



Patient Access Network  
foundation

2009 ANNUAL REPORT







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## *Our Mission*

Patient Access Network helps underinsured patients access needed medications through co-payment assistance.





# 2009 ANNUAL REPORT

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## LETTER FROM THE CHAIR



Lyn Boocock-Taylor is the Chair of the Patient Access Network Board. She is Vice President of Development for Albert Einstein Healthcare Network, in Philadelphia, Pennsylvania.

### *2009: Greater Needs and Greater Assistance*

In these difficult economic times most Americans are living paycheck to paycheck and tightening their belts. For the underinsured that often means not buying the medications or healthcare treatments they desperately need. For many just a little assistance means the difference between foregoing treatment for a debilitating illness and living a healthy life. PAN makes that difference.

In 2009 we provided \$37.5 million in assistance to the elderly, the disabled, people who lost their jobs, and many others who have health insurance but were struggling to pay their out-of-pocket expenses.

PAN's impact is best reflected in the stories of the over 22,000 patients who benefitted from PAN's assistance in 2009. One patient from Texas shared, "PAN saved us at a time when everything else is falling apart. I don't know exactly where the money comes from but I am indeed grateful from the bottom of my heart."

PAN continues to work hard to better serve the underinsured and benefits of this assistance reach far beyond the doctor's office. Many patients report that being able to afford their treatments has reduced stress, increased physical activity, improved their quality of life, and given them hope. In the words of a rheumatoid arthritis patient from Indiana: "[You] helped me to gain my strength back and lead a more productive life!"

We continue to rely on the contributions of our supporters to ensure that no one has to choose between affording their medications and paying their mortgage, or between getting necessary medical treatments and paying their utility bill.

On behalf of the Board of Directors of the Patient Access Network Foundation, I want to thank all of our supporters. With your assistance we are able to bring peace of mind to thousands of people who are faced with many challenges.

Sincerely,

*Lyn Boocock-Taylor*

Chair, Patient Access Network Foundation

Last year PAN helped more people than in any other year. We also expanded the number of medical conditions we support.

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ABOUT PAN

## *Providing Assistance to a Growing Population*

Since 2004, Patient Access Network has helped over 72,000 underinsured patients. In these years we have been able to help people in all 50 states, the District of Columbia, and the U.S. territories of Puerto Rico, American Samoa, Guam, and the U.S. Virgin Islands.

The number of underinsured Americans has been on the rise for several years, and the global recession accelerated that ascent. For the millions of Americans who lost their jobs, it not only meant the loss of household income but also the loss of employer-provided health insurance.

This year a mother told us, "PAN helped me get my daughter's medication when my husband lost his job and I had to pick up my company's insurance. Our co-payment went from \$20 a month to \$999 a month, and there was no way we could afford that. PAN helped me to get my daughter started back on her medicine. Thank you for helping us."

Even those with jobs felt the effects as they were forced to reduce the quality of their health insurance coverage to save money. One patient told a story we hear too often: "We are struggling to hold on to our house, so when our insurance company told us the co-pay for our son's medication was over \$700 per month, we felt hopeless. Thank you for giving us hope."

In five years nearly \$119 million has been distributed by PAN through the generosity of our donors: individuals and corporations, pharmaceutical companies and patient advocacy groups. Our fundraising efforts continue year-round, and contributions are tax deductible and may support specific disease funds.

To learn more about supporting Patient Access Network, please call **202-384-1474**. Or visit us online at **[www.PANfoundation.org](http://www.PANfoundation.org)**.



### A HISTORY OF HELPING

In the last five years, Patient Access Network has:

- Approved 72,123 patients
- Provided \$118,929,431 in assistance
- Answered 596,570 phone calls
- Approved 276,896 claims





## PROGRAM OVERVIEW

### *Help and Hope for Underinsured Patients*

Patient Access Network provides financial assistance to senior citizens and babies, to the employed and the unemployed, to families and to single people. As different as these people may be, they share a common struggle to make ends meet and are often forced to make difficult financial decisions about their healthcare needs.

