

**A STUDY OF THE QUALITATIVE
IMPACT OF NON-MEDICAL
SWITCHING**

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**Alliance for
Patient Access**



EXECUTIVE SUMMARY

The story has become a familiar one. A patient with a chronic condition works with his or her doctor to find the right treatment. The condition is stabilized, manageable.

But then that stable patient is driven by the insurance company to a drug that's less expensive. The switch prioritizes insurers' profit over patients' health. And it often comes with consequences: new side effects, re-emerging symptoms that had been under control, or interactions with medication the patient takes for other conditions.

Now, for the first time, a national study puts data points behind the story – providing a clear, measurable look at the qualitative impact of non-medical switching. This report details the findings of two in-person focus groups as well as a national poll of 800 patients who experienced non-medical switching firsthand. Their responses and stories shed new light on:



The Value of the Right Medicine

A majority of patients (60%) reported that it was “hard” to find the initial medicine that worked for them. They overwhelmingly placed a high value on having the right medicine (95%) and reported that they depended upon their original medicine to go about their day-to-day lives (88%).



How Non-Medical Switching Happens

Most patients report that their insurer stopped covering their current medicine (41%), and that they found out about the change at the pharmacy counter (48%). A majority turned to their health care provider for help in understanding the switch (54%).



What Happens to Patients' Health & Health Care

Nearly 40 percent of patients said the new medicine was not as effective as their original, and almost 60 percent experienced a complication from the new medication. Nearly one in 10 reported being hospitalized for complications after the switch. And almost 40 percent reported that being switched was so frustrating it led them to stop taking their medicine altogether.



How Non-Medical Switching Impacts Work & Family Life

Two-thirds of respondents said the switch impacted their ability to be productive at work, while more than 40 percent said they weren't able to care for their children, spouses or other family members as needed. More than half said they couldn't continue their regular hobbies or activities, or didn't find the same enjoyment in them.



How Non-Medical Switching Impacts Patients' Emotional Well-Being

Patients reported experiencing non-medical switching on a deeply emotional level. Participants said that the switch left them feeling "frustrated" (83%), "confused" (72%) and "helpless" (70%). Three-fourths said, "I felt anxiety about losing a medicine I depended upon" (75%).



How Non-Medical Switching Affects the Physician-Patient Relationship

More than three-fourths of patients looked to their physician as their ally in coping with the non-medical switch. But they also had strong feelings about how the switch had undermined the relationship. A clear majority reported that non-medical switching "disrupted" the plans the patient had made with his or her physician (73%), with 86 percent agreeing that the insurer "took control" of a decision that "rightfully belongs" to the health care provider.



What Policymakers Can Do

Patients almost unanimously agreed that they and their health care providers should be a part of any decision impacting their medicine (93%). Ninety percent called for lawmakers to "give the power to make medical decisions back to my health care provider." Specifically, they cited clear communication (92%), a straightforward appeals process (93%) and continuous prescription drug coverage for ongoing conditions (91%) as necessary policy changes.

This report complements [2017 research](#) by the Institute for Patient Access, which explored the assumption that non-medical switching saves money for the health care system. That study found that cost-motivated medication switches result in higher non-drug medical costs – such as doctor's visits, hospitalizations and ER visits – downstream for several key disease states.

POLL RESULTS

FINDING THE RIGHT MEDICINE

For patients, medicine is personal.

So is their relationship with their health care provider, who worked with them to find a medicine that treats their condition with the fewest side effects possible, one that allows them to go about their daily lives. The process of determining which medicine works may have been long and frustrating. Patients are relieved and grateful to have a stable therapy. In fact, they depend upon it.



60%

It was hard for my doctor or health care provider to find the original medicine that worked for me.

88%

I depended on that medicine to go about my daily life.

88%

Being able to keep taking that medicine was important to me.

95%

I place a high value on having the right medicine.

“It literally had taken us, my doctor and I, **years** up to that point **to find the right medicine that worked for my issues**, and I was on it barely a year before insurance decided to take it away from me.”

35-44 Female, New York
Chronic Pain, Diabetes & Heart Disease

THE NON-MEDICAL SWITCH

To maximize savings – and profit – health plans and pharmacy benefit managers may push patients, even those who are established and stable on their medicine, to switch to a drug that costs the health plan less.

