

Fall 2008 phototherapy copayment survey

Executive Summary

Results from the fall 2008 National Psoriasis Foundation survey on phototherapy copayments support the position that phototherapy co-pays are a burden to patients and serve as a barrier to receiving this form of treatment.

Of more than 1,000 surveys administered via email and fax, we received responses from 192 dermatologists – a 16 percent response rate. Most respondents were medical professionals practicing in a solo [32.8%] or group [29.2%] practice, although many also reported practicing in an academic setting [17.7%]. The majority of respondents' practices were located in either an urban setting or suburban setting. When asked about patient demographics, nearly all respondents recorded seeing "general dermatology" patients [91.1%], with nearly a quarter [24.5%] seeing medical/hospital dermatology patients. Additional patient types included "pediatric dermatology" [16.1%] and "MOH" patients [9.4%].

The approximate number of patients seen in any one month, by any one provider, ranged from zero to 1,600 patients, with the mean as 94 patients. The approximate number of patients seen in any one year ranged from zero to more than 10,000 patients. Generally speaking, most practices reported seeing around 100 psoriasis patients a year. Just fewer than 50 percent of survey respondents [43%] have seen an increase in the number of psoriasis patients treated with light therapy compared to five years ago.

Eighty-seven percent of respondents reported currently using phototherapy in their practice to treat psoriasis, and of those, narrowband phototherapy was the most commonly used light modal [81.3%]. Nearly half of respondents used some form of laser therapy and/or traditional broadband light therapy. Eight-nine percent of respondents reported that they would not be purchasing a phototherapy unit in the next twelve months. The skin disorder most frequently treated with phototherapy was psoriasis with eczema and vitiligo also commonly cited. Most practices are not referring patients to other dermatologists [91.9%] and this number has stayed about the same when compared to the number of referrals five years ago.

Providers are nearly all in agreement that phototherapy is a good treatment option for patients and remains a valuable treatment even in an era with newer classes of drugs, such as biologics. Almost all of the survey respondents currently use biologics, with Enbrel and Humira being the most commonly prescribed medications. ***The most common reasons for discontinuing light therapy include: the cost to the patient [30.8%], inconvenience of treatment [25.5%] and the availability of new treatment clinical trials [16.4%].*** The cost to the doctor was cited as the least common reason for discontinuing phototherapy treatment for a patient [36.6%].

Nearly half of all providers stated having difficulty getting reimbursed for phototherapy treatment. ***The average co-pay expected of a patient appeared to be right around \$30 dollars, although patients are paying anywhere from \$0 upwards of \$50 per co-pay. Ninety percent of***

all providers agreed that the co-pay associated with phototherapy limits a patient's ability to undergo this form of treatment. Interestingly, one respondent reported only charging for the procedure in order, “to keep down cost for the patient.” Another respondent reported charging monthly co-pay versus a co-pay for each treatment.

In sum, these findings bolster research to date on the negative impact of phototherapy copayments on patient care. It appears that co-pays continue to be on the rise, with patients averaging \$30 co-pays for each phototherapy visit. Further, cost—as well as the inconvenience of light treatment—seem to be the top reasons for discontinuing light treatment with psoriasis patients. Respondents are mostly in agreement that phototherapy remains a valuable treatment even with more sophisticated drugs, such as biologics, being available.