Data-Driven Advocacy

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Federal Affairs Committee  Health Economics Committee  Practice Management Committee
Chairman  Chairman  Member

Financial Disclosures

- Michael Lai: no relevant disclosures
- Sabin Dang: Regeneron, Bausch and Lomb, Genentech
- Paul Hahn
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ASRS Advocacy Approach

- Clinical and practice-generated data are the foundation of our advocacy efforts.
  - Patient safety
  - Access to care
  - Adequate reimbursement
  - Reduced administrative burden
Key Sources & Applications

- Clinical data – i.e., JVRD
  - Ex. demonstrate safety and clinical outcomes to payers and CMS/OIG.
- PAT Survey
  - Ex. demonstrate practice patterns to payers.
- Practice data
  - Ex. quantify the impact of specific policies and proposals – i.e. prior authorization, Most-Favored Nation demonstration.


Shriji Patel, MD MBA
Nicolaas P. DeRuyter, Qingxia Chen, Henry Leder, Ella Leung, Rahul Reddy, Jill Blim, Carl Aashe, Paul Hahn

For the Health Economics Committee, American Society of Retina Specialists


Unadjusted Data

Average reimbursement change: -8.2%

11 of 15 procedures saw declines in reimbursement

Significant declines:
-67039
-67040
-67042
-67043
-67108
-67113
Inflation-Adjusted Trends in Medicare Reimbursement for Retina Practice Expenses

Philip Niles MD MBA
Miguel Busquets, Dilraj Grewal, Ella Leung, Ankoor R. Shah, Jill Blim, Judy E. Kim, Paul Hahn
For the Health Economics Committee, American Society of Retina Specialists
Bevacizumab: First in DRCR Protocol AC versus Real-World Physician Treatment Choice for Diabetic Macular Edema: A Two-Year Cost Analysis

Dilraj Grewal, MD
Ella Leung, MD; Miguel Busquets, MD, FACS, FASRS; Philip Niles, MD; Dan A Gong, MD; Anton M Kolomeyer, MD, PhD; Nitika Aggarwal, Btech; Nick Boucher, BSc; Jill Blim, MS; Judy E Kim, MD, FASRS; Reginald Sanders, MD, FASRS; Paul Hahn, MD, PhD, FASRS

For the Health Economics Committee, American Society of Retina Specialists
<table>
<thead>
<tr>
<th>Two Year Follow-up</th>
<th>Protocol AC Bevacizumab First (n=154)</th>
<th>Real World, matched for VA gain (2016-2018, n=346)</th>
<th>Cost-saving (%) relative to Protocol AC bevacizumab-first</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost</td>
<td>$18,952</td>
<td>$11,459</td>
<td>65% more cost</td>
</tr>
<tr>
<td>Drug Cost</td>
<td>$1,359 (11.9)</td>
<td>$982 (8.6)</td>
<td>65% more cost</td>
</tr>
<tr>
<td>Intravitreal Injection Cost (number of injections)</td>
<td>$2,429 (16.1)</td>
<td>$1,833 (13.8)</td>
<td>65% more cost</td>
</tr>
<tr>
<td>E/M Visit Cost (number)</td>
<td>$609 (14.8)</td>
<td>$519 (12.6)</td>
<td>65% more cost</td>
</tr>
<tr>
<td>OCT Cost (number)</td>
<td>$68 (1.8)</td>
<td>$64 (1.7)</td>
<td>65% more cost</td>
</tr>
</tbody>
</table>
| Approval Rates and Impact of Anti-VEGF Prior Authorization Requests

Saira Khanna, MD
The Retina Institute, St. Louis Missouri

Saira Khanna, MD, Charles Wykoff, MD, Mehr Barouei, Michael Lai, MD

• If the 1.1 million patients in the U.S. estimated to have DME were treated according to the Protocol AC bevacizumab-first regimen, the 2 year societal costs could be $19 billion higher ($10 billion in direct medical costs) than current real-world strategies.

• Cost effectiveness analysis is currently underway
  • Is the 65% increased cost “worth it” given improved vision in Protocol AC vs real-world?
  • Preliminary CE analysis and comparison with the “matched” cohort suggests NOT
Methods

SAMACare PA database queried over a 6 mo period to evaluate approvals, delay in care, and denials

Time to approval was analyzed from time to request to time to approval, within 30 minutes considered “same day” approval

Economic modeling performed to analyze impact of PA process

Prior Authorization Results

97.6% Approval Rate

n = 33,178

31.6% of patients experience a delay in care due to PA
Time to Authorization

2.7 days  Mean time to approval
9.6 hours  Median time to approval

Burden of the extra visit

Caregiver:
- Median Wage $32.82
- Wage Multiple 1.97
- Employment Rate 96.5%
- Caregiver needed (59%)

Patient:
- Median Wage $32.82
- Wage Multiple 1.97
- Employment Rate 5%
- Caregiver needed (59%)

Commute to Patient

Office Visit Time

Cost economic productivity due to missed work for patients and care giver is: $16.82 (95% CI: $95.46 - $138.18)
Economic Costs

31,054
Patients required additional visit for treatment due to PA

$3,633,232
Loss in patient-care giver economic productivity due to missed work from additional visit

ECONOMIC ANALYSIS OF HIGH DURABILITY ANTI-VEGF

First Year Direct Costs – Per Label

Ranibizumab Intravitreal Injection

12 Injections

Faricimab Intravitreal Injection

6.79 Injections


Cost Savings

$7,535 Direct cost savings per patient

$116.82 Lost productivity to US economy per injection

$8,236 Total savings for first year of treatment

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Cost Savings

200,000 New Patients Diagnosed with nAMD per year

$1,647,200,000 Potential Economic Benefit to US Economy

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How Can You Use Data to Advocate?

- **Private payers:**
  - Demonstrate the impact of step therapy or prior authorization requirements, i.e., # of patients, % of prior authorizations approved to show you provide resource-appropriate care.
  - Position yourself for contract negotiations.
  - Use peer-reviewed studies to strengthen arguments.

- **Policymakers:**
  - Demonstrate the burden of payer requirements, i.e., staff time spent on obtaining authorizations, patient wait time for treatment.
  - Help them understand the impact of their decisions on physicians, practice staff, and patients.