



Medication Assistance Programs Benefit Safety Net Patients

Medications are an integral component of comprehensive primary care. We asked two KAMU member clinics to share the details of their medication assistance programs and what makes these services successful for their patients.

CHC/SEK Offers Comprehensive Pharmacy Program

*by Jason Wesco, Chief Operations Officer,
Community Health Center of Southeast Kansas,
Pittsburg*

Community Health Center of Southeast Kansas, Inc. was established as a Federally Qualified Health Center in 2003, after existing as a primary care clinic for several years. CHC/SEK's mission is to provide high-quality, affordable, accessible and culturally competent medical, behavioral health, dental and pharmacy services to all individuals regardless of ability to pay.

CHC/SEK now employs 23 full-time providers (and 85 total staff) who will provide services to nearly 20,000 patients during approximately 60,000 visits at five sites in Cherokee and Crawford Counties – including our main clinic in Pittsburg that co-locates all of our services under one roof.

A critical component of CHC/SEK's services is its comprehensive integrated pharmacy program, which includes our Prescription Assistance Liaison Service (PALS), our indigent drug program, drug samples, a 340B contractual relationship with a community pharmacy in Columbus, and an in-house full-time pharmacy in our main clinic in Pittsburg.

Combined, our pharmacy program fills more than 2,000 prescriptions each month – some at no charge and most at greatly reduced fees. The goal of the program is to ensure that all patients receive the medications they need, when they need them, regardless of their ability to pay.

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Balancing Patient Needs, Cost and Convenience

*by Dave Sanford, Executive Director,
GraceMed Health Clinic, Wichita*

GraceMed has at least five options to pursue for matching our patients with no-cost or low-cost medications, including pharmaceutical samples. Determining which program is best for the patient is based on income level, cost and convenience.

Introducing a 340B Program. GraceMed initiated its federal 340B program three years ago and, based on input from other clinics, knew it would be a wonderful addition to our existing Prescription Assistance Program (PAP). As community health clinics, we strive to provide “continuity of care” in the medical and oral health care areas.

In a similar way, the 340B program enhances continuity of care in our pharmacy program by extending patients' access to low-cost drugs. Since some patients do not qualify for PAPs and many drugs are not available through PAPs, the 340B program also provides another option to fill the medical needs of our patients.

A key success factor for a 340B Program is selecting the right pharmacy partner. We were fortunate to have an experienced 340B pharmacy across the street from our main clinic. Consumer's Pharmacy had previous experience with the program as a partner with the clinics at KU Medical School in Wichita.

However, other community health clinics have established successful 340B programs with pharmacy partners having no previous experience with the program. And the Health Resources and Services Administration (HRSA) offers great technical support through its Pharmacy Services Support Center.

Selecting the Right Medication Program for the Patient. GraceMed has two full-time staff members in our pharmacy assistance department. Their primary responsibility is to be familiar with no-cost or low-cost options through which our patients may receive their prescriptions. Over the past year, we have identified additional opportunities, beyond the PAP and 340B programs, to meet this objective.

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The integration of the pharmacy program means that patients are able to access medications from multiple programs in seamless manner. One patient, newly diagnosed with hypertension, can obtain low-cost medications through our in-house pharmacy (that offers many prescriptions at less than \$4) immediately, while working with PALS staff to access the appropriate manufacturer's indigent drug program – which can take up to 90 days to receive.

Another patient struggling with high cholesterol may be offered samples of different medications to identify which is most beneficial. The patient can then have this prescription filled in our pharmacy at significant savings.



CHC/SEK pharmacy team members (from left): Andy Martin, PharmD, Pharmacist; Megan McCoy, Pharmacy Tech; and Lori Holt, Pharmacy Tech.

In all cases, patients do not leave CHC/SEK clinics without the medications they need. We have a strong and diverse pharmacy program that includes a full-time pharmacist, Andy Martin, PharmD, and a pharmacy consultant who founded CHC/SEK's pharmacy program, Gail Deatherage, RPh. Having in-house pharmacy expertise has been an incredible resource for both our patients and providers.

As we look to the future, we see incredible opportunities for further expansion and integration of our pharmacy program with our medical, mental health and dental services, enabling CHC/SEK to become a comprehensive medical home and allowing our patients to live healthier, happier and more hopeful lives.

