OBJECTIVE

Based on recent programs with US payors, Medical Directors and/or Pharmaceutical Centers working with US health plans, PBMs, and insurers from Material or financial incentives were not offered for completion of the survey.

METHODS

METHODS CONTINUED

TOPICS INCLUDED:

• A total of 77 respondents (31.2% response rate) completed the survey, some questions were not answered by all respondents.

• Many respondents reported multiple degrees, and the most common degree was MD (57%).

• 10.5% worked for the Plan was national, 21.7% were regional and 33.3% were local.

• The most commonly reported respondent titles were: Chief Medical Director (43%), Payor specific (19%), Regional (8.9%), or Therapeutic area specific (1.3%).

• Plans cover multiple types of members: commercial (68.8%); FFS, 76.5% including HMO/PHO, Medicaid (Traditional - 36.4%, HMO/ PHO -67.9%), Medicare (71.2% - PPO only), and Employer Self-funded (73.1% and IDN (47.7%, 340B Qualified) - 43.5%).

• In their reviews, plans compare medical devices with: other standards of care (64.3%), other medical devices only (23%) or pharmaceuticals (13%)

• For medical devices and tests: Involvement in coverage decisions are shown in Figure 1 Requirements for dosiers and budget impact models (BHMs) are shown in Figure 2

• For plans that required (or used) Budget impact Models: 42.3% were developed internally and the remaining 57.7% developed with assistance from the manufacturer.

• Only 37.5% of plans required test ordering through an Electronic Medical Record (EMR) system.

• The remaining 57.7% developed with assistance from the manufacturer.

• Many respondents reported multiple degrees, and the most common degree was MD (57%).

• 10.5% worked for the Plan was national, 21.7% were regional and 33.3% were local.

• The most commonly reported respondent titles were: Chief Medical Director (43%), Payor specific (19%), Regional (8.9%), or Therapeutic area specific (1.3%).

• Plans cover multiple types of members: commercial (68.8%); FFS, 76.5% including HMO/PHO, Medicaid (Traditional - 36.4%, HMO/ PHO -67.9%), Medicare (71.2% - PPO only), and Employer Self-funded (73.1% and IDN (47.7%, 340B Qualified) - 43.5%).

• In their reviews, plans compare medical devices with: other standards of care (64.3%), other medical devices only (23%) or pharmaceuticals (13%)

• For medical devices and tests: Involvement in coverage decisions are shown in Figure 1 Requirements for dosiers and budget impact models (BHMs) are shown in Figure 2

• For plans that required (or used) Budget impact Models: 42.3% were developed internally and the remaining 57.7% developed with assistance from the manufacturer.

• Only 37.5% of plans required test ordering through an Electronic Medical Record (EMR) system.

• The remaining 57.7% developed with assistance from the manufacturer.

• Many respondents reported multiple degrees, and the most common degree was MD (57%).

• 10.5% worked for the Plan was national, 21.7% were regional and 33.3% were local.

• The most commonly reported respondent titles were: Chief Medical Director (43%), Payor specific (19%), Regional (8.9%), or Therapeutic area specific (1.3%).

• Plans cover multiple types of members: commercial (68.8%); FFS, 76.5% including HMO/PHO, Medicaid (Traditional - 36.4%, HMO/ PHO -67.9%), Medicare (71.2% - PPO only), and Employer Self-funded (73.1% and IDN (47.7%, 340B Qualified) - 43.5%).

• In their reviews, plans compare medical devices with: other standards of care (64.3%), other medical devices only (23%) or pharmaceuticals (13%)

• For medical devices and tests: Involvement in coverage decisions are shown in Figure 1 Requirements for dosiers and budget impact models (BHMs) are shown in Figure 2

• For plans that required (or used) Budget impact Models: 42.3% were developed internally and the remaining 57.7% developed with assistance from the manufacturer.

• Only 37.5% of plans required test ordering through an Electronic Medical Record (EMR) system.

• The remaining 57.7% developed with assistance from the manufacturer.

• Many respondents reported multiple degrees, and the most common degree was MD (57%).

• 10.5% worked for the Plan was national, 21.7% were regional and 33.3% were local.

• The most commonly reported respondent titles were: Chief Medical Director (43%), Payor specific (19%), Regional (8.9%), or Therapeutic area specific (1.3%).

• Plans cover multiple types of members: commercial (68.8%); FFS, 76.5% including HMO/PHO, Medicaid (Traditional - 36.4%, HMO/ PHO -67.9%), Medicare (71.2% - PPO only), and Employer Self-funded (73.1% and IDN (47.7%, 340B Qualified) - 43.5%).

• In their reviews, plans compare medical devices with: other standards of care (64.3%), other medical devices only (23%) or pharmaceuticals (13%)

• For medical devices and tests: Involvement in coverage decisions are shown in Figure 1 Requirements for dosiers and budget impact models (BHMs) are shown in Figure 2

• For plans that required (or used) Budget impact Models: 42.3% were developed internally and the remaining 57.7% developed with assistance from the manufacturer.

• Only 37.5% of plans required test ordering through an Electronic Medical Record (EMR) system.

• The remaining 57.7% developed with assistance from the manufacturer.

• Many respondents reported multiple degrees, and the most common degree was MD (57%).

• 10.5% worked for the Plan was national, 21.7% were regional and 33.3% were local.

• The most commonly reported respondent titles were: Chief Medical Director (43%), Payor specific (19%), Regional (8.9%), or Therapeutic area specific (1.3%).

• Plans cover multiple types of members: commercial (68.8%); FFS, 76.5% including HMO/PHO, Medicaid (Traditional - 36.4%, HMO/ PHO -67.9%), Medicare (71.2% - PPO only), and Employer Self-funded (73.1% and IDN (47.7%, 340B Qualified) - 43.5%).

• In their reviews, plans compare medical devices with: other standards of care (64.3%), other medical devices only (23%) or pharmaceuticals (13%)

• For medical devices and tests: Involvement in coverage decisions are shown in Figure 1 Requirements for dosiers and budget impact models (BHMs) are shown in Figure 2

• For plans that required (or used) Budget impact Models: 42.3% were developed internally and the remaining 57.7% developed with assistance from the manufacturer.

• Only 37.5% of plans required test ordering through an Electronic Medical Record (EMR) system.

• The remaining 57.7% developed with assistance from the manufacturer.

• Many respondents reported multiple degrees, and the most common degree was MD (57%).

• 10.5% worked for the Plan was national, 21.7% were regional and 33.3% were local.

• The most commonly reported respondent titles were: Chief Medical Director (43%), Payor specific (19%), Regional (8.9%), or Therapeutic area specific (1.3%).

• Plans cover multiple types of members: commercial (68.8%); FFS, 76.5% including HMO/PHO, Medicaid (Traditional - 36.4%, HMO/ PHO -67.9%), Medicare (71.2% - PPO only), and Employer Self-funded (73.1% and IDN (47.7%, 340B Qualified) - 43.5%).

• In their reviews, plans compare medical devices with: other standards of care (64.3%), other medical devices only (23%) or pharmaceuticals (13%)

• For medical devices and tests: Involvement in coverage decisions are shown in Figure 1 Requirements for dosiers and budget impact models (BHMs) are shown in Figure 2

• For plans that required (or used) Budget impact Models: 42.3% were developed internally and the remaining 57.7% developed with assistance from the manufacturer.

• Only 37.5% of plans required test ordering through an Electronic Medical Record (EMR) system.

• The remaining 57.7% developed with assistance from the manufacturer.