



**Rx** PARTNERSHIP

Free Medicine for Virginia's Uninsured

**How to  
recognize  
and help  
patients who  
are uninsured  
or underinsured  
access medication**

**THIS ARTICLE IS APPROVED FOR CONTINUING EDUCATION FOR PHARMACISTS AND TECHNICIANS**

# Have you ever had a customer walk away from the pharmacy without their prescription after they were informed of the cost?

For people who are uninsured or underinsured, the cost of their prescription may be a serious barrier preventing them from taking medication as directed by their doctor. The result: serious health conditions don't improve or worsen, leading to costly emergency room visits or other serious negative health outcomes.

Pharmacists are in a unique position to help these patients – if they can recognize the signs of cost-related nonadherence and know about the resources available to help patients. Thanks to a collaboration between Rx Partnership and the Virginia Pharmacists Association, this Continuing Education publication was created in 2010 when author Holly Gurgle, PharmD, completed a rotation with Rx Partnership on Medication Access. While nonprofit Rx Partnership has been successfully coordinating access to free medication for Virginia's uninsured for nearly 10 years through clinics, this special project marks the first effort to reach out to uninsured and underinsured patients using a new point of contact – the community pharmacist. Particularly in these challenging economic times, many newly uninsured individuals are silently struggling with medication costs without knowing help is available, who to talk to, or where to access assistance.

After reading this publication, pharmacists will be able to recognize patients who are uninsured and underinsured and help them to receive the medication they need to improve or maintain their health. As an added benefit, pharmacists and pharmacy techs can receive Continuing Education credits by completing and returning the 10 question quiz on the back page of this publication.

**More than one  
in four uninsured  
patients cannot  
afford to pay for  
prescription  
medications**

—Virginia Health Care Foundation

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# An Elephant In The Pharmacy: Addressing Cost-Related Nonadherence

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## Goal

To educate pharmacists and pharmacy technicians about cost-related nonadherence.

## Objectives

At the conclusion of this lesson, successful participants should be able to:

1. Identify patients at risk for cost-related nonadherence to medications
2. Discuss cost and adherence with their patients and identify resources to help them obtain medications
3. Describe programs available in Virginia that help increase access to medications

Nonadherence to prescription medications is an important public health problem that as medication experts, pharmacists must be involved in solving. The implications of nonadherence to medications are that our patients will be sicker, access the healthcare system more often, and overall have higher healthcare costs than adherent patients. There are many causes of nonadherence: complicated regimens, polypharmacy, adverse effects, lack of motivation, perceived benefit, sociocultural influences, mental health, or poor health literacy (1). Pharmacists are already trained to recognize and address many of these causes of nonadherence. Perhaps the most neglected cause of medication nonadherence is one of the most obvious - *cost*.

More than one million Virginians, or 15% of adults under 65 years of age, are uninsured and approximately 500,000 more are underinsured (2). The term uninsured means having no health insurance. Patients are labeled underinsured if they have insurance and meet one of the following criteria: medical expenses which are greater than 10% of their income, medical expenses which are greater than 5% of their income and that income is less than 200% of the federal poverty level, or deductibles that equal 5% or more of income. Exacerbated by the economic recession, the number of uninsured and underinsured Virginians continues to grow at an alarming rate. As more Virginians struggle to afford their medications, rates of nonadherence will also continue to rise and the health of Virginia will suffer. The Commonwealth Fund found that 68% of uninsured patients and 53% of underinsured patients in the U.S. will go without needed care because of cost (3). Even with the passage of new healthcare reform legislation, over the next decade, there will continue to be many uninsured and underinsured patients in the U.S. that cannot afford their medications. Without access to needed care, we know that these patients will have a poorer quality of life, greater financial burdens, and higher rates of morbidity and mortality (4). What will pharmacists do to help these patients access needed care?

The federal government sets objectives for improving the health of our nation and evaluates their successes and failures every ten years. A decade ago, the Healthy Virginians 2010 Advisory Team in the Virginia Department of Health evaluated 467 objectives and selected 54 that they felt would most benefit the people of Virginia. One of the objectives deemed most important by the state was to: "Increase the proportion of persons who report that their health care providers have satisfactory communication skills". More specifically, a subset of this goal included: "The education of consumers about how to gain access to the public health and health care systems" (5). As Virginia reflects on the past decade and crafts the objectives for 2020, it is clear that this goal has not yet been met. Many healthcare providers are not effectively communicating how patients can access needed medical services, including prescription medications, when costs are a barrier. If pharmacists, technicians, and other healthcare professionals are going to be a part of the solution, over the next decade they have to learn to effectively talk about the elephant in the room – cost – with our patients. Comfort with addressing the issue of cost, knowledge about available prescription assistance options, and the ability to appropriately refer patients to these services are critical skills for every pharmacist.

