
Medical and Financial Clearance Processes as Key Services to Realize Precision Medicine

October 10th 2019

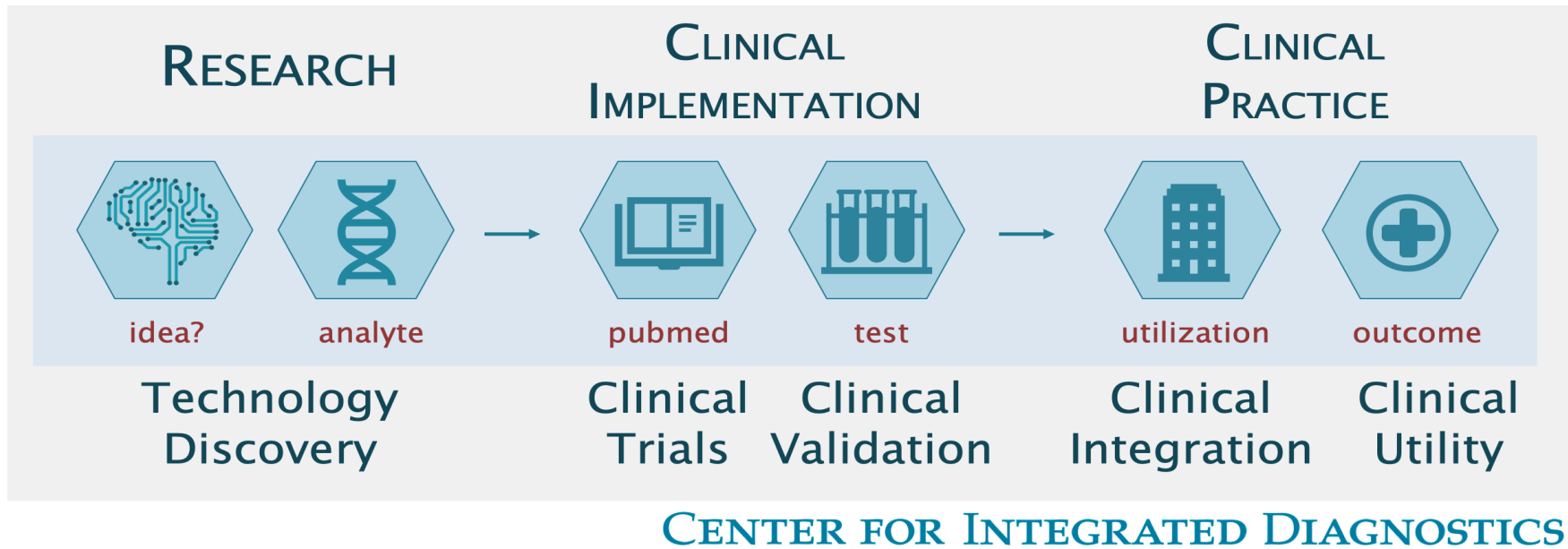
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“Realization of Personalized Medicine
requires Personalized Medical and
Financial Clearance Processes”

*I will try to
convince you
of this
statement*

Center for Integrated Diagnostics - Concept



TRADITIONAL MEDICINE vs. **PRECISION MEDICINE**

Traditionally, radiation, chemotherapy, and surgery were the only means by which doctors could treat cancer.

With precision medicine, doctors use a patient's genes to uncover clues for treating the disease.

RADIATION

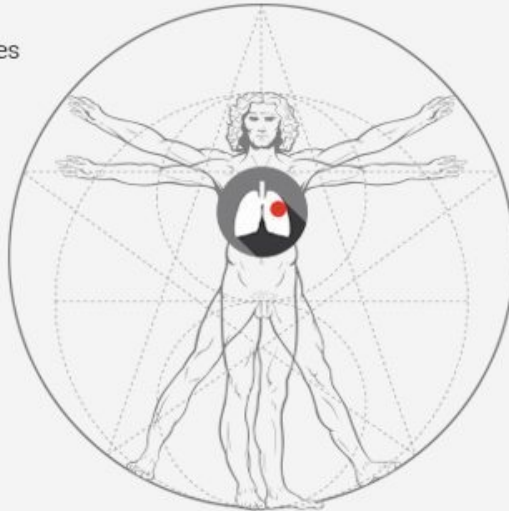
- High-energy particles damage or destroy cancer cells

