



Original Research

Predictors of \$4 generic prescription drug discount programs use in the low-income population

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Abstract

Background: Generic drug discount programs (GDDPs) are an option to provide affordable prescription medication to low-income individuals. However, the factors that influence the use of GDDPs in low-income population are unknown.

Objectives: To evaluate factors associated with utilization of generic a drug discount program in a low-income population.

Methods: A survey was administered to adult participants at health centers and community-based organizations in Houston, Texas, USA ($n = 525$). Exploratory factor analysis was conducted to determine the construct validity of the survey instrument and to assess distinct factors associated with GDDP utilization. Descriptive statistics were used to summarize the distribution of patient socio-demographic characteristics and questionnaire responses. Multivariate logistic regression was used to compute adjusted odds ratios and to examine the strength of association with GDDP utilization after adjusting for participant socio-demographic features that were statistically significant at a priori level of $P < 0.05$.

Results: In this study, 72% of respondents were aware of the GDDP, and 61% had utilized the GDDP. Participants were 4 times likely to use a GDDP when their physician (AOR: 4.0, 95% CI: 2.6–6.4, $P < 0.001$) or pharmacist (AOR: 4.0, 95% CI: 2.6–6.3, $P < 0.001$) talked to them about it. Participants indicated that the most important barriers to utilization of GDDPs were lack of awareness (44%), and lack of recommendation by a physician (19%).

Conclusions: Increased patient awareness and physician recommendation may increase the use of GDDPs, which may lead to improved compliance with medications, better health outcomes and reduced health care costs.

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Introduction

Generic prescription drug discount programs were first introduced by Wal-Mart in late 2006 and later followed by several retail outlets.¹ The high costs of prescription drugs may pose a financial burden for many individuals earning <\$30,000/year. High out-of-pocket prescription medication costs can affect medication adherence because some patients ultimately do not take the medication as prescribed or do not fill the prescription.² Results from a study by the Center for Studying Health System Change (HSC) showed that those with low-incomes, chronic conditions, and/or no health insurance face the greatest unmet needs for prescription drugs.³ Overall, an uninsured patient is three times more likely not to fill a prescription than an insured patient.⁴

Evidence suggests that reduced rates of medication use among low-income individuals with chronic diseases may result from prohibitive drug cost and there is a corresponding association between medication underuse and adverse health outcomes.^{5–7} Underuse of prescription medication because of its high cost has been associated with negative health consequences, increased emergency room visits, and unnecessary hospitalizations.^{2,6–11}

Evidence suggests that patients who decrease their use of prescribed drugs due to high cost had higher rates of hospitalization and death.¹² Overall, medication non-adherence for various reasons has been linked to over 100,000 deaths, and total estimated direct and indirect costs exceeding \$100 billion annually, when lost productivity was factored.¹³

Because of increased drug costs, many chronically ill patients are not filling their prescription drugs and are at increased risk for morbidity and mortality.⁴ Worsening of their conditions may lead to more expensive health care resource utilization, such as emergency room visits or hospitalization.⁴ There is a need for managing chronic illness efficiently with prescription drugs; this need may be partially fulfilled by the use of a generic drug discount program (GDDP). For the purpose of our study, a GDDP is defined as a discounted program offered by retail pharmacy stores in which certain generic prescription drugs used to treat chronic illnesses are typically offered for \$4 for a 30-day supply or \$10 for a 90-day supply or similar price variations.

The factors that influence the use of GDDP are unknown, especially in low-income population.

The purpose of this study was to better understand factors that influence the use of GDDPs offered by pharmacy stores such as Kroger, Randalls, Target, Walmart, HEB, CVS, and Walgreens (CVS offers 90-day generic prescriptions for \$9.99, and Walgreens offers 90-day generic prescriptions for \$12.99) in low-income population.

Methods

Study setting and recruitment

A survey was developed specifically for this study to determine awareness and use of GDDP and was administered to low-income participants at four neighborhoods (Sunnyside, Independence Heights, Bellaire, and Stafford) in Houston, Texas, USA. Participants were recruited from the four neighborhoods with the help of local churches, community health centers, and community-based organizations. Inclusion criteria to participate in the survey included the following: 1) Individual income less than \$30,000/year, 2) ≥ 18 years old, 3) the ability to speak English, 4) the ability to read and write in English, 5) having a chronic health condition requiring prescription medication or a family member with chronic condition requiring prescription medication. The University of Texas MD Anderson Cancer Center's institutional review board approved the study protocol. Informed consent was obtained from each participant prior to administering the survey.

Instrument development

Face validity

The survey instrument was developed by the authors specifically for this study. The survey was developed out of a need to understand factors associated with low cost generic prescription drug discount program awareness and utilization. The survey questionnaire was developed concurrently with a focus group study, literature review, and marketing materials provided by retail pharmacies.¹⁴ The discount prescription drug program refers to the \$4 generic prescription drug for a 30-day supply and \$10 for a 90-day supply offered by pharmacy stores such as Kroger, Randalls, Target, Walmart, HEB, CVS, and Walgreens. Prior to its administration, the survey was pilot-tested among 30 randomly selected individuals from the target population. Feedback gathered from the pilot test was used to finalize the instrument. The Flesch-Kincaid Grade level and the Flesch Reading Ease

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