## Recognizing the Signs

Everyday in pharmacies across Virginia, patients express anger or frustration because of the high cost of their prescriptions and ultimately leave the pharmacy empty-handed. Pharmacists and technicians have a responsibility to help patients find a solution. However, we are not alone in neglecting the burden of cost. As few as one-in-four patients with problems affording prescription medications are asked by a physician, nurse, or other healthcare provider if they could afford a medication when they were handed a prescription (6). Of patients that are nonadherent to medication because of cost, two-thirds of them will never mention it to their physician, primarily because the physician never asks and the patient believes the physician will not be able to help (7). No research has yet been conducted to establish the prevalence or document the outcomes of patient-pharmacist discussions about medication cost, likely because cost-related nonadherence has not been widely studied or emphasized in pharmacy practice. The following case will illustrate the problem of cost-related nonadherence:

*Imagine that TJ, a middle-aged man, presents to your pharmacy to fill a prescription for a hypertension medication. He seems unsure about what to do and at drop-off tells the technician that he has never needed prescription medicine before. The technician collects TJ's personal information and notes that he does not have insurance. The technician tells him that it's been busy all afternoon and asks TJ to return in a half hour to pick-up his medication. The pharmacist has had one problem after another all day. Stacks of prescriptions are waiting to be checked and there is a long line at the pick-up counter. She checks TJ's prescription and passes it to the technician. TJ returns and joins the long pick-up line. When he reaches the counter, the technician tells TJ that his medication will cost \$25. TJ blushes and comments that, "The doctor didn't tell me it would be so expensive." He looks at the long line behind him and says, "I forgot my credit card, I'll come back for it later." Two weeks later the technician is going through prescriptions in the will-call bin and finds TJ's prescription has not been picked up. The technician leaves a message on TJ's answering machine but he never returns.*

Has a situation like this case ever occurred at your pharmacy? Chances are that many of your patients are nonadherent due to cost every day. A first step for pharmacists and pharmacy technicians is to learn how to recognize the signs that a patient may have problems affording their medications. Taking three or more chronic medications, being uninsured, having an annual income of less than



\$20,000, and being an ethnic/racial minority are all possible predictors of burden due to prescription medication costs (6). Patients that have low incomes, high co-pays or monthly prescription costs, tend to refill prescriptions late, or take many medications for chronic conditions may be at risk for cost-related nonadherence. Other signs may be more subtle: complaining about the high cost of a medication or their insurance plan, paying cash for a prescription, failing to pick-up a medication for a chronic condition, or mentioning that they no longer have insurance.

*Our patient TJ exhibited several signs that he may be at risk for cost-related noncompliance: lack of insurance, cost of the prescription, and his actions and comments at the register. Despite these signs, the technician and pharmacist did not discuss cost with the patient. What questions could they have asked and how should they have approached the conversation?*

An estimated 22% of prescriptions are never filled by patients with insurance and amongst the uninsured that percentage is likely higher (8). Furthermore, many prescriptions actually filled by community pharmacies are never purchased by the patient and are ultimately returned to stock by the pharmacy staff. Most pharmacies now have automated systems or assign a technician to call patients after a certain time period if they have not returned to purchase the prescriptions filled for them by the pharmacy. Sometimes these phone calls reveal that a patient simply was switched to a different medication or was provided samples by the physician. Other times, this will be a valuable opportunity to identify patients that are unable to afford a needed medication. Due to time constraints and an increased use of automation amongst some pharmacies, technicians and pharmacists are not always making these important calls and having conversations with customers about their nonadherence. Remember that many patients are going to be embarrassed about their inability to afford their medications and may not bring this to the attention of their healthcare providers without some encouragement. Pharmacists, technicians, and other healthcare providers should make an effort to be proactive about identifying and contacting patients at risk for cost-related, nonadherence.



## Discussing the Elephant in the Room

Medical literature talks about adherence within the framework of the Morisky scale, a series of questions, developed originally to help healthcare providers identify patients at risk of nonadherence to their hypertension medications (9).

- 1) Do you ever forget to take your medicine?
- 2) Are you careless at times about taking your medicine?
- 3) When you feel better do you sometimes stop taking your medicine?
- 4) Sometimes if you feel worse when you take your medicine, do you stop taking it?