CHEMOTHERAPY

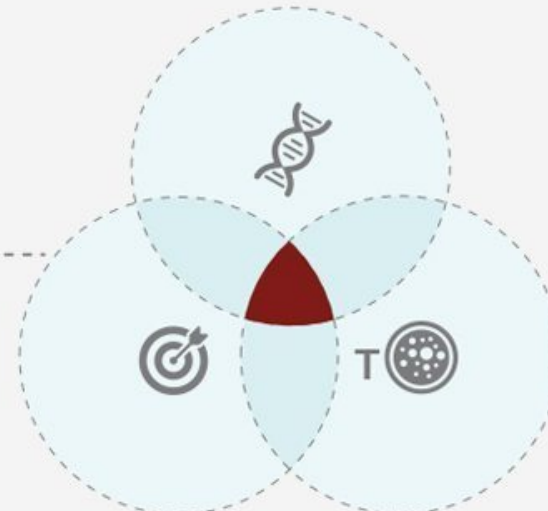
- Chemicals attack cancer

SURGERY

- Operate on part of the body to diagnose or treat cancer



Advanced
Personalized
Treatment



GENETICS

- Gene sequencing
- Locate cancer-causing genes

IMMUNOTHERAPY

- Identify ways to customize treatment
- Find ways to turn immune system on
- Personalize treatment with immune-activating drugs

TARGETED THERAPIES

- Drugs turn specific genes on or off

+ TRADITIONAL THERAPIES

<https://healthmatters.nyp.org/precision-medicine/>



Status quo

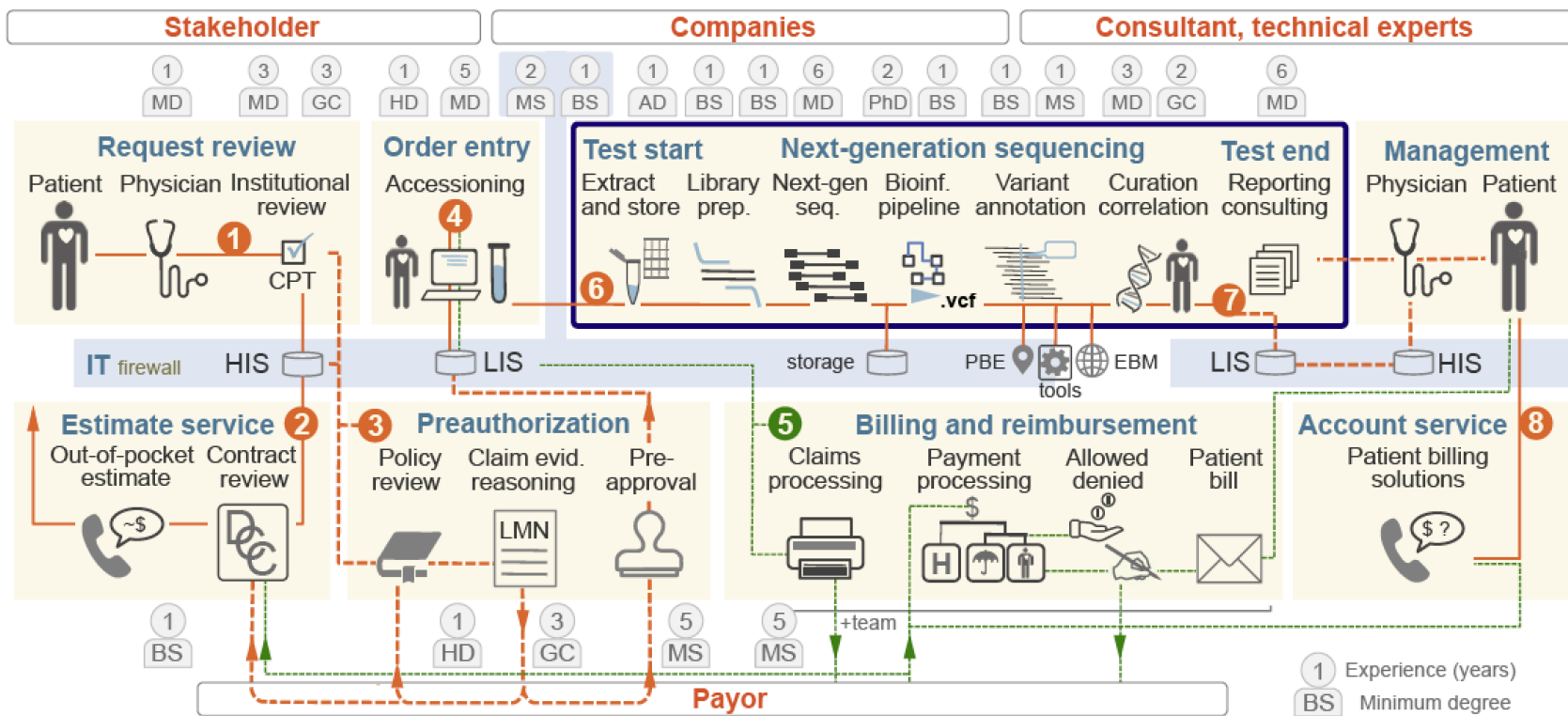
- DNA testing is **still not** mainstream
- Progress in personalized medicine is staggering
- **Knowledge.data** is growing fast
- Patient demand



