

Implementation of pharmacy processes to mitigate financial barriers to medications access in a community health system

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Background

- Approximately 25% of Americans claim that it is difficult to afford their prescription medications
- 8% of adults do not take their medications as they are prescribed due to financial concerns
- Kentucky ranks second in the nation in annual out-of-pocket expenses for prescription medications with the average resident spending \$2,111 per year
- Financial barriers to medication access have been associated with impaired access and inferior quality of medical care in certain populations

Purpose

- To identify gaps in current methods for addressing financial barriers to medications and implement standardized processes for overcoming these barriers

Methods

- This project was conducted during the 2020-2021 residency year
- Norton Healthcare is a community health-system in Louisville, Kentucky
 - Four adult hospitals with 1,837 beds
 - Four community pharmacies with an established Meds-to-Beds program at each site
- Process Improvement Methodology: Define, Measure, Analyze, Improve, Control (DMAIC) model
 - Data-driven quality strategy used to improve effectiveness and efficiency of organizational processes



Project Intent

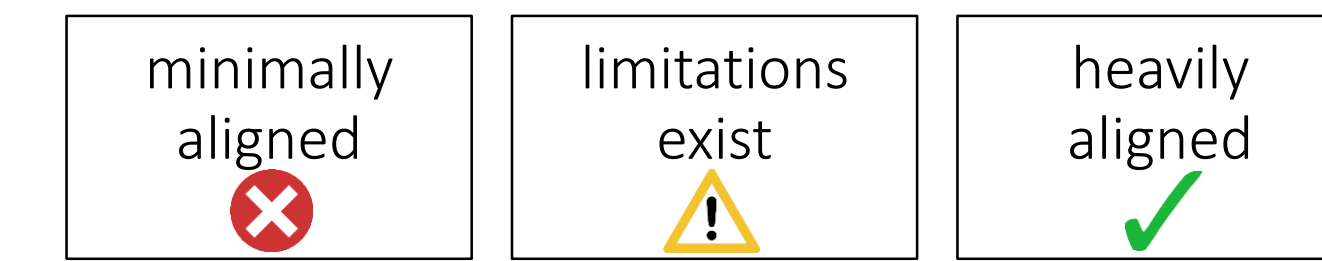
Problem	<ul style="list-style-type: none"> Minimal assessment of medication affordability Minimal knowledge of financial resources Lack of standardized and comprehensive processes to connect patients to financial resources
Scope	Patients discharged from the hospital and using the Meds-to-Beds program
Stakeholders	Pharmacy Care Management Physicians Patients