While this scale has repeatedly been validated and these are important questions to ask our patients, they only address adherence from the perspective of patient motivation and knowledge. However, the cost of medications is also an important factor affecting the adherence of patients to prescribed therapies. Although a validated method for assessing cost-related, nonadherence is yet to be developed, several common-sense approaches to talking with patients about cost will be discussed.

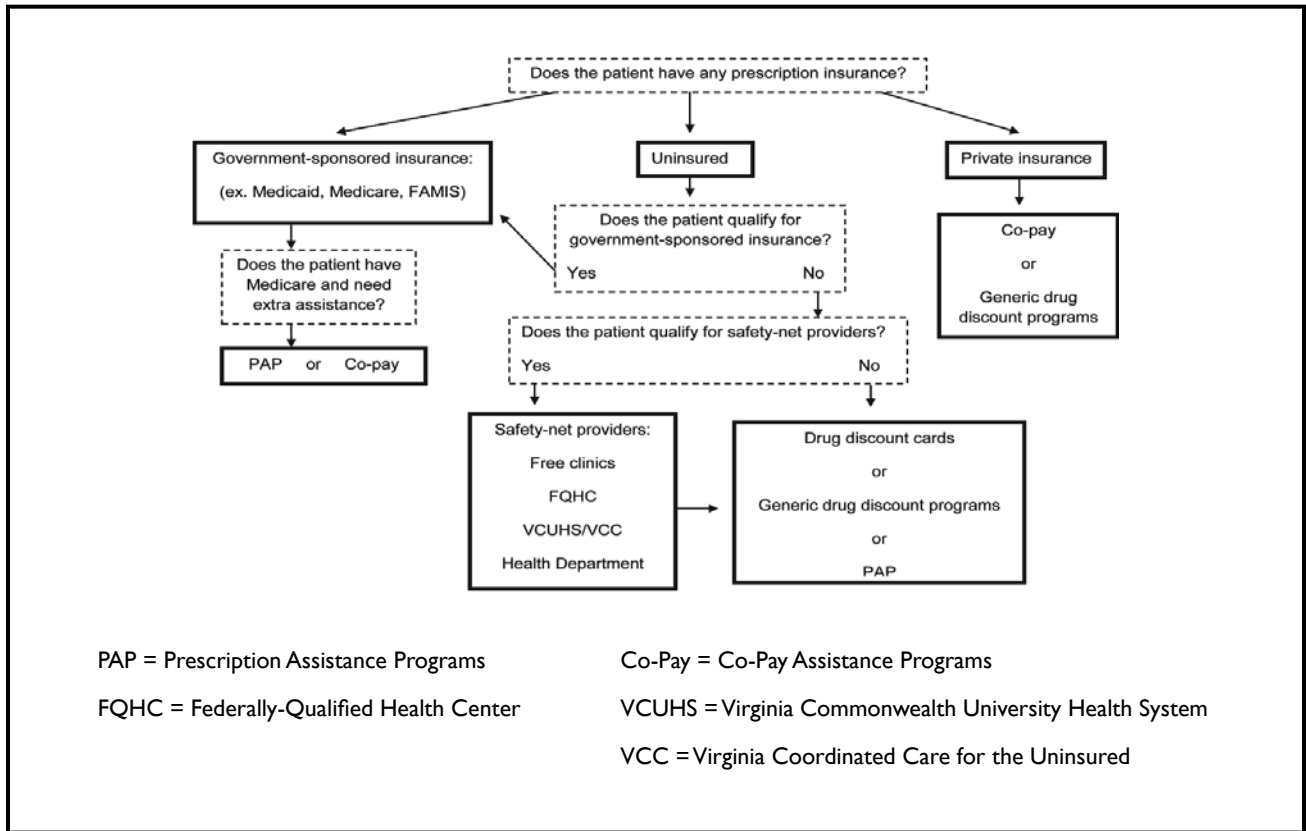
Initiating conversations about cost is challenging; however, helping patients to make their prescriptions more affordable will teach them to talk openly with their pharmacist about future concerns. Time and location are important to consider. For example, talking over a long line at the register may not be the most effective way to approach this topic with our patients. Gathering the necessary information to help patients identify resources may take several minutes and due to the sensitive nature of personal finances, patients will probably feel more comfortable discussing the subject in a more private setting. In some cases, it may be necessary to call the patient on the phone at a time when you are less busy or if possible, make an appointment for the patient to return at a later time. In other cases, you may be able to address the patient's concerns during a brief counseling session that takes place at the time of dispensing. As we gain experience with talking to our patients about cost, we will become more proficient at having these conversations and appropriately referring patients to useful resources.

