Health and Wellness Trust Fund Commission
Medication Assistance Program

Grantees 6 Month Report
March 2003 through August 2003

I. Executive Summary

The 23 grantees reported that they are providing Medication Management and Prescription Assistance services through Pharmacists and Prescription Assistance Coordinators ("PACs"). Grantees which had existing programs have enhanced patient volumes for prescription assistance with HWTFC funds. Grantees that started new programs are still servicing primarily high risk referrals from Senior Care, but should begin outreach to generate referrals from local providers and service agencies in the next few months. Several of the grantees which were Area Agencies on Aging or senior focused programs have not expanded prescription assistance efforts beyond seniors. Many are challenged to serve the Hispanic population in their areas and are seeking part-time translators, often relying on volunteers.

All of the grantees have stated that relationship building with the local medical community is the key to the success of this program. This is not just to generate referrals, but to have providers directly involved in processing pharmaceutical company assistance program forms. The providers may also dispense medication and, most importantly, work with Pharmacists to resolve conflicts and approve medication regimen changes. All of the grantees report active efforts to create these relationships in their community, including presentations at local healthcare, senior and social service and home health agencies.

Common barriers to success reported by grantees included difficulties in hiring/contracting with pharmacists, scheduling patients to come in for visits, and establishing reliable ordering and dispensing processes. Grantees that did not have prior dispensing permits struggled with creating a reliable method to order, receive, and dispense the free drugs obtained through the pharmaceutical company programs. This includes working with local community pharmacies, having the prescribing physician's office dispense drugs, or using part-time physicians at the clinic.

All of the grantees reported that the MARP custom software provided by the Office of Rural Health under their contract with the Commission to deliver services had valuable features but that the implementation/rollout process was not well coordinated. A universal comment was that the gap of several months between formal MARP training sessions and on-site installation created confusion and mandated considerable re-training. Some grantees experienced technical difficulties with new servers, printers, or broadband communications. Grantees that did not have competent local technical support experienced substantial delays in implementation. The grantees have identified numerous MARP improvements to be incorporated in future releases. A MARP User Group has been established to coordinate user feedback and support development of future enhancements. The full scope of immediate MARP support requirements has been reviewed and is now sufficiently resourced.

Monthly activity reporting from the Grantees to HWTFC has been initiated, with a wide range of performance in evidence. The scope and content of this reporting will be refined during the next 6 months, with added emphasis on data accuracy. Additional reporting on Grantee effectiveness is under development.

II. Narratives

Grantees were asked to write stories describing outcomes from their providing medication management and prescription assistance. A selected number of these stories are presented below organized according to the service provided.

Medication Management

Story # 1- Mrs. A. is 79-year-old widow. She visited the Medication Management Program because she has several medications that she cannot take because she cannot afford to purchase them. Her only income is a $750 per month social security check. Mrs. A. is supposed to take anti-depressant and anti-anxiety medication and medication for osteoporosis. She mentioned to the Pharmacist that she used to have high blood pressure and previously took medication for that. Currently, she was not taking any of these medications. Mrs. A. is very anxious and avoids going to the doctor. The Pharmacist realized that she had been taking two of the same type of anti-depressants. He also took her blood pressure and it was very high. The Pharmacist got permission to consult with the client's physician and will determine if the anti-depressant can be changed to one less expensive medication. He will also discuss medication for blood pressure and osteoporosis. When the physician decides on the appropriate medications after the pharmacy intervention, the PAC will assist Mrs. A will applying for these medications through the discount drug programs. Mrs. A. has a follow-up visit with the Pharmacist in two weeks to discuss the results of the contact that the Pharmacist made with her physician.

Story # 2 – One of our ACS high-risk referrals came in for medication management and access. He had been having financial difficulties in obtaining his medications, so his provider had been supplying him with as many samples as possible. As wonderful as this was on the provider's part, none of the bottles were labeled. The patient was taking excessive medication, Lescol XL® 80mg BID, setting him up for severe adverse events. In addition, the patient had several therapeutic duplications he was taking concurrently (e.g. Hyzaar® and Cozaar® as well as 2 ACE-Inhibitors). After correspondence with the patient's physician, his Lescol® was changed to the intended maximum dose (XL 80mg QD) and patient was instructed which angiotensin-receptor blocker and ACE-Inhibitor to take.
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Prescription Assistance

Story # 3 – One client, Annie O., was having to spend over $600 a month on medicine, out of an income of $895. With the help of our program, her medication cost has been reduced to about $75. Annie is 75 years old and began subsidizing her income by working as a telemarketer at our local newspaper, at minimum wage, so she could afford her medicine. She says she feels like "she has been let out of prison" and "can now sleep at night without worrying about how she is going to pay for her medicine."

Story # 4 – Catherine met with a patient and her spouse. The patient's medication list included Novolin, Zocor, Zoloft, Glucovance, Flovent, Prednisone, Lasix, Prevacid, Celebrex, Rhinocort, Plavix, Avalide, Percocet, and Advair. The spouse's medication list included Atrovent, Amaryl, Actos, K-Tab, Theophylline, Sular, Lasix, Zoloft, Diovan, Lipitor, Prevacid, Prednisone, and

Aspirin. The couple's combined monthly income is $1241.00. The couple's monthly prescription bill for 1-month supply of each medication totaled $1527.00. (As you can see they were not compliant on all medications due to cost).

After completing all available drug manufacturers' applications that they qualified for, their drug bill dropped to $85.00 per month. The patients only have to purchase Lasix, Prednisone, Percocet, and Aspirin. If they use their NC Senior Care cards as they were instructed to do, they will lower their drug bill even further.

Story # 5. We have been delivering medications now to at least 100 people through our medication program. The clients have unlimited access to our pharmacist and are encouraged to use this service. The use of a pharmacist and a PAC is one of the best outcomes for the program. We encountered one client who was seeing more than on doctor (e.g. specialist and family doctor) and this client had been taking the same medication daily from all the doctors. One med. was generic and one was the brand name med but both the same. This situation was potentially dangerous for the client. Our PAC instructed the client to go see their family doctor upon leaving the office, explained the medications were duplicates and the dangers of taking those duplicated meds. The client followed through with her doctor and the problem was corrected.

Story # 6 Marie Maynor heard about MedAssist through a friend at her senior center. Mrs. Maynor is seventy -five years old and has just retired from her part time job because of a recent stroke. Without this part time, job she cannot afford to pay for her medications. Mrs. Maynor was skeptical about being eligible for the MedAssist program because she does own her car. Having been turned down for Medicaid and other community resources, she felt lost between the cracks. However, she has been prescribed more medications and is taking eight in total. She cannot afford the cost of all of her medications. About $400 of her $1000 social security check was being spent on medications. The rest of her check does not cover her mortgage or other bills that she needs to pay each month. Mrs. Maynor said that she has to make a choice between which medications to get filled and buying groceries. She has also started skipping days so that the medications would last longer. Having to make a choice regarding which medications to take, she has decided to only take her high blood pressure medications. She is behind on her mortgage payments and decided to call our agency to see if she could receive any assistance. Mrs. Maynor will be able to receive seven of her eight medications free through the different patient assistance programs. Mrs. Maynor is delighted because now she can start to pay some of her outstanding bills with the money that she no longer will need to spend on medications.