www.CancerPrecisionMedicineCommons.org

Understanding Barriers in Access to Biomarker Testing and Genetic Testing for Inherited Risk/Genetic Testing for Inherited Mutations (Genetic Testing)

Wendy Selig[1], Nikki Martin[2], Beth Sandy, MSN, CNRP[3], Christie Jett, CGC[4], Deborah Collyar[5], MBA

[1]WS Collaborative, McClean, VA/USA, [2]LUNGevity Foundation, Bethesda, MD/USA, [3]University of Pennsylvania Medical Center and Advanced Practitioner Society for Hematology and Oncology, Philadelphia, PA/USA, [4]Genetic Support Foundation, Olympia, WA/USA, [5] Patient Advocates in Research, Walnut Creek, CA/USA

Background

- The Cancer Precision Medicine Commons provides a forum for information/ sharing among patient advocacy organizations and professional societies to allow for collective efforts and synergistic progress.
- Providers need to ensure they offer and order appropriate tests for cancer diagnosis and treatment. However, patient access to timely biomarker & genetic testing are hindered by coverage and reimbursement barriers.
- Healthcare providers ordering these tests must navigate patient care complexities and a complex billing landscape for timely results.
- The Commons' member organizations surveyed healthcare providers to grasp barriers affecting patient care.

Methods

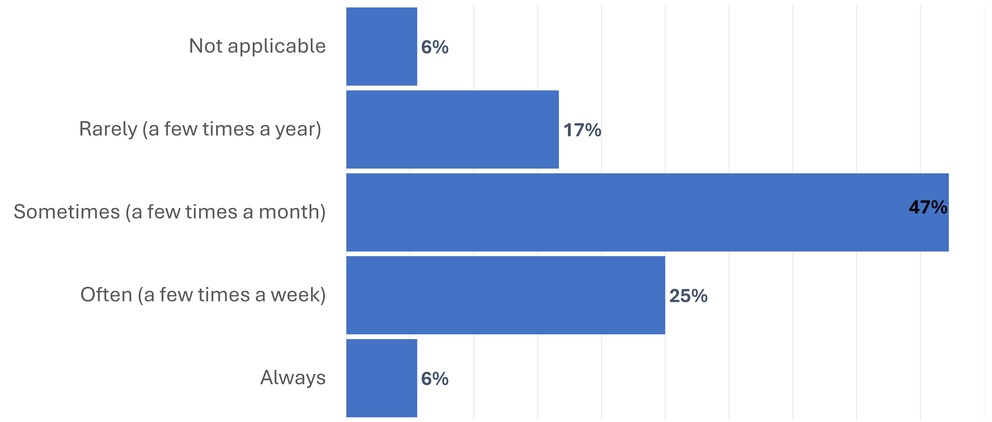
- Commons members developed 2 Survey Monkey instruments on biomarker and genetic testing, distributing them via email/social media to providers (9/23-12/23).
- The recipients were invited to complete 1 or both based on expertise.
- Working group members reviewed and analyzed responses, focusing on US respondents, and separately evaluated responses regarding care delays across academic and hospital/community practice settings.

Anecdotal Feedback

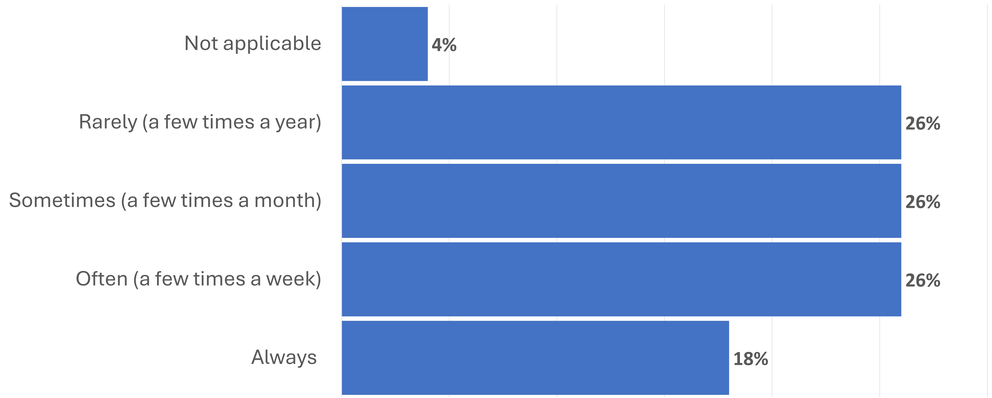
"It's disappointing that a physician who has undergone 4 years of medical school, 3 years of internal medicine training, and at least 2 years of oncology fellowship has to explain/justify a test that is already on NCCN guidelines. **The ability to take care of people with a deadly cancer and being confronted with barriers that in essence calls into question a physician's judgement is discouraging. Additionally, the patient's life may be compromised.**"

"Time spent working on financial/insurance-based barriers definitely take time away from handling more clinical, patient-focused matters. **Sometimes, the issues can be so difficult/delayed that patients are lost, where they either fail to follow up or give up partway.**"

Percentage of providers who report that patients encounter care delays because of extended biomarker testing timelines (e.g., financial concerns, Medicare 14-Day Rule, insurance prior auth)



Percentage of providers who sometimes lack information about whether a germline genetic test is covered



Results

Biomarker testing survey:

- 75 responses from 23 states and Washington, DC
- 52% physician, 21% AP, 7% nurse, 20% financial nav/pharmacist/ other
- 73% academic, 27% hospital, 11% community cancer, 3% VA, 7% clinic
- Providers encounter difficulties navigating the prior authorization process, with 16% experiencing it always or a few times a week, and 34% encountering it a few times a month.
- 21% say financial concerns lead to biomarker testing not being recommended for patients sometimes or often.

Genetic testing survey:

- 50 responses from 25 states and Washington, DC
- 35% physician, 38% genetic counselor; 27% social worker/AP/other
- 55% academic; 37% hospital, 18% clinic, 10% comm cancer, 2% VA
- 20% of providers frequently (a few times a week) and 22% of providers occasionally (a few times a month) lack information on how tests are authorized.
- 62% said they sometimes, often or always lack information about the cost of a test they want to order for their patients.

Conclusions

- Healthcare providers face bureaucracy and delays in ordering vital tests despite their importance.
- Limited survey responses likely represent highly engaged providers, possibly underestimating the actual impact of coverage barriers.
- Policy changes at federal and state levels, like addressing the Medicare 14-day rule, offer potential solutions.
- Mandating insurance coverage for biomarker and genetic testing is supported by the authors, easing administrative burdens and improving patient care.

The Cancer Precision Medicine Commons is grateful to the providers who participated in the surveys and to the patient groups and professional societies who supported the survey.