Financial Assistance Resources



Improvement Prioritization

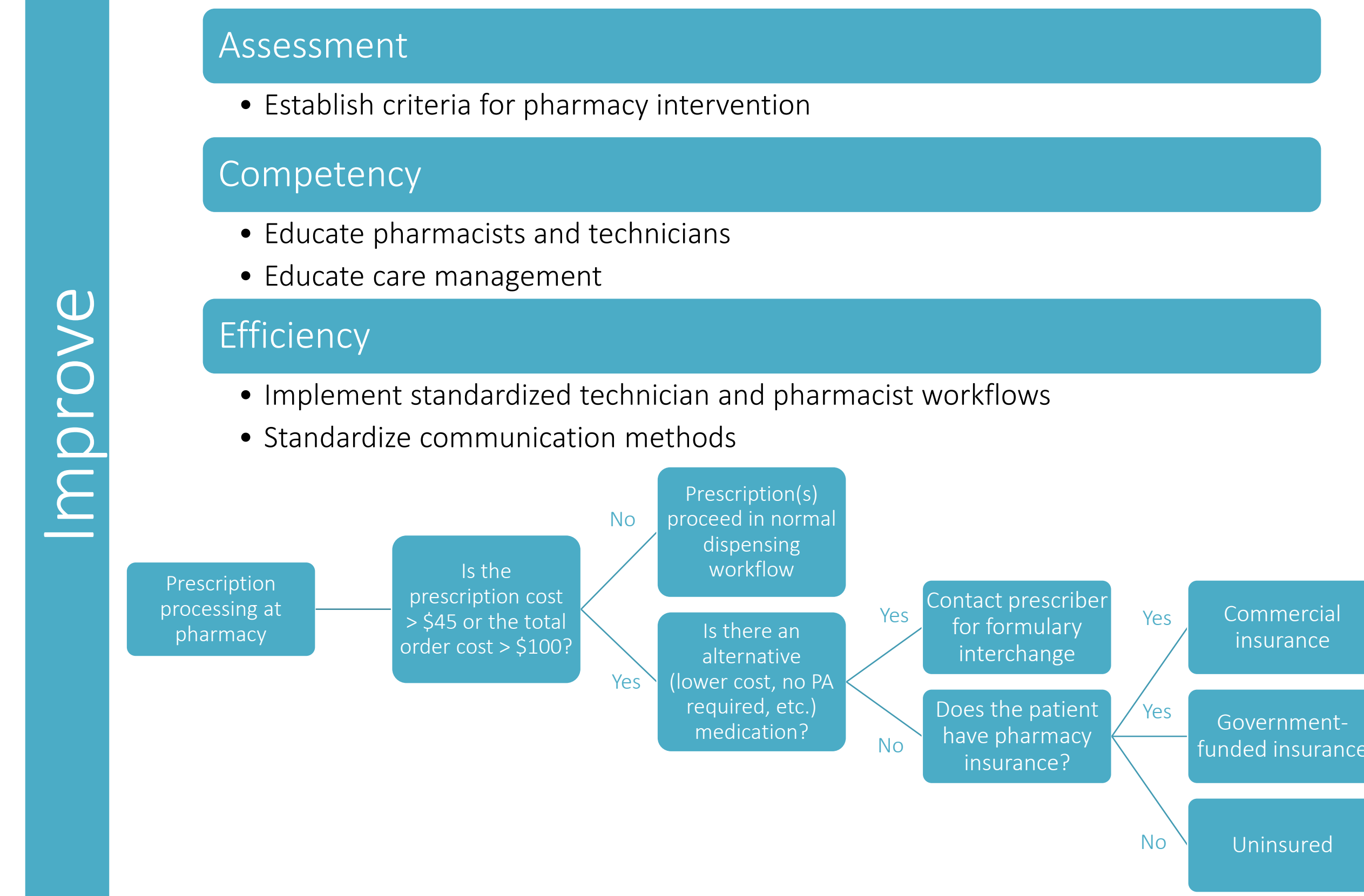
- Criteria for prioritization:
 - Pharmacy-driven
 - Feasible within timeline of the residency year
 - Impactful for patients
- Scale to measure prioritization of options for improvement



