



**ABC Access to Care Initiative
Provider-Payer Meetings
Action Plan Outline**

**ABC Access to Care
Initiative Background**

In November 2016, the ABC developed and executed a Roundtable program at the American Heart Association 2016 Scientific Session in New Orleans, LA, focused on access to cardiovascular treatment for minority patient

populations. The program recognized that while advanced therapies offer new treatment options for patients with, or at risk for cardiovascular diseases, access remains a challenge for providers and patients, particularly underserved minority patient populations. One of the solutions identified as a priority was facilitating a structured collaborative meeting between health care providers and payers. A work group was formed to progress this program.

Throughout 2018, the ABC focused on setting the foundation for this collaborative meeting between health care providers who treat minority patients and medical directors from large payer organizations. The goal was to foster more communication, dialogue, and understanding on how the prior authorization process can impact treatment, and ways to address any resulting disparities. In 2018, ABC created white papers focused on utilization management and the unintended consequences on underserved and minority patients.

In 2019, the ABC held two Provider-Payer Meetings. The meetings were held on September 16 (Washington, D.C.) and October 28 (National Harbor, MD). Both meetings were led by moderator Jennifer Ellis, MD, MBA, Chief of Cardiothoracic Surgery at NYC Health and Hospitals.

The meetings featured a variety of stakeholders, including:



6 Cardiologists



6 Nurses/Physicians
Assistants



4 Payers

The cardiologists included academic researchers and managing directors of cardiac clinics. Nursing representatives featured professors at nursing universities and directors of staff development at large hospitals. Payers included representatives from Aetna/CVS, Blue Cross Blue Shield of Louisiana, a regional PBM, and an employer group CEO.

The topics of discussion focused on the unintended consequences that utilization management has on minority patients, the increased threat to the high-risk patient, and collaborative solutions that could help mitigate challenges.

Access to Care Barriers

In order to define effective solutions, providers and payers identified a variety of barriers to appropriate care.

Provider-focused barriers:

- Practice staff requirements to handle administrative logistics/paperwork
- Low cultural sensitivity or awareness of unique patient needs

Patient-facing barriers:

- Knowledge, including limited health care literacy and difficulty navigating the health care system
- Cost of medical procedures based on insurance status, especially for states that did not expand Medicaid

Health care system barriers:

- Cost of some branded medications
- Ability to maintain care continuity (having a centralized health care provider)

Pilot Concepts

Healthcare stakeholders at both provider-payer meetings identified several solutions-oriented concepts that addressed access to care for minority and underserved populations. These concepts focused on increasing the capacity of cardiology practices in underserved communities, educating at-risk communities in non-traditional and practice settings, and improving medication adherence through 90-day prescriptions.

Focus was placed on a Cardiology Practice Navigator, which was the concept that was most discussed and agreed to by the attendees. Two other concepts – Educating At-Risk Communities and 90-Day Prescriptions - were suggested and cursorily discussed.

Cardiology Practice Navigator

The Cardiology Practice Navigator would provide support for under-resourced cardiology practices that serve minority and underrepresented patients. This individual would be responsible for completing and submitting prior authorization requests to help patients access new and novel evidence-based treatment options.

The navigator will:

- Have clinical knowledge
- Gather clinical documentation needed to support PA requests
- Track PA approvals, denials, and appeals
- Communicate to the provider and patient that the PA has been approved or denied
- Train practice staff on how to submit and support PA requests

Health outcomes may include:

- Increased access to new cardiovascular-related pharmacologic therapies (i.e. ARNI or PCK9i)
- Evidence-based and outcomes-driven care to better manage cardiovascular disease
- Increased medication adherence and reduced readmissions

A cardiology practice navigator will bring a variety of benefits to patients, providers, and payers:

Patients	Providers	Payers
<ul style="list-style-type: none"> • Access to new therapies for the appropriate treatment • Provides better health outcomes • Ensures patients take home the right medication at the right time 	<ul style="list-style-type: none"> • Reduces the administrative burden of completing and submitting PA requests • Patients have access to newer therapies • Builds practice capacity 	<ul style="list-style-type: none"> • Reduces administrative costs to review incomplete or ineligible PA requests • Increases provider adherence to evidence-based guidelines and payer-specific policy • Leads to greater patient and provider satisfaction

Educating At-Risk Communities in Non-Traditional and Practice Settings

Developing and implementing community programs that address cardiovascular disease screening, diagnosis and treatment is vital to improving outcomes and helping patients navigate the health care system. These programs help patients access critical health education and support resources to help them maintain and improve their health. Examples are educational workshops, group provider visits, and caregiver training.