One mother recently told us about her two children with juvenile idiopathic arthritis. "The medical bills were crushing, and my ability to work more hours was decreasing. PAN allowed my children to have their medication and their mom."

Patients often learn about PAN through their doctor or pharmacist who may know about the patient's healthcare needs and their financial situation. Patients can learn more about the assistance we offer on our new website, or they can contact us through a toll-free phone number where they can talk with one of our 40 case managers who can guide them through the simple application process.

PAN provides financial assistance through 23 different disease funds that can help pay for co-payments for medicine and treatments. One patient told us that since receiving financial assistance from PAN, her health has improved and her stress level has decreased. "I have Patient Access Network to thank for being there when I was in need. Patient Access Network has compassion for their patients."

In 2009 we implemented a new temporary approval process to dramatically cut the time for patients to be approved and start receiving assistance with their medical expenses. Within two days – and sometimes by the end of day one – a patient can be approved to receive their medication.

PAN's mission was summed up best by one of our patients: "PAN's assistance has provided relief from extreme stress over meeting costs of medical treatment, allowing me to direct all my energies at fighting my cancer."

### NEW DISEASE FUNDS

In 2009 we created three new disease funds for Kidney Transplant Immunosuppressant, Renal Cell Carcinoma, and the Recently Unemployed Fund. This last fund was created to address the needs of the Americans who lost their jobs in the recession and found themselves unable to afford their medications.

We also created six additional disease funds that were launched in early 2010: Acromegaly, Chronic Lymphocytic Leukemia, Cytomegalovirus, Hepatitis B and C, Prostate Cancer, and Solid Organ Transplant (Non-Kidney).

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## PATIENT PROFILE

### *Caroline's Story: Focused on Getting Better*

The view from Caroline Baylor's house is breath taking. The 65-year-old lives with her husband Charles in the little town of Manzanola, Colorado, nestled in the flatlands where they have a view of the Rocky Mountains.

Colorado has been Caroline's home for 55 of her 65 years and living there keeps her close to her family – she and Chuck have six children and stepchildren, 21 grandchildren, and six great grandchildren.

They've lived on a small 8 acre farm for 15 years where they used to raise a few goats, pigs, horses, and cows. Nowadays finances and health problems – Caroline has rheumatoid arthritis and "Chuck" is diabetic and has lost a leg to the disease – have forced them to stop farming. The farm's current inhabitants include a couple of cattle, a dog, and a few barn cats.

Caroline is one of 1.3 million Americans who have rheumatoid arthritis. "I got up one morning and I was hurting all over and I couldn't figure out why." Her doctor confirmed it was arthritis, and for a while Caroline was able to continue working.

As the disease progressed, Caroline's mobility became restricted. Sometimes the arthritis affected her ability to walk, and she had to use a walker. About eight years ago, "I just decided to stay home." When she stopped working, she and Chuck also decided to scale back on the farm. "I'm unable to get out there and do a lot that should be done".

The hospital in Pueblo where Caroline goes twice a year to receive infusions put her in touch with Patient Access Network when there was a large co-payment for her treatment. "Getting better, that's the main thing," she says. "And it does help a lot" knowing she has help affording her medication.

Caroline has recommended PAN to friends who needed assistance with their medical bills. "I told them, they helped me out so much," she told them, "they should look into PAN for themselves."

Her voice sparkles when she talks about her grandchildren and great grandchildren. "I got to spend time with three of them not too long ago." Her family, she says, "gets bigger every year." And with assistance from PAN, Caroline hopes to spend many more happy years with her family.



"Getting better, that's the main thing," says Caroline Baker. "And it helps a lot" knowing her treatments are covered. Caroline receives assistance through PAN's Rheumatoid Arthritis fund.



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## PATIENT PROFILE

### *Mark's Story: A Gift of Hope*

Since 1988, Mark Weissenbach has made his home in Midland, North Carolina, a suburb of Charlotte. For a while, Mark sold insurance – property, casualty, life, and health. And it was that experience that gave him his first glimpse of the tough choices that underinsured people have to make. “I met many people who had to decide whether to pay their rent or buy food or pay their insurance premium, and that’s a terrible predicament to be in,” says Mark.

