

ATTITUDES TO CO-PAY CARDS

Co-pay programs have long divided opinion among stakeholders. **Sarah Morgan** reports on the findings of three new exclusive mini-surveys of key stakeholders, including suggestions on how these programs might be improved

Co-pay discount cards and loyalty programs are familiar to most American patients: wallet cards passed from doctors to patients to pharmacists, in exchange for cheaper prices on prescriptions. But while understanding of these programs is widespread, opinions as to their value vary sharply.

Pharma companies and payers historically have taken opposite stances, with manufacturers largely in favor of co-pay programs and payers largely against them.

To further gauge the attitudes and opinions of different stakeholders – and to canvass ideas for improving co-pay programs – *MM&M* commissioned three mini-surveys of physicians, payers and patients, conducted respectively by MDLinx.com/M3 Global Research, MediMedia Managed Markets, and TruVio by Wego Health.

Disagreement: the value of programs

Physicians believe access is improved; payers disagree. Physicians were adamant that the programs improved access to treatment, with 71% (strongly or somewhat) agreeing.

However, payers were split on whether co-pay cards and loyalty programs improved access to appropriate care. While a quarter said they were important (25% scoring 6 or 7 on a 1-7 scale, where 1 = strongly disagree and 7 = strongly agree), about the same amount disagreed (26% scoring 1 or 2), and nearly half were neutral (49% scoring between 3 and 5).



66% of physicians agree that co-pay cards improve patients' adherence to treatment regimens

Whether adherence is assisted also elicited strong views. Physicians said co-pay cards and loyalty programs improved patient adherence, with 66% strongly or somewhat agreeing.

Patients felt similarly, responding in the affirmative 65% of the time.

Payers, on the other hand, were again far more divided. While 25% agreed that co-pay cards could improve adherence (scoring 6 or 7 on a 1-7 scale), nearly as many disagreed (22% scoring 1 or 2), and the majority were neutral (53% scoring between 3 and 5).

On avoiding the issue of price, all groups agreed. While access and adherence were areas of disagreement, all three groups opined similarly on the issue of price: that co-pay cards enabled treatment to avoid less-expensive generics in favor of costlier brand drugs. On that point, 52% of payers agreed (using the scale described above). Some 66% of physician respondents agreed (strongly or somewhat) with a similar statement. And 52% of patients concurred. As one said, "They bring you in, and you're not aware of how expensive [the drug] really is."

Consensus: offer better patient services

This agreement among the groups on the issue of price is echoed in their opinions on how to improve co-pay cards and loyalty programs. Surprisingly, given their different points of view, some similarities of opinion came to light between payers and patients.

Payers were split on some issues—perhaps conflating their opinions as patients with their opinions as advocates for insurers—but seemed to believe that improving adherence requires not only co-pay assistance, but also patient education and services. Agreement on that was 42%, with 15% disagreeing (using the scales outlined above).

This desire was expressed by patients. When asked if they had opinions on how co-pay cards and loyalty programs might better support their community, patients were eager to suggest that help was not simply in a discount, but in information and assistance services:

■ “When you go on the [pharmaceutical company’s] website, they usually have so much information about the prescription and the disease, it’s really incredible. You get the feeling that the pharmaceutical company really does care about their people.”

■ “Provide regular educational opportunities: collect people’s email and send them a newsletter, invite them onto social media,



45% of payers see value in co-pay cards when the prescribed product has a preferred formulary position

to kind of create a group atmosphere among people who have the card. Maybe even having an opportunity to ask questions... sort of a patient chat opportunity.”

■ “Having a loyalty card connected to an online patient-support program would be perfect.... You could have access to a chat room that a doctor might visit and schedule online meeting chats with the patients. Have loyalty cards connected with an app that connects to a [healthcare professional] if they were to have questions about their medication. Access to a website to help manage your condition—managing tools, medication calculators, reminders, something of that nature.”

■ “Loyalty programs can definitely be improved through more multi-dimensional and meaningful educational resources, in addition to co-pay assistance. Patients really need health-related information such as health and wellness tips, counseling and support, therapy, guidance, reminders, and other health education resources in addition to just lowering the cost of the medication.”

■ “Patient loyalty cards and programs could provide ... patient-support forums, which would be moderated, but would allow patients to share experiences about their illnesses, treatment regimens and managing things like side effects. These type of patient-focused resources and patient-originated resources are often where patients seem to find answers to simple questions about how to manage everyday life.”

Survey methodology

The opinions and quotes in this article came from three surveys conducted on behalf of MM&M in April 2014. Each focused on one of the relevant populations: patients, physicians and payers.

The patient survey was fielded by Wego Health using the TruVio mobile research platform and database of 65,000 health activists, and collected 31 responses, both multiple choice and verbatim. Some verbatim responses have been slightly edited for clarity.

The physician survey was conducted by MDLinx.com and M3 Global Research, and had 1,003 participants.

The payer survey was conducted by MediMedia Managed Markets through AccessLine, its proprietary database of HCPs, and subscribers of P&T (Pharmacy & Therapeutics), with 114 respondents.

For more extensive results and insights from the surveys, see the online version of this article at mmm-online.com.

■ “It’d be helpful to have a reminder app as part of a loyalty program.”

■ “If they linked to smartphone apps for compliance, or reminders for refills, or recording side effects, or things to talk to their doctors about, any of those would be good.”

■ “There should be a service on the loyalty card that offers information about the medication, and that rewards the person for refilling the prescriptions on time and taking them in a timely manner. I think the person should be rewarded when they learn more about the medication.”

■ “Make patient education part of the program where if they go online to register for the card, there’s a special section ... on



52% of patients think co-pay cards encourage the use of branded drugs when cheaper options may be available

how this drug is to be used, and expert information on the medical conditions it treats. Those might be more incentive for patients to sign up because they’ll learn more about their health care.”

■ “I believe loyalty programs could assist patients by providing medication management assistance via... electronic newsletters or texts with links to newsletters about the condition the medication is controlling.”

Perhaps these responses could serve as a teachable moment. Patients were vocal about services that would help them, and what they described were not deep discounts, but knowledge, support and community. The pharmaceutical industry talks a lot about the concepts of “patient centricity” and “value beyond the pill.” It appears that patients feel it may be falling short. ■



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