Effect of a pharmacist-run call center on medication access for ambulatory care patients

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Accessibility and compliance to medication therapy regimens are challenging for many individuals of all ages and income levels. The cost of medications and copayments are major predictors of adherence to medication therapy regimens. Many programs are available to assist patients with these costs, but eligibility guidelines and the application process can be cumbersome and confusing. Insurance benefits are often misunderstood. Realizing the lack of adequate resources for Massachusetts residents who had questions regarding eligibility guidelines and insurance benefits, state legislators looked to provide a safety net, a single resource that would provide residents with information about their medications. This resource is the MassMedLine pharmacy outreach program, a collaborative partnership between the Massachusetts College of Pharmacy and Health Sciences (MCPHS) and the Massachusetts Executive Office of Elder Affairs. This free pharmacy-outreach program operates as a call center, with a toll-free helpline staffed Monday through Friday. Teletypewriter and interpretive services are also available. The call center also encourages walk-in clients and is located at the Living and Learning Center of the Worcester campus of MCPHS. Walk-in clients are usually referred by local health care providers and meet with either a pharmacist or case manager, depending on the client’s need. Many walk-in clients receive help with completing forms and enrolling in medication assistance programs. In addition, MassMedLine sponsors many statewide outreach events, allowing resi-
CASE STUDY

Pharmacist-run call center

Students and other health care professionals to meet directly with a pharmacist or case manager to review medication therapies and available options for accessing medications.

Problem

The outpatient pharmacy at the UMass Memorial Medical Center (UMMC) provides services to employees, clinic patients, and patients who are discharged from the hospital. The pharmacy serves individuals with and without insurance. As with many institutions, despite the hospital’s provision of financial counseling and social services, many patients still have unresolved issues regarding their prescription coverage. In many cases, medication samples or a two-week supply of stock medications are provided, helping patients who are unable to afford them. In an effort to further assist these patients, the outpatient pharmacists provided them with the brochure and toll-free number for a statewide pharmacy outreach program. Unfortunately, most patients did not take the initiative to call the program and repeatedly returned to the outpatient pharmacy for free medications.

Realizing that the outpatient pharmacy at UMMC was continually assisting patients who may have other options for paying for medications, a collaboration between the outpatient pharmacy and MassMedLine began. MassMedLine would provide information and referral services to help patients afford needed medications and help the outpatient pharmacy staff understand the various medication assistance programs available.

Analysis and resolution

A standardized process was developed by both UMMC and MassMedLine to ensure that patients were provided with long-term solutions for obtaining their prescribed medications. The goals of the MassMedLine outreach program were to (1) identify patients needing assistance with access to medications, (2) develop a process to ensure that these patients received information on all eligible programs, (3) follow up with patients to obtain feedback on recommendations, and (4) determine the cost savings to the outpatient pharmacy for patients no longer relying on the “goodwill” stock supply.

The clinics at UMMC identify patients who are unable to afford needed medications and instruct them to have their prescriptions filled at the hospital’s outpatient pharmacy. While waiting for his or her prescription, the patient is asked to complete a MassMedLine patient profile form, which collects demographic data and current insurance and income information. This form is then transmitted via fax to the MassMedLine call center. The call center is operated by pharmacists, pharmacy students, case managers, and faculty of MCPHS. The case manager reviews the patient’s information and calls the patient to explain various programs that may be available to assist with ongoing prescription needs. A progress report of the available programs for the specific patient is then sent to the outpatient pharmacy.

To complete the review, the patient profile is evaluated by a MassMedLine pharmacist. The pharmacist then follows up with the patient to review the patient’s medications, including drug information, interactions, proper use, and possible cost-saving alternatives. The pharmacist also reviews the patient’s progress with the recommendations made by the case manager. Assistance with applications or paperwork is provided if necessary.