Mark’s own health issues started earlier when he was diagnosed with diabetes. In 2001, because of his health, Mark left his job and went on permanent disability. Over the next few years his condition worsened, and in 2005 his kidneys failed completely, forcing him to go on dialysis.

In November 2006, Mark received a new kidney and a new lease on life. Any time a patient receives a kidney transplant, there’s a chance that the body will reject the new kidney, no matter how good the match. To help Mark his doctor put him on anti-rejection medicines or immunosuppressants.

The medications are expensive, as much as \$1,500 a month for the immunosuppressants alone. “Living on a fixed income I really had a problem, because I take 16 different drugs a day” Mark explains. At first Medicare covered his co-pay for his anti-rejection drugs, but after a few years they stopped paying his co-pay, and Mark knew he needed assistance to stay healthy.

“My doctor’s office and the pharmacy looked around for different things, and the pharmacy gave me” Patient Access Network’s contact information. Very quickly Mark was able to apply for assistance through PAN’s Kidney Transplant Immunosuppressant fund.

Now that he’s receiving assistance from PAN, Mark has less to worry about. “Without PAN, I couldn’t live where I’m living now because my budget is down to where every ten dollar bill is spoken for every month.”

Three and a half years after receiving his transplant, Mark’s latest lab work shows that everything is going well. And at 57, Mark is looking forward to the future. “I hope to still be able to maintain the quality of life I have right now, where I can do some things for myself. I hope to see my son get married in October. I hope to see a grandchild someday.”



“I hope to still be able to maintain the quality of life I have right now, where I can do some things for myself,” says Mark Weissenbach, who receives assistance from PAN. “I hope to see my son get married in October. I hope to see a grandchild someday.”



## DISEASE FUNDS

By the end of 2009 there were 23 disease funds administered by PAN with six more added in early 2010.

Acromegaly\*\*

Age-Related Macular Degeneration (AMD)

Anemia (closed in December 2009)

Ankylosing Spondylitis (AS)

Breast Cancer

Chronic Lymphocytic Leukemia\*\*

Colorectal Cancer

Crohn's Disease

Cutaneous T-Cell Lymphoma (CTCL)

Cystic Fibrosis

Cytomegalovirus\*\*

Gaucher Disease

Growth Hormone Deficiency

Hepatitis B and C\*\*

Kidney Transplant Immunosuppressant\*

Multiple Myeloma (MM)

Multiple Sclerosis

Myelodysplastic Syndrome (MDS)

Non-Hodgkin's Lymphoma

Non-Small Cell Lung Cancer

Oncology Cytoprotection (closed in April 2010)

Pancreatic Cancer

Plaque Psoriasis

Prostate Cancer\*\*

The Recently Unemployed Fund\*

Renal Cell Carcinoma\*

Respiratory Syncytial Virus (RSV)

Rheumatoid Arthritis

Solid Organ Transplant\*\*

\*Added in 2009

\*\*Created in 2009 and added in 2010

## 2009 Facts & Figures

**22,179** patients were assisted by PAN in 2009.

For every dollar donated to PAN, **87 cents** went directly to patient assistance.

PAN paid **83,300** claims in 2009. **62 percent** of those claims were paid electronically – a more efficient use of resources.

The average approval time for new patients providing a complete application to PAN was **2 days**.

On average, each patient received **\$3,147** in assistance to pay for medications and healthcare treatment that they otherwise could not afford.

In 2009, PAN provided **\$37,589,601** in assistance to underinsured patients, a **19.5 percent increase** over the year before.

**3** new disease funds were added in 2009 bringing the total to **23** disease funds. Plans were also made to create an additional **6** funds in early 2010.

Patient Access Network handled **161,790** phone calls from patients in 2009 – a record number over previous years.



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2009 REVIEW/2010 PREVIEW

## *Improved Response to Patient Needs*

In 2009 Patient Access Network invested resources to make access to information easier for physician office staff, to provide funding to patients more quickly. This has facilitated PAN's ability to tighten communications.

