

Promoting Medication Assistance Initiative in Maine: Evaluation Results

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Two components of the initiative

- Medication Access (N=2602)
 - Refer and enroll low-income and uninsured clients in free and low-cost medication programs
- Medication Management (N=1342)
 - Provide assistance to clients on how to manage their medications
 - Raise provider awareness of medication issues and adherence barriers

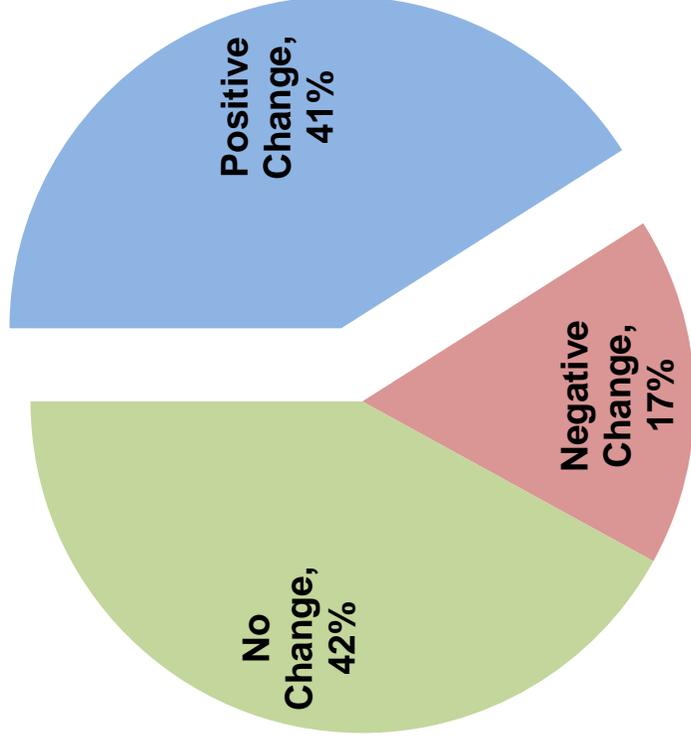
Huge savings for low income Mainers from free manufacturer drug programs alone

- Total \$ saved: \$12,155,849*
- Number of medications applied for: 13,743
- Average price per medication
 - Average Wholesale Price: \$610
 - Average Retail Price: \$1,487
- Average \$ saved per client: \$4,671*
- Clients linked to other programs (i.e. MaineCare)
 - 2,646 helped apply for or referred to other programs

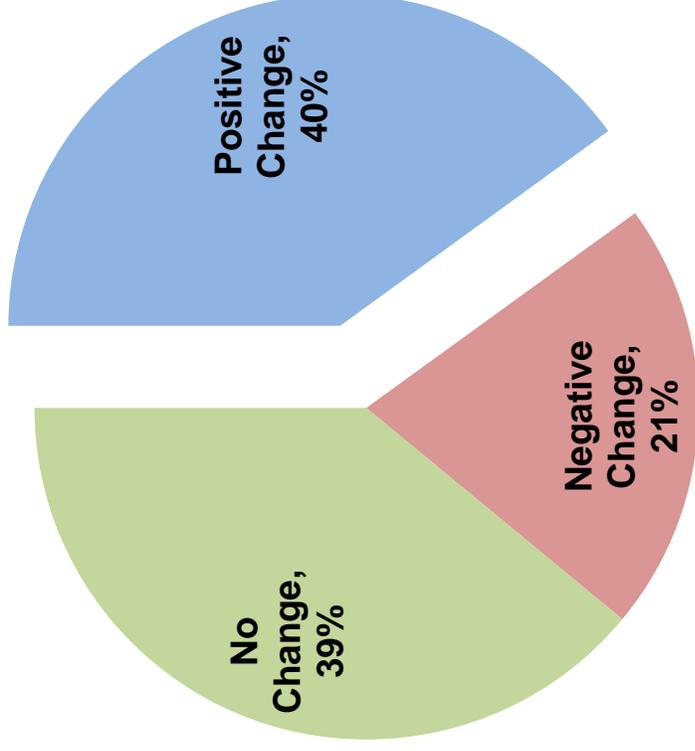
*Some grantees reported medication savings by average retail price (ARP) and others by average wholesale price (AWP). Total savings reflect the combined total ARP and AWP prices for all medications received. Since most people pay more than AWP, this is a conservative estimate.

