

Barriers to Affordable Prescriptions in Rural Vermont

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Problems with Medications in Rural VT

- Cost of medications and medical care are rising across the nation
- Many are not insured or have minimal insurance in rural Vermont
- In Rutland county, many patients, nurses and care providers are unaware the cost of medications they prescribe or where to find cheap medications
- Large chain and federal pharmacies do a poor job publicizing reduced medications list to the public and to medical offices
- Local pharmacies in Brandon, VT do not post their individual medication costs

Needs in Rural Vermont

- There is no central database to list individual medication costs or rebates from manufacturers
- Many medical providers do not split prescriptions to different pharmacies
- Patients in rural Vermont need an easy way to find the cheapest medications where they live

Rising cost of health costs and health insurance coverage

- Rutland County has the second largest number of Medicare enrollees.
- Per capita income of Rutland county in Vermont is \$26K, and median Health Care expenditures per capita are \$8K
- As of 2015, 3.8% (24,000) of Vermont's population did not have insurance
- As of March 2016, more than 130K people have Medicare in Vermont (21% of the population).
- As of March 2017, more than 170K people have Medicaid in Vermont (27% of the population)

Community Perspective- Community Health Centers of Rutland Region

- “It doesn’t make sense...Inhalers can cost \$300, \$600, \$900, and it should never cost that much for anything”
- “I am a nurse, and I never knew the cost of medications until now. I didn’t know about reduced price list for medications until I took a new position as a patient care coordinator”
- Our founders chose to make our practice a Federally Qualified Health Center to help meet the need of our rural community, but there are so many stipulations and proper procedures we have to constantly watch to get our funding from the state.

Intervention and Methodology

- First Stage
 - Publicizing to patients different local pharmacies that have certain medications on discount as handouts and passing out their specific pharmacy's list (ex: \$4 medication list from Wal-Mart, Rite-Aid \$3 meds list, etc.)
 - Encourage patients to find rebates for their current medications online and look for free samples.
 - Instruct patient to go to local pharmacy and receive a price list of medications
 - Most importantly, the patient should enter their medications into a website like www.GoodRx.com (where it will show the total cost of a list of medications at each nearby (large chain) pharmacy).

- Stage 2: Involve a patient care coordinator/nurse/volunteers to work with patient to see if certain medications can be adjusted to meet the discounted medications and get approval with physician. Examples:
 - 1. Switch current medication to different drug in the same class to match the discounted drug and dosage list—switching Sertraline to Paroxetine, Citalopram, or Fluoxetine.
 - 2. Increasing or decreasing the dose to match the discounted medication—1mg of finasteride (30 day supply \$14) is prescribed but 30 day supply of 5mg finasteride is \$8 on the list. Increase dose and teach patient how to use a pill cutter. Results in a 4 month supply of 1.25mg Finasteride for \$8, or \$2 a month or a savings of \$12/month!
 - 3. Many large chain pharmacies will give medications or supplies for free. Ex. Rite-Aid- diabetic supplies and many antibiotics.
- Stage 3: Split your prescriptions list.
 - If medications are cheaper in two different locations, request physician to send certain medications to one location and others to another
 - Choose one official pharmacy and get physician to print the rest on paper for you to fill yourself

Responses & Results

- Of the ten patients we sampled, only two tried to find which pharmacy around Brandon sold the cheapest prescription.
- None of the ten looked for rebates or free samples.
- **No one knew about the \$4 and \$3 medications list.**
- We saved one person \$360 by switching LABA inhalers and giving him a 2 month sample.
- “Thank you for giving me this list, I’ll take some time and see which medications I can switch or change the dose....I’ll buy a pill cutter if I have to” – young person on disability who cannot work

Effectiveness and Limitations

- Patients were very receptive to