

PROVIDER PERCEPTIONS OF BARRIERS TO BIOSIMILAR UTILIZATION IN COMMUNITY ONCOLOGY PRACTICES

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OBJECTIVES

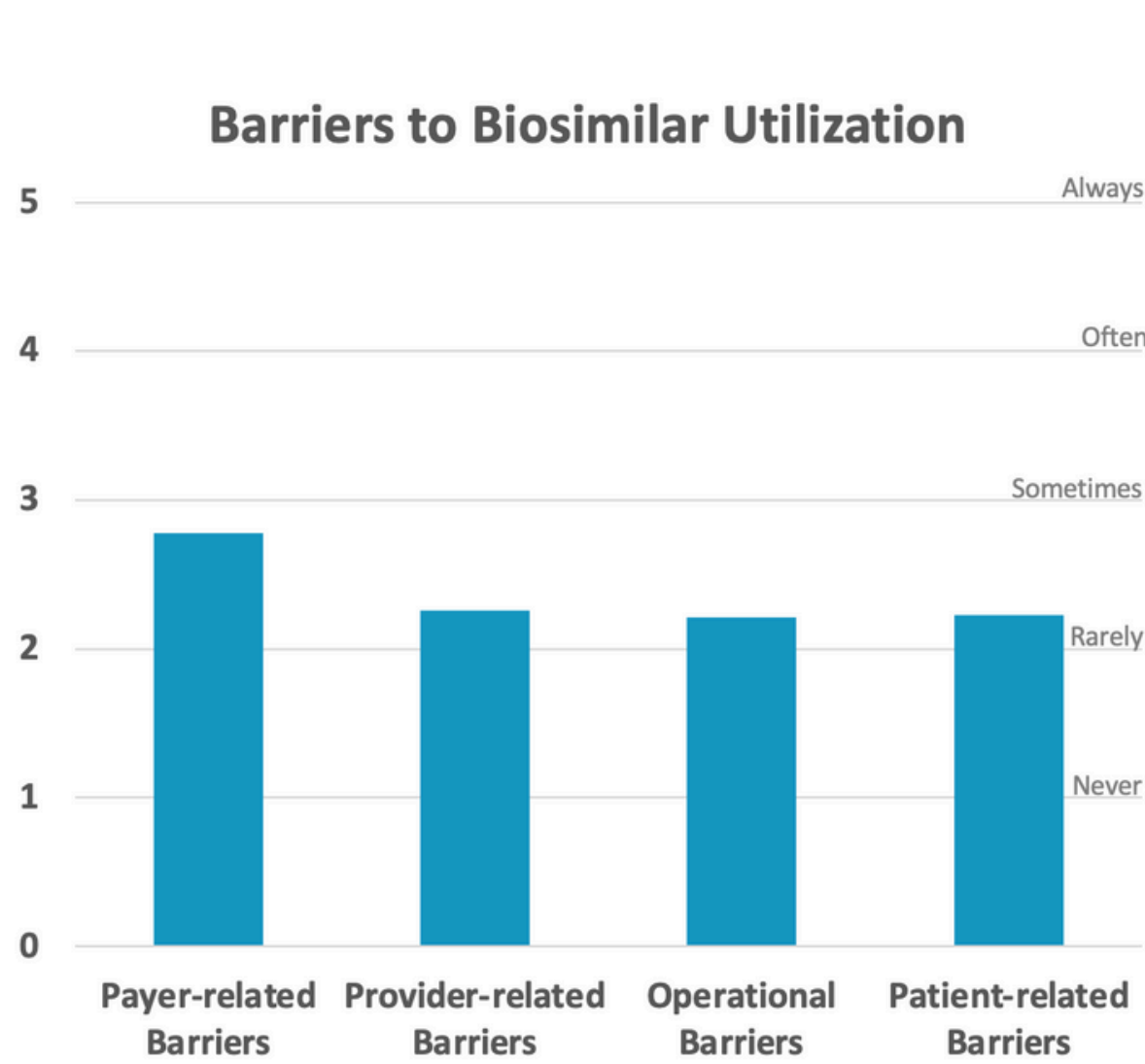
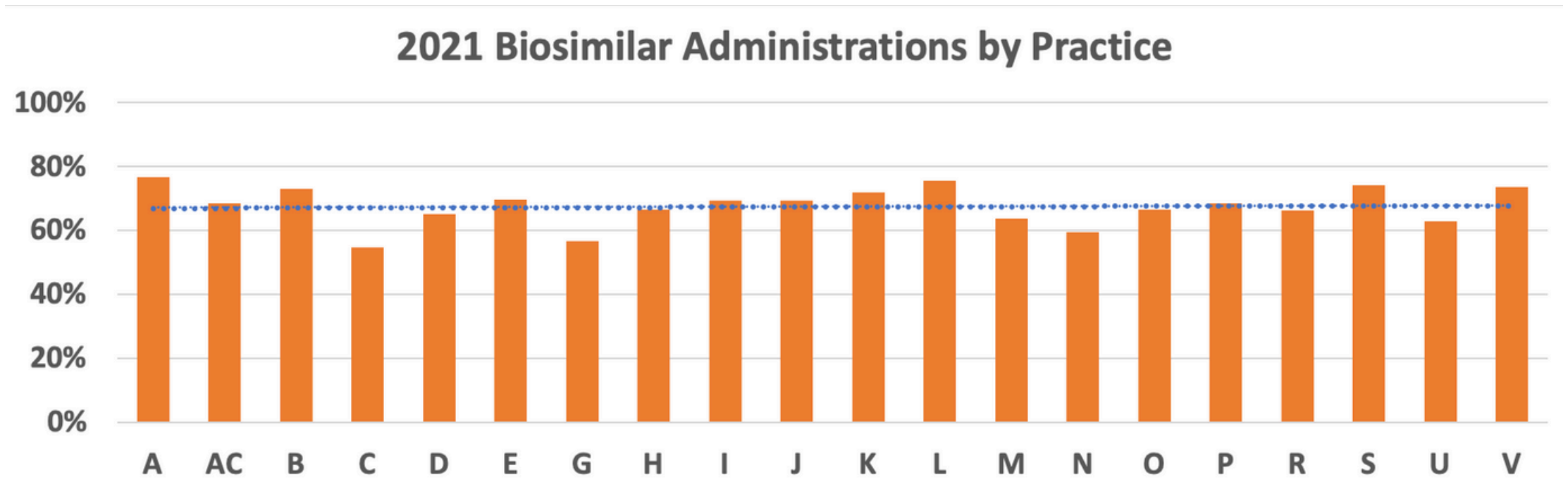
Biosimilars reduce the burden of cost on patients and payers, and so doing, increase access to life-saving care. However, biosimilar uptake in the US has been inconsistent. This study assessed provider perceptions of barriers to biosimilar use and their relationships to utilization rates in a large, national oncology network and examined if perceptions differed by demographic and practice characteristics.