Once a patient has worked through a case manager’s recommendations and the patient’s future prescription needs are met, the case is closed, and a final progress report is forwarded to the outpatient pharmacy. All communication, referrals, and outcomes are recorded in a secure, MassMedLine database that is fully compliant with the Health Insurance Portability and Accountability Act.

Recommendations provided. MassMedLine provides information about and refers patients to medication assistance programs based on each patient’s needs. One such program is Commonwealth Care Health Insurance Program (Commonwealth Care), a new state health insurance program for Massachusetts residents who are uninsured, have a household income that does not exceed 300% of the federal poverty level, and meet other eligibility requirements. Free or low-cost services are provided through four managed care organizations. Prescription coverage is also included. The copayment structure varies by income level.

As of 2008, Massachusetts law mandates that all residents have health insurance coverage through Chapter 58 of the Acts of 2006, an act providing access to affordable, quality, and accountable health care. If a Massachusetts resident is not covered by a health plan and has not received a waiver, she or he will be penalized on the state income taxes. In making certain that those in need were enrolled in a health plan, MassMedLine assisted with the cost of medications and ensured that clients would not suffer further loss of funds due to penalties incurred for not having a health plan.

Patients were also provided with one-on-one counseling regarding their Medicare Part D drug benefit plans and their ability to afford medications while in the coverage gap. This is an important service, since many patients do not fully understand their Medicare Part D drug benefits. Prescription Advantage is the Massachusetts state pharmacy assistance program (SPAP) for Massachusetts seniors and disabled residents, regardless of Medicare enrollment. Prescription Advantage assists Medicare beneficiaries with the costs of Medicare Part D prescription drug plans. As a secondary
insurance plan, Prescription Advantage can lower premiums and copayments and can decrease or eliminate the coverage gap. Assistance is also provided for non-Medicare enrollees who meet eligibility requirements. Although the SPAP is used by many Massachusetts residents, all eligible individuals have not taken advantage of this program. Extensive outreach efforts continue to provide information about this plan to patients, caregivers, providers, and other health care professionals. Other states offer similar SPAPs.

Low-Income Subsidy (LIS) through Social Security is a program that can help eligible individuals pay for deductibles, premiums, and copayments related to their Medicare Part D plan. Though LIS is a national program, there remains a general lack of understanding of the cost savings available and a reluctance to participate because of the income and assets requirements of the application process.

In 2008 Massachusetts offered roughly 51 different standalone Medicare drug benefit plans, 30 Medicare Advantage plans (where medical benefits and prescription benefits are combined), and 8 Medicare special-needs plans. Due to the number of options available, it is easy to become overwhelmed, making the selection of a plan particularly challenging. Often, plan choice is based on familiarity with the insurance plan name rather than on benefits or specific medication coverage. Switching Medicare drug benefit plans and adding secondary plans, such as the LIS and Prescription Advantage, can lower premiums and copayments needed for patients enrolled successfully in Commonwealth Care, 6 patients enrolled in a Medicare Part D plan, 2 enrolled in Prescription Advantage, and 3 enrolled in LIS. According to the outpatient pharmacy, the average price for a one-month supply of a dispensed prescription is $66.87. With this information and the confirmation of successful enrollments, the cost saving obtained through the MassMedLine program was estimated to be $139,625 per year. Patients expressed to MassMedLine staff that they were relieved to have a long-term solution to affording needed medications and were now able to access a full-month’s supply or more of medications at their pharmacy of choice, allowing for convenience and increased compliance.

Since MassMedLine assists residents throughout Massachusetts, the patients described in this study represent a small sample of the individuals served by MassMedLine. Since its inception in the summer of 2001, MassMedLine has assisted over 31,000 patients. The program continues through the call center, walk-in center, and outreach projects to educate patients, caregivers, health care providers, and students about the patient assistance programs available to help ensure patient medication compliance and adherence.

Conclusion

The collaboration between the MassMedLine outreach program and the outpatient pharmacy at a teaching hospital provided patients with long-term solutions for accessing and affording prescribed medications.

References