Significant positive change in self-reported health status

Medication Access
6 months after Intake (n=367)*

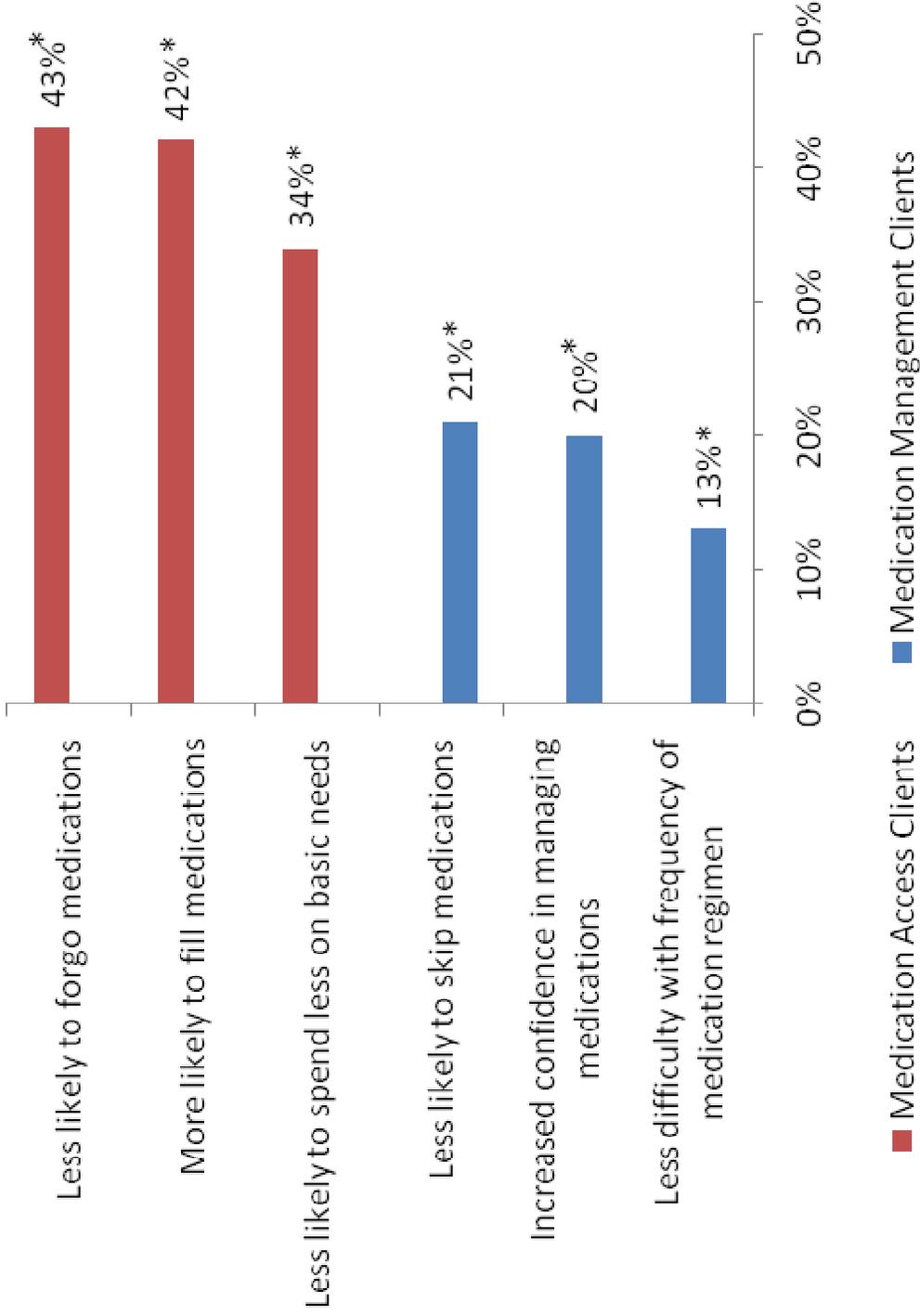


Medication Management
3 Months after Intake (n=186)*



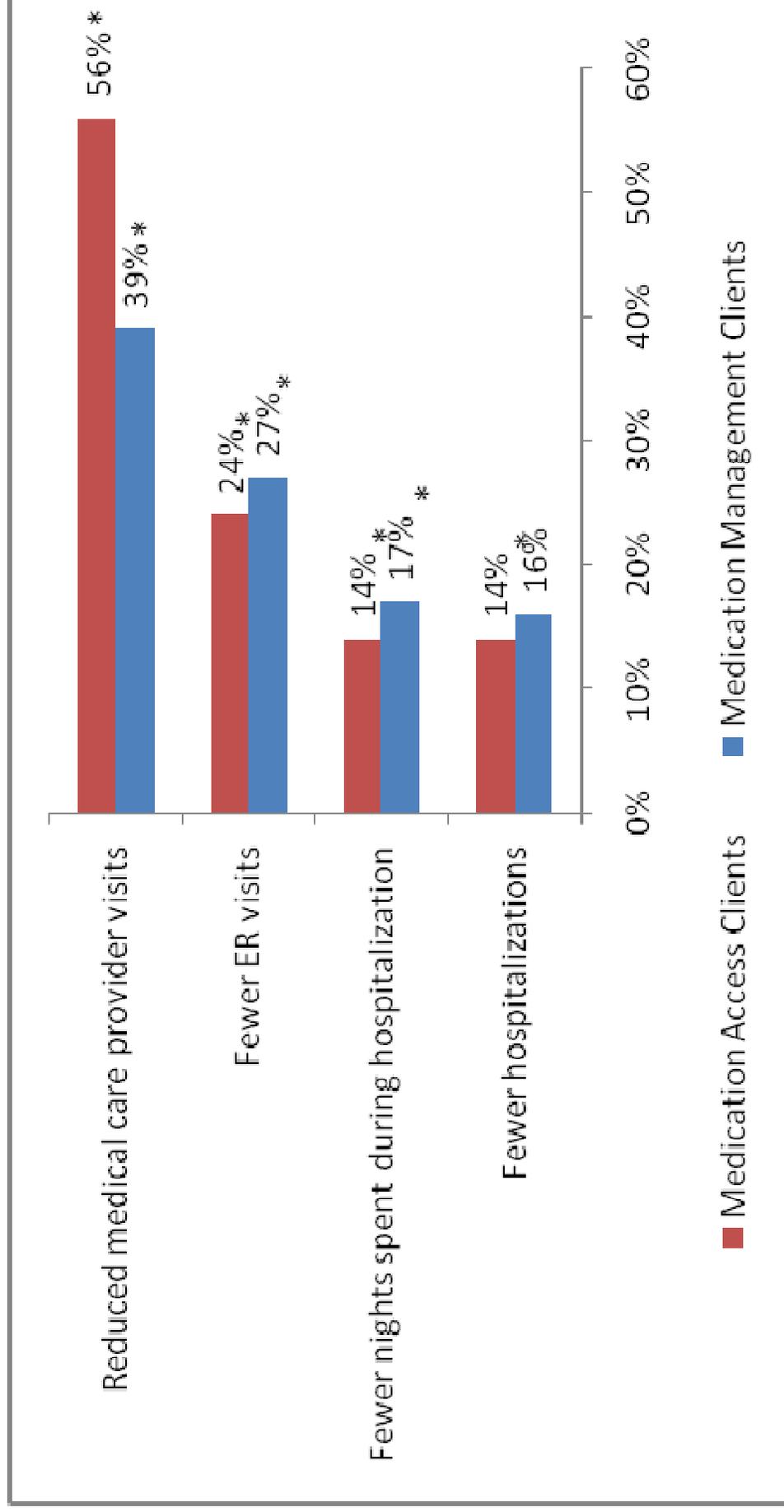
*Collected for a sample of patients after intake. Significant at $p < .0001$.

Many clients reported improved financial access and adherence to medications



*Each outcome had a statistically significant change.

Significant percent of clients reported using less health services after interventions



* Significant p < .05

Some evidence from one grantee that medication management may reduce recidivism in ex-offenders

Recidivism data for incarcerated patients from one grantee providing medication management:

- Average number of arrests fell 50% (from 32 to 17)
- Average number of incarcerations fell 50% (from 32 to 16)
- Declines were statistically significant (but small N)

Both Interventions had Positive Return on Investment

| | Medication Access | Medication Management |
|--|-------------------|-----------------------|
| Amount Invested | \$933,744 | \$302,211 |
| Estimated Cost to Assist One Person | \$718 | \$450 |
| Estimated Savings Through Reduced Use of Health Services | \$1,289,707 | \$639,235 |
| Amount Saved Per Person Through Reduced Use of Health Services | \$991 | \$953 |
| Overall Return on \$1.00 Investment | \$1.38* | \$2.12 |

*Return on investment for medication access is systems savings in addition to the over \$12 million dollars in savings of out-of-pocket medication costs for patients

Conclusions and policy implications

- Investing in medication access and management improves health outcomes and ultimately saves more than it costs.
- It is necessary to provide comprehensive coverage of prescription drugs.
- Gaps will still remain in drug coverage and medication access/management services should still be supported for the remaining uninsured.
- Expand definition of medication management staff to include nurses and physician assistants.
- Include medication management and medication access assistance as essential basic services in health homes and accountable care organizations.