

Patient Experience Survey: Navigating the Patient Experience: The Barriers and Burdens Standing Between Patients and Care

Key Findings

Insured Americans are struggling to navigate their health care coverage in the face of insurer- and pharmacy benefit manager (PBM)-imposed barriers and cost sharing practices that stand between patients and their medicines. This is according to a new study with a representative sample of over 5,000 Americans, conducted with Ipsos.

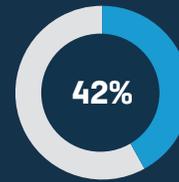
Insured Americans are struggling to navigate their insurance coverage.

- 39% of insured Americans say they don't understand what's covered by their insurance plan, and 42% have trouble anticipating what they will pay for health care services.
- On top of this uncertainty, patients must deal with administrative burdens. For example, 18% of insured Americans say they spent at least two hours or more on paperwork, phone calls and other administrative tasks with their insurance company to get coverage for needed medicines in the past three months.
- Many also worry about their coverage's fine print, such as high out-of-pocket cost requirements or restrictive policies. For example, 47% of insured Americans taking prescription medicines are concerned that a medicine their doctor recommended or prescribed would be excluded from the formulary, while 42% are concerned that they would have to wait for their insurer to provide prior authorization for a medicine their doctor prescribed.

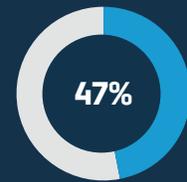
Insured Americans are vulnerable to unaffordable out-of-pocket costs and other financial barriers to care.

- 30% of insured Americans say they face a financial barrier to care, such as unaffordable out-of-pocket costs or a lack of savings to pay for emergency or unforeseen expenses. Those disproportionately affected include insured women, LGBTQ+ Americans, Black Americans, Hispanic Americans, those with chronic conditions, parents and caregivers.
- Deductibles are driving out-of-pocket cost challenges, with 36% of patients citing deductibles as the number one factor for difficulty affording out-of-pocket costs.

Percent of Insured Americans Taking Rx Concerned with Insurer Practices



Concerned about prior authorization

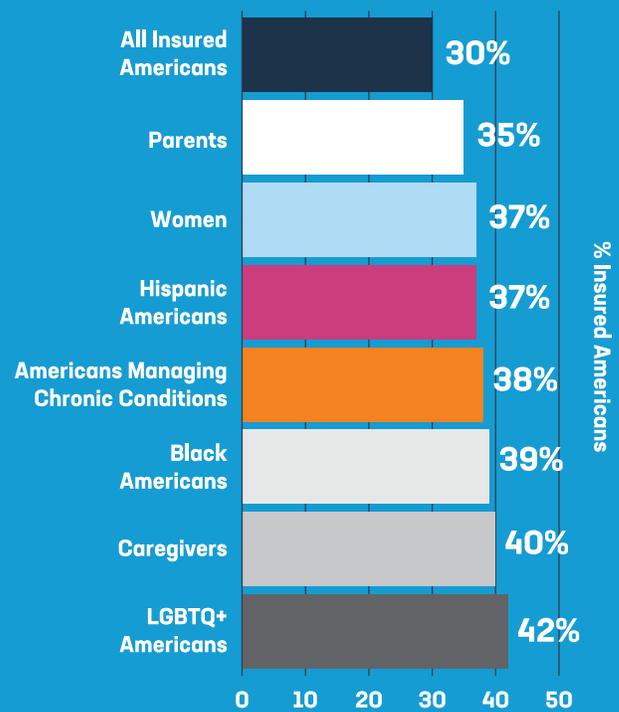


Concerned about formulary exclusion

Q: For each of the following, please indicate how concerned you are about its impact on your ability to access prescription medicines... I would have to wait for my insurer to provide prior authorization for a medicine my doctor prescribed. A medicine my doctor recommended or prescribed wouldn't be covered by my insurer (excluded from the 'formulary').
Base: 3,361 insured Americans taking prescription medicines
Source: Patient Experience Survey, May 23 - June 1, 2022

Insured Americans Who Are More Likely to Face Financial Barriers to Care

% Insured and Reporting Financial Difficulty by Subgroup



Insured Americans who find it very or somewhat difficult to afford OOPs, have no immediately accessible savings to pay for emergency/unforeseen expenses or spent more in OOPs than say could afford in the last month. See Appendix for financial barrier methodology.
Base: 4,720 Insured Americans
Source: Patient Experience Survey, May 23 - June 1, 2022

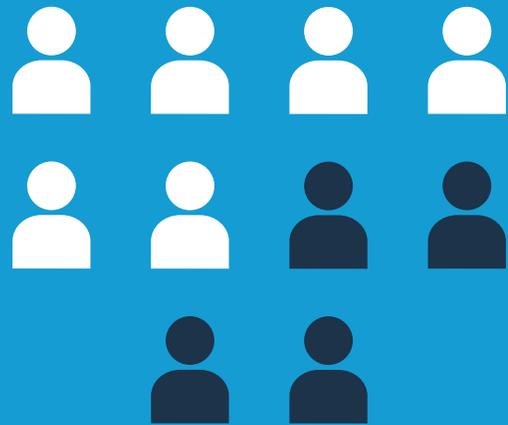
Insured Americans support policy reforms that make their coverage more predictable and affordable.

- Insured Americans favor solutions that improve coverage. 90% want more predictability in their out-of-pocket costs so that they know how much they will pay for things like prescription drugs every month.
- In fact, 58% of insured Americans would be willing to pay more in premiums if it meant better coverage.



If I could pay a **little higher premium** for my insurance, but that gave me the **peace of mind** that all my pharmaceuticals would be met? I would feel like that would really be worth it.

- **David, Arizona**



Six in 10 (58%) insured Americans would be willing to pay more in premiums if it meant better coverage.

Q: How likely would you be willing to pay more for your health insurance premiums if it meant having more services and prescription medicines covered?

Base: 4,720 Insured Americans

Source: Patient Experience Survey, May 23 - June 1, 2022

PhRMA's Patient Experience Survey (PES) is a research initiative designed to explore the barriers patients face in accessing health care and prescription medicines. Launched in the wake of the coronavirus pandemic, which exposed many of the vulnerabilities of our health care system, the survey reports the lived experiences of 5,103 Americans, including 4,720 with insurance; the latest PES also features qualitative data from hours of in-depth interviews. The research aims to understand how patients engage with the health care system, uncover the real, practical challenges Americans face around access and affordability and identify solutions that could make a meaningful difference.

Navigating the Patient Experience: The Barriers and Burdens Standing Between Patients and Care is the third report of the PES. This report examines how insured Americans navigate unclear and unaffordable insurance coverage and the disproportionate impact such coverage has on more vulnerable communities.

The full methodology and detailed findings can be found at phrma.org.



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