

# **An Assessment of Konza Prairie Community Health Center's Use of Prescription Assistance Programs**

## **Introduction**

In 2013, the United States spent an average of \$1000 per capita on prescription medication, over 40% more than any other country.<sup>1</sup> High prescription medication costs have led people to skip filling prescription medications in order to save money. In 2013, one in five US adults did not fill a prescription due to expense.<sup>1</sup> These costs have been challenging for many Americans, but have been particularly taxing for adults under 65 without prescription drug coverage.<sup>2</sup> Many people without coverage are forced to decide between purchasing medication or paying the bills. High medication costs have resulted in 45% of people, without prescription coverage, skipping filling a prescription within the past year.<sup>2</sup> To save money some patients are also not taking the prescriptions as directed. Thirty one percent of patients skipped a scheduled dose and 19% cut pills in half without the approval of a doctor or pharmacist.<sup>2</sup>

As of January 2014, Kansas had 369,000 uninsured citizens, and even more with insurance that lacks prescription drug coverage.<sup>3</sup> In Geary County, the per capita income was \$21,969, \$5000 less than the Kansas average and 10.08% of the population is below the poverty line.<sup>4</sup>

The Konza Prairie Community Health Center (KPCHC) is a not for profit charitable organization that was formed to meet the unmet healthcare needs of the Junction City/Geary County area.<sup>5</sup> This organization strives to remove barriers that prevent patients from getting healthcare. These barriers include race, gender, language, and financial status.<sup>5</sup> The medical services offered by KPCHC are available to all clients regardless of financial status due to fees

being charged on a sliding scale. Healthcare from KPCHC is affordable to all people with, or without insurance.

Although the cost of visiting a health care professional is affordable for patients of KPCHC, the cost of necessary medications often times is not. When patients cannot afford their treatment, they do not take their medicine as instructed. This makes the affordable health care that they received less beneficial because they cannot treat the diagnosed problems.

There are several federal prescription assistance programs (PAPs) put in place to help people get access to prescription medications. Two that the KPCHC frequently use include Medicare Part D and the 340 B Drug Pricing Program. Medicare Part D is a federally run program that assists patients with the cost of prescription drugs. To qualify the patient must have Medicare or insurance that does not have prescription benefits. Drugs paid for through this program are separated into tiers based on price and many generic brands cost as low as four dollars a month.<sup>6</sup>

The 340B Drug Pricing Program is another federally ran PAP. This program requires all drug manufacturers to provide outpatient drugs to eligible healthcare organizations at significantly reduced rates. Then, these organizations can disperse the medication at their own discretion. To qualify, an organization must be a federally certified non-profit health organization.<sup>7</sup> In 2013, the 340 B program donated \$1,014,647 in grant money to Geary County.<sup>8</sup>

Even though federal PAPs are in place, there are KPCHC patients who cannot afford their medications. The aim of this project was to examine what resources are available to reduce the financial barriers regarding prescription drugs and determine what is preventing a greater number of patients from gaining access to them.

## Research Methods

The research methods used to assess the use of PAPs by KPCHC patients include internet searches and literature reviews, personal interviews, and a patient survey. The primary search engine was Google.com.<sup>9</sup> The key phrases searched were “average cost of prescription medication US,” “prescription medication cost to uninsured Americans,” “poverty in the US,” and “US prescription medication assistant programs.” The United States Census Bureau’s “quick facts” was used to obtain information regarding citizens of Geary county.<sup>4</sup> Background information about KPCHC was found on the center’s website [www.konzaprariehc.com](http://www.konzaprariehc.com).<sup>5</sup> Introductory information about Medicare Part D and the 340 B Drug Pricing Program was obtained by reviewing the web pages [Medicare.gov](http://Medicare.gov) and [hrs.gov](http://hrs.gov), respectively.<sup>6, 7</sup>

Information about the use of PAPs in Geary County, specifically by KPCHC patients, was collected from several local sources through personal interviews. Following is a list of persons interviewed:

- Alicia Bean, MD, primary care physician practicing at KPCHC
- Kathy Linde, nurse practitioner practicing at KPCHC
- Carol Deines, social worker from KPCHC
- John Kollhoff, pharmacist from Kollhoff Pharmacy, Geary County

A survey was given to patients of KPCHC. Patients were divided into two groups based on whether or not they use PAPs. Patients were asked the following questions:

1- Are you on any regular prescription medications?

If yes,

1a- Do you pick up your medications as directed?