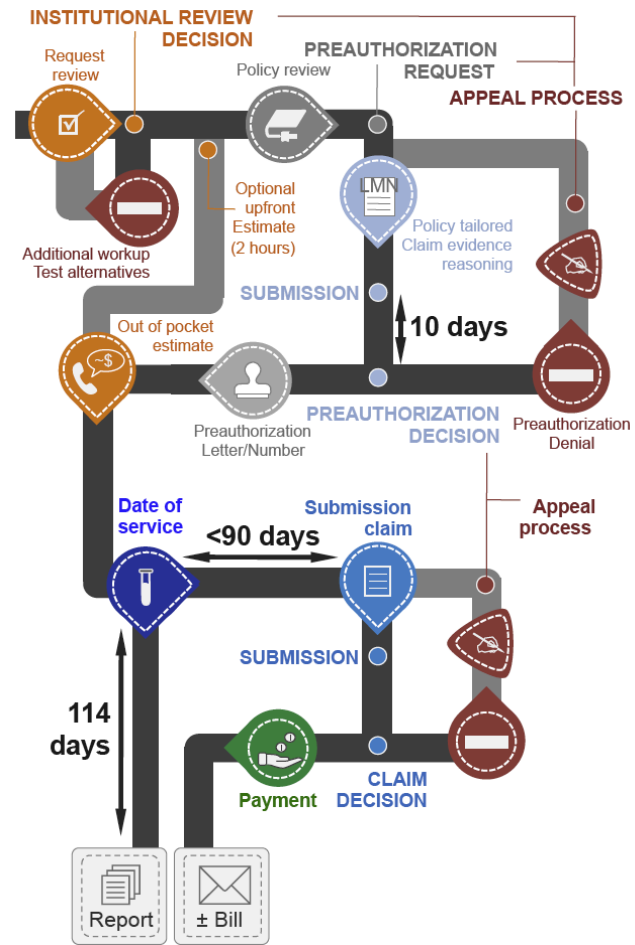
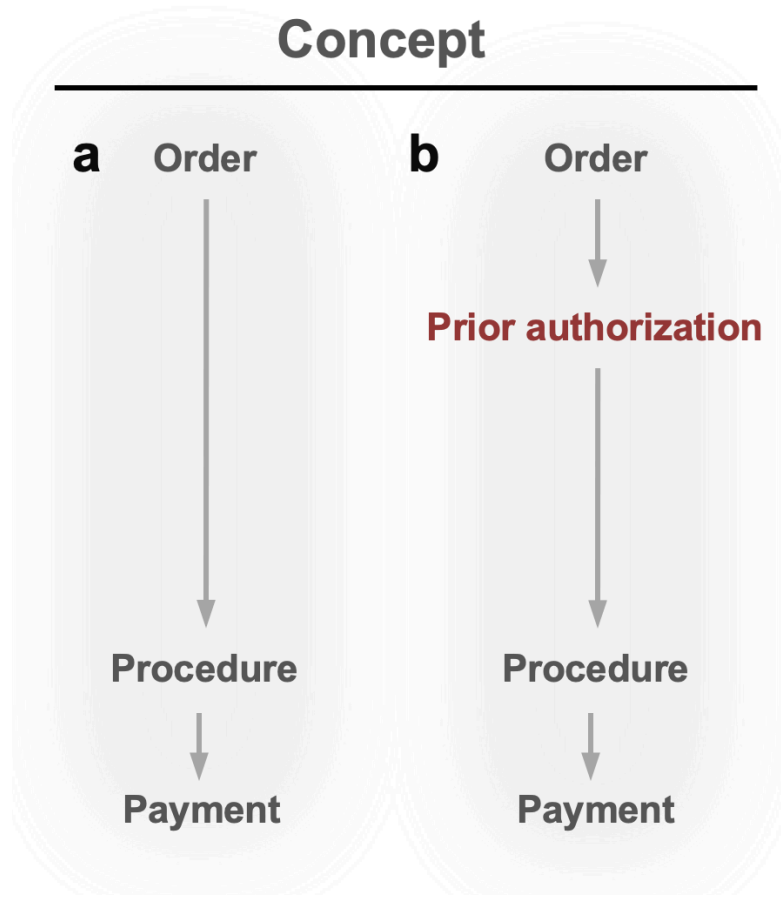
Billing & RCM

