OVERCOMING BARRIERS IN MEDICATION ACCESS

A Pharmacist's Perspective

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Northwell Health®

VIVO Health Pharmacy

DISCLOSURES

I have no actual or potential conflict of interest in relation to this program/presentation.

OBJECTIVES

1. Identify the barriers in medication access and its effects on stroke patients
2. Discuss resources available to aid medication access
3. Summarize how transitions of care (TOC) programs can improve medication access and outcomes
4. Describe the integrated model of Northwell Health's Vivo Health Pharmacy and its pharmacist-led TOC program

BARRIERS TO MEDICATION ACCESS AND ITS EFFECTS ON STROKE PATIENTS

LEVINE ET AL (2007)

Design

- Observational

Purpose

- Assessed medication access and associated barriers to care across region and time in a national sample of US stroke survivors

Methods

- Used data from National Health Interview Survey (NHIS) years 1997 to 2004
- Identified stroke survivors as respondents who answered yes to question “Have you ever been told by a doctor or health professional that you had a stroke?”
- Outcome measure – report of an inability to afford medication with question “During the past 12 months, was there any time when you needed prescription medicines, but didn’t get [them] because you couldn’t afford [them]?”

Levine et al. *Stroke*. 2007;38:1557-1564.

LEVINE ET AL (2007) – RESULTS

Identified 5840 stroke survivors ≥45 years of age, representing ~4.1 million US stroke survivors

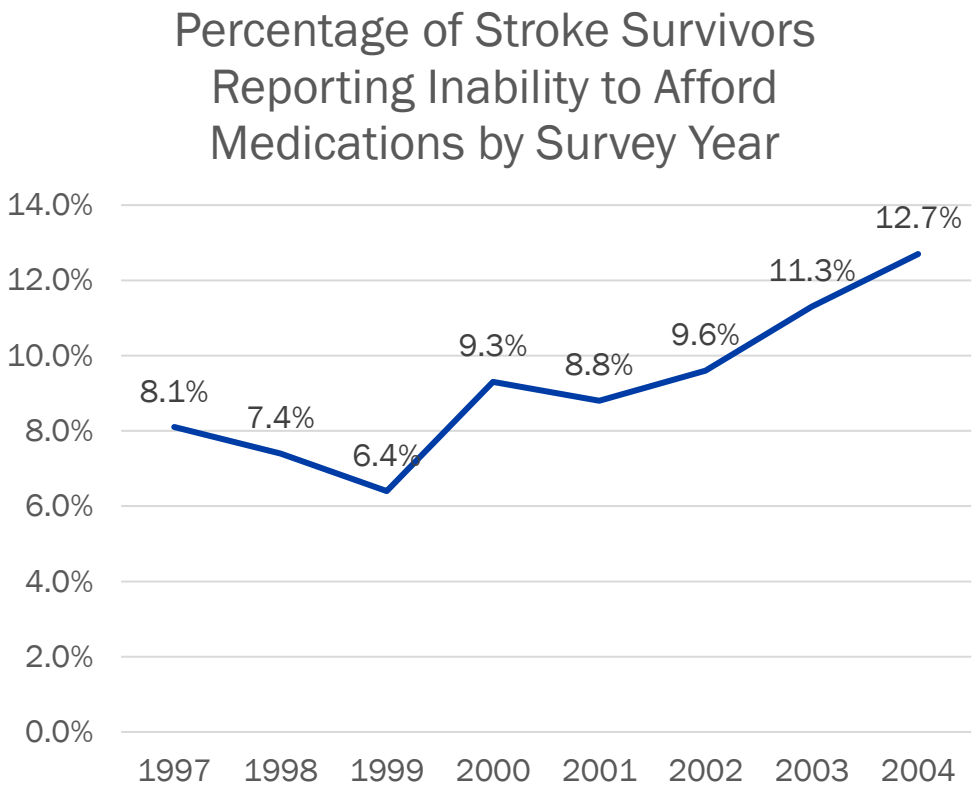
- 9% (~378,000 persons), reported an inability to afford medications

Vulnerable stroke population with reduced medication access

- 45-64 years old, black, female, high comorbidity, low health status, reside in the South, less than high school education

Inability to afford medications and associated barriers to care

- Lack of transportation (15% versus 3%; *P*<0.001)
- No health insurance (16% versus 3%; *P*<0.001)
- No usual place of care (6% versus 2% *P*<0.001)
- Income <$20,000 (66% versus 40%; *P*<0.001)
- Out-of-pocket medical expenses ≥$2000 (35% versus 25%; *P*<0.001)



Levine et al. *Stroke*. 2007;38:1557-1564.

