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# Results from Promoting Rx Assistance Initiative in Maine

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UNIVERSITY OF  
SOUTHERN MAINE

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# What is Promoting Rx Assistance Initiative?

- ❑ Funded by the Maine Health Access Foundation.
- ❑ Grants to help low-income persons access free and low-cost drug programs and to provide medication management assistance
- ❑ 10 community-based grantees/ \$3 million
  - Variety of settings (hospital-based, FQHCs, CAPs, mental health providers)
  - All included partnerships between organizations
- ❑ Grant period: October 2006 – Sept 2009
- ❑ Muskie School evaluated implementation process and outcomes

# Project goals

- ❑ Increase access to free and low-cost medications.
- ❑ Improve medication use and compliance with medication regimens.
- ❑ Improve prescribing and reduce possible adverse drug events.
- ❑ Reduce utilization of other health services resulting from medication issues (e.g. ED, hospitalizations).
- ❑ Optimize therapeutic outcomes and improve health status

# Different strategies for increasing access to free and low-cost medications

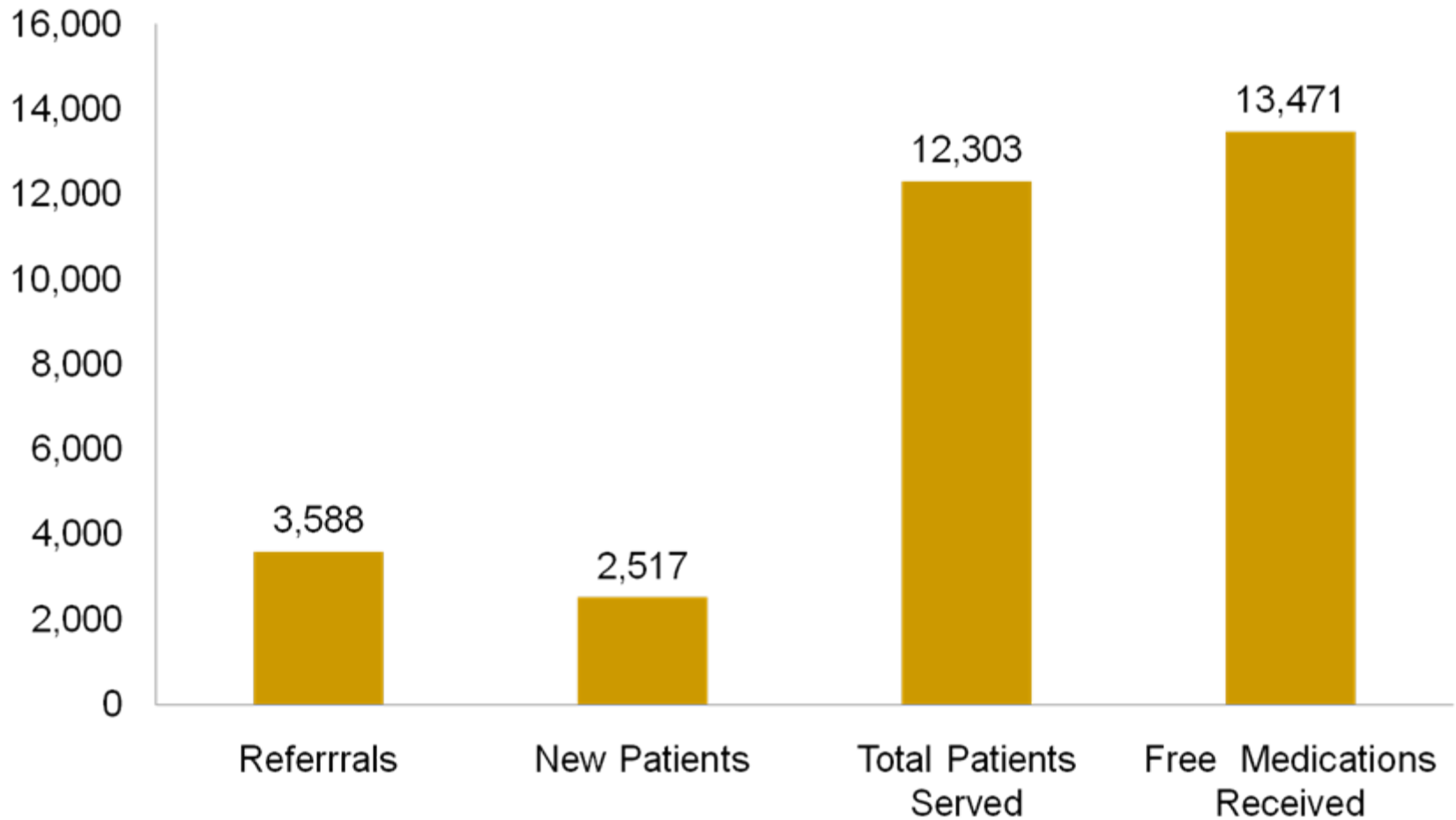
- ❑ Increased education and outreach to new locations or at-risk groups (e.g. other medical providers, emergency depts, senior centers, town offices/General Assistance, prisons, homeless shelters).
- ❑ Automated screening and application processes to improve efficiency/accuracy/tracking.
- ❑ Trained staff on-site or developed referrals to central program to assist uninsured people in navigating different free/low-cost drug programs/discounts available and apply for them.
- ❑ Other proposed policy changes (e.g. reducing time for getting medications through private manufacturers)