Our annual survey of patients was completed in February, and 99 percent of patients gave PAN high marks. With PAN's assistance, more than 99 percent said they were able to afford their medications and treatment. With assistance from PAN, one patient told us, "I don't have to choose between paying for my treatment and paying my other bills"-a story we have heard over and over again.

We launched a new website in June to provide patients and healthcare providers with clearer and more easily accessed information about our funds, eligibility, and the application process.

In August we implemented a new temporary approval process so that patients needing financial assistance can now get conditional approval and assistance in as little as 48 hours.

In September, we completed a survey of physician office staff who told us that PAN has a positive affect on patients' treatments and ability to comply with treatment plans and facilitates an overall improvement in their quality of life.

In November we launched a new provider portal to allow physician office staff to more easily and efficiently manage accounts for their patients. By the end of December over 1,500 healthcare providers had secure access to real-time information about claims and billing information through the portal.

In 2010 PAN will introduce several initiatives to help patients get faster access to their treatment and help us better serve more patients. Specialty pharmacies will be able to help applicants access their medications even faster – in as little as two business days. Our new application process will make it quicker and easier to apply for assistance. This year, PAN will launch a new initiative to help patients coordinate their care by providing information on manufacturers' co-payment assistance resources.

We continually try to innovate. By listening closely to our patients and their physicians we can respond quickly to and remove barriers that are preventing patients access to medications and the treatments they need.



"Not all copayment assistance organizations aggressively reuse funding when it is clear a patient is not going to use any or all of it," says Julie Reynes, Patient Access Network's president. "It is important when evaluating an organization's efficiency that you ensure that each dollar is being proactively used to help as many patients as possible."



## PROVIDER OVERVIEW

### *Portal Offers Access 24/7/365*

In 2009 Patient Access Network launched a provider portal on its website to provide physicians and pharmacies with faster, real-time information on the status of patient accounts, allowing them to quickly and easily enroll new patients, and to communicate easily with PAN program staff.

"Healthcare can be so expensive," says Jo Hancock of South Carolina Oncology Associates. "Often patients contemplate not getting treatment. Working with PAN has given us a speedy option in helping these patients get the financial assistance needed so they can start their treatment quickly."

The provider portal offers doctors and pharmacists a HIPAA-compliant, secure area to manage information and patient relationships with PAN 24 hours a day, seven days a week.

Using the portal, doctors and their staff can enroll new patients more quickly and efficiently. The secure, online technology tracks patient application components, so there's no more back and forth through the postal service if an application is incomplete. Through the use of an electronic submission, applications can be processed in a fraction of the time and cost it takes to submit paper applications.

"It has saved so much time in phone calls and faxing, confirming faxes have been received (or not), and checking on claim status, just to name a few benefits," says Meridith King, a financial counselor with the Palm Beach Cancer Institute in Florida. "I receive faster response and turnaround for applications and claims submitted via the portal."

The portal gives physicians and their staff real-time information on patient status and proactively alerts healthcare providers when action is required, such as when a renewal application must be validated or insurance information may be missing. Through the portal a provider can access information on each of their patients who are receiving assistance through PAN.

Patient Access Network's new provider portal means patients can start receiving assistance faster so they can get the medications required for their well-being and peace of mind.

### 2009 PROVIDER SURVEY

Last year, PAN surveyed healthcare providers to better understand how we are affecting patients' welfare and how we can expand our services. Highlights of the survey include:

**88.5 percent** of physicians consider medication costs when making treatment decisions for their patients.

**92 percent** of physicians and pharmacists are "likely" or "very likely" to make PAN their first choice when the same assistance exists elsewhere.

**95.5 percent** said that PAN's support is having a positive impact on patients' ability to comply with treatment.



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## HEALTHCARE PROVIDERS

### *The Vital Link to Patients*

While patients are always PAN's top priority, healthcare providers are essential to PAN's ability to provide financial assistance to thousands of underinsured patients. Many patients learn about PAN through their doctor or pharmacist, and in many cases their staff handle the initial application process and additional paperwork for patients. In 2009 more than 1,650 physicians' offices and pharmacies helped connect 22,179 underinsured patients with PAN.

