

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/psoriasis-whats-beneath-surface/socioeconomic-challenges-for-psoriasis-patients/10511/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Socioeconomic Challenges for Psoriasis Patients

Announcer:

This is ReachMD, and you're listening to Psoriasis: What's Beneath the Surface, sponsored by Lilly.

On this episode, Socioeconomic Challenges for Psoriasis Patients, we will hear from Dr. Matthew Keller, Associate Professor and Director of the Jefferson Psoriasis Center at Jefferson University.

Dr. Matthew Keller:

So, I think talking about socioeconomic, obviously many of these medicines are expensive. Many of these medicines are difficult to obtain. Dermatologists are not easy to get to. And obviously, in the city I work in, there are multiple medical academic centers that accept all forms of insurance and even see some uninsured patients, so there is slightly greater access, maybe, for patients within Philadelphia; but when you go outside of Philadelphia, or even for many of the patients within Philadelphia, there's an inability for patients even to get to the doctor to have access, because unfortunately, many dermatologists don't accept Medicaid. They don't accept the insurance plans that maybe don't pay quite as much because they don't need to because there's such a demand for dermatologic services. So there's a large portion of patients based on their insurance and, therefore, often their socioeconomic circumstances that just can't afford these medications.

There's also a large number of patients who maybe they do make a good living and they do have a good job, but because they have these high-deductible plans—because maybe they work for a job

where salary is more important than the insurance plan or the insurance plans become so expensive the company can no longer afford to give traditional insurance— where they may be responsible for the first \$5,900 of their care every year. That's a large chunk of money to ask someone to spend for a condition that's non-life-threatening and something that's likely to happen year after year after year. So patients tend to take their care and they tend to segment it and not take all of their care, and maybe they'll go during the year when they've maybe had a surgery or they've used a lot of their deductible and they'll get lots of psoriasis care, and then they'll carry that as far into the next year as they possibly can, but they are metering that care. They're not really getting the best care that they would if there were no socioeconomic limits on the therapy.

I think the other thing is that there is a large economic impact that psoriasis has on our country. I think I read some data that in 2011, psoriasis alone cost \$10.5 billion to the economy as far as psoriasis care goes. Most of that, actually about 7 billion of it, was lost work, so people that either weren't working because they had psoriasis or unable to work or had to limit the ability of the amount of work that they gave based on their psoriasis, whether it was directly related to the psoriasis or related to the fact that maybe they're a cook, and when their skin is broken out, the restaurants won't hire them or won't let them work. So I think there is a huge untold impact that psoriasis, and all skin disease really, has to the economy, but I just don't think that it's as sexy, for lack of a better word, as diabetes and high blood pressure and some of the other things that are so prevalent within the news.

Announcer:

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