RESOURCES TO AID MEDICATION ACCESS

NAVIGATING BARRIERS TO MEDICATION ACCESS

Components of insurance

- Formulary/tiered system
- Prior authorization (PAs)
- Step therapies
- Quantity limits

Medication cost

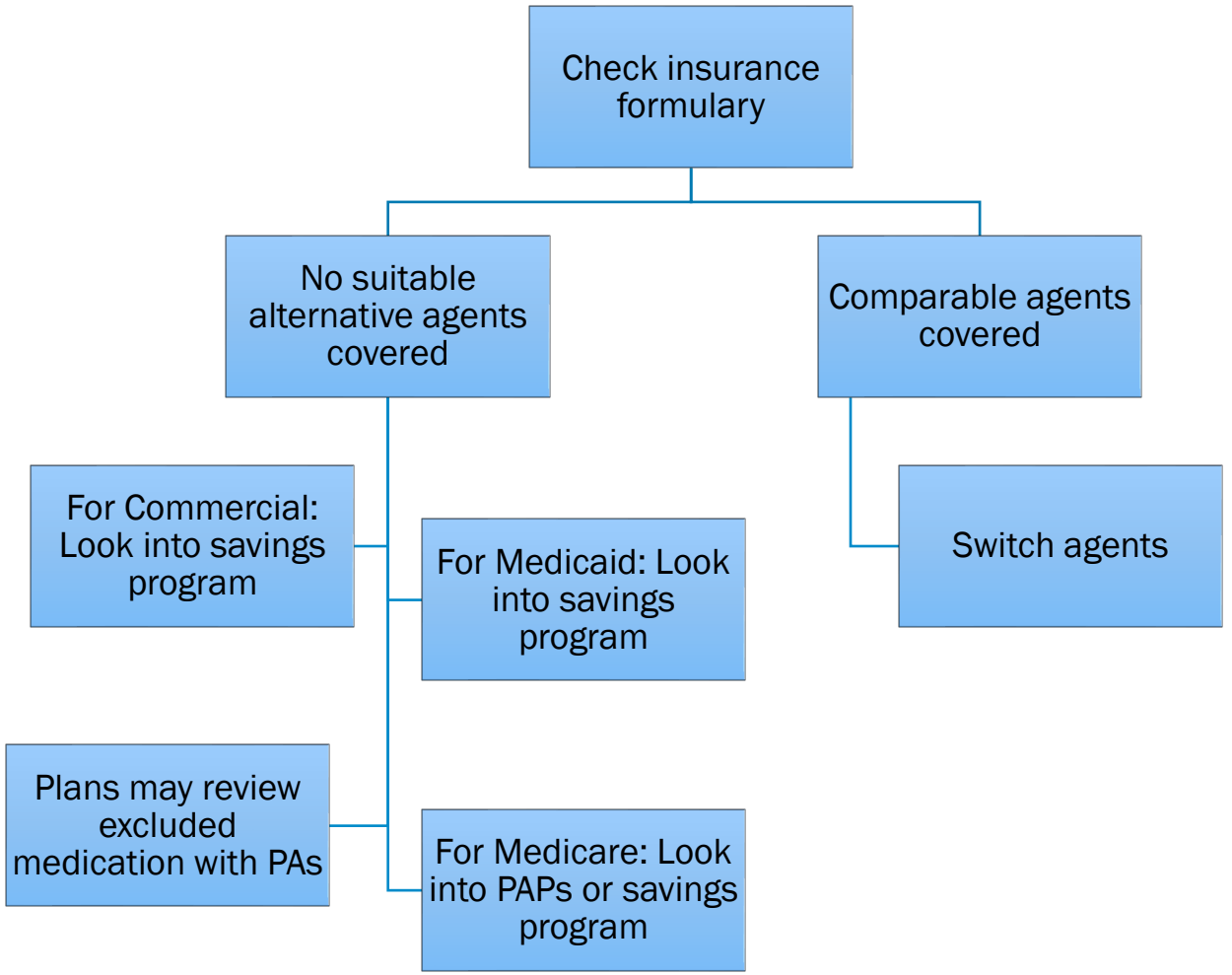
- Elderly pharmaceutical insurance coverage (EPIC) – New York State Program
  - Income-eligible seniors ≥ 65 years of age
  - Provides secondary coverage for Medicare Part D after Medicare Part D deductible is met
- Prescription assistance programs (PAPs)
- Coupons/copay cards/rebates
- Savings programs
- $4 generic medication list
- Savings programs

