



Physicians share their perspectives on awareness and the impact of drug plan design.

Your employees come first and that is healthy for business

It is estimated that absenteeism costs Canadian companies more than **\$16 billion a year**.¹ In 2017, the total days lost per worker in Canada was 9.6; 8 of those of those lost days were the result of illness or disability.^{2,3} These statistics suggest strong science for keeping your workforce healthy.

According to current research (see Leger survey results), science is the primary influence for physicians when they make decisions about treatment and patient care. The majority agree that they closely follow guidelines (34% strongly agree with this statement, 54% somewhat agree) and make evidence-based decisions (39% strongly agree with this statement, 55% somewhat agree) when prescribing for patients. The rate of adoption of new treatments is closely associated with the endorsement of Canadian medical opinion leaders: 44% of physicians would prescribe a new drug only after it had been recognized by experts in the field.

As reported on the next page, patients with private drug plans make up a large proportion of patients seen by physicians. Drugs prescribed by physicians then paid for by employers and other private sector sources (e.g., out of pocket) remain the one aspect of healthcare where the spend by private payers outpaces that of the public drug plan purse.⁴ Private drug plans are, therefore, an important contributor to the healthcare system.

In order to determine what physicians know and think about drug plans, drug costs and the impact this has on prescribing, Leger Marketing conducted an online survey of 250 general practitioners (GPs) and 250 specialists across Canada from November 20 to December 15, 2017. The findings emphasize the importance of the private drug plan that a large proportion of patients rely on for access to drugs. They also reveal some exciting possibilities for improvement, including better understanding of private drug plans for both physicians and patients.

RESEARCH OBJECTIVES

The main objective of the research was to determine the impact that the consideration of type of drug plan coverage and subsequently the drug prices had on physicians' prescribing behaviours and their selection of drugs for patients with private drug plans. Specific objectives included the assessment of the following characteristics:

- Practice profile: Specialty, practice setting, patient loads, number of prescriptions, patient drug plan coverage.
- Private drug plan awareness: Physician-patient discussions about drug plan coverage.
- Private drug plan impact on prescribing behaviour.
- Drug prices: Physician-perceived awareness of cost of medications, actions taken when drugs are denied coverage.
- Administrative processes: Role of insurance carriers and pharmaceutical manufacturers in communicating information, physician interest in continuing medical education (CME) on private drug plans, use of mobile apps to verify coverage, administrative barriers.



WHO WAS SURVEYED

Physician and practice profile

Physicians from every province and 19 specialties were included in the survey. The methodology reflects the necessity to generate as broad a discussion as possible around the subject of drug plan design, patient care and health outcomes.

The data was statistically weighted to reflect the actual Canadian physician specialty and provincial distribution. Recruitment specifications included the following:

- In active, full-time clinical practice for at least one year
- Seeing a minimum # of patients per week: GPs 75; specialists 40
- Writing a minimum # of prescriptions per week: GPs 50; specialists 20
- Having a minimum of 10% of patients with private drug plans

PHYSICIAN AND PRACTICE PROFILE

- Physicians self-reported 39% of their patients have private drug plans

N=500

Years in Practice	1-10	11-20	21-35	>35		
GPs	21%	25%	46%	8%		
Specialists	24%	30%	43%	3%		

Total Patients (average/week)	<100	100-149	150-199	≥200	Avg	
GPs	12%	40%	25%	23%	151	
Specialists	48%	20%	11%	21%	123	

# Prescriptions (average/week)	<50	50-99	100-149	150-199	≥200	Avg
GPs	0%	33%	30%	13%	24%	139
Specialists	41%	26%	13%	5%	15%	85

Practice Type	Solo	Group				
GPs	27%	73%				
Specialists	46%	54%				

Patients with Drug Plan Coverage	Public	Private	None			
GPs	47%	39%	14%			
Specialists	48%	39%	13%			

Practice Setting	Private	Comm Hosp	Acad Hosp	Comm Clinic	Walk In	Other
GPs	91%	18%	9%	10%	13%	5%
Specialists	72%	34%	35%	16%	3%	0%

WHAT WAS LEARNED

Summary of key takeaways

The key takeaways that emerged from the report findings include the following:

1 Nearly all physicians say they are the ones responsible for inquiring about their patients' drug coverage.

- Most are likely to ask about coverage when recommending a treatment or prescribing something new.
- Majority ask patients additional questions about quality and extent of coverage.
- Patients are not perceived to be particularly knowledgeable about their own coverage.
- Most record drug plan information, usually via electronic medical record (EMR).
- Majority feel that conversations with patients about drug plans have not really changed in the past five years.

