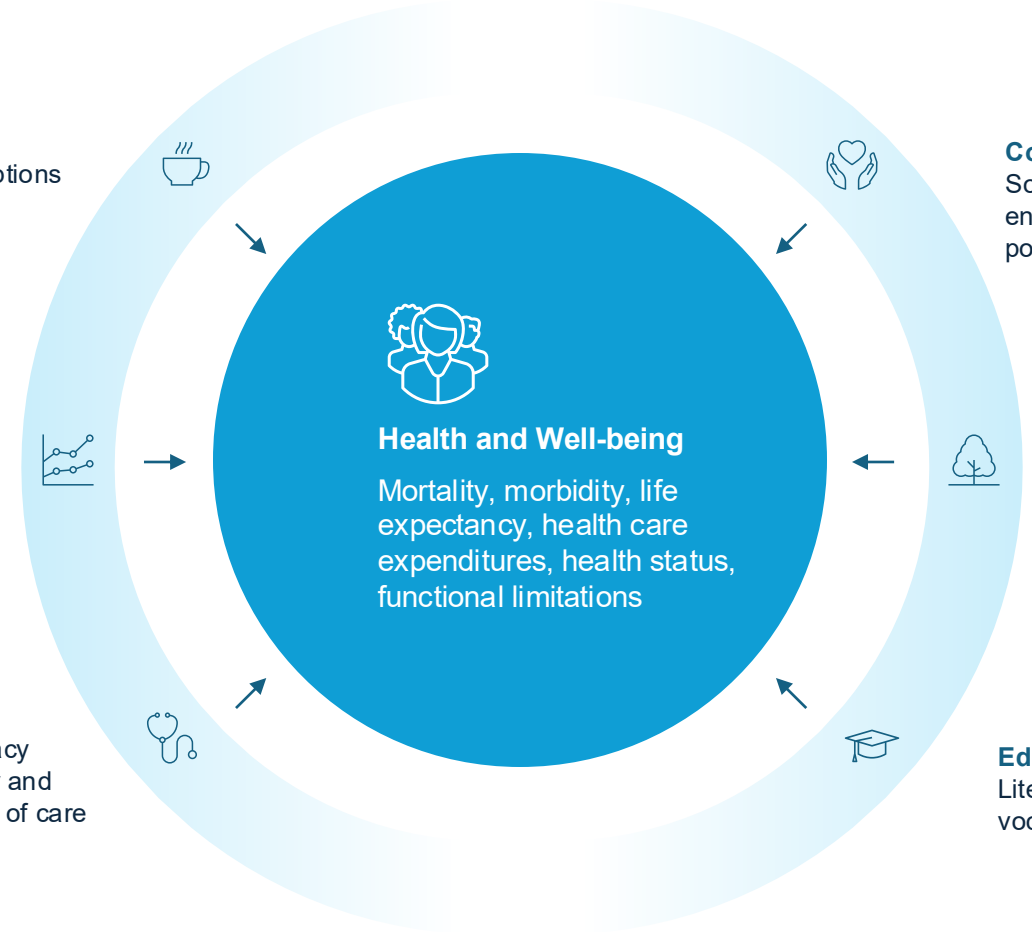
Sources: Centers for Medicare and Medical Services National Health Expenditure Data and Deloitte analysis.

Health and Well-being



Food
Food security, access to healthy options

Economic Stability
Employment, income, expenses, debt, medical bills, support

Health Care System
Health coverage provider, pharmacy availability, access to linguistically and culturally appropriate care, quality of care

Community, Safety, and Social Context
Social integration, support systems, community engagement, stress, exposure to violence/trauma, policing/justice policy

Neighborhood and Physical environment
Housing, transportation, parks, playgrounds, walkability, geography

Education
Literacy, language, early childhood education, vocational training, higher education.

Nambi Ndugga, D. P. (2024, September 16). *Disparities in health and health care: 5 key questions and answers*. KFF. https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/#:~:text=Disparities%20occur%20across%20multiple%20factors,and%20sexual%20identity%20and%20orientation accessed April 7, 2025.