Physical Access

- 90-day supply for chronic diseases
- Synchronize medications so most medications can be obtained in one trip
- Home delivery through mail-order or local pharmacies

Meinzer et al. 2004. https://www.cardi-oh.org/files/resources/cardi-oh-navigating-barriers-to-medication-access.pdf.

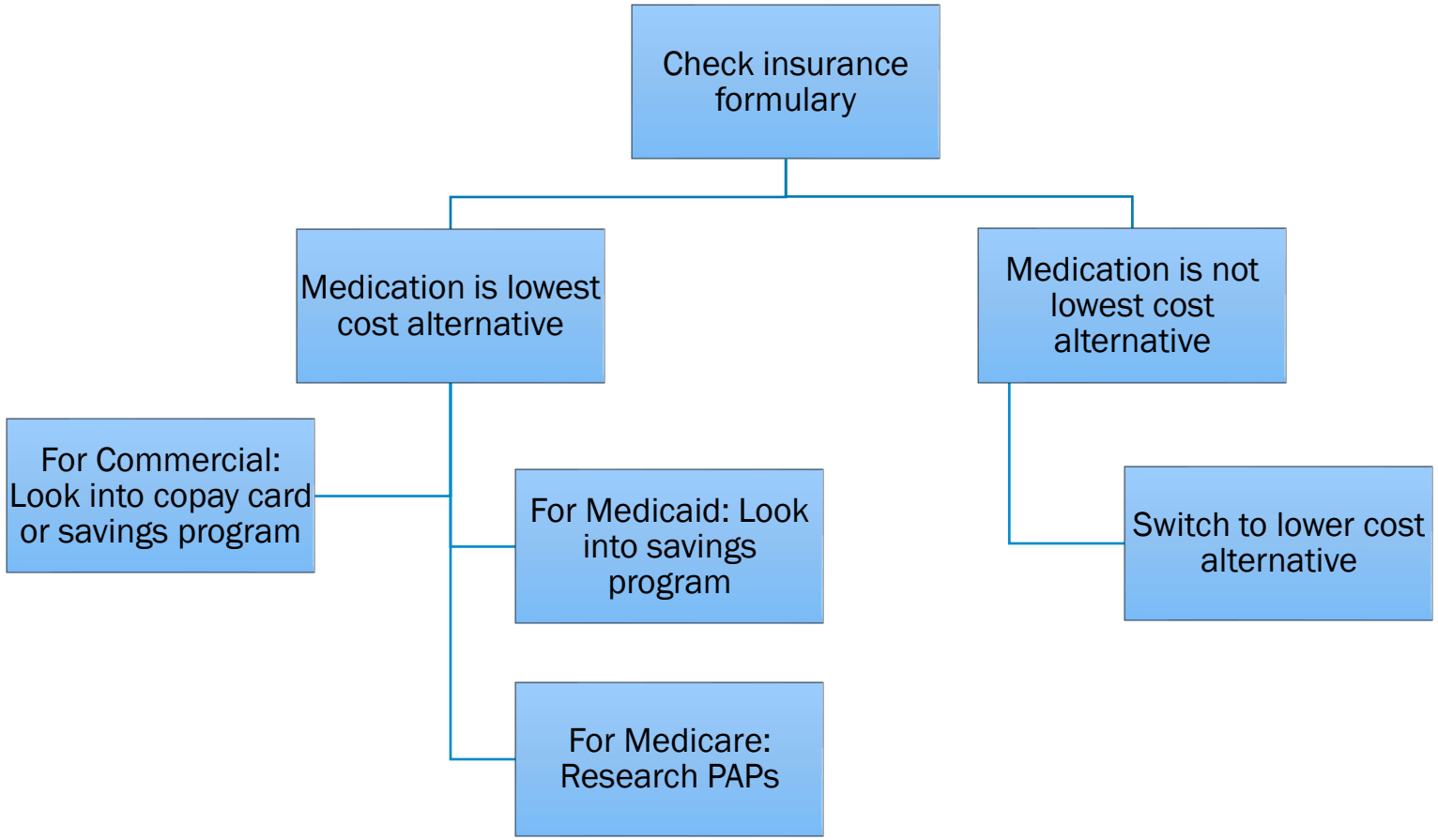
DECISION-MAKING TREE: MEDICATIONS ARE NOT COVERED