Workshops should be held in familiar settings that are frequented by underserved populations in the course of their daily lives. They can be held at houses of worship, schools (elementary, middle, and high), barber shops and beauty salons, and community events.

Group visits at a provider office is another model that can deliver patient education. They include education and interaction with other patients, followed up with an individual visit with the provider, including the collection of vital signs and an exam.

In addition to educating those most at risk, education must also be extended to caregivers who often accompany and advocate for their loved ones during office and hospital visits, help ensure that patients adhere to their medication regime, and provide emotional support during treatment.

Promoting 90-day Prescriptions to Improve Medication Adherence

Providers can keep patients with cardiovascular disease aligned with their care management plans by stressing the importance of taking prescribed medications. Patients may experience barriers to filling a prescription – from the location of the pharmacy to whether medication refills are all scheduled for the same time of the month. These barriers might be alleviated by 90-day prescription fills for patients who take maintenance medications. Patients may be more likely to adhere to their prescribed medication regime and less likely to miss a dose if they are making fewer trips to their local pharmacy.

Additional concepts

Additional areas of opportunity identified by the health care stakeholders are listed below.

Provider and Patient	Provider and Payer
<ul style="list-style-type: none"> • Use the Teach-Back method – have patients repeat back to the health care provider the information they just heard. This method helps ensure that the intended message was properly received and that the patients understand what is being explained to them • Create infographics using plain language and make them available in exam rooms and reception areas • Develop health education videos to share information with visual learners 	<ul style="list-style-type: none"> • Payers can share prescribing data and analytics with their providers to raise awareness of patient population trends and practice performance. Includes quality metrics and targets for common CV disease • Payers can streamline PA requests for providers that meet quality and performance metrics and adhere to evidence-based guidelines for disease management • Payers and providers can work to better understand and address the social, economic, and environmental factors that impact a patient’s health journey through a standardized screening tool in the electronic health record

Next Steps

Based on stakeholder interest and feedback, it is recommended that funding be secured for a pilot program to assess the effectiveness of a cardiology practice navigator to address access to care for minority and underrepresented populations. Initial assessment and planning for the pilot should focus on the insurance population to target potential partners for collaboration and geographic areas for consideration.

After preliminary research, the ABC will identify states and communities that have a high number of under-resourced practices managing the care of minority and underserved patients. The cardiology practice navigator will be able to work closely with 20-30 practices in the area. Health care stakeholders identified the population target and potential partners in the grid below.

<p>Population target</p>	<ul style="list-style-type: none"> • Medicare beneficiaries • Medicare Advantage enrollees • Medicaid recipients • Commercial health insurance • Employer groups
<p>Partners</p>	<ul style="list-style-type: none"> • CMS Innovation • Medicare Advantage Managed Care Organizations • Medicaid Managed Care Organizations • Commercial health plans • Employer group health plans
<p>Geographic areas</p>	<ul style="list-style-type: none"> • Traditionally underserved communities • Identify target provider practices

Potential sources of funding in the pharmaceutical and managed care space will also need to be identified.

About the Association of Black Cardiologists

The Association of Black Cardiologists (ABC) is a nonprofit organization with an international membership of over 1,900 health professionals, community health advocates, corporate and institutional members, all dedicated to eliminating the disparities related to cardiovascular disease in all people of color. The association's aggressive goal is to reduce the cardiovascular disease disparity gap by 20% by 2025.

More information about the ABC Access to Care Initiative, the Prior Authorization Workgroup, the Workgroup participants, and other access solutions in development can be found on the ABC website: www.abc cardio.org

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