

# Mitigation of financial barriers to medication access in primary care practices

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## BACKGROUND

- Financial barriers are prevalent and negatively impact patient care if unresolved.
  - 1 in 4 Americans claim that it is difficult to afford their prescription medications.<sup>1</sup>
  - 8% of adults do not take their medications as they are prescribed due to financial concerns.<sup>2</sup>
  - Kentucky ranks second in the nation in annual out-of-pocket expenses for prescription medications with the average resident spending \$2,111 per year.<sup>3</sup>
- There is limited literature in terms of best practice for mitigating medication financial barriers.
- Health systems have implemented pharmacy-driven programs to assist in identifying and resolving financial barriers.<sup>4,5</sup>

## PURPOSE

- Create and pilot a standardized process for identifying and resolving financial barriers to medication access within primary care practices

## METHODS

- This project was conducted during the 2020-2021 residency year
- Norton Healthcare is a community health-system in Louisville, Kentucky
  - Four adult hospitals and one children's hospital
  - Thirty-four primary care provider offices
  - Four primary care offices with a pharmacist on-site at least one day per week
- Process Improvement Methodology: Define, Measure, Analyze, Improve, Control (DMAIC) model
  - Problem-solving method designed to identify and address inadequacies in a process.

Define → Measure → Analyze → Improve → Control

## DEFINE

### Problem

- Lack of consistency within the primary care offices for overcoming medication related financial barriers

### Scope

- Primary care practices with a pharmacist

### Purpose

- Identify gaps in current processes
- Create a standardized approach for overcoming financial barriers to medications

### Stakeholders

- Pharmacy leadership
- Nursing leadership
- Physician and practice leadership

## MEASURE

Key Area	Interview Question Purpose	Current State
Identifying Patients	Specific Job Role	None
	Identifying Patients	Patients self-identify
	Integration of employees	None
Skill Set	Resources Utilized	Variable
	Training	None
Standardized Process	Standard Process	None
	Burden on job	Variable
	Time Commitment	High

## ANALYZE

- Gap Analysis was completed to compare current state to a desired state.
- Desired state included proactive identification of patients, provision of a standard education, and a developed standard workflow.
- Criteria for improvements:
  - Pharmacy-driven
  - Feasible within timeline of the residency year
  - Impactful for patients

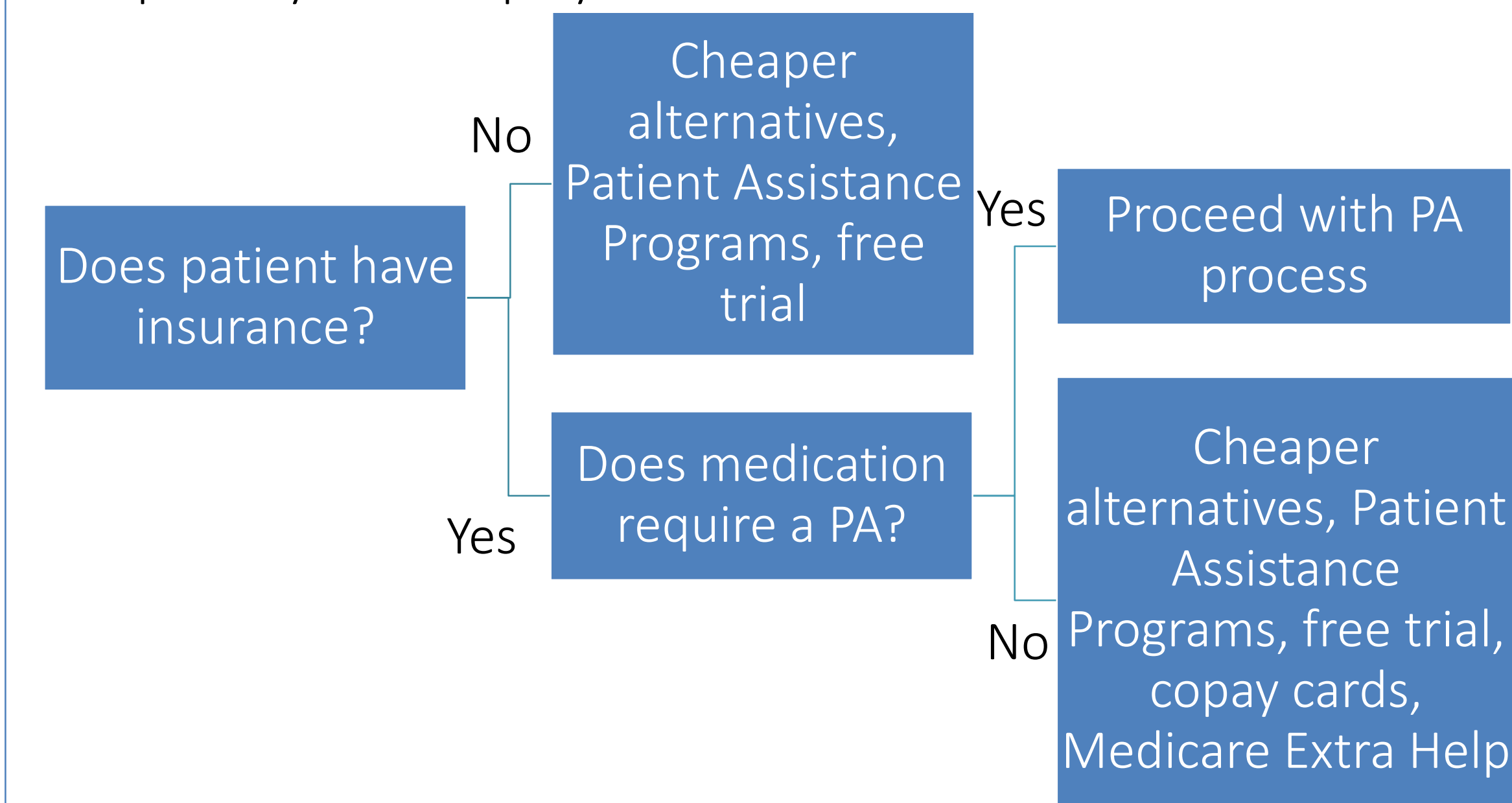
Heavily Aligned (Green)    Limitations Exist (Yellow)    Minimally Aligned (Red)