One of our healthcare partners is Georgia Cancer Specialists of Atlanta, which referred 2,200 patients to PAN for financial assistance in 2009.

"PAN is very important to our practice and our patients," says Tamera Moe, a special billing coordinator with Georgia Cancer Specialists.

"PAN allows our patients to be treated with chemotherapy without having to worry about how they are going to pay what their insurance company doesn't," she says. "It gives our patients peace of mind and this helps in the healing process."

The new provider portal PAN launched in 2009 allows Georgia Cancer Specialists to quickly and easily determine the status of financial assistance available to many patients the practice has referred to PAN.

"We can look up a patient and tell how much they have left of their funds," says Moe. "It tells us what dates of service have been paid and are pending. The provider portal really cuts down on the phone calls to PAN asking questions. It is very user friendly."

"I have heard from countless patients that being approved for assistance by PAN is a blessing and they could not have made it through their chemo otherwise," says Moe.

The providers PAN works with are dedicated to providing much-needed care to those in need, and often that dedication extends beyond the doctor's office.

"I have referred patients to PAN from my community and my church that were not patients in my practice," says Moe. "I knew they would get the assistance they needed and someone would be there to answer any and all of their questions."



"A strong relationship with healthcare providers and pharmacies is one of the most crucial parts to helping patients access their medication and therapy," says Stacia Cook is a Senior Reimbursement Consultant at Lash Group. "Once the patients have peace of mind, they can focus their energy on their health and start down the road to healing their bodies."

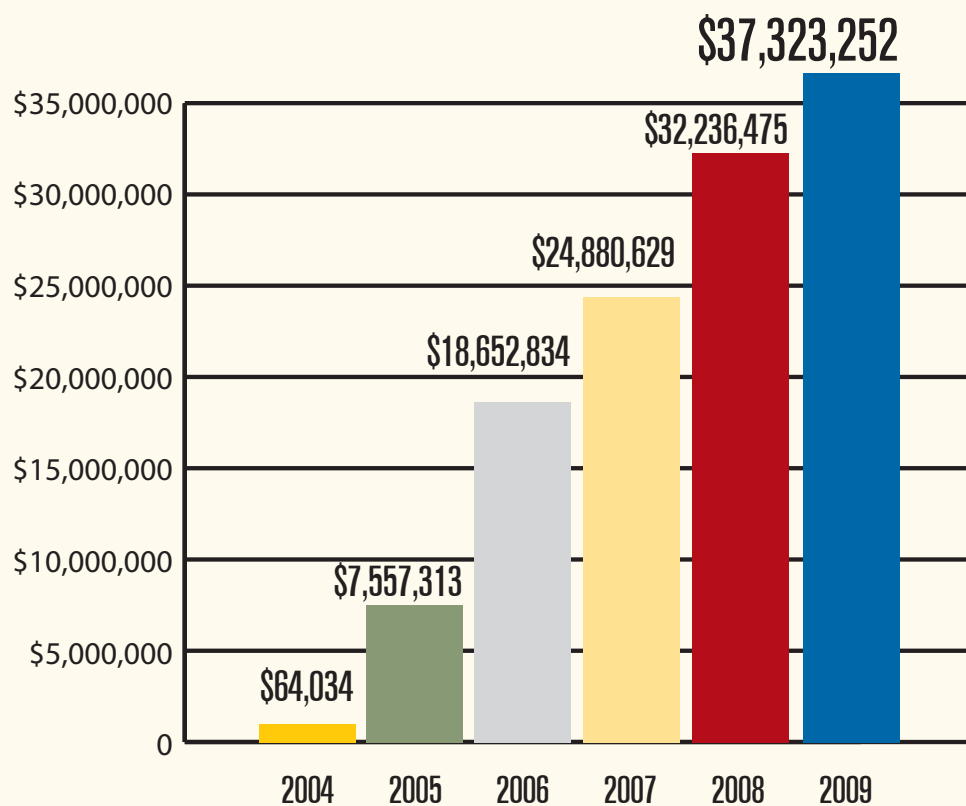


## FINANCIALS

### *2009: Responding to a Greater Need*

In 2009, Patient Access Network responded to greater need by providing more assistance to patients. Over 22,000 underinsured patients received an average of \$3,147 to pay for medications and healthcare treatment that they otherwise could not afford. 87% of every dollar donated to PAN went directly to patient assistance in 2009.