2 Knowing a patient has private coverage impacts prescribing behaviour for most physicians—it widens their treatment options and improves access to new drugs as reported (unaided) by physicians surveyed.

- Almost all report that drugs are only sometimes or rarely denied by private insurance.
- When drugs are denied, physicians are split on whether they would advocate for patients to get the denied treatment (with specialists more likely to advocate than GPs).
- Most would instead prescribe a different treatment that is covered.

3 Physicians self report being fairly well aware of the costs of drugs they prescribe, and most seek out costs at least to some extent.

- Price impacts the majority when choosing between treatments with significant price differences.
- When choosing, almost half would prescribe the less expensive drug.

4 The majority agree that insurance carriers and pharmaceutical manufacturers can play a role in communicating information about private coverage to physicians.

- Most are unaware of private drug plan online/mobile apps to verify coverage.
- Physicians are interested in a CME opportunity focused on private drug coverage topics.

DETAILED FINDINGS

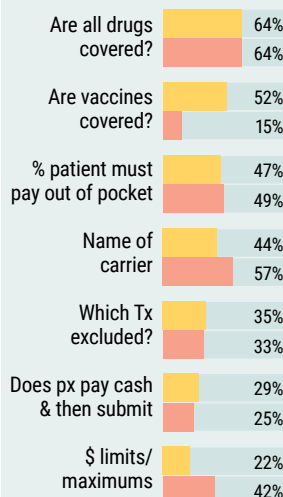
Key sections of the survey and practical learnings

1 Awareness of Patient Drug Plans

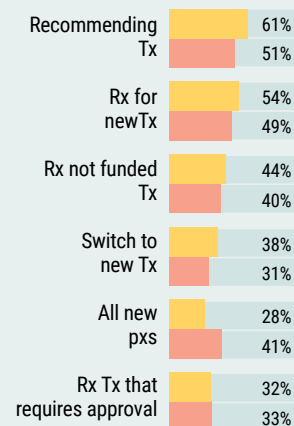
Who asks about coverage?

Nearly all physicians—90%—say they are responsible for inquiring about patients' drug plan coverage at their practice. Staff and nurses are mostly responsible the rest of the time. Most physicians also ask additional questions about the quality and extent of their patients' coverage, but not frequently. They are most likely to ask more questions when recommending a medication or prescribing something new.

MAIN ADDITIONAL QUESTIONS ASKED



TYPICALLY ASK PATIENTS ABOUT COVERAGE WHEN....

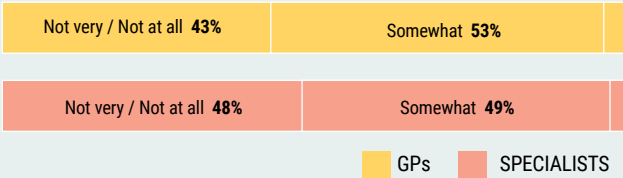


■ GPs
■ SPECIALISTS

How much do patients know about their coverage?

One of the key findings in the assessment of physician awareness of patient drug plans is that physicians feel that patients are not very knowledgeable about their own coverage.

HOW KNOWLEDGEABLE PATIENTS ARE ABOUT THEIR PRIVATE COVERAGE



Do physicians keep track of patients' coverage?

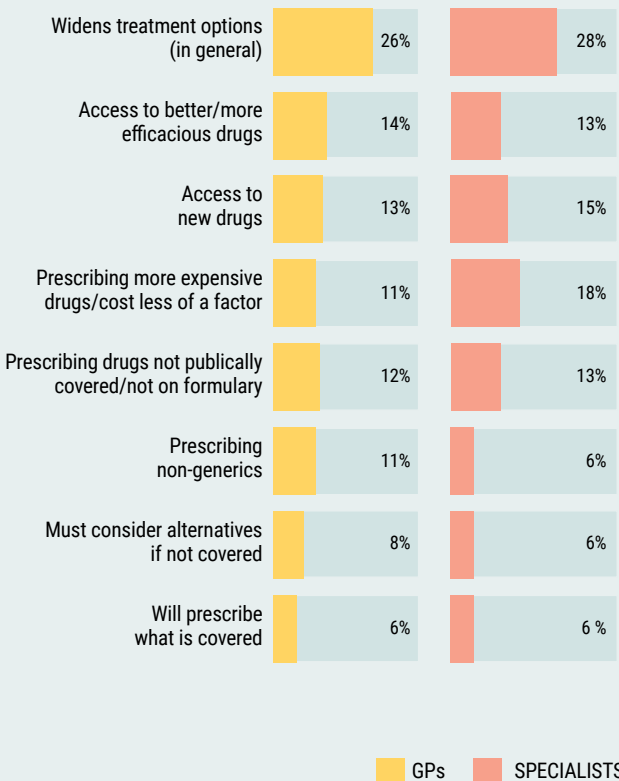
The majority of physicians record patients' drug coverage information, most likely using EMR. Specialists are more likely to keep a record than GPs (74% vs. 60%, respectively) and specialists report that they frequently (39%) use paper records vs. 24% for GPs.