Oral Health Workshop Puts Focus on Parents' Role

Recent evidence indicates that a simple "Motivational Interviewing" technique helps reduce caries in high-risk preschool children. On May 30, about 50 people from Kansas safety net clinics attended a workshop in Wichita on this subject.

Phillip Weinstein, PhD, Professor at the University of Washington, presented "Motivating Parents to Prevent Caries in Their Young Children: New Strategies That Work." This was the second learning session for two KAMU members participating in an Oral Health Pilot collaborative.

After attending the workshop, clinic staff should be able to help parents select self-management goals for their kids, such as brushing and flossing their teeth, that will ultimately have an impact on the children's oral health.

The workshop was sponsored by KAMU, Oral Health Kansas and KDHE's Office of Oral Health, with generous support from the United Methodist Health Ministry Fund.

After the learning session, Dr. Weinstein (left) worked with two clinics who are participating in the state Oral Health Collaborative.

The team from Health Ministries Clinic in Newton is (front) Jessie Skala, Dental Navigator/Dental Case Manager, and Lynne Fruechting, MD, Medical Director/Pediatrician; (back) Tina Payne, Executive Director, and Roberta Baker, LPN, Clinic Nurse.



The team from GraceMed Health Clinic in Wichita includes (from left): Chad Roseberger, Dental Patient Services Coordinator; Gretchen Jones, PA-C, Physician Assistant; and Dave Sanford, Executive Director.

Not pictured: Diane Robison, Medical Assistant and Diabetes Educator.



GraceMed *(from page 1)*

In Wichita, with a number of Wal-Mart and Dillon's locations, we regularly refer people to these retail establishments to use their "\$4 Programs." We remain current on the drug formularies offered through these stores, seeking the lowest cost solution for our patients.

We also introduced Redi Rx in the clinic, a Medicaid-approved contractual drug dispensing program. Through Redi Rx, our providers identified the most commonly prescribed drugs and developed an in-house formulary. We now fill prescriptions for these drugs at our main clinic in our prescription assistance department. With the number of dental patients we see, it is not surprising that our number one Redi Rx script is written for clindamycin.

If we do not have a prescribed drug in-house, we establish whether the patient qualifies for a PAP. If so, we proceed with making application to the respective pharmaceutical company (or call Montel Williams' Free Medicine Foundation).

If the patient does not qualify for a PAP, we check the formularies with Redi Rx, Wal-Mart and Dillons, and determine if the script can be procured conveniently at a lower cost than our 340B program.

The last option is to refer the patient to fill their script through the 340B Program at Consumer's Pharmacy, where we have a negotiated pharmacy fee of \$8. We understand some 340B pharmacy fees are less than \$8 and some are more.

Negotiating a Pharmacy Fee. Our original 340B partner, Right Choice Pharmacy, indicated the pharmacy fee would need to be \$8 per script for them to "break even." When we changed our partnership to Consumer's Pharmacy, the established \$8 fee was acceptable to their owner.

We also charge a 340B administrative fee of \$1 for the clinic. Although the revenue from this fee is negligible and certainly could be waived, it does provide an

accurate count of the number of scripts filled each month.

Again, we seek other no-cost or low-cost options before referring someone to our 340B program. In so doing, we have had high patient satisfaction with our pharmacy services.

Leveraging Foundation and State Funds.

Like most clinics that received funds from KAMU and/or the Kansas Department of Health and Environment for prescription assistance programs, GraceMed used funding in three ways.

First, we used a portion of the grant funding to support the salaries and benefits of our PAP staff members. In 2007, the Average Wholesale Price for the medications ordered through the GraceMed PAP was valued at \$522,811.23! By any definition, this is a significant amount of "leveraging."

We also used grant funds to purchase an initial inventory of 340B drugs. And, through the past three years, we have used funds to expand the formulary.

Finally, funds have been used to provide a 340B Program subsidy for those patients with incomes under 100 percent of the federal poverty level. This subsidy helps offset the negotiated pharmacy fee, the administrative fee and the price of the script.