If no,

1aa- What prevents you from getting your medications as directed?

2- Are you aware of federal prescription assistance programs?

If yes,

2a- Have you applied for federal medication prescription assistance programs?

If yes,

2aa- Did you qualify for these programs? If no, specify why.

If no,

2ab- Why did you decide to not apply for federal medication assistance programs?

3- Are you aware of KPCHC Medication Assistance Program?

If yes,

3a- Have you applied for KPCHC MAPS?

If yes,

3aa- Did you qualify for these programs? If no, specify why.

If no,

3ab- Why did you decide to not apply for KPCHC MAPS?

4- Is there anything else you would like to share?

The responses from this survey were recorded and organized to assess the use of PAPs by patients at KPCHC.

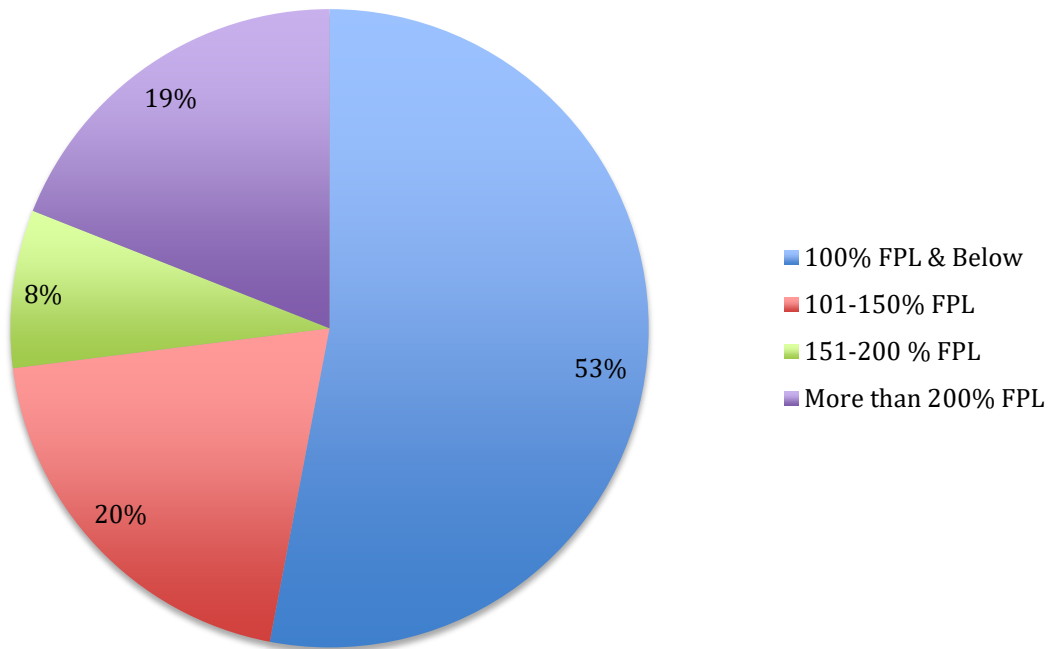
## **Discussion**

The most notable barrier that prevents KPCHC patients from obtaining prescription medications is cost.<sup>10-13</sup> The average patient in Geary County has 1.5 prescriptions per month.<sup>14</sup> The cost of prescriptions is varied widely among brands and generics.<sup>14</sup> Some prescriptions can be very expensive but many are less than five dollars.<sup>14</sup> The average prescription cost to Geary

County patients is forty-five dollars a month, resulting in a yearly expense of five hundred and forty dollars.<sup>14</sup> If each member of a family of five in Geary County needs a prescription, the average annual cost to this family would be \$2700. Over 50% of KPCHC patients fall at or below the Federal Poverty Level (FPL).<sup>15</sup> Figure 1 illustrates KPCHC 2014 patients by income level in reference to the FPL.<sup>15, 16</sup> If the same family of five mentioned earlier lived at the FPL, almost 1% of their annual income would go to prescription costs alone.