# Different strategies for improving medication management

- ❑ Implement system for identifying at-risk patients (e.g. post-hospital discharge, diabetics, etc)
- ❑ RN/PA/SW contacts patients (phone/ home visits/brown bags) to check what medications they are taking, answer questions, provide strategies, empower patients.
- ❑ Reconcile medical chart drug information
- ❑ Use tools (e.g. Epocrates) to check for potential drug-drug interactions, drug duplication.
- ❑ Communicate with prescribers about problems identified, potential need for medication change and follow-up.

# Low-Income Persons Receiving Medication Access

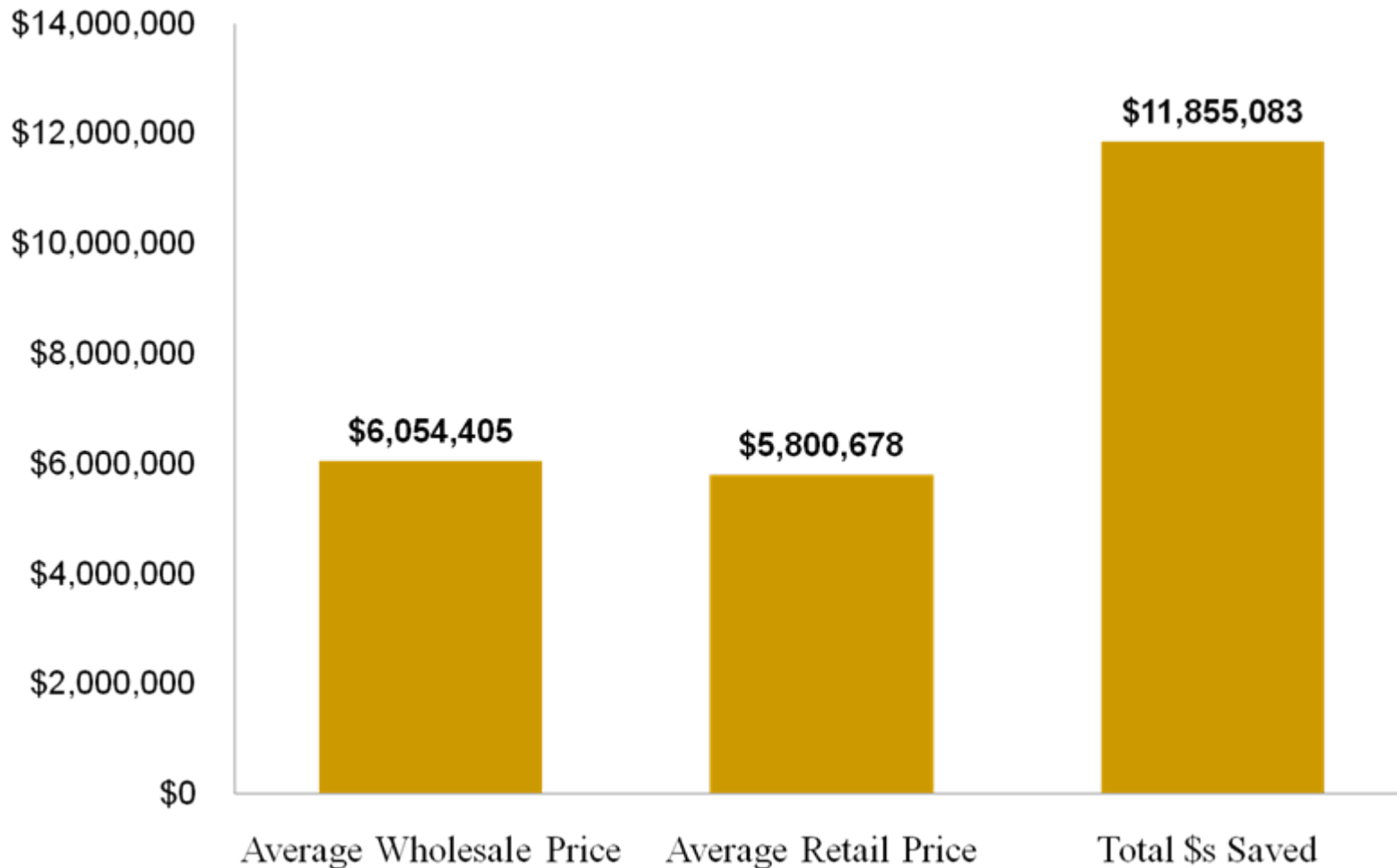
October 2007- September 2009



# What Were People's Health Status and Use of Health Services at Intake?

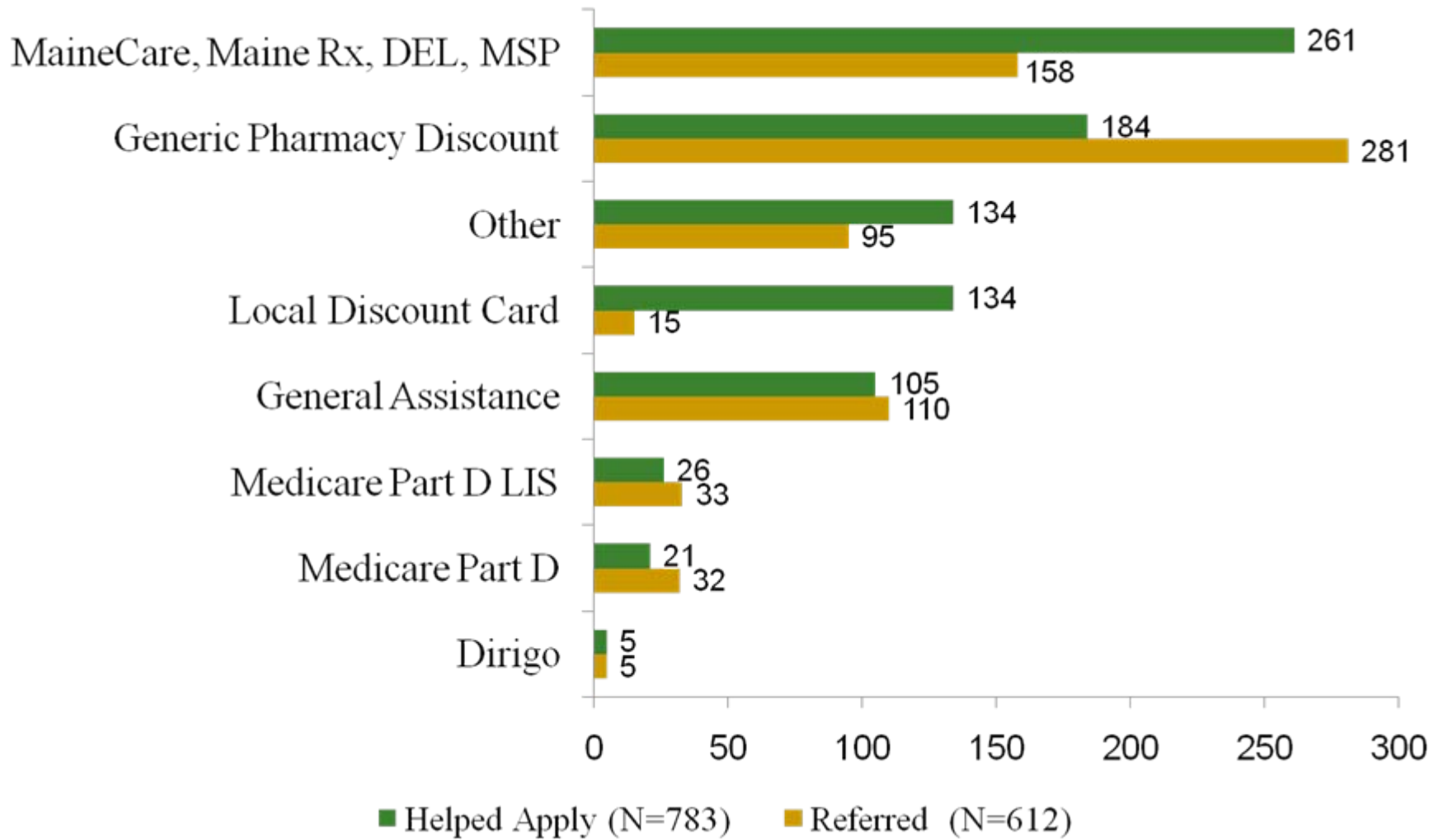
- ❑ 40% reported fair or poor health status
  - Nationally, 13% report fair or poor health status (NHIS, 2008)
- ❑ 19% reported worse health status than 3 months ago
- ❑ 11% reported 2 or more ED visits in the past 3 months

