

Implementation of a Patient Medication Assistance Program in a Community Pharmacy Setting

Verne L. Mounts, Daniel G. Ringenberg, Kim Rhees, and Christina Partridge

ABSTRACT

Objective: To describe the establishment of a community pharmacy-based patient medication assistance program to improve access to medications by indigent patients, lessen the burden placed on physicians in obtaining such medications, reduce the amount of money spent on such medications by area charitable organizations, and improve therapeutic outcomes by improving patient adherence with therapy.

Setting: Supermarket-based pharmacy in Ashland, Ohio.

Practice Description: Community pharmacy.

Practice Innovation: A partnership was developed among Buehler's Pharmacy #3, United Way of Ashland County, and United Way Affiliates to establish a community pharmacy-based medication assistance program to help indigent patients obtain needed medications through manufacturer assistance programs and discount card programs.

Interventions: Following initial screening by a United Way affiliate agency, patients are seen by appointment by a Certified Pharmacy Technician at the pharmacy. An electronic application is completed, printed, and sent to the patient's physician for signatures and medication orders. The paperwork is returned to the pharmacy, where it is completed, signed by the patient, and filed. The patient pays the United Way agency \$10 and the pharmacy \$15 for these services.

Main Outcome Measures: Number of prescriptions dispensed cumulatively from April 1, 2003, to July 31, 2003, within the program, patients' cumulative savings, and community response.

Results: Between April 1, 2003, and July 31, 2003, a total of 123 patients and 47 physicians were served, and 512 medications valued at \$112,139.00 were applied for and/or procured. The time lapse between filing of paperwork and receipt of medications varies from 1 to 6 weeks. While some manufacturers ship product to physicians or directly to patients, the process works better when the product is sent to the pharmacy, where it can be added to the patient's profile, screened for drug interactions and allergies, and dispensed with proper labels and counseling.

Conclusion: Establishing a community pharmacy-based medication assistance program is an innovative spin on the traditional physician office, advocacy, or health-system setting and was found to be beneficial to the patients, physicians and other health care providers, and the community it served.

Keywords: Patient assistance, medication assistance, prescription assistance, indigent, community pharmacy, adherence.

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Disclosure: The Patient Medication Assistance Program (PMAP) of Ashland County is strictly a not-for-profit venture with no institution experiencing monetary profit as all moneys received are placed directly back into PMAP. The program is conducted in a step-wise fashion from various physical locations including the above-mentioned United Way of Ashland County and its affiliates as well as Buehler's Pharmacy #3. Buehler Food Markets, Inc. holds no financial interest in the program, with the exception of imposed publicity and good name. Mr. Mounts, Ms. Rhees, and Ms. Partridge are all currently employed with Buehler Food Markets, Inc. None of the authors has direct association with the United Way or its affiliates. The authors declare no other conflicts of interest or financial interests in any products or services mentioned in this article, including grants, employment, gifts, stock holdings, or honoraria.

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Patient assistance programs (PAPs) are a valuable yet underused resource in the procurement of medications for uninsured or indigent patients. These programs, sponsored by pharmaceutical manufacturers, can potentially increase the percentage of patients receiving proper long-term pharmaceutical care. This, in turn, has positive implications for the patient and the society in which he or she lives. Benefits are seen directly and indirectly through increased adherence, decreased adverse health complications and associated costs, and increased productivity in society. These programs, however, are often overlooked by, or possibly even unknown to, those in position to use them. Also, the pharmaceutical companies themselves have stringent criteria and complicated processes. This often requires the knowledge of an experienced person in applying for and receiving the medications.

Currently, PAPs are being used in a number of different settings, including physician offices, clinics, the Internet, advocacy groups, government agencies, and health-system pharmacies. Each has benefited the patients involved, and cost savings realized by the latter two have been substantial and well documented.¹⁻⁵

However, these settings often have limitations that prevent the use of these programs to their maximum potential. The first and

perhaps most important limitation is the absence of the pharmacist in the dispensing process in all settings with the exception the health-system pharmacy. Pharmacist intervention plays a vital role in the patient's overall care and can ultimately decrease health care costs,⁶⁻⁸ prevent therapeutic duplications,⁹ and improve patient outcomes via counseling/education,^{10,11} monitoring,^{12,13} and by obtaining a more comprehensive patient history.¹⁴ Likewise, other limitations hinder the usefulness of these programs in such settings. Many individuals and physicians have become disillusioned by the vast amount of required paperwork and subsequent burden, and thus refuse to deal with such programs. The Internet may not be a feasible option for a patient population that is already struggling financially. Government resources are not as common as one may hope, as only 15 states have thus far passed legislation or created offices to coordinate these pharmaceutical PAPs.¹ Furthermore, accessibility may be an issue for each of the above-mentioned settings.

Practice Innovation

The idea that ultimately became Patient Medication Assistance Program (PMAP) of Ashland County was birthed back in November 2001. The proposal was to initiate an assistance program that would be less expensive, more efficient, more comprehensive, and a safer alternative than those offered to the community at that time. The hope was to lessen the growing burdens of local physicians who were becoming increasingly disenchanted with such programs because of their experiences in their own offices. However, with an average per capita income of \$21,806 (versus \$28,699 statewide; 2001 data), a poverty rate of 9.5% (as of 1999), and 28.7% of its population with incomes of less than \$25,000 (1999),^{15,16} the primary intent was to help people in the economically struggling Ashland County obtain needed health care.

Approval was obtained from fellow colleagues and officials from local charitable agencies. Grant money was acquired through a collaborative effort. The key player was United Way of Ashland County. Two grants were obtained, one from Firelands Electric People Funds, Inc., and the other from Ashland County Community Foundation. This seed money was used to cover costs associated with program launch, which included salary reimbursement for the Certified Pharmacy Technician, subscription fee for the Indicare application processing program, and raw materials. A pharmacist's supervisory time and involvement were provided gratis. Following publicity in the local media, the program officially started on April 1, 2003.

The program is a joint endeavor of patients, United Way of Ashland County, United Way affiliates (Ashland County Council on Aging, Ashland County Cancer Association, Ashland Parenting Plus, Associated Charities), Buehler's Pharmacy #3, and physicians. The main setting for the program is a community-based pharmacy.

AT A GLANCE

Synopsis: The Patient Medication Assistance Program of Ashland County, Ohio, established by a partnership between a community pharmacy and charitable organizations, is described in this article. During a 4-month start-up period, 123 patients were assisted in applying for or receiving more than 500 medications, 47 physicians were served, and local charitable funds were spared. Per-patient savings totaled about \$912 before processing fees.

Analysis: Patient assistance programs sponsored by pharmaceutical manufacturers are underused. Access to these programs is hindered by paperwork requirements that challenge many patients, stringent criteria and application processes, and increasingly limited resources to provide application assistance. The absence of pharmacist interventions in these programs also presents a major drawback since pharmacists are not able to provide pharmaceutical care and thereby improve patient outcomes and ultimately reduce overall health care costs. The Patient Medication Assistance Program of Ashland County, located in a rural community pharmacy, provides convenience and privacy for patients, continuity and optimization of care, and improved access to medications for those in need; eases administrative burdens on physicians; and reduces expenditures of charitable organizations. The program provides invaluable benefits to the patients and the community it serves.

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