

COST-EFFICIENT TREATMENT OPTIONS FOR UNINSURED OR UNDERINSURED PATIENTS FOR FIVE COMMON CONDITIONS



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ABSTRACT

The nurse practitioner's (NP's) role in providing quality care continues to evolve, concurrent with the ever-evolving health care system. With an influx of uninsured and underinsured patients, NPs must not only provide high-quality health care, they must also address cost-efficient treatment options for patients who cannot afford expensive medications. Familiarity with the cost of medications and prescribing cost-efficient medications are valuable tools NPs can use to encourage patient compliance with a specific care regimen, consequently improving the overall health of uninsured or underinsured individuals. Knowledge of patient assistance programs may also assist NPs in decreasing prescription drug costs for patients. Cost-efficient treatment options for upper respiratory infection, migraine headache, eczema, trichomoniasis, and polycystic ovarian syndrome are presented.

Keywords: Cost-efficient, eczema, migraine headache, polycystic ovarian syndrome, sinusitis, treatment, trichomoniasis, underinsured, uninsured, upper respiratory infection



The number of uninsured Americans continues to soar, reaching a new record high in 2007.¹ In fact, there was an estimated 90 million uninsured population under the age of 65 for at least part of the 2006–2007 year,² a number that has increased for the sixth year in a row.³ Essentially 1 of every 3 Americans has no health insurance.⁴ Unfortunately, current trends report the care provided to uninsured patients will only continue to rise.⁵ The lack of health insurance has significant and detrimental effects on the health of these patients.⁶ The purchase of prescription medications poses a unique challenge for uninsured patients and often promotes noncompliance with the treatment regimen.⁷ In fact, 37% of the uninsured will not fill a prescription because of cost.⁸

The issue of noncompliance with a treatment regimen is also present within the underinsured population. In fact, underinsured patients report a financial burden of health care similar to uninsured patients.⁹ The term underinsured generally refers to those who cannot afford access to the health care system because their health insurance coverage is inadequate, requiring expensive premiums and high deductibles.¹⁰ Because inability to pay for medications is an established barrier discouraging a patient's adherence to a medication treatment plan,⁷ cost-efficient methods for treating the underinsured should be considered by the health care provider when prescribing medications. Accordingly, the purpose of this article is to compare the cost and effectiveness of prescription treatment options for 5 common clinical diagnoses: upper respiratory infection, migraine headache, eczema, trichomoniasis, and polycystic ovarian syndrome (PCOS).

METHOD

Multiple searches of electronic bibliographic databases were examined to identify and collect studies related to the effectiveness of commonly prescribed expensive medications and lower-cost medication alternatives for upper respiratory infection, migraine headache, eczema, trichomoniasis, and PCOS. Databases utilized in the search included MEDLINE, MEDLINEplus, EBSCO,

PubMed, CINAHL, Clinical Pharmacology, Biomedical Reference Collection–Basic, Health Source–Consumer Edition, Health Source–Nursing/Academic Edition, Ovid, and the Cochrane Library Online. An internet

search revealed which trade-name medications are most commonly prescribed for the 5 specified clinical diagnoses. Additionally, current guidelines and recommendations for upper respiratory infection and eczema were collected by conducting an internet search on the American Academy of Allergy

Asthma and Immunology and American Academy of Dermatology websites.

RESULTS

The newer is better philosophy of prescribing medications is a common message to health care providers.¹¹ Pharmaceutical companies are, in fact, successful in marketing the newest trade-name drugs to both the public and those who prescribe medications.¹² However, newer medications are typically more expensive and unaffordable for uninsured and underinsured patients. Moreover, in some instances, newer medications are no more effective than traditional, more cost-efficient treatments.¹³ Therefore, NPs should strike a careful balance between cost and efficacy when prescribing medications to patients.

UPPER RESPIRATORY INFECTION

Acute sinusitis is a common upper respiratory infection for an estimated 35 million Americans.¹⁴ Acute sinusitis accounts for 25 million office visits per year,¹⁵ and the direct cost of this ailment is more than \$3.3 billion when factoring lost work time, treatment expenses, and other associated costs.¹⁴ Sinusitis is the fifth most common diagnosis for which antibiotics are prescribed,¹⁴ although great variation exists regarding which antibiotics are best suited for treating the disease.^{14,15}

Zithromax (azithromycin) is the most commonly prescribed medication for the treatment of acute sinusitis, with Augmentin (amoxicillin clavulanate) also a popular choice for treating sinusitis.^{16,17} A regimen of Zithro-

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