Health plans take a number of different approaches to effect a switch. They may eliminate the drug from their formulary, for example, or elevate the drug to a coverage tier with a prohibitive out-of-pocket requirement for the patient.

PATIENTS REPORTED THEIR HEALTH PLANS SWITCHED THEM BY:

41%

Deciding to no longer cover the drug they use.

33%

Increasing their co-pay or out-of-pocket cost.

15%

Changing medicine, but not sure how.

10%

Deciding that co-pay coupons used to help pay for medicine no longer apply toward annual deductible.

PATIENTS REPORTED FINDING OUT ABOUT THE CHANGE:

48%

At the pharmacy when they went to get their medicine.

37%

Through an insurance letter in the mail.

13%

Through their health care provider.

Desperate to understand what was happening, patients tried to get more information about the switch. They reported looking for help from one or more of the following:



54%

Their Doctor or Health Care Provider



38%

Their Pharmacist



23%

A Health Plan Representative



6%

An Online Resource



1%

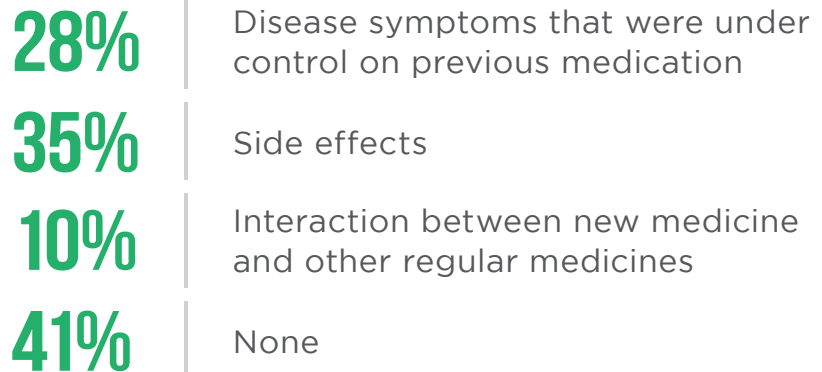
Other

MEDICAL COMPLICATIONS

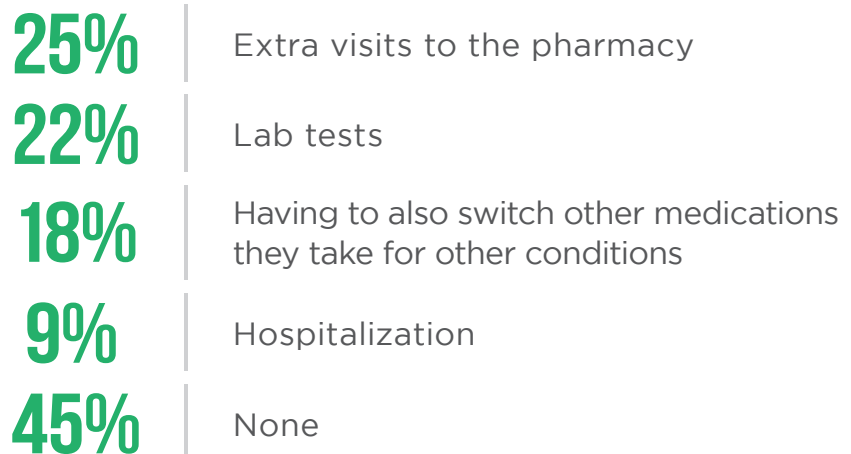
For many patients, being compelled to switch medicines for non-medical reasons leaves their health and their lives in disarray. Symptoms that had been kept at bay on their previous medicine re-emerge. Interactions between the new medicine and drugs they had for other conditions present new problems.

Nearly 40 percent of patients (38%) reported that the new medicine was not as effective as the previous one, with more than one in 10 saying it “didn’t work at all.”

Nearly 60 percent of patients reported having one or more complications as a result of the new medicine:



As a result of having their medicine switched, patients found themselves requiring one or more of the following:



STEVE'S STORY

“They Didn’t Save Any Money...At All.”