# Total \$s Saved for Uninsured from Free Manufacturer Drug Programs





# Other Medication Access Services Received



# Impact On Clients 6 Months After Medication Access Intake

- Over 1/3 report improvement in current health status.
- Over half report fewer medical care provider visits.
- About 1/4 report fewer visits to the ER.
- More people report filling prescriptions and fewer people report taking less medication than prescribed.
- Fewer people are likely to use samples, spend less on basic needs, or borrow money to afford medications.

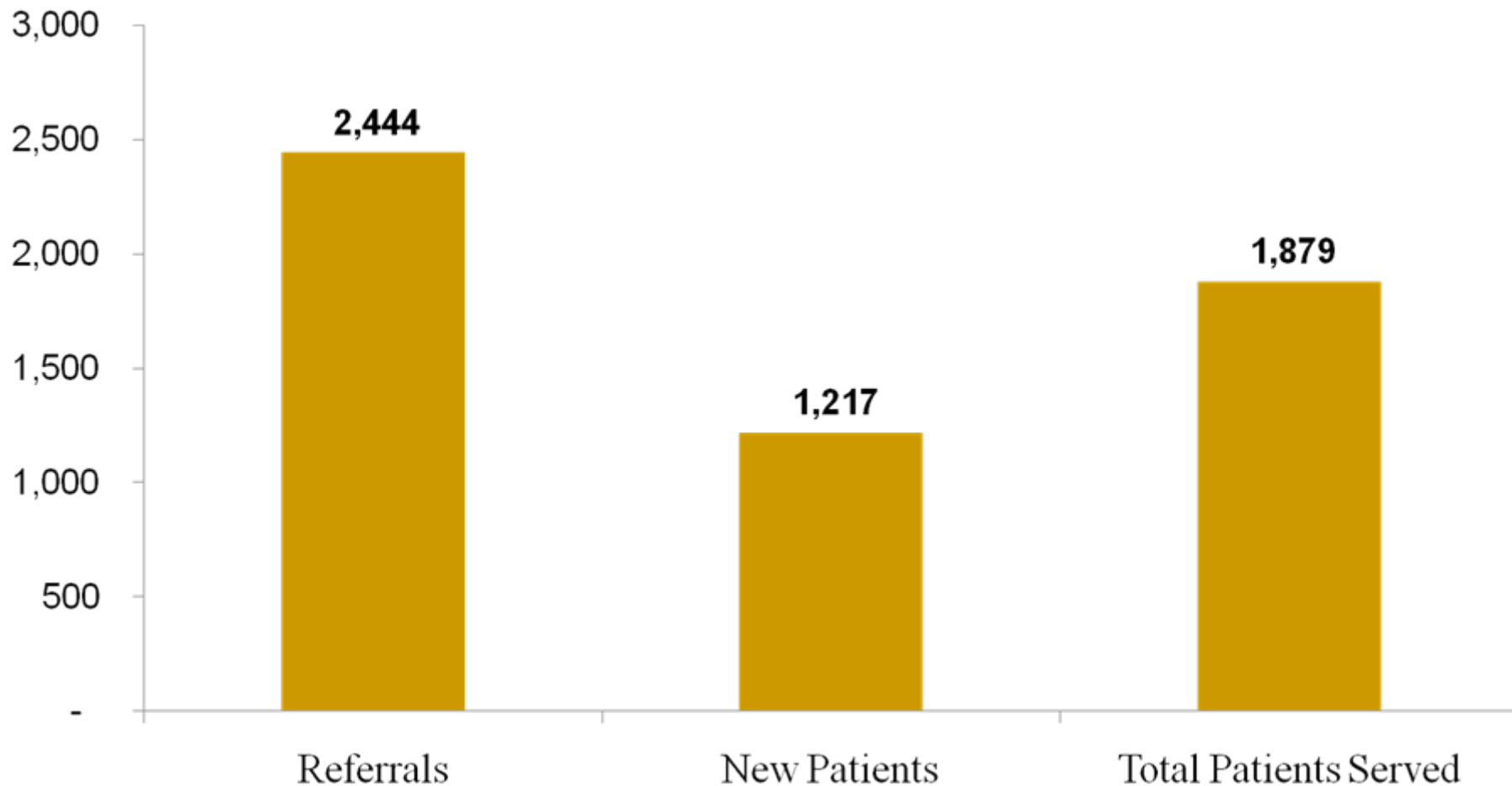
# Medication Access Implementation

## Issues/Lessons

- ❑ Less demand initially than expected.
- ❑ Automation essential, but some difficulties going from paper to electronic systems.
- ❑ One-on-one preferred to group education.
- ❑ Using town offices good for reaching people in rural areas; partnerships with EDs less successful.
- ❑ Navigation of free and low-cost drug options complicated/changing.
- ❑ Sustainability: Medication access service creates savings for the organization, most programs will continue after grant funding ends.