### TOTAL FUNDS DISTRIBUTED BY YEAR

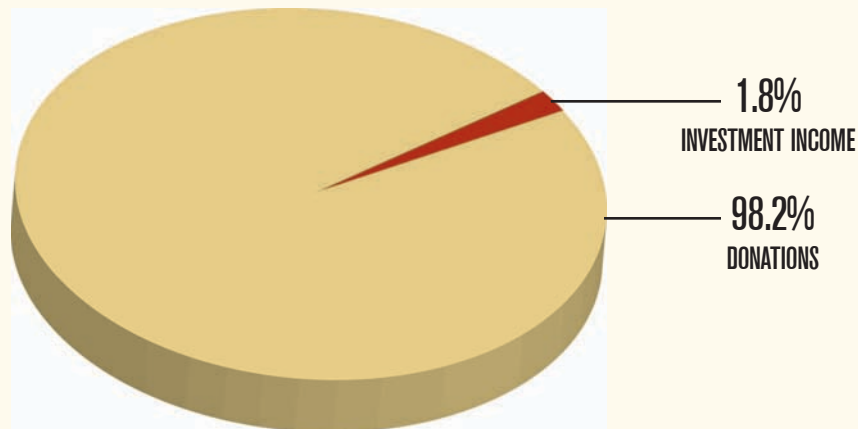




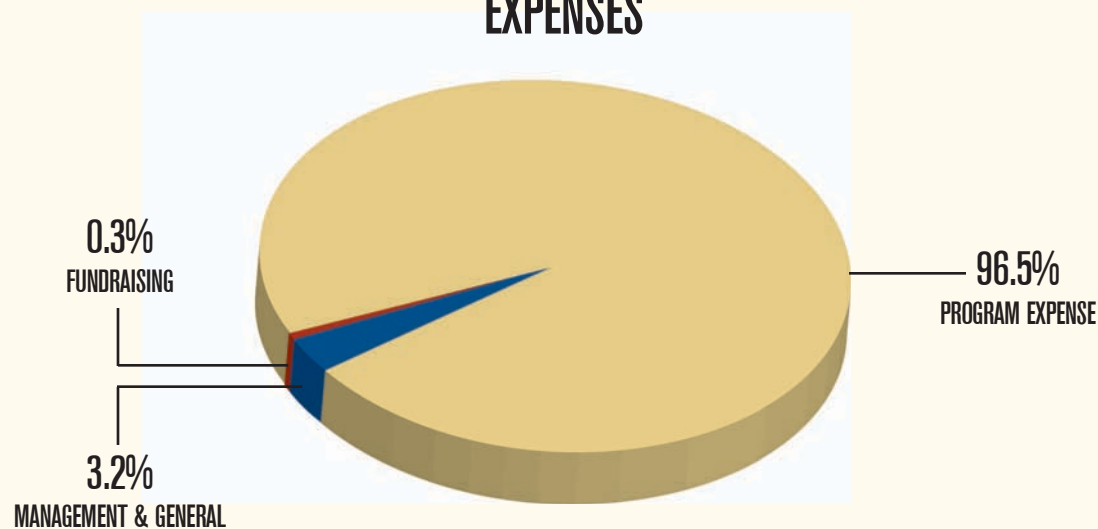
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## FINANCIALS

### REVENUES



### EXPENSES



In 2009, the percentage of the contributed dollar that was used for co-payment assistance increased from 85 cents to 87 cents. We attribute this increase to improved efficiencies made possible by technological and process improvements. In the oncology disease funds the percentage of the donor dollar used for co-payment assistance was above 90 cents and most often 92 cents and above.

