Health Plan Coverage for Medical Devices and the Use of Electronic Medical Record Systems

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Background

The TPG-National Payor Roundtable (TPG-NPRT) focuses on market access programs within the United States. It is a platform of the Pharmacy Group.

The TPG-NPRT Group involves multidisciplinary analysis and supports the Healthcare Industry.

The TPG-NPRT maintains a proprietary database of Chief Medical Officers, Chief Pharmacy Officers and other key decision makers within health plans in the United States.

Medical devices are used by many different conditions, are reviewed by the FDA, and potentially paid for by Medicare.

For some payors, medical devices payments are mandated through a specific benefit.

Open-ended responses (ie, what disease states most concern you?)

The type of plans represented are shown in Figure 3.

Most respondents worked for a health plan (83.6%) and 39.6% were local, 35.4% were national, and 25.0% were regional.

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Funding received through the Affordable Care Act

An online, interactive survey was developed with 63 questions and included:

How their plans and physicians acquired their EMR systems

Yes / No questions

The JeSTARx Group provides evidence-based research and support to the Healthcare Industry.

The Affordable Care Act, approved in 2010, provides health plans reimbursement incentives and an Electronic Medical Record System.

Plan coverage:

Coverage of medical devices:

AMCP-dossiers for medical devices were not required by most plans (Figure 5).

Their Pharmacy & Therapeutics (P&T) committee:

66% of the advisors were involved in all formulary decisions (compared with 86% for pharmaceutical products).

Areas where EMR use was required

Comparisons used in the review of medical devices

Invitations to participate were sent to 224 medical and pharmacy directors currently employed by US health plans and insurers from the TPG-NPRT database in December 2014.

The environment for P&T Committee decision making in managed care is undergoing a series of changes.

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Methods

- An online, interactive survey was developed with 63 questions and included:
- Yes / No questions
- Focus groups with selected clients and/or members
- Open-ended questions (ie, what disease states most concern you?)
- The survey responses were consolidated from Chief Medical Officers, Chief Pharmacy Officers and other key decision-makers (using the TPG-NPRT database)

- Medical devices are used by many different conditions, are reviewed by the FDA, and potentially paid for by Medicare.

- For some payors, medical devices payments are mandated through a specific benefit.

- Based on several programs with US Payor, Medical Directors, and Systems/pharmaceutical companies.

- The type of plans represented are shown in Figure 3.

- Most respondents worked for a health plan (83.6%) and 39.6% were local, 35.4% were national, and 25.0% were regional.

- Many advisors reported multiple degrees (Figure 1), and the most common degree was MD (55.6%).

- How their plans and physicians acquired their EMR systems

- Yes / No questions

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Conclusions

- The environment for P&T Committee decision making in managed care is undergoing a series of changes.

- Health plan medical and pharmacy directors, who commonly serve as P&T Committee members, have distinct opinions as to how to alter the process to adapt to these series of changes.

- For some payors, medical devices payments are mandated through a specific benefit.

- Based on several programs with US Payor, Medical Directors, and Systems/pharmaceutical companies.

- The type of plans represented are shown in Figure 3.

- Most respondents worked for a health plan (83.6%) and 39.6% were local, 35.4% were national, and 25.0% were regional.

- The respondents were mostly chief medical directors and chief pharmacy directors (Figure 2), the “Other” category included: VP (of Pharmacy, Medicine, or Medical Affairs); Chief Medical Officer, Senior Medical Director [3, 23], and Consultant [7].

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- How their plans and physicians acquired their EMR systems

- Yes / No questions

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- The Affordable Care Act, approved in 2010, provides health plans reimbursement incentives and an Electronic Medical Record System. Value Health. 2010/08/23.

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Figure 1. Advisor involvement in medical device reviews

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Figure 3. Type of Plans Represented by Respondents (Respondents can cover multiple types)