Meinzer et al. 2004. https://www.cardi-oh.org/files/resources/cardi-oh-navigating-barriers-to-medication-access.pdf.

PAPs: Patient Assistance Programs (PAPs); PAs: prior authorizations; Rx: prescription

DECISION-MAKING TREE: COVERED MEDICATIONS THAT ARE TOO EXPENSIVE



Meinzer et al. 2004. https://www.cardi-oh.org/files/resources/cardi-oh-navigating-barriers-to-medication-access.pdf.

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HOW TRANSITIONS OF CARE (TOC) PROGRAMS HELP WITH MEDICATION ACCESS AND OUTCOMES

TOC PROGRAMS: PHARMACIST'S ROLE IN MEDICATION ACCESS AND OUTCOMES

Pharmacist's role

- Medication reconciliation[1]
- Medication counseling (indication, adherence, side effects, administration, etc.)[2]
- Medication adjustment, discontinuation, monitoring[2,3]

Outcomes

- Reduced hospital readmissions[2,4]
- Increased adherence as seen with antithrombotic drugs and statin therapy[3]
- Improves health-related quality of life[5]

1. Hedegaard U. *Cerebrovasc Dis Extra*. 2014 Dec 11;4(3):221-34. 2. Nathans et al. *J Stroke Cerebrovasc Dis. 2020* Apr;29(4):104648. 3. Hohmann C et al. *Stroke*. 2013 Feb;44(2):522-4. 4. Andres J. *J Pharm Pract*. 2019 Oct;32(5):503-508. 5. Hohmann C et al. *Pharm World Sci*. 2009 Oct;31(5):550-558.