2 | Private Drug Plans: Impact on Prescribing

Private coverage impacts prescribing behaviour

Most physicians agree (87%) that knowing a patient has private drug coverage does impact their prescribing behaviour—primarily because it widens treatment options and improves access to new drugs. A small proportion (13%) of physicians report that when they know a patient has private drug coverage, cost is less of a factor when they are considering treatment options.

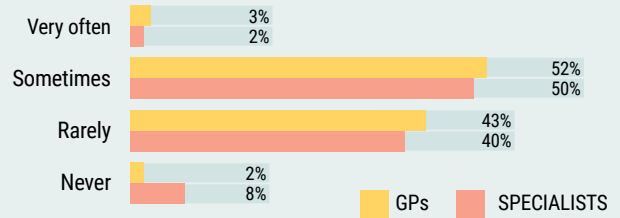
AMONG THOSE WHO SAY KNOWING PATIENT HAS PRIVATE COVERAGE IMPACTS RX, % STATING IT IMPACTS IN THE FOLLOWING WAY (UNAIDED)



MEDICATIONS ARE SELDOM DENIED

Almost all physicians report that the medications they prescribe to patients with private coverage are only sometimes or rarely denied. When medications are denied, most physicians assume it is because of cost (71%). Nearly all would then prescribe a different treatment that is covered (95%).

HOW OFTEN TREATMENTS ARE DENIED BY PRIVATE COVERAGE

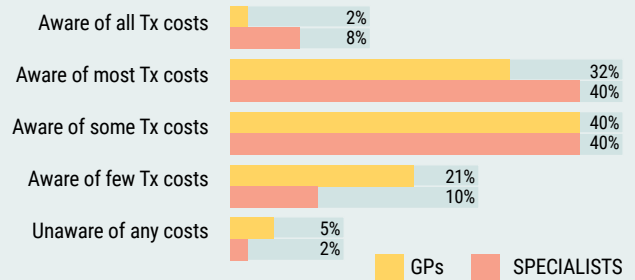


3 | Drug Prices: Awareness and Impact

AWARENESS OF COSTS

In total, the majority of physicians self report to be generally knowledgeable about the cost of medications they prescribe: 4% are aware of all costs, 35% of most costs and 45% of at least some costs. The majority try to find out the cost of the medications they prescribe at least to a certain extent: always/often—24%; sometimes—54%.

EXTENT TO WHICH PHYSICIANS ARE AWARE OF THE COSTS OF MEDICATIONS THEY PRESCRIBE



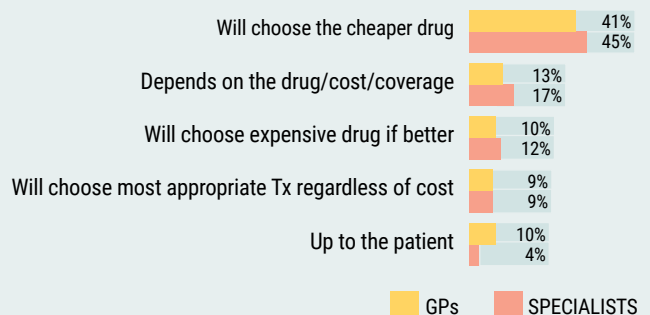
IMPACT OF COST ON PRESCRIBING

Most physicians agree that the cost of medications does impact their treatment decisions when choosing between drugs with significant price differences. Cost is very impactful for 23% and somewhat impactful for 48%.

Forty-one percent would prescribe the less-expensive drug

When choosing between two drugs with a significant price difference (for patients with private drug coverage), nearly half of physicians say they would prescribe the less expensive drug, particularly if it's equally effective.

PRICE IMPACTS IN THE FOLLOWING WAYS (UNAIDED)



As the debate about a universal single-payer public pharmacare makes Canadian headlines, it is notable that this survey reinforces the importance of considering private drugs plans as it highlights two key takeaways for these plans: the prevalence of private drug plans (37% of patients in physicians' practice)⁵ and the high-quality access to drugs they provide.