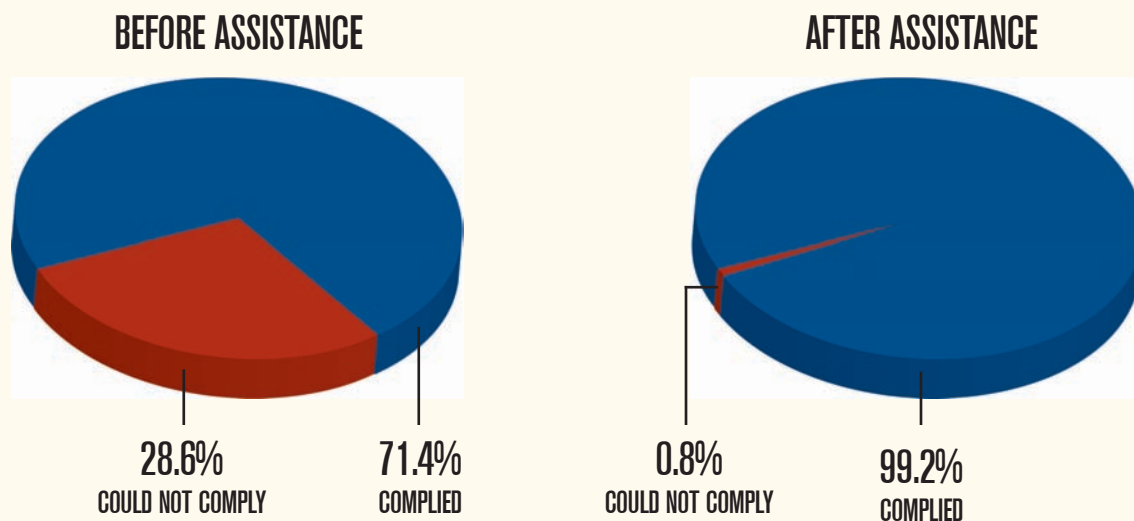


## PATIENT SURVEY RESULTS

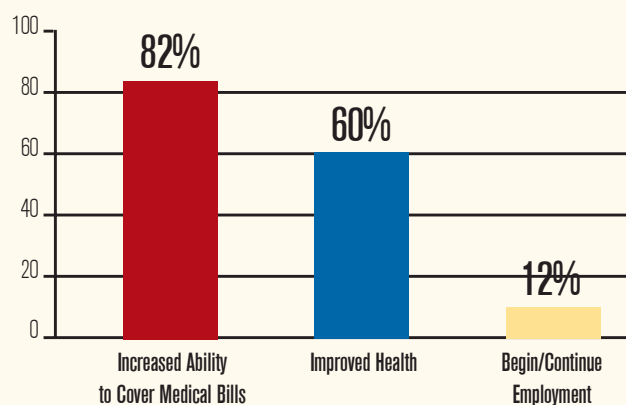
*"Now, I am not in despair over how I can pay for the medicine I need. Life is less stressful."*

- PAN Patient

### ABILITY TO COMPLY WITH MEDICAL REGIMEN



### BENEFITS OF PAN'S ASSISTANCE TO PATIENTS



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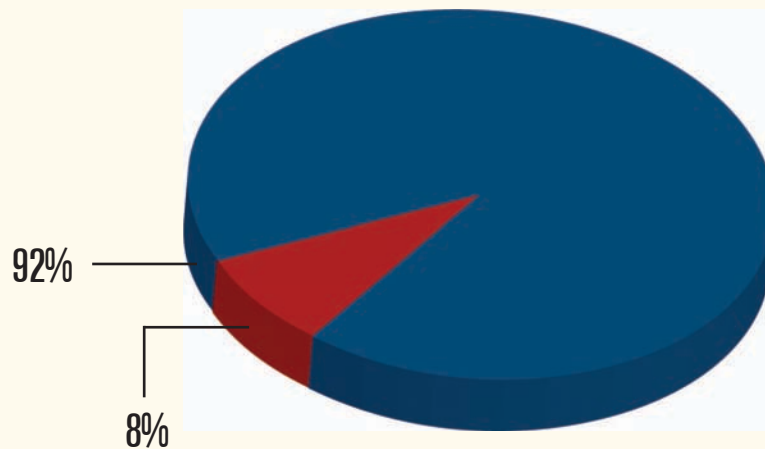
## PROVIDER SURVEY RESULTS