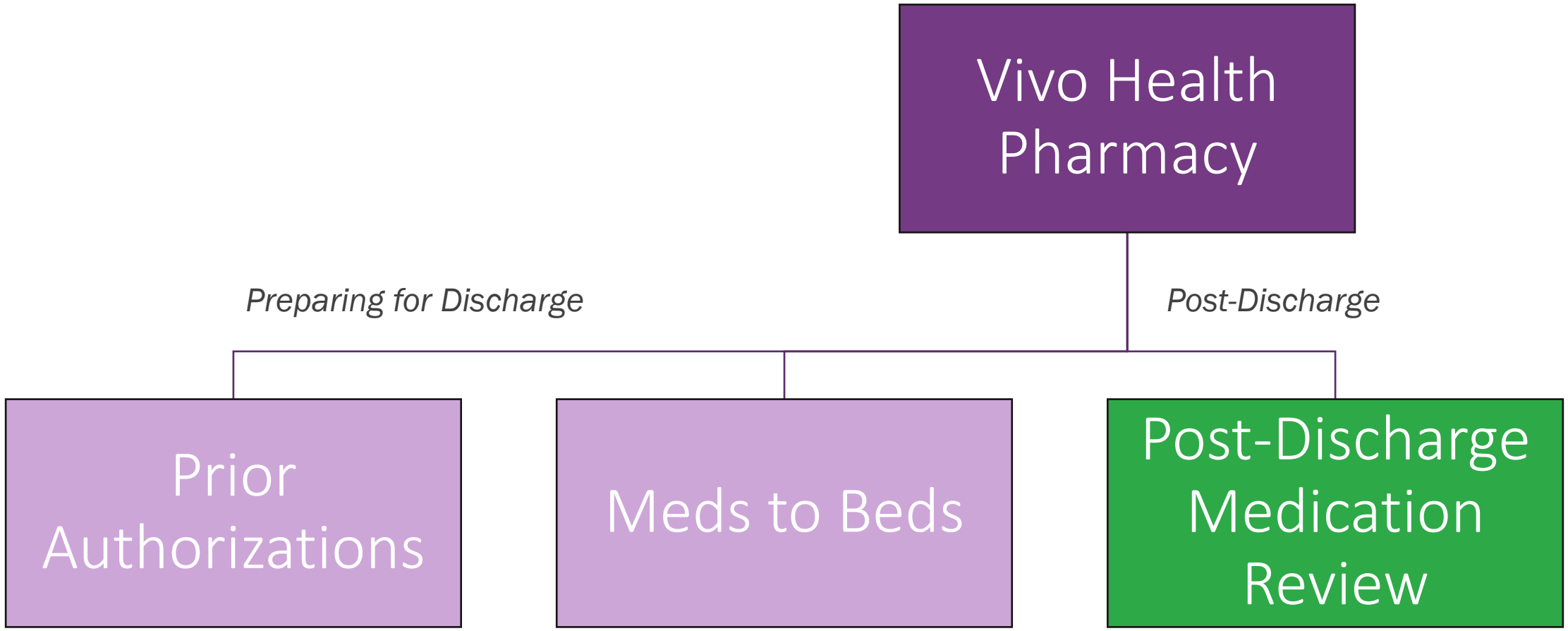
NATHANS ET AL (2020)

Retrospective matched-cohort study Impact of a pharmacist-driven poststroke transitions of care clinic on 30 and 90-day hospital readmission rates	
Population	Adult age ≥ 18 years with confirmed primary diagnosis of stroke or TIA, discharged to home, and attended a PSTCC visit within 2 weeks of discharge
Intervention	One-time visit with clinical pharmacist in an ambulatory care clinic to provide patient education, medication management, risk factor modification, serve as link into primary care service if needed
Control	Did not receive any pharmacist intervention (NPI)
Outcome	• 94 patients met inclusion criteria for the PSTCC group (mean age 55 ± 10 years, 25% female, 78% African American, 22% Caucasian, and 51% NIHSS score between 1 and 4 on admission) Primary outcome: 30-day readmission: 3 (3.2%) compared to 8 (8.5%) for NPI (P = 0.12) Secondary outcomes: • **90-day readmission 5.3% compared to 21.3% for NPI (P = 0.001)** • 30-day ED visit 13.8% compared to 14.9% for NPI (P = 0.84) • 90-day ED visit 27.7% compared to 25% for NPI (P = 0.87) • 90-day recurrent stroke 4.3% compared to 5.3% for NPI (P = 1)

NIHSS score: National Institutes of Health Stroke Scale; NPI: no pharmacist intervention; PSTCC: poststroke transitions of care clinic; TIA: transient ischemic attack

Nathans et al. *J Stroke Cerebrovasc Dis. 2020* Apr;29(4):104648.

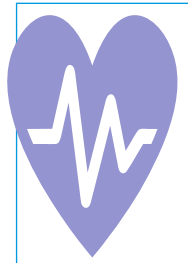
TRANSITIONS OF CARE PROGRAM AT NORTHWELL



TOC PROGRAM GOALS

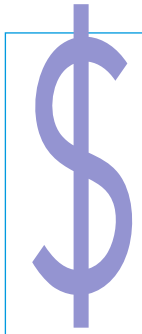
Ensure medications in hand

- Meds to beds delivery



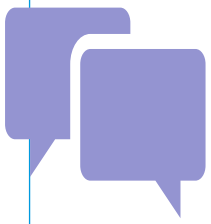
Promote first-fill compliance and persistence