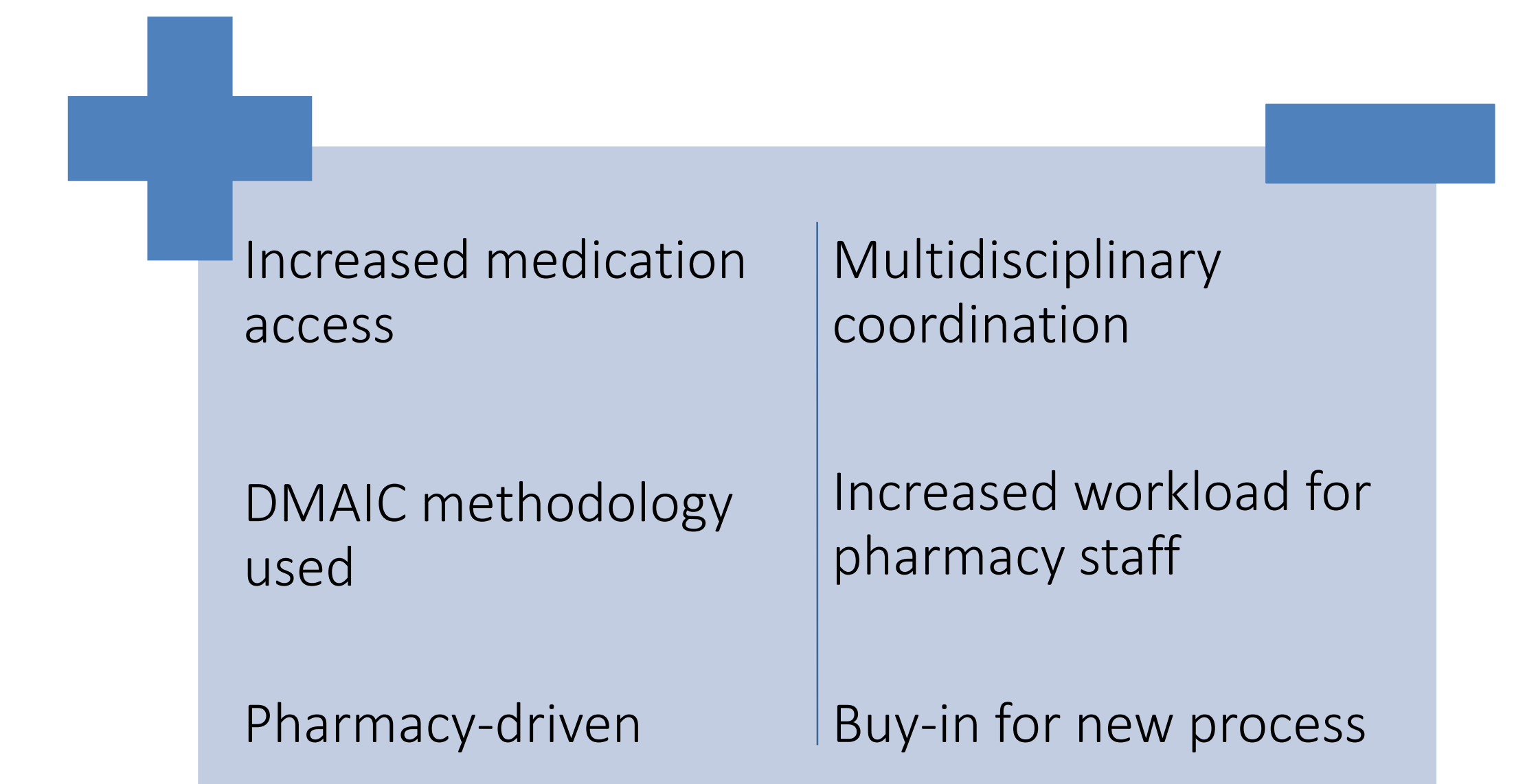
Proposed Improvements

Options for Improvement	Desired Criteria		
	Pharmacy-Driven	Feasible	Impactful
Assessment			
Establish criteria for pharmacy intervention	✓	✓	✓
Competency			
Educate pharmacists and technicians	✓	✓	✓
Educate care management staff	⚠	✓	✓
Educate primary care office staff	⚠	⚠	✓
Efficiency			
Implementation of standardized technician and pharmacist workflow	✓	✓	✓
Creation of standardized communication methods	✓	✓	✓
Prior authorization (PA) process re-design	⚠	✗	✓

Process Improvement Targets



Project Critique



Next Steps



Conclusions

- Financial barriers can play a significant role in reduced medication adherence and poor clinical outcomes
- A wide variety of financial assistance resources exist
- Pharmacists can play an impactful role in standardizing processes that improve medication access by increasing affordability

References

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- Cross A. Kentucky Health News. 2019
- Parikh P, Yang J, Leigh S. J Gen Intern Med. 2014. 29(1): 76-81.

Disclosures

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

Current Process

Task	Current State
Affordability assessment	Care Management
Affordability discussion with patient	Care Management
Application of copay cards and free trials	Pharmacy
Alternative medication recommendation	Care Management +/- Pharmacy
Enrollment in financial assistance programs	Care Management

- Survey conclusions:
 - Widely variable knowledge and use of:
 - Medication copay cards
 - Medication insurance programs
 - Patient assistance programs
 - Eligibility requirements

Education and Implementation