- Prior authorization
- **Diversity** of payment plans
Deductibles, Coinsurance, Copay...
- **Antiquated** Processes
- Compliance and regulatory **complexity**

Synthesize the healthcare infrastructure for financially-sustainable genomics

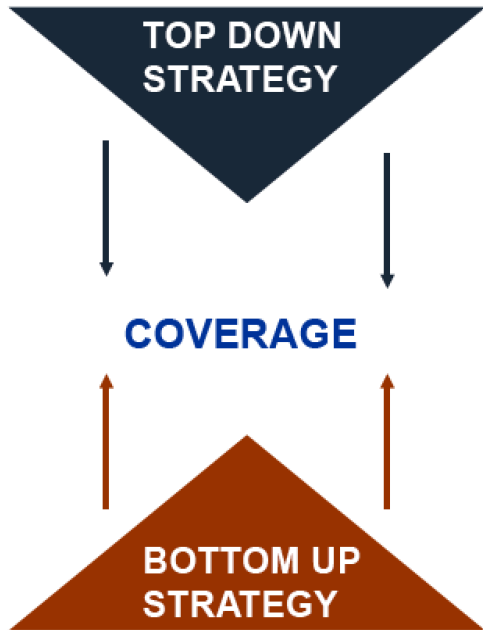


Concept