- Meds to beds delivery
- Pharmacist post-discharge medication review



Ensure medications are covered and affordable before patients are discharged

- Prior authorization support, comprehensive pharmacy benefits review

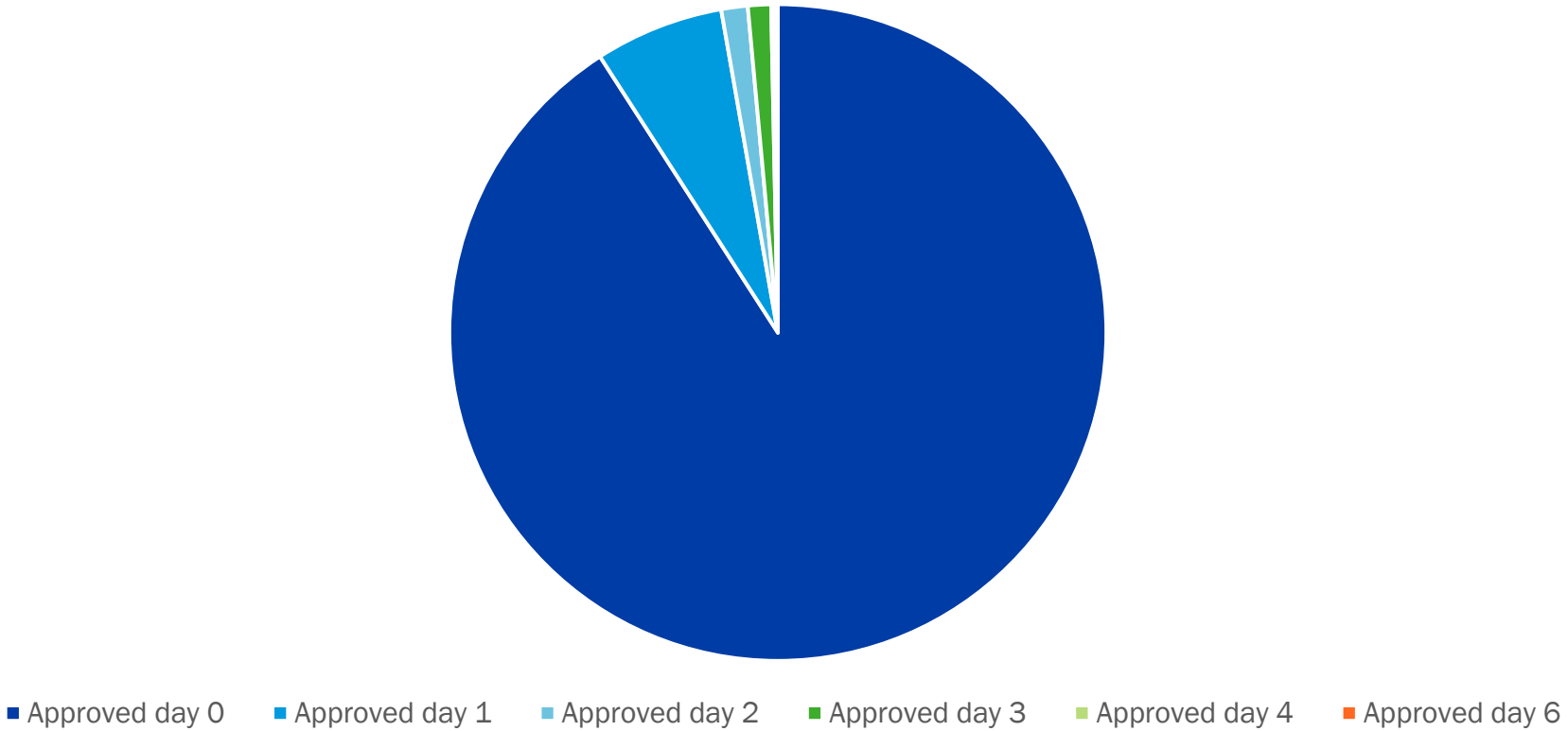


Streamline communication to address issues before and after discharge

- Pharmacist interventions close gaps to care via established escalation matrix

PRIOR AUTHORIZATION

- February 1, 2024 – August 31, 2024
  - 677 Prior authorizations initiated, resulting in 615 approvals and 62 denials