4 | Administrative Processes: Understanding Drug Plan Coverage

Opportunity for improved communication

The majority of physicians agree that insurance carriers (81%) and pharmaceutical manufacturers (64%) can play a role in communicating information about private coverage (although there was no consensus on the best way to provide this information). For example, physicians would like to know more about which drugs are covered and not covered, and how to get easier/better access to information. Also, only 20% of physicians are aware that some private plans have drug-finder tools, such as mobile apps, that help patients verify coverage.

Educational opportunity

Physicians expressed a moderate level of interest in a CME opportunity on private drug insurance topics. A CME focused on private drug plan coverage would provide an excellent opportunity to create awareness and to educate physicians on how insurance carriers and pharmaceutical manufacturers can help them navigate private insurance in their practice.

Administrative barriers

When prescribing to patients with private drug plans, the majority of physicians typically encounter one or two administrative barriers: "must try one treatment and fail" before trying another one (63%); prior authorization is required (60%).

Why do doctors ask their patients if they have private drug plan coverage?

Not all drug plans are the same. Most likely, doctors ask their patients if they have private drug plan coverage because there are big differences between scope of coverage and accessibility between public and private drug plans, as supported by physician responses in the survey.

In the 2016 report *Coverage for new medicines in public versus private drug plans in Canada*, it was found that: "Private drug plans covered far more new drugs than did public drug plans. Private plans also covered new drugs far more rapidly than public drug plans."⁶ Private drug plan coverage provides physicians with considerable options when prescribing to their patients, and "there are significant health and economic benefits associated with better access to pharmaceutical innovation."⁷

MOVING FORWARD

This investigation revealed a number of important findings:

- The majority of physicians base their treatment decisions on evidence-based guidelines.
- The majority of physicians adopt new treatments only after they have been endorsed by Canadian medical opinion leaders.
- Private drug plan coverage provides physicians with options that make it possible for them to give patients the best possible access to drugs.
- Physicians self report that they are fairly well informed about drug costs and make every effort to prescribe in a cost-conscious manner.
- Patients are not perceived as being knowledgeable about their own drug coverage.
- There is a need for more effective communication between insurers/pharmaceutical companies, patients and physicians about drug plan coverage.

These findings emphasize that physicians are focused on providing the best possible patient-centred care—and that private drug plans contribute significantly to their efforts.

The findings also demonstrate that there is room to grow, particularly where it comes to effective communication. Online and mobile technologies should be exploited to make information as accessible as possible to both physicians and patients. Patients with private drug coverage should be more aware about their own coverage and be able to have constructive conversations about this with their physicians; employers can help educate their plan members in this area. An open dialogue about administrative difficulties and barriers, and possible improvements, can help keep the focus on employee and patient care at the forefront. Future areas of study include better defining the role insurers and pharmaceutical companies can play to help physicians more effectively navigate private drug plans and engage with private insurers. So there is room to grow—and to grow healthier!

1 Workplace Medical Corp. Absenteeism: the "real" costs. <http://www.workplacemedical.com/blog/absenteeism-the-real-costs/>. Accessed April 15, 2018.

2 Statistics Canada. Table 279-0029. Labour Force Survey estimates (LFS), work absence statistics of full-time employees by province, census metropolitan area (CMA) and sex. January 5, 2018. <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=2790029&pattern=&stByVa=1&p1=1&p2=37&tabMode=dataTable&csid=>. Accessed April 15, 2018.

3 Statistics Canada. Days lost per worker by reason, by provinces. January 5, 2018. <https://www.statcan.gc.ca/tables-tableaux/sum-som/01/cst01/labor60b-eng.htm>. Accessed April 15, 2018.

4 Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2016. Ottawa, ON: CIHI; 2016. Cette publication est aussi disponible en français sous le titre *Tendances des dépenses nationales de santé, 1975 à 2016*. ISBN 978-1-77109-525-9 (PDF).

5 Represents the proportion of patients with private drug coverage as reported for all physicians screened to participate in the survey. Note: <5% of physicians did not qualify to participate in the survey as less than a minimum of 10% of patients seen in their practice have private coverage.

6 Rovere M, Skinner BJ. Coverage of new medicines in public versus private drug plans in Canada. Canadian Health Policy Institute, 2016. <https://www.canadianhealthpolicy.com/products/coverage-for-new-medicines-in-public-versus-private-drug-plans-in-canada-.html>

7 Rovere M, Skinner BJ. Coverage for new medicines in Canada's public drug plans, 2015. Canadian Health Policy Institute, 2015. <https://www.canadianhealthpolicy.com/products/coverage-for-new-medicines-in-canada---s-public-drug-plans--2015-.html>. Accessed May 1, 2018.