**Figure 1. KPCHC 2014 Patients Income Level Compared to Federal Poverty Line**

**2014 % Patients by Income Level**



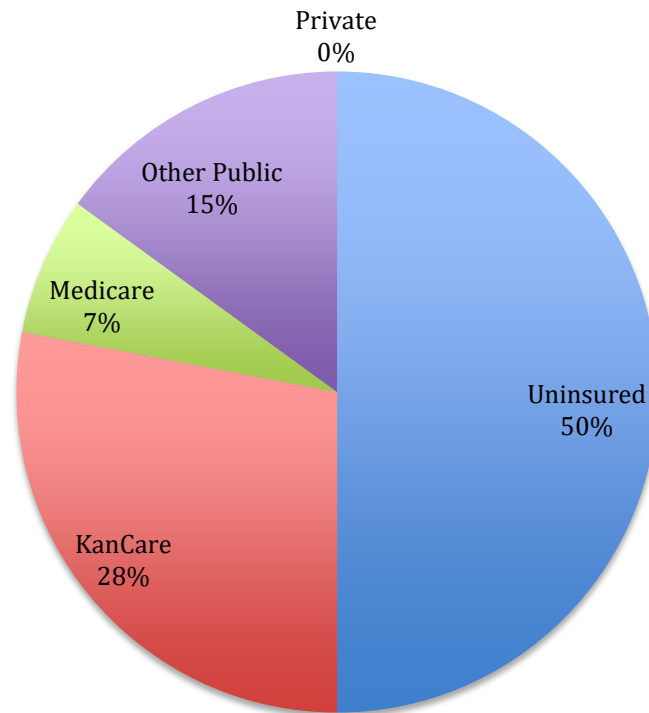
**US Department of Health & Human Services 2014 Federal Poverty Guideline**

Persons in family/household	FPL
1	\$11,670
2	\$15,730
3	\$19,790
4	\$23,850
5	\$27,910

The average prescription cost for all Geary County residents is not a good representation for the average cost of KPCHC patients. This cost was provided from Kollhoff Pharmacy and represents a group where only 10% of patients lack prescription drug coverage.<sup>14</sup> Prescription drug coverage reduces the cost of medications for patients, therefore, if patients do not receive these benefits their cost would be higher. At KPCHC, 50% of patients are uninsured, having no prescription drug coverage.<sup>15</sup> In fact, even the majority of KPCHC patients with some type of insurance still lack prescription drug coverage.<sup>10</sup> Figure 2 displays KPCHC 2014 patients by insurance type.<sup>15</sup> Without prescription drug coverage, the cost of medication for a family of five living at the FPL could be well above 1% of their annual income.

**Figure 2. KPCHC 2014 Patients Insurance Types**

### 2014 % Patients by Insurance Type



## Federal PAPs

Interviews were conducted with KPCHC patients to assess the effectiveness of federal PAPs. Nearly all KPCHC patients are on regular prescription medications but only one out of four patients picks up medication as directed.<sup>13</sup> The most common answer for what prevents these patients from getting medications as directed is that they can not afford them.<sup>13</sup> All of the KPCHC patients interviewed were aware of federal PAPs and applied for these programs but only one fifth of patients were qualified to receive federal prescription assistance.<sup>13</sup> Many KPCHC patients do not report income, file taxes, or work for cash so they are not able or willing to provide the necessary level of documentation.<sup>10,13</sup> This is the most common cause for not qualifying for federal PAPs.<sup>10, 13</sup> Federally ran PAPs have some of the best prescription coverage available, unfortunately, these programs are limited to subsets of the population and most people do not have access to them.<sup>14</sup>

## KPCHC MAPS

The purpose of KPCHC is to serve the unmet medical needs of all Geary County citizens. Carol Deins, a KPCHC social worker, noticed there was a group of patients who could not afford health insurance but also did not qualify for federally organized PAPs. She independently created KPCHC MAPS, a medication assistance program designed to meet the unique needs of these patients.

To become a participant for the KPCHC MAPS program, patients must have a preliminary meeting with Carol.<sup>12</sup> At this meeting, patients must present the income documents that apply to all members of their household who are working.<sup>12</sup> These documents include:

- Current year's taxes
- Current year's Social Security Awards Benefit Letter

- Current Unemployment letter stating how much they are receiving weekly
- Bank statements reflecting any income receiving currently
- Current months paystubs
- Any child support currently receiving
- Current years Supplemental Security Income
- Current pension
- Retirement income
- Widows pension

Patients participating in KPCHC MAPS also are not allowed to have insurance or use federal PAPS.<sup>12</sup> Once a patient qualifies, they can get up to six months of an unlimited amount of prescriptions at one time.<sup>12</sup> Patients owe a fee of \$5.00 at each dispense session.<sup>12</sup>