# Persons Receiving Medication Management

October 2007- September 2009

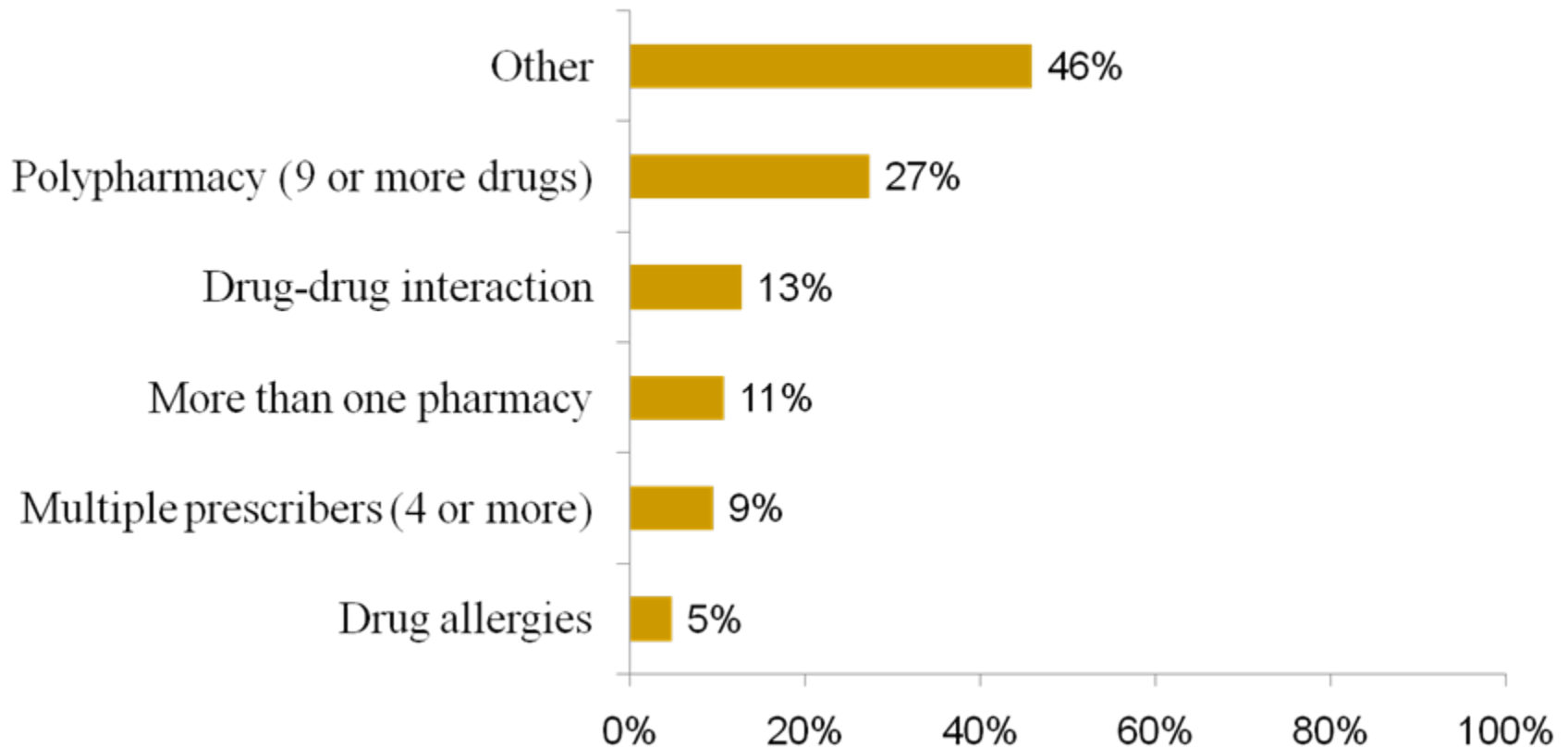


# What Were People's Health Status and Use of Health Services at Intake?

- ❑ 45% reported fair or poor health status
  - Nationally, 13% report fair or poor health status (NHIS, 2008)
- ❑ 22% reported worse health status than 3 months ago
- ❑ 17% reported 2 or more ED visits in the past 3 months

# What Medication Management Problems Were Identified at Intake?

n=1,217



# What Adherence Issues Were Identified At Intake?

Medication Adherence Issues (n=1,217)	
Wondered if med was helping	39%
Concerned whether on right medication	32%
Concerns about side effects	32%
Frequently missed/skipped dose	31%
Changed taking based on how they felt	20%
Difficulty understanding purpose	19%
Thought medication was unnecessary	18%
Confused about how to take	16%
Cognitive barriers- self reported	12%
Difficulty with how often they took	11%
Physical barriers - self reported	9%
Language or literacy barriers- self reported	5%

# Impact On Clients 3 Months After Medication Management Intake

- Over 1/3 report improvement in current health status.
- About 1/3 report fewer visits to the ER.
- About 1/5 spent less nights in the hospital.
- About 1/4 are less likely to skip medications.
- About 1/5 are less likely to have difficulty with how often to take their medications



# Medication Management Implementation

## Issues/Lessons

- Clinical background of staff affects both the nature of intervention and consumer/physician acceptance.
- Integration of staff into medical team important.
- Resource intense –many visits per client.
- Availability of electronic medical records useful both for improving referrals and notifying physicians of problems.
- Sustainability: Support of medical /administrative leadership critical but need support of payers to sustain.

# Conclusions and Policy Implications

- Demonstrated need for these services.
- Both interventions reduced medical and ED visits and improved compliance and health status based on patient self-report.
- Medication access services being assumed within care management functions; medication management more difficult to sustain without payers covering service.
- Integration of medication management in medical home model.
- Resource intensity and staffing varied considerably across models, more research may be needed to identify most cost-effective model.

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# Further Information

- For further information:
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