POST-DISCHARGE MEDICATION REVIEW

LIJ Pilot Results: 2/6/23 – 12/31/23

– 268 medication reconciliation discrepancies and 531 interventions resulted from 351 patient visits completed by TOC pharmacists (of 911 attempted; 38.5%)

Figure 1. 268 Medication Reconciliation Discrepancies by Type

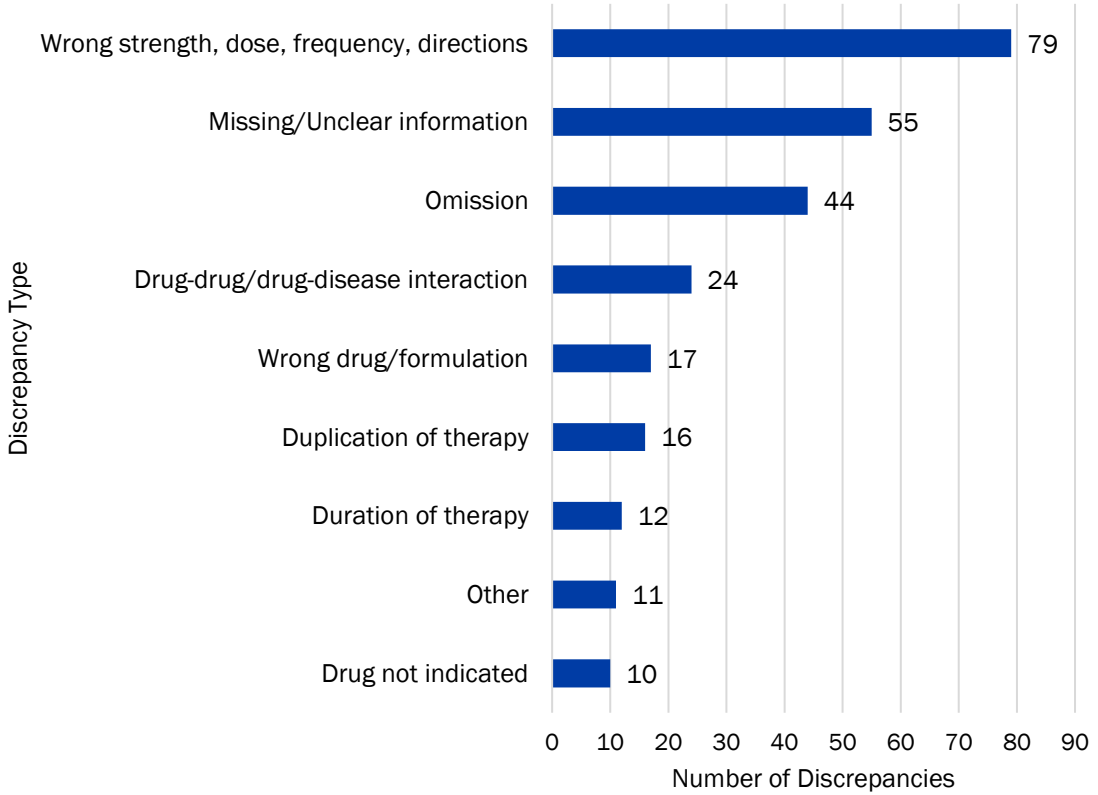
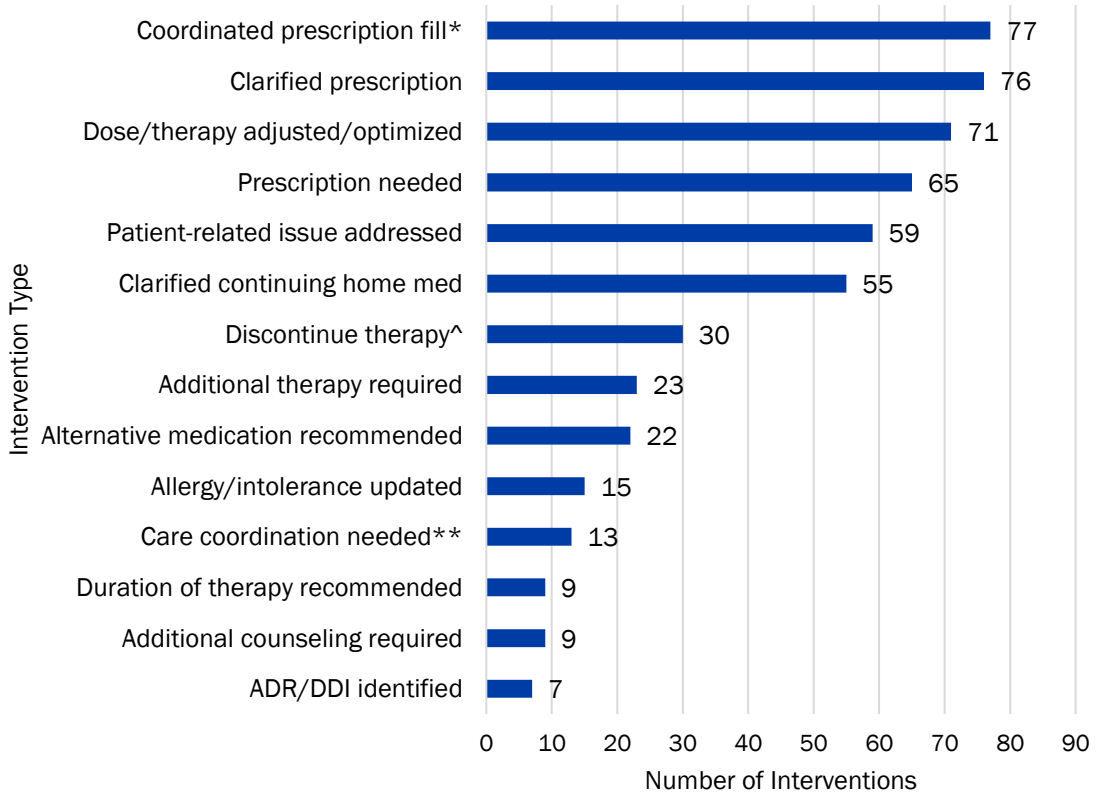