A good starting point for proactively discussing the topic of cost-related nonadherence may be to ask the patient if they worry about medication costs or think that they are a barrier. This kind of approach invites the patient to share their concerns with you before they become non-adherent.

*TJ expressed concern about the cost of his medication. One possible way to initiate a conversation would be to respond, "Many patients worry about the cost of their prescriptions. Are medication costs something that worry you?" or "Will the cost of this medication keep you from taking it exactly as prescribed by your doctor?" Had the pharmacist or technician asked such questions, they might have learned that TJ felt like he could not afford \$25 a month for his prescription. After asking several more questions, they could have discovered that TJ qualifies for Medicaid but was unaware because he had never taken prescription medications for a chronic condition in the past. Or they may have noticed that TJ was prescribed a medication that was part of generic discount programs at another pharmacy in town and transferred the prescription for TJ to help make the cost less prohibitive. They could have found that TJ qualified for a patient assistance program and helped him enroll. Or they might have discovered another barrier to adherence, such as a lack of education or poor health literacy, and talked with TJ about the implications of high blood pressure over time.*

While you could dance around the elephant in the corner and ask, "What barriers exist to you taking this medication as prescribed?" many patients will not discuss cost-related concerns without being asked directly about them. Patients that you suspect are already nonadherent may be more likely to report their cost-related underuse of medications if they are approached in a non-judgmental, empathetic manner. For example, you could try, "I noticed that it has been several months since I last refilled your prescription. I want to help you use your medications as effectively as possible and I know that the cost of medications can be a huge burden. Have you ever used a medication less often than instructed because of cost?" Assuming the patient is experiencing problems affording their medications, you will need to collect more information. It is important that you offer to provide resources that may help if you are not completely certain that a patient meets the requirements of a medication assistance program. The quickest way to lose a patient's trust is to make a promise that you will be unable to keep.





**Figure 1**

**Figure 1** will guide you through the process of identifying possible resources and the next section will discuss requirements for medication assistance programs. In addition, there are some other special considerations that you may want to address before you make a recommendation. For example, does the patient have access to a computer/ printer? What is their level of health literacy? Are they able to independently fill out any necessary paperwork? These factors may determine the level of assistance that will be required for the patient to successfully enroll in many of the programs available. It is also useful to educate patients about documentation that may be required for financial screenings, including: financial assistance forms, tax returns, pay check stubs, child support checks, unemployment checks, food stamp benefit letter, or social security benefit letter. Financial screenings are typically based on the federal poverty guidelines. For example, most free clinics will see patients at 200% or less of the Federal Poverty Line (FPL). Pharmacists and pharmacy technicians can quickly calculate the percent above or below the FPL for a patient using annual income.

**Figure 2** contains the current guidelines which will be in effect until at least March 31, 2010. The most current guidelines are available online at [www.aspe.hhs.gov/poverty](http://www.aspe.hhs.gov/poverty)

## Medication Assistance Programs

Most pharmacists are familiar with at least several ways to help patients save money such as: switching patients to lower-cost generics, streamlining therapy when possible, using non-pharmacologic therapy or helping patients to compare prescription drug plans. Due to a lack of awareness about medication assistance programs and deficiency of concise resources of information, the help that many pharmacists offer stops at that point. While safety-net programs are not the answer to all our healthcare access problems, there are options for medication assistance available in Virginia to help

**Figure 2: The 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

Persons in family	Poverty guideline
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010

For families with more than 8 persons, add \$3,740 for each additional person.

**Figure 2**

low-income, uninsured and underinsured patients. Unfortunately, patients with poor health literacy are often unaware that programs exist to help. Many physicians are also not familiar with the cost of medications, less expensive alternatives, and medication assistance programs. Pharmacists must become more familiar with medication assistance programs if they are going to help address the problem of nonadherence.