When attending several national Health Resources and Services Administration meetings, I have heard that a number of 340B programs have produced a significant amount of revenue for their host clinic. I assume such clinics have a larger number of Medicare, Medicaid and privately insured patients. Our objective and experience, however, has been to leverage grant funds and any program income to offset expenses and break even.



GraceMed PAP technicians Lisa Sanford (left) and Vickie Anderson.

Tips for a Successful Program. As an Executive Director, it is fun to pontificate about how great your programs are, but we all know the credit goes to the dedicated and professional staff members who work with our patients every day.

The most important "best practice" is to recruit, hire and train professional PAP staff members: people who are strong advocates for our patients.

Second, develop a strong 340B partner, a partner who understands the program, its objectives and is willing to work with the challenging logistics and recordkeeping for the program.

Third, establish strong operating policies and procedures for all your pharmacy programs, including the handling of samples. PAP and 340B programs can provide a great benefit for the patients you serve.

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AmeriCorps Members Reflect on Service

THE KANSAS COMMUNITY HEALTHCORPS IS A NATIONAL AMERICORPS PROGRAM THAT promotes health care for America's underserved, while developing tomorrow's health care workforce.



Thirteen AmeriCorps members served in eight KAMU member clinics and one partner organization during the 2007-08 service year, which concludes this August. They worked in prescription assistance programs, HealthWave outreach, Early Detection Works cancer screening, diabetes outreach, oral health and volunteer coordination.

Mid-way through the year, the members took time to reflect on their experiences and lessons learned. We excerpt two reflections here.

Heidi Waldschmidt
works at
Heartland
Medical Center
in Lawrence,
where she helps
with the clinic's
Early Detection
Works cancer
screening
program. She will
begin medical school this fall at the
University of Kansas Medical Center.



an AmeriCorps member, especially since I have the desire to work in the women's health field later in my career.

When I took the position, I don't think I fully understood all the capacities in which I would serve or gain knowledge. Not only have I been involved with direct patient care, but also with working with medical staff at the clinic, staff at other medical offices, hospital staff, a state health agency, billing offices and so many more.

The amount of experience I have gained and the professional growth is something I will carry with me and use the rest of my life. I have a much greater appreciation for how medical offices work and how accessing health care can be such a struggle for the uninsured. I have been able to see first-hand some of the needs in our community, especially for acute care clinics that could see patients on a walk-in basis.

I won't be able to fix all the world's problems, but I feel that I have truly made an impact in at least helping women access some of their annual exam needs. If we continue to place AmeriCorps members in areas where they can serve others in accessing health care, we are at least making strides. This experience has by far exceeded my expectations and I know the remainder of the year will be full of even more great experiences.

Now Recruiting!

KAMU is still recruiting clinics and members to take part in the AmeriCorps program for the 2008-09 service year.

For information about how AmeriCorps can contribute to the mission of your safety net clinic, contact Polli Kenn, pkenn@kspca.org, 785-233-8483.

Stephanie Moore
works at Mercy
and Truth
Medical Missions
in Kansas City,
focusing on
HealthWave
outreach and
enrollment. She
was an employee
of Mercy and
Truth before
becoming an AmeriCorps member.



At Mercy and Truth, I serve as the referral coordinator. I also help with the vaccines for children program, enter monthly statistics, and do other jobs that need to be done.

The referrals have really changed my perspective because I help patients who need more than just our family care, but have absolutely no way to find help leading them to a neurosurgeon, cardiologist, neurologist, or other specialist that they need to see.

One thing that stands out in my mind is how grateful the patients are when I tell them they have an appointment to see a specialist who is willing to see them at no cost to the patient. Some of these people barely have the money to survive. I know I am just a little step in their journey of getting help, but the feeling that I am helping them is just indescribable.

I have learned a lot about myself – how lucky I am to have a job like this, to have the people around that I do, to have the home I live in, and most of all to have the family and support I do. Many times in life those things are taken for granted, but when you are thrown in a setting with people who have none of that, it really puts your good fortune into perspective. That is one of the biggest lessons I have learned in my time as an AmeriCorps volunteer.

This has definitely been an eye-opening experience for me in more ways than one. My experience and service for AmeriCorps has really broadened my horizons.