Center for Integrated Diagnostics, internal – Lennerz et al., unpublished

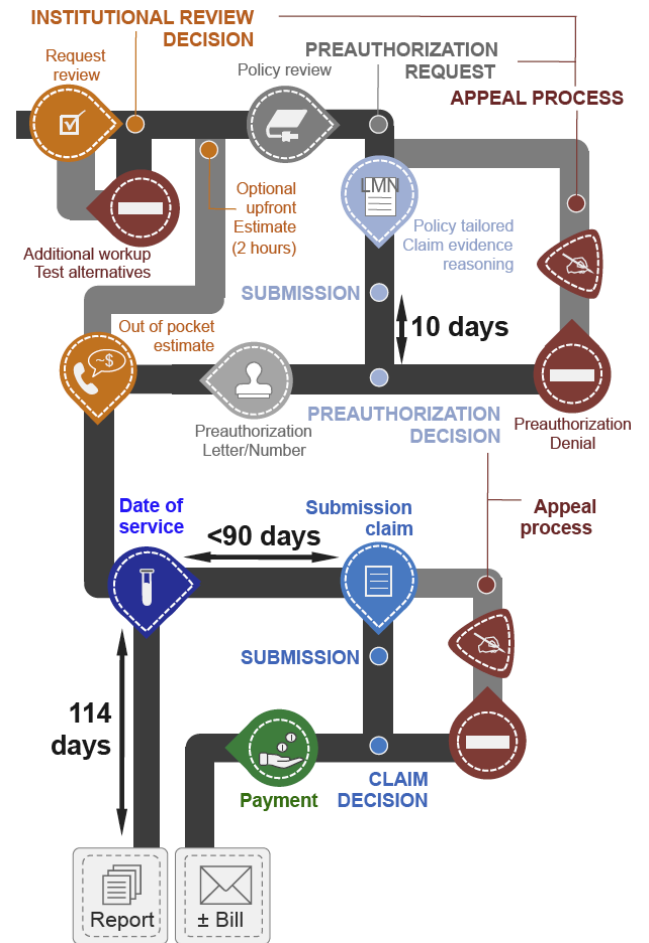
Lennerz et al., 2016 JMD



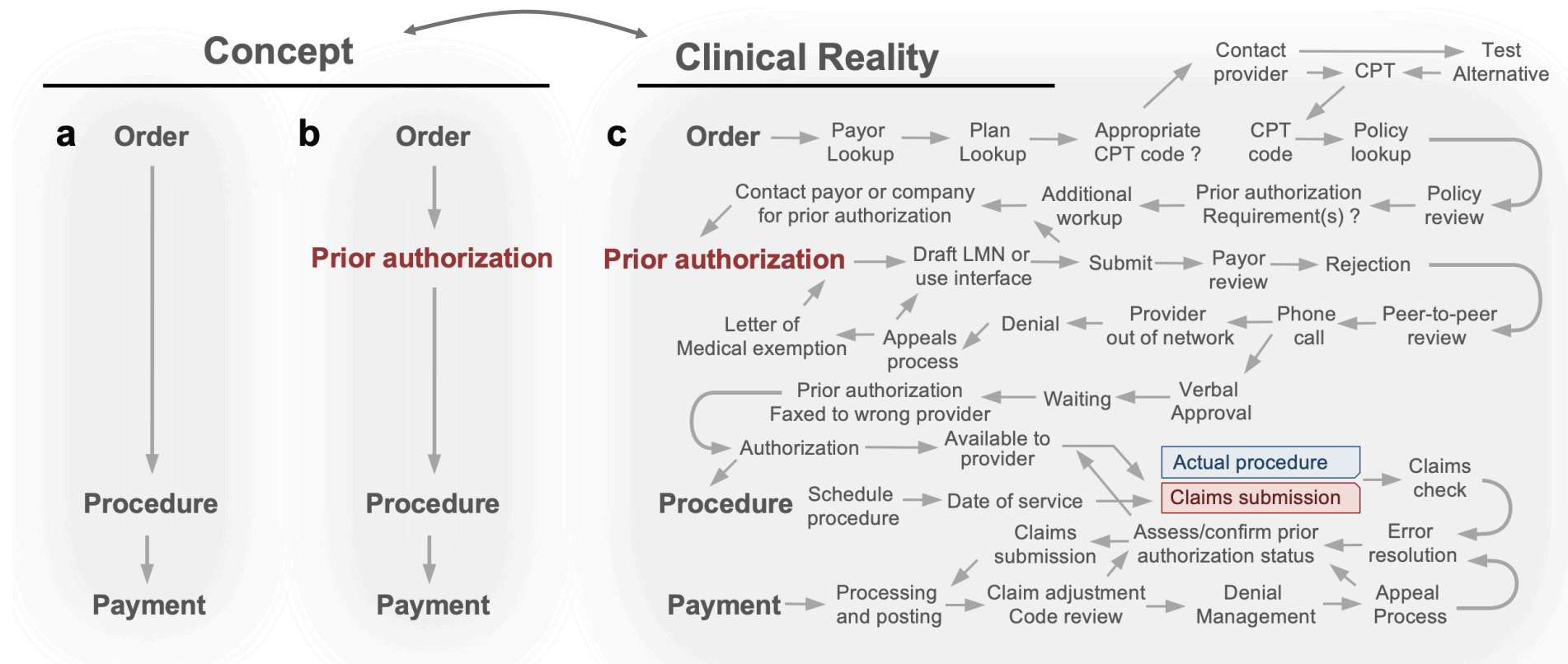
- ✓ Developing and publishing strong clinical utility evidence
- ✓ Engaging payer medical directors to advocate for publication of favorable coverage policies