Steve and his physician had found a regimen that worked to manage his Crohn’s disease. Then the insurer switched him to a new medicine – “gigantic pills,” Steve recalled. And Steve had to take six each day.

The experiment didn’t last long. After two days, Steve wound up in the hospital. The pills had gotten lodged in his intestines and didn’t dissolve. He had a blockage.

Steve spent a full seven days in the hospital before being discharged. He finally convinced his insurer to let him return to his original medicine.

HASSLES & LOGISTICAL CHALLENGES

For patients, being switched has a domino effect. Interrupting their care regimen means more appointments and lab work, more back and forth, appointments with specialists, even hospitalization.



RESPONDENTS REPORTED:

40%

Needing to visit their health care provider more frequently after being switched.

And half of patients experienced an increase in everyday hassles and logistical burdens, such as:

23%

Having to travel more for appointments and tests

23%

Having to make appointments with specialists

22%

Having work or life schedule interrupted by added health care needs

44%

No change.



For some, the hassle or lack of effectiveness led them to just give up.

39%

The experience was so frustrating, more than one-third of patients simply stopped taking their medicine altogether.

EFFECT ON HOME LIFE & WORK LIFE

The ripple effect of having their medication switched leads to unfortunate changes in other aspects of patients' life. On the issue of home and personal life, respondents reported that:



52%

I wasn't able to continue my regular hobbies or activities, or I didn't find the same enjoyment in them.

43%

I wasn't able to care for my children, grandchildren, spouse, parents or other family members like I needed to.

48%

I wasn't able to attend or fully participate in life events such as birthdays, holidays, family vacations, or weddings of family members or close friends.

42%

My relationship with a family member or friend suffered as a result.

Non-medical switching also affected patients' work and civic responsibilities.



66%

My ability to focus or be productive at work was impacted by problems, symptoms or side effects related to having my medicine switched.

55%

I missed work due to problems, symptoms, side effects or medical appointments related to my new medicine.

56%

My relationship with colleagues and my interaction with them in meetings, conference calls or work-related events was impacted by problems, symptoms or side effects related to having my medicine switched.


PSYCHOLOGICAL & EMOTIONAL IMPACT

Beyond the new symptoms, the additional medical appointments, and even the impact on family and work life, patients experience non-medical switching on a deeply emotional level.

Respondents admitted that the switch left them feeling:

72% 
Confused

70% 
Helpless

75% 
Anxious
about losing a medicine
I depended upon.

Patients also admitted feeling "frustrated" about the experience (83%).

Beyond emotional impact, patients had specific complaints about the way the process unfolded.



80%

I felt upset that I wasn't part of a decision that seriously impacted my life and health.

74%

I felt frustrated that I wasn't given a straightforward chance to appeal the switch.

ROBERT'S STORY

"I don't even remember my daughter being born."

When Robert's medication for post-traumatic stress disorder was switched, he found himself facing a barrage of new side effects. Drowsiness, confusion, the sense of being "out of body," as Robert recalled. Robert struggled to stay focused at work, and he was dazed and drowsy during family time too. He admitted that, due to the side effects of the new medicine, he has little memory of his young daughter's birth.

Robert's wife finally confronted him, saying,

"It's like you're not even here."

IMPACT ON THE PHYSICIAN-PATIENT RELATIONSHIP

Through it all, patients see their physician as their ally. But neither is happy about the switch.

RESPONDENTS REPORTED:

78%

My health care provider was my ally, helping me work things out with the insurer.

72%

My health care provider and I both felt frustrated about the switch.

And a majority of respondents saw the switch as disrupting plans they had made with their physician and causing the physician and staff to waste time on administrative requirements.

73%

My health care provider and I had already decided how to treat my condition, and the insurer's switch disrupted our plans.

69%

The switch added paperwork and administrative work that took time my health care provider and his or her staff need for actual patient care.

Patients' concerns are deeper than just frustration. Many reported feeling that the fundamental balance of power in health care decision-making had been set off-kilter.

86%

The insurer took control of a decision that rightfully belongs to my doctor or health care provider.

74%

The switch disrespected my health care provider and his or her medical expertise.

74%

My health care provider should have been informed about the switch, but was not.