METHODOLOGY

A 28-item survey was administered to 400 network physicians, pharmacists, nurses, and administrators, spanning 25 provider groups, and measured: 1) barriers to use categorized into 4 subscales—payer-related, provider-related, operational, and patient-related, using a Likert scale ranging from Never (1) to Always (5); and 2) demographic and practice characteristics. Utilization rates were assessed using aggregated patient-level drug administration data from the electronic health record system. Descriptive and inferential statistics were used to describe responses and assess relationships between variables.

RESULTS

A total of 46 responses were analyzed, with a response rate of 11.5%, representing 20 practices. Most respondents were female (55.6%), physicians (52.2%), with over 6 years of experience (67%). A majority worked in practices participating in the Oncology Care Model (86.7%) and received continuing education on biosimilars (84.8%). Overall scale score was moderately low (mean=2.31), indicating low levels of perceived barriers. The lowest subscale score was operational barriers (mean=2.21), while payer-related barriers was the highest (mean=2.78). Perceptions of barriers did not differ based on demographic and practice characteristics. The average biosimilar utilization rate was 66.2%, with practices in the West administering biosimilars most frequently (71.8%). Utilization was not significantly associated with perceptions of barriers.



CONCLUSION

Perceived barriers to biosimilar utilization were not common and not associated with utilization. Infrequent impediments to utilization may be associated with network-wide emphasis on continuing education and a value-based care environment. Future research should consider the impact of other practice- and patient-level factors, as well as assessment across other types of oncology practices.