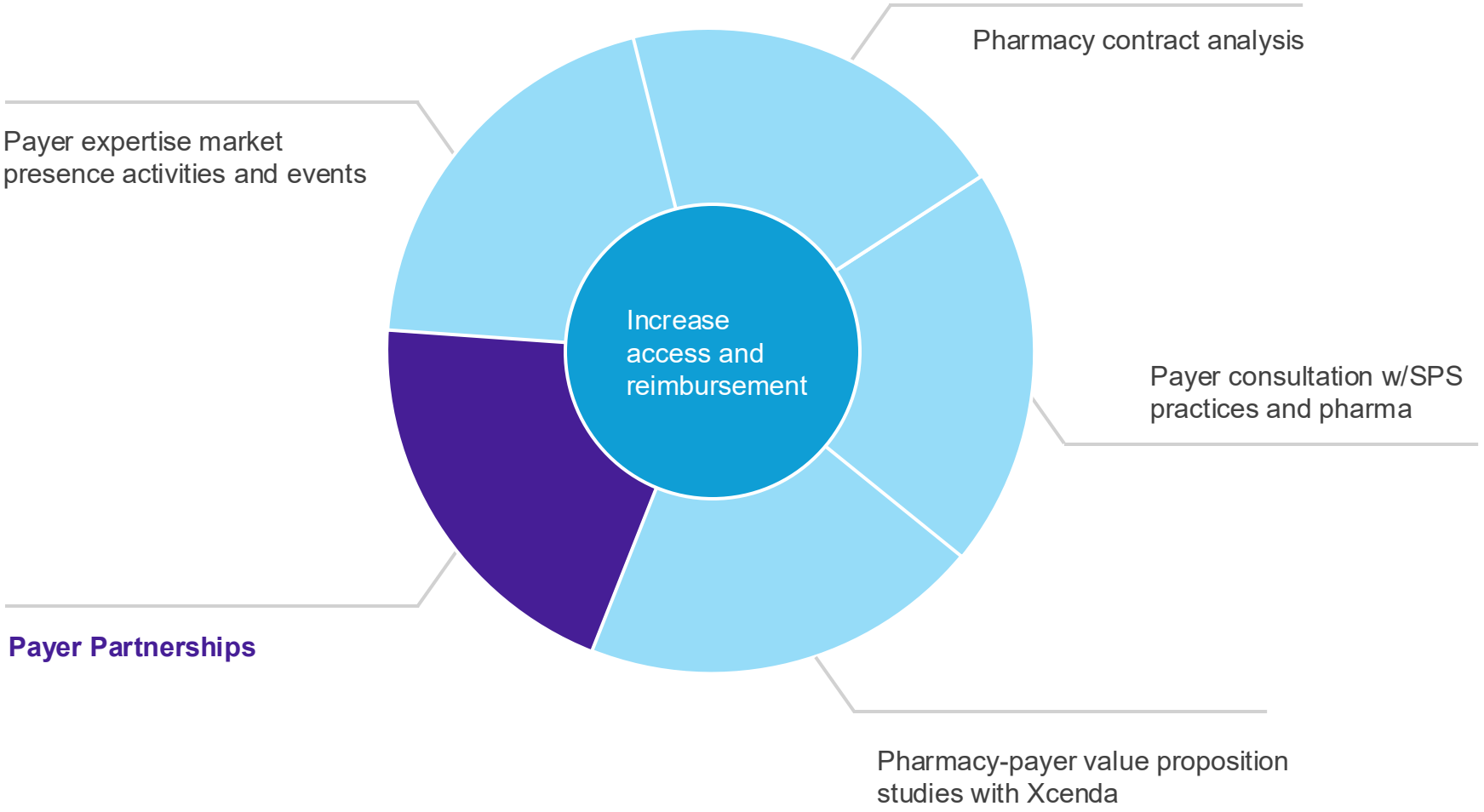
National Association of Medication Access and Patient Advocacy (NAMAPA)

Our goal is to streamline the medication access process, alleviating the challenges faced by providers, advocates, and—most crucially—the patients we are committed to serving. We do this by empowering healthcare advocates by providing a collaborative community focused on resources to navigate medication access and support.

NAMAPA

NATIONAL ASSOCIATION OF MEDICATION ACCESS & PATIENT ADVOCACY

What is your payer strategy?



The real-world value of medically integrated dispensing

Medical integration has been shown to improve quality of care and reduces costs for oncology, allowing for a proactive interaction between patients and the dispensing team.