KPCHC MAPS has only 500 active patients.<sup>12</sup> While a significant number of patients benefit from this program, its numbers have been decreasing over the past few years.<sup>10, 11</sup> This decrease is due to many pharmaceutical companies discontinuing their supply of certain medications.<sup>11</sup> There are three primary reasons for companies to withdraw participation: (1) Pharmaceutical companies are only capable of providing name brand medications, so when a medication switches from being name brand to generic, it is no longer donated.<sup>12</sup> (2) Tax write-offs are a significant incentive for pharmaceutical companies to assist KPCHC MAPS.<sup>11</sup> With the increase in federally ran insurance and assistance programs, tax deductions have not been as sizeable.<sup>11</sup> Because pharmaceutical companies are not willing to donate the same amount of medication with a higher cost towards them, they reduce donations.<sup>11</sup> (3) KPCHC MAPS used to charge an annual application fee of twenty dollars.<sup>12</sup> To make cost more reasonable for the patients, they switched to charging five dollars every time medication is dispensed.<sup>11,12</sup> Because



prescriptions can be handed out as much as six months at a time, patients could be charged as little as ten dollars a year.<sup>11</sup> Unfortunately, some pharmaceutical companies view this as KPCHC charging patients five dollars for their medications and are not allowed to donate to programs where the patients are charged.<sup>11</sup> This change from a twenty dollar annual application fee to a five dollar dispense fee has forced several pharmaceutical companies to withdraw donation from KPCHC MAPS.<sup>11</sup> A reduction in the number of medications provided has led to fewer prescriptions being filled and a smaller amount of patients participating in the program.<sup>10,11</sup>

In addition, the program participation could be decreasing because such a small amount of patients know about the program. At one time, as many as 2,579 patients participated in KPCHC MAPS.<sup>10</sup> Now, only 50% of patients interviewed knew about the KPCHC MAPS program.<sup>13</sup> All patients who knew about KPCHC MAPS, applied and qualified for medication assistance.<sup>13</sup> It is likely that if more patients were aware that KPCHC had a medication assistance program, more than 500 patients would be able to benefit from the programs services.

#### Other Options

If the patient is not able to qualify for federal PAPS or KPCHC MAPS, there are a variety of options available to assist in reducing prescription medication cost. One option is for patients to contact the pharmaceutical company directly. Many companies are known to send discounted or free medication to patients with extenuating circumstances.<sup>11</sup> Recently, Pfizer had to discontinue supplying KPCHC MAPS with Lyrica, but if the patient contacts the company, Pfizer will send them the Lyrica for the cost of shipping and handling.<sup>11</sup>

Pharmacies know several ways to reduce the cost for patients. Kollhoff Pharmacy collects manufacturers coupons specifically for patients that need reduced medication costs.<sup>14</sup> Sometimes, patients need to wait until their next pay check or until they can collect money when

paying out of pocket for their medications. If this is the case, the pharmacy can give them three or four pills to get by so they do not have to go without.<sup>14</sup>

Often, the best option is for the provider to switch the patient to a less expensive medication.<sup>10, 11, 14</sup> Many pharmacies have a list of generic medications that cost as low as four dollars.<sup>10,14</sup> If the prescription is too expensive, providers may be able to find a therapeutic equivalent for a much more manageable price.<sup>10, 14</sup> Providers also can have the patient take a smaller dose 3-4 times per day versus a larger dose one time a day.<sup>14</sup> It might not be as convenient, but is commonly a more affordable option.<sup>14</sup>

## **Conclusions**

The cost of prescription medications is a challenge for many Americans, so much so, that patients decide to not take medication as directed by a physician or pharmacist to save money. This problem is prevalent with many KPCHC patients in Geary County where over 10 percent of the population is considered to be in poverty.

There are various federal and local resources available to reduce prescription drugs costs for patients in Geary County. Unfortunately, several barriers exist that prevent patients from gaining access to the programs. The most prevalent barriers are lack of financial documentation for the application process, reduced funding and supplies for the program, and many people who could qualify for the programs are not aware they exist. Options that reduce cost are available for patients outside of the federal PAPs and KPCHC MAPS but often these pathways require more work for the patient. The patient might not be able to navigate the system without proper guidance from someone more experienced with these methods of cost-reduction, therefore, these methods might not be a practical option.

Ultimately, increasing awareness and education about obtaining maximum benefits from federally ran PAPs, KPCHC MAPS, and on how to work with companies directly, would provide tremendous benefits for KPCHC patients who cannot afford their medications.

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