Eligibility requirements apply for all medication assistance programs. These requirements may be based on annual income, insurance status, age, disease state, the medication involved, or a combination of these factors. Most pharmacists are familiar with \$4/\$10 generic programs at pharmacies such as Walmart, Kroger, or Target. Members of Sam's and Costco benefit from similar discounts on generic drugs and depending on the medications being used, the savings may outweigh the costs of becoming a member. Drug discount cards tend to have variable amounts of savings (5-20%) and in some cases have restrictions associated, such as only being available for low-income patients. Underinsured patients may elect to use one of these cards instead of billing their prescription insurance. This is useful when the medication is not covered by their plan or if their co-pay is more expensive than it would be when purchased using a discount card. However, these discount cards are most useful for uninsured patients that do not meet the financial requirements necessary to receive the assistance of government sponsored insurance programs and safety-net programs. Patients should always be instructed to carefully compare the use of these cards to other options. As eligibility criteria and benefits provided by these programs are constantly in flux and new programs are continually being offered, it is important to keep in mind that the examples provided in **Figure 3** are not meant to be an exclusive list but a starting point for further research. Sometimes, a quick search using an online search engine can be of huge benefit to a patient that is not well versed in the language of prescription assistance or unable to effectively access this kind of information by themselves.

The Virginia Health Care Foundation has a generic medication table available online ([www.vhcf.org/medication/documents/GenericDrugComparisonFeb2010.pdf](http://www.vhcf.org/medication/documents/GenericDrugComparisonFeb2010.pdf)) that compares availability of individual medications through generic programs and drug discount cards. Before referring a patient to a specific program, it would be useful to consult to this table. Available online at [www.genericmedsearch.com](http://www.genericmedsearch.com) is another tool for comparing the price of generic medications through different drug discount programs.

**Examples of Drug Discount Cards**

**CVS/pharmacy Health Savings Pass**  
[www.alliancehealthcard.com](http://www.alliancehealthcard.com)  
[www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)  
[www.rx101saver.com](http://www.rx101saver.com)

**Walgreens Prescription Savings Club**  
[www.planplussavings.com](http://www.planplussavings.com)  
[www.rxoutreach.com](http://www.rxoutreach.com)

**Figure 3**

Co-pay assistance programs are an option for underinsured patients with either private or government-sponsored prescription insurance that have trouble affording their prescription co-pays. Many of these programs are disease state specific and enrollment may be dependent on the type of insurance that the patient uses. Similar to co-pay assistance programs, patient advocacy foundations are often disease specific and help patients to supplement insurance and negotiate prior authorizations or insurance appeals. Although co-pay assistance programs and patient advocacy foundations can be very helpful, due to challenges with funding, many programs have reached their maximum enrollment capabilities. If a program tells you that they are unable to accommodate more patients, try again at the beginning of the month, when programs are more likely to be accepting new patients. **Figure 4** contains several examples of co-pay assistance programs and patient advocacy foundations.

<b>Figure 4: Examples of Co-pay Assistance Programs and Patient Advocacy Foundations</b>		
<b>Cancer Care Co-Payment Assistance Foundation</b>	<a href="http://www.cancercarecopay.org">www.cancercarecopay.org</a>	1-866-55-COPAY
<b>Chronic Disease Fund</b>	<a href="http://www.cdfund.org">www.cdfund.org</a>	1-877-968-7233
<b>HealthWell Foundation</b>	<a href="http://www.healthwellfoundation.org">www.healthwellfoundation.org</a>	1-800-675-8416
<b>The Leukemia &amp; Lymphoma Society</b>	<a href="http://www.LLS.org/copay">www.LLS.org/copay</a>	1-877-557-2672
<b>National Organization for Rare Disorders (NORD)</b>	<a href="http://www.rarediseases.org">www.rarediseases.org</a>	1-203-744-0100
<b>Patient Access Network Foundation</b>	<a href="http://www.panfoundation.org">www.panfoundation.org</a>	1-866-316-PANF
<b>Patient Advocate Foundation: Co-pay Relief</b>	<a href="http://www.copays.org">www.copays.org</a>	1-866-512-3861
<b>Patient Services Incorporated (PSI)</b>	<a href="http://www.needpsi.org">www.needpsi.org</a>	1-800-366-7741

**Figure 4**

Patient assistance programs (or PAPs) provide free medications to low-income adults. Typically, these programs require that a patient be uninsured in order to participate, although exceptions do exist. **Figure 5** lists several online services that can help determine if a specific medication has a PAP. The manufacturer's website will also provide more information about enrollment requirements and to locate application materials. The Pharmacy Connection (TPC) is a software system created by the Virginia Health Care Foundation that simplifies the process of applying to manufacturer patient assistance programs. It is being used by free clinics, health centers, physicians' offices, and hospitals in Virginia that frequently serve patients that apply to PAPs. Email ([tpc@vhcf.org](mailto:tpc@vhcf.org)) or call (804-828-5803) for more information. Similar software programs available nationally include: Data Net Solutions, Drug Assistant, MeddataServices, Rx Assist Plus, and Rx Bridge. Depending on your practice setting and patient population, these may be useful tools to consider. The cost of purchasing may be offset by the time saved in completing PAP applications.