IN THEIR OWN WORDS

Statistics tell only part of the story. Patients' insights spoke to the root of why non-medical switching is a problem.



My depression got worse. ”

25-34 Female, Oklahoma
*Asthma, Chronic Pain,
Crohn's Disease,
High Blood Pressure*



“I am back to using my rescue inhaler several times a day.”

55-64 Female, New Jersey
Asthma, Heart Disease, High Blood Pressure



I am still suffering and don't know if I will ever get back to the symptom-free life I had. ”

55-65 Male, Pennsylvania
*Asthma, Cancer, Chronic Pain,
Osteoporosis, Psoriasis,
Rheumatoid Arthritis*



“I couldn't get my diabetes back under control.”

45-54 Female, California
Asthma, Chronic Pain, Diabetes



My rheumatoid arthritis started flaring up, and that caused a chain reaction to my fibromyalgia and Sjogren's syndrome. ”

25-34 Female, California
Rheumatoid Arthritis



“I was continually getting headaches from the new medication.”

65+ Female, Illinois
High Cholesterol, High Blood Pressure



I felt like the insurance company put their financial bottom line ahead of my health. ”

35-44 Female, Florida
Diabetes, Psoriasis



“I couldn't sleep.”

55-64 Male, California
*Diabetes, High Cholesterol,
High Blood Pressure*

A BETTER WAY

While patients' experiences with non-medical switching vary, their opinions about how medical decisions *should* be made are nearly unanimous. Poll responses clearly conveyed that:



PATIENTS & HEALTH CARE PROVIDERS NEED A VOICE

93%

I should be a part of any decision that impacts my medicine.

93%

My health care provider should be a part of any decision that impacts my medicine.

RULES SHOULD APPLY TO NON-MEDICAL SWITCHING

92%

My health care provider and I should be informed in a clear and timely way if my insurer plans to switch my medicine.

93%

My health care provider and I deserve a straightforward way to appeal if my insurer switches my medicine.

89%

Insurers shouldn't be allowed to change the rules mid-year about which prescription drugs they cover for patients who carry their insurance policies.

LAWMAKERS CAN MAKE A DIFFERENCE



90%

Lawmakers should give the power to make medical decisions back to my health care provider.

89%

Lawmakers should require that health insurers get patients' consent before making changes that result in patients having their medicine switched.

92%

Lawmakers should require health insurers to provide a straightforward way for patients to stay on their current medicine if they want to.

91%

If an insurer covers a drug when a patient signs up for a health plan, that insurer should have to continue covering that drug, at the same cost to that patient, for as long as the patient stays with the plan.

METHODOLOGY

In-person focus groups of patients who had experienced non-medical switching took place in Des Moines, Iowa and Dallas, Texas on December 10-11, 2018. An online survey was conducted January 8-13, 2019 on behalf of the Alliance for Patient Access by Public Opinion Strategies. The survey included 800 patients who had been non-medically switched. It has a margin of error of +/- 3.46%.



DEMOGRAPHICS

Gender

- 51%** | Male
- 49%** | Female

Ethnicity

- 11%** | African American or Black
- 76%** | White
- 9%** | Hispanic or Latino American
- 3%** | Asian American
- 1%** | American Indian
- 1%** | Other

Age

- 27%** | 18-34
- 21%** | 35-44
- 12%** | 45-54
- 24%** | 55-64
- 17%** | 65 and above

Disease State*





- 43%** | High Blood Pressure
- 38%** | High Cholesterol
- 28%** | Asthma
- 27%** | Diabetes
- 24%** | Chronic pain
- 9%** | Heart Disease
- 9%** | Rheumatoid arthritis
- 7%** | COPD
- 7%** | Osteoporosis
- 6%** | Psoriasis
- 6%** | Cancer
- 3%** | Crohn's disease
- 3%** | Epilepsy
- 2%** | Multiple sclerosis
- 10%** | None of the above

**Participants were allowed to select more than one disease state*



Alliance for Patient Access

Learn more about non-medical switching:

-  Understanding Non-Medical Switching
-  Cost-Motivated Treatment Changes & Non-Medical Switching
-  Asthma & Non-Medical Switching
-  Botulinum Neurotoxins & Non-Medical Switching