Figure 2. 531 Pharmacist Interventions by Type



* For pickup, delivery, or transfer; ^ Discontinued due to duplication, interaction, no indication; ** For appointments, supplies, discharge paperwork; DDI: drug-drug interaction

READMISSION OUTCOMES

LIJ Pilot Results: 2/6/23 – 12/31/23

Category	30-day Readmission Rate (Control group)	30-day Readmission Rate (Intervention group)
All Patients*	**14%** *(3466/24420)*	**13%** *(39/305)*
SOI 3	**18%** *(1376/7480)*	**13%** *(17/130)*
SOI 4	**21%** *(608/2836)*	**15%** *(7/47)*

*Excludes obstetrics patients; SOI (severity of illness): severity adjustment to indicate how sick the patient is (i.e., "the extent of physiologic decompensation or organ system loss of function")

Methods

- Completed visits tracked by TOC Team
- All-cause, all-payer 30-day readmission data provided by KQMI
- Additional information (e.g., diagnosis, severity of illness) retrieved from Power BI

KQMI: Krasnoff Quality Management Institute

SUMMARY

Stroke patients face numerous barriers to accessing medications, including cost, insurance complexities

Barriers can lead to medication non-adherence, increasing the risk of hospital readmissions, poorer health outcomes, and reduced quality of life

Resources such as EPIC, copay cards, savings programs, $4 generic medications, and PAPs may alleviate the burden of medication cost

Prescribing 90-day supply of medications, medication synchronization, and home delivery services may improve medication access

In TOC programs, pharmacists play a vital role via medication reconciliation, medication education (adherence/side effects), dose adjustments

Pharmacists can improve patient outcomes including decreasing readmission rates, increasing medication adherence, and improving quality of life

Northwell's Vivo Health Pharmacy and its integrated pharmacist-led TOC program provides a unique solution to aid medication access and improve outcomes

EPIC:Elderly pharmaceutical insurance coverage; PAPs: Patient Assistance Programs (PAPs)

LOOKING AHEAD…

Expansion

Longitudinal patient follow-up

Focused disease states

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THANK YOU