Safety-net providers in Virginia include free clinics, rural health clinics, federally qualified community health centers, and local health departments. Low-income patients that you suspect may be at risk for cost-related nonadherence and that do not have an ongoing and stable source of primary care, may benefit from referral to a safety-net provider. All of the aforementioned safety-net programs can provide some access to free or reduced cost medications, whether that is through physician samples, discounted drug purchasing (340B), or helping patients to complete paperwork for PAPs. Restrictions on who may be seen by these providers will vary. For example, the health department will never deny a patient care, however, they charge a sliding-scale fee based on income. Federally qualified community health centers (FQHC), rural health clinics, and the health department can provide lower cost (they can make purchases using 340B pricing) or free medications to low-income patients. To find health departments, FQHC, and rural health clinics visit the following websites:

[www.findahealthcenter.hrsa.gov](http://www.findahealthcenter.hrsa.gov), [www.vhcf.org/underserved/lookingCommunity.php](http://www.vhcf.org/underserved/lookingCommunity.php), or [www.vdh.state.va.us/lhd](http://www.vdh.state.va.us/lhd). Free clinics serve primarily the working poor who cannot afford sliding-scale fees and

Resources
<a href="http://www.rxassist.org">www.rxassist.org</a>
<a href="http://www.needymeds.org">www.needymeds.org</a>
<a href="http://www.pparxva.org">www.pparxva.org</a>
<a href="http://www.helpingpatients.org">www.helpingpatients.org</a>
<a href="http://www.phrma.org">www.phrma.org</a>

**Figure 5**



typically fall below 200% of the Federal Poverty Level. Before referring a patient to a specific free clinic, visit the website [www.vafreeclinics.org](http://www.vafreeclinics.org) for more information. Keep in mind that not all free clinics have pharmacies on site and that often a patient will need to be seen by a provider at the clinic in order to fill a prescription. Rx Partnership is a non-profit organization that coordinates the supply of brand name, PAP medications from six pharmaceutical manufacturers to 20 free clinic and health center pharmacies in Virginia. Free clinic volunteers often spend a significant amount of their time completing PAP paperwork for patients. One benefit of Rx Partnership is that it decreases required applications for individual patients to PAPs by providing the same medications directly to a free clinic pharmacy to dispense at no cost. This program decreases the burden associated with completing initial and refill PAP paperwork. Late PAP paperwork can mean an increase in nonadherence because a patient is unable to receive refills in a timely manner. Adherence and clinical outcomes are also improved because providers can ensure that patients are filling their prescriptions and starting new medications on the same day they are prescribed.



VCU Health-System provides approximately one-third of all care provided to uninsured patients in Virginia. VCUHS offers state-sponsored indigent care programs that are available for patients with income below the federal poverty level and a sliding scale discount for patients with incomes less than 200% of the Federal Poverty Level. Virginia Coordinated Care for the Uninsured (VCC) is a joint effort among the VCUHS, the city of Richmond, and community-based primary care physicians. VCC provides low-income, uninsured patients that qualify with access to physician, hospital, and pharmacy services. Financial screenings are conducted at: MCV Hospitals Main Hospital Cashier's Office, Main Hospital Admissions Office, Randolph-Minor Hall Room 103, Hayes E. Willis Health Center of South Richmond, and the 10th Street Clinic. The VCC Financial Counseling Office can be reached at 804-828-0966 for questions about patient eligibility. Pharmacists or technicians that refer patients to VCUHS and VCC can print a copy of the VCU financial screening form for patients to fill out ahead of time. It is available at: [www.vcuhealth.org/upload/docs/Patient/VCUHS%20Financial%20Statement.pdf](http://www.vcuhealth.org/upload/docs/Patient/VCUHS%20Financial%20Statement.pdf).