Prescriber

- Coordinated management of patient with improved communication between prescriber and the dispensing team[1,4,5]
- For example, IntegratedRx – Oncology™ allows prescribers to communicate changes in the dosage or medication regimen through the electronic medical record, which can be viewed by the MID practice[6]

Patient

- More personalized follow-up for patients, increasing patient satisfaction[7]
- Better adherence, which could lead to lower total healthcare, inpatient, and outpatient costs[8]
- Patient has immediate access to dispensing team which can coordinate medication changes
- Less overfilling of prescription leads to less confusion for managing excess medication

Payer

- MIDs may help reduce waste and avoid costs[9,10]
  - MIDs do not use automated refill or autoship, as MID dispenses on current status of patient instead of previous fill[11]
  - In-office dispensing of oral chemotherapy provided >$1,000,000 in cost avoidance annually in a group of five outpatient cancer centers[9]

Pharmacist/dispensing team

- Easier to respond to dose changes so the most accurate dose and amount is filled[4,5]
- MID allows pharmacists to evaluate issues that could affect adherence, such as adverse events reported by the patient, need for financial assistance, and ensuring patient's understanding of the treatment regimen[4,5]
- Use of integrated medical and pharmacy claims data may help pharmacists identify issues with adherence and opportunities for intervention[12]

1. Dillmon MS et al. JCO Oncol Pract. 2020;16(6):344-347. 2. Doshi G. Medically integrated pharmacy quality initiatives in large multi-site oncology networks. ASCO Quality Care Symposium; Sept 6-7, 2019. 3. HOA-CNY. Accessed Feb 24, 2022. https://www.hoacny.com/about 4. Bonner L. Pharmacy Today. 2019;25(9):P31-P32. 5. Wimbiscus B, Doshi GK. Accessed Feb 24, 2022. https://www.targetedonc.com/view/the-benefits-of-medically-integrated-dispensing-for-cancer-drugs 6. AmerisourceBergen to now offer Prime Therapeutics' IntegratedRx – Oncology to eligible hospital, health system & oncology practice customers. News release. Cencora; Accessed March 2, 2022. https://www.cencora.com/newsroom/press-releases/prime-therapeutics-integrated-rx 7. Hanna K. Targeted Oncology. Accessed Feb 24, 2022. https://www.targetedonc.com/view/ncoda-patient-surveys-support-the-need-formedicallyintegrated-pharmacies. Cutler RL, et al. BMJ Open. 2018;8e016982. 9. Howard Aet al. J Oncol Pharm Pract. 2019;25(7):1570-1575. 10. Hellems SS et al. J Manag Care Spec Pharm. 2022;28(2):244-254. 11. Lester CA, Chui MA. J Am Pharm Assoc (2003). 2016;56(4):427-432. 12. Burke JP et al. Real-world analysis of C5 inhibitor administration characteristics, resource utilization and total cost of care among ravulizumab-treated PNH patients using integrated medical and pharmacy claims. AMCP Annual Meeting; March 30, 2022.

Enabling provider-based pharmacies to dispense specialty medications through Elevate and Prime Therapeutics IntegratedRx®

Client adoption

IntegratedRx® ONCOLOGY

13 of 16 Blues plans
3 national employers
~12.5M eligible commercial lives

IntegratedRx® CYSTIC FIBROSIS

9 of 16 Blues plans
1 national employers
~8.4M eligible commercial lives

Drug savings realized[1]

$4,500
oncology

$24,000
cystic fibrosis

annual plan savings per utilizing member[1]

94% satisfaction
utilizing members are satisfied or very satisfied with their experience[2]

9% reduction
in medical total cost of care[3]

Participating pharmacy capture rate[1]

(percent of claims written by affiliated providers that are sent to their integrated pharmacy)

- It takes time for claims to shift into the IntegratedRx network
- Oncology capture rates tend to move faster due to newly diagnosed patients getting started in the integrated pharmacy
- Expect capture rates to climb to ~75%

1 Based on actual claims, 1/1/23 – 12/31/23
2 Q2 2024 Prime member satisfaction survey
3 Cost of care differences by site of dispensing for members taking oral anticancer medications, 2/4/2024

AXS25
ACCESS TO PHARMACY

THANK YOU!