- ✓ Developing a robust appeals program to overturn medical necessity claim denials
- ✓ Leveraging successful appeals to make a case for formal coverage

In the absence of strong clinical utility evidence, a robust appeals program can be an effective tool to secure coverage



Lennerz et al., 2016 JMD



Center for Integrated Diagnostics, internal – Lennerz et al., unpublished



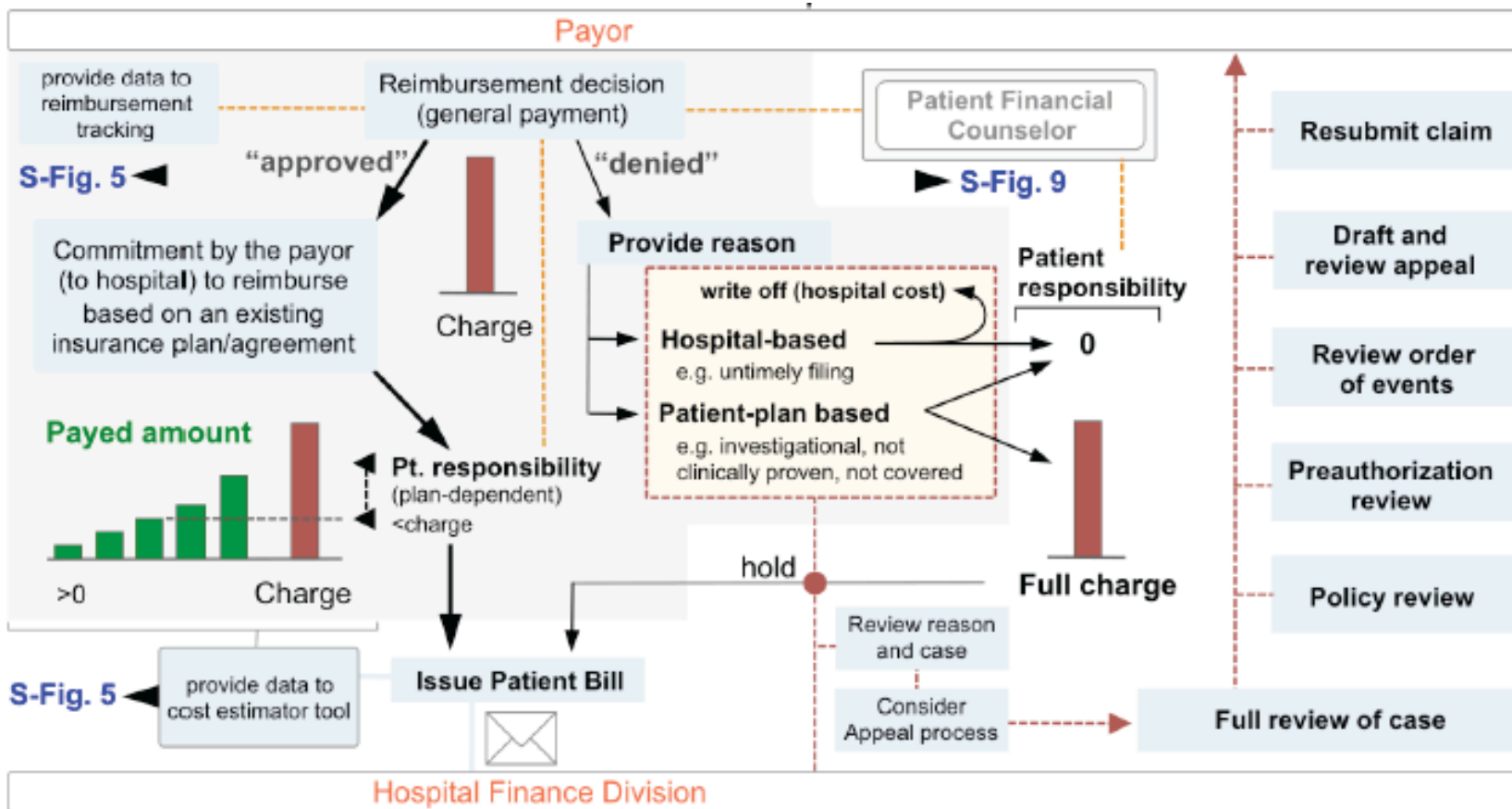
An association of independent Blue Cross and Blue Shield companies