Options for Improvement	Pharmacy-Driven	Feasible	Impactful	Overall Priority
Centralized referral que for pharmacy	✓	✓	✓	Green
CDS messages for high cost medications	✓	✓	✗	Yellow
Pharmacy run resource contact for patients	✓	✗	✓	Yellow
Decision tree for the primary care care team	✓	✓	✓	Green
Education in primary care	✓	✓	✓	Green
Education for pharmacists	✓	✓	✓	Green
Available resources	✓	✓	✓	Green
Standard documentation	✓	✓	✓	Green
Medication access encounter within Epic	✗	✗	✓	Red
Verify benefits and ePA process	✗	✗	✓	Red

## IMPROVE

Priority of Improvements:

- Create a centralized referral que for pharmacy intervention
- Decision tree for all primary care employees
- Education to primary care employees
- Determine resource location
- Standard workflow and documentation to be used by primary care employees for financial barriers



Deliver education to office staff and pharmacists:

- Utilization of decision tree
- Location of resources
- Utilization of resources hyperlinked into decision tree
- Documentation within patient medication chart
- Consulting a pharmacist through Epic for assistance

## CONTROL

- Storage of available resources
- Incorporation of education into new hire training for office staff and pharmacists
- Implementation of EMR tools for identification and resolution of financial barrier

## PROJECT CRITIQUE

### Strengths

- Increases patient medication access
- Increases stakeholder engagement and support
- Increases pharmacy engagement in primary care
- Uses DMAIC method

### Challenges

- Complex coordination efforts between primary care offices
- Various skill level and high turnover
- Lack of consistency
- Limited pharmacy presence in primary care offices

## NEXT STEPS

- Implement process into additional primary care offices
- Create long term goals and plans for mitigating financial barriers in primary care
- Collect metrics to measure pharmacist need and impact related to resolving financial barriers

## CONCLUSIONS

- DMAIC model utilized to identify key issues in the primary care setting and develop sustainable improvements to enhance medication access
- Pharmacists in primary care can be vital in overcoming financial barriers:
  - Assist in resolving medication access issues
  - Educate medical staff to increase resource knowledge
  - Develop resources to assist medical staff

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## DISCLOSURES

Dr. Morrison and all other investigators have no actual or potential conflicts of interest in relation to this presentation.