*"Excellent working relationship with patients,  
prompt payment, communication."*

- PAN Provider

### CHOOSING PAN FIRST

PERCENTAGE OF PROVIDERS WHO WOULD MAKE PAN THEIR FIRST CHOICE  
WHEN THE SAME ASSISTANCE EXISTS ELSEWHERE



### THEY CHOOSE PAN BECAUSE:

- RANGE OF COVERAGE, AWARD AMOUNTS
- SIMPLE APPLICATION, EASY PROCESS
- BEST TURNAROUND TIME
- EFFICIENCY, PAST POSITIVE EXPERIENCE
- PATIENT SATISFACTION





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## BOARD OF DIRECTORS

### *PAN Foundation Board of Directors*



**Lyn Boocock-Taylor** is Chair of Patient Access Network's Board of Directors. She is the Vice President of Development at Albert Einstein Healthcare Network, serving the Philadelphia community since 1866 by providing comprehensive health care services throughout six major facilities and many outpatient locations. She also has served as President of the Arthritis Foundation of Eastern Pennsylvania and has worked in the advancement field for 30 years raising millions of dollars for projects in the Philadelphia area.



**Michael C. Gerald, PhD**, is a Professor of Pharmacy at the School of Pharmacy, University of Connecticut and has served as the Dean of the school. His past professional appointments have included Professor of Pharmacology and Associate Dean for Professional Programs at the College of Pharmacy, The Ohio State University, and as a consultant at the World Health Organization in Geneva. He has authored over 100 publications and five books.



**Allan Goldstein, MD, MPH, FACP**, has a clinical background in internal medicine and is pursuing interests in consumerism, patient advocacy, provider performance measurement and development of innovative primary care delivery systems. He obtained his medical training at the Albert Einstein College of Medicine and received his MPH from Columbia University. He is board certified in internal medicine and a fellow of the American College of Physicians.



**Stephen F. Loebs, PhD**, is Professor Emeritus with the Division of Health Services Management and Policy, School of Public Health at The Ohio State University. He has served in numerous faculty and administrative appointments in hospital and health services, public health, health policy, and hospital administration. He has been involved with 65 health care-related research projects, reports, and publications and is the recipient of various international and research fellowships.

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## BOARD OF DIRECTORS

**Patrick McKercher, PhD** is a health policy expert focused on medication policy, and is currently a pharmaceutical policy analyst at McKercher Associates. Prior to his current position, he was the Founding Director of the Center for Medication Use, Policy and Economics at University of Michigan. Dr. McKercher earned his Ph.D. in Pharmacy Economics from The Ohio State University.



**Anita Plotinsky, PhD**, brings to PAN more than 20 years of experience in the nonprofit sector. She was affiliated for many years with the Indiana University Center on Philanthropy, where she developed academic programs and taught courses in nonprofit management and philanthropic studies. Currently a consultant to nonprofit organizations in Washington, D.C., she has served as Executive Director of the Association for Research on Nonprofit Organizations and Voluntary Action (ARNOVA) and Director of the Foundation Center in Washington, D.C.



**Kim A. Schwartz, CPA** has spent most of her career as a financial executive in the areas of health care and working with non-profit organizations focused on assisting the underserved. She is currently the CFO for Population Services International (PSI), the world's largest NGO delivering social marketing, behavioral change and product delivery to over 65 countries and managing several large non-profit organizations in Africa. Ms Schwartz serves on the American Lung Association's Audit Committee and on the Board for Society for Family Health in South Africa.



**Robert E. Smith, Jr., MD**, is the President of South Carolina Oncology Associates PA, a 20-physician multi-specialty practice located in Columbia, S.C. He also serves as the director of the Cancer Treatment and Research Institute at Baptist Medical Center and is a Clinical Associate Professor at the University of South Carolina School of Medicine, both in Columbia. He is board certified in internal medicine and medical oncology.





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