Consensus Statement on Improving the Prior Authorization Process

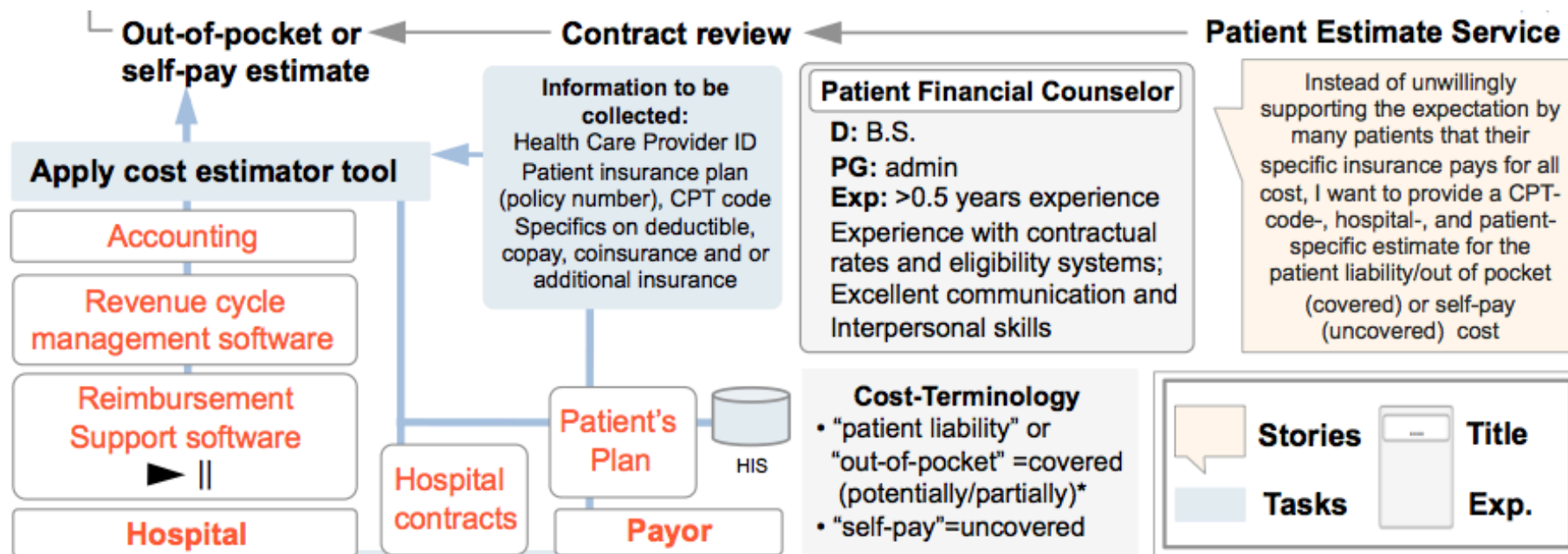
Our organizations represent health care providers (physicians, pharmacists, medical groups, and hospitals) and health plans. We have **partnered to identify opportunities to improve the prior authorization process**, with the goals of promoting safe, timely, and affordable access to evidence-based care for patients; **enhancing efficiency**; and **reducing administrative burdens**. The

<https://www.ama-assn.org/sites/default/files/media-browser/public/arc-public/prior-authorization-consensus-statement.pdf>



Lennerz et al., 2016 JMD

Out of Pocket Estimates



Summary

- “Realization of Personalized Medicine requires Personalized Medical and Financial Clearance Processes”
- Clinical genomics is an integral part of precision medicine
- Achieving reimbursement is a major challenge
- Effective prior authorization processes are key
- Combined financial clearance approaches are necessary
- RCM is Personalized Medicine

Discussion

- What are your problems?
 - How do you address prior authorization and payor-tailoring?
 - How can you streamline prior authorization?
-

Medical and Financial Clearance Processes as Key Attributes to Realize Precision Medicine

Questions: Jlennerz@partners.org

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