Most healthcare providers are familiar with other state and federal government-sponsored healthcare programs such as Medicaid, FAMIS, Medicare, Indian Health Service, and Veteran Affairs. Being enrolled in such programs does not eliminate the potential for cost-related nonadherence. Patients enrolled in programs such as Medicaid may still require assistance obtaining medications that are not covered. Similarly, Medicare patients often have medication access needs due to the donut hole and the need for medications not covered by their Medicare Part D plan. Pharmacists can help patients select the

least expensive Medicare Part D plans, identify patients that qualify for low-income subsidy programs, and help patients determine if they qualify for PAPs. Some PAPs will allow patients with Medicare to apply. Visit [www.rxassist.org/docs/medicare-and-paps.cfm](http://www.rxassist.org/docs/medicare-and-paps.cfm) for details. Information about low-income subsidies can be found at: [www.accesstobenefits.org](http://www.accesstobenefits.org) or [www.benefitscheckup.org](http://www.benefitscheckup.org). Virginia Insurance Counseling and Assistance Program (VICAP) is a non-profit organization that is available to help with any Medicare insurance questions. More information about VICAP is available at [www.aging.state.va.us/vicap](http://www.aging.state.va.us/vicap).

Finally, there are various disease state specific medication assistance programs that exist. For example, HIV/AIDS medications are provided by the AIDS Drug Assistance Program (ADAP). Eligibility can be determined by your local health department or VCUHS; however, patients must have no third party prescription insurance, be ineligible for Medicaid, and income may not exceed 400% of the FPL. For more information about ADAP, call 1-866-531-3065 or visit [www.vdh.virginia.gov/std](http://www.vdh.virginia.gov/std). Breast cancer is another disease state with several medication assistance programs. The American Breast Cancer Foundation offers financial support for continuation of chemotherapy or medications when no other options available (1-877-539-2543, [www.abcf.org](http://www.abcf.org)). Linking A.R.M.S. is a collaborative of CancerCare and Susan G. Komen that offers grants to uninsured and underinsured women with breast cancer to assist with medication costs (1-800-813-HOPE, [www.cancercare.org](http://www.cancercare.org)). Pharmacists and technicians can certainly help patients by assisting them in researching other disease state specific programs.



## Call to Action

*The technician and pharmacist are too busy, scared, or apathetic to talk with TJ about his medication costs. What will happen to TJ? A month later, TJ may return to the physician that prescribed him the antihypertensive medication to check on his progress. TJ's blood pressure will remain elevated or even have increased over the last month. If the physician does not ask TJ directly about adherence and cost, TJ may be too embarrassed to initiate a conversation. Unaware of an adherence problem, the physician may then prescribe a second hypertension medication that TJ cannot afford and will not take. Months later, TJ will turn up in the emergency department. Stories like TJ's occur far too often, right in front of pharmacists, physicians, and other healthcare providers that are simply not taking the time to ask the right questions.*

Pharmacists across the U.S. have already become successfully involved with helping patients gain access to costly, but needed medications. Publications in the pharmacy literature, have described how pharmacists assist patients in enrollment in medication assistance programs within community, ambulatory care, and health center settings (10,11,12). The information presented in this lesson is not meant as a reference for outpatient pharmacists only. Hospital pharmacists should also identify patients that may qualify for medication assistance programs and help with enrollment and patient education. There are examples of pharmacists that have produced a marked reduction in hospital write-offs and decreased rates of readmission and emergency department visits through offering such services (13,14). Many low-income, uninsured and underinsured patients are discharged from the hospital or emergency department with new prescriptions which they will not be able to afford. Providing discharge counseling for these individuals before they leave the hospital can help them to identify resources to increase their access to medications. Something as simple as printing off a form and helping a patient fill it out could prevent a return trip to the hospital.



Even if you cannot find time to volunteer in a free clinic or other settings that provide safety-net services, every pharmacist and technician has the opportunity when presented with low-income, uninsured and underinsured patients to help them learn how they can access needed medications. National pharmacy organizations continue to sponsor campaigns to encourage patients to talk to their pharmacist about their medications. However, most patients do not understand the complexities of drug pricing and are hesitant to talk to their pharmacists about cost because they do not believe the pharmacist will be able to help. Some patients even believe that the pharmacist is responsible for the high price of their prescriptions. Talking to patients about the cost of their medications and helping them to find solutions is an important way to not only improve adherence, but also to remind patients that you are a critical ally in improving their health.



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Successful completion (70%) of the quiz provides 1.5 Contact Hours or 0.15 CEU.

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**Rx Partnership (RxP)** is an innovative public/private partnership dedicated to providing access to free prescription medications for Virginia's eligible uninsured. Since inception in 2004, RxP has won two national awards recognizing its efficient and unique model and has facilitated the flow of more than \$50 million worth of medication from six pharmaceutical partners to its 20 free clinics and community health center affiliates across the state.

Call RxP at 804.377.1057 or visit the website at [www.RxPartnership.org](http://www.RxPartnership.org) to find out more about this unique approach to medication access.



**The Virginia Pharmacists Association (VPhA)** was founded in 1881 and has served for 130 years as the voice of the profession of pharmacy in the Commonwealth. The purpose of the Virginia Pharmacists Association is to assure the viability and vitality of the profession of pharmacy by advocating for pharmacists in legislative, regulatory and public affairs. The focus of advocacy is to maximize contributions of the profession to public health and patient care, and to increase public awareness of the value of pharmacists' services.

Call VPhA at 804.285.4227 or visit the website at [www.virginia pharmacists.org](http://www.virginia pharmacists.org) to find out more about membership and resources.

**1. Which of the following is NOT a possible indicator of cost-related nonadherence?**

- a. Late prescription refills
- b. Paying cash for prescriptions
- c. Government-sponsored health insurance
- d. Recently lost employment

**2. The Morisky scale is a well-validated tool for assessing cost-related nonadherence.**

- a. True
- b. False

**3. Calculate the percent of the FPL for a woman, married with two children, earning \$44,100 annually.**

- a. 100%
- b. 200%
- c. 300%
- d. 400%

**4. A low-income, uninsured patient with HIV/AIDS cannot afford his medications. Which of the following resources is LEAST LIKELY to be useful for this patient?**

- a. ADAP
- b. Health department
- c. VCC
- d. Co-pay assistance program

**5. Patients with Medicare are ineligible for all PAPs.**

- a. True
- b. False

**6. The term underinsured refers to patients that have insurance and which one of the following:**

- a. Deductibles equaled 5% or more of income
- b. Medical expenses which are greater than 10% of their income
- c. Medical expenses which are greater than 5% of their income and that income is less than 200% of the federal poverty level
- d. All of the above are correct

**7. Who is responsible for addressing cost-related nonadherence?**

- a. Pharmacy technician
- b. Health-system pharmacist
- c. Prescriber
- d. All of the above are correct

**8. Restrictions for enrollment in medication assistance programs may be based on:**

- a. Annual income
- b. Age
- c. Disease state
- d. All of the above are correct

**9. Free clinics serve primarily the working poor who cannot afford sliding-scale fees and typically fall below 200% of the Federal Poverty Level.**

- a. True
- b. False

**10. A patient with Medicare Part D has questions about their prescription insurance that you are unable to answer. You refer the patient to:**

- a. VCC
- b. FQHC
- c. ADAP
- d. VICAP

**CE Quiz Answer Form**

**An Elephant in the Pharmacy: Addressing Cost-Related Nonadherence**

ACPE Program No.: 0278-0000-10-026-H04-P May/June 2010  
 ACPE Program No.: 0278-0000-10-026-H04-T May/June 2010

Please answer the questions using this form and return the completed form along with the specified fees to the address on the form. To receive credit for this activity you must score at least 70% on the quiz.

\_\_\_\_RPh \_\_\_\_PharmD \_\_\_\_Tch \_\_\_\_CPhT  
 NAME DESIGNATION (check one)

ADDRESS

CITY STATE ZIP

E-MAIL ADDRESS VA PHARMACIST NO.

Please check appropriate box and enclose specified fee (These fees are not included in your membership dues.)

VPhA Member \$5.00  VPhA Non-Member \$10.00

**Answer Sheet**

Please circle the letter which best answers each question

- 1. a b c d
- 2. a b
- 3. a b c d
- 4. a b c d
- 5. a b
- 6. a b c d
- 7. a b c d
- 8. a b c d
- 9. a b
- 10. a b c d

**Course Evaluation**

Evaluation must be completed to obtain credit.

Please circle the number for your response to each statement.

1 = Strongly Disagree and 5 = Strongly Agree

- 1. Learning objectives addressed.
 

Objective 1	1	2	3	4	5
Objective 2	1	2	3	4	5
Objective 3	1	2	3	4	5
Objective 4	1	2	3	4	5
- 2. Material well organized and clear. 1 2 3 4 5
- 3. Content sufficiently covered topic. 1 2 3 4 5
- 4. Material was non-commercial. 1 2 3 4 5
- 5. How much time did this lesson require? \_\_\_\_\_

Return a copy of the completed form with fee to: VPhA CE; 2530 Professional Road; Richmond, VA 23235

NOTE: Certificates of participation will be dated based on year of postmark (e.g. Dec. 31, 2010 will be dated for calendar year 2010; Jan. 1, 2011 for calendar year 2011).

There will be a \$5.00 charge for ALL duplicate certificates.

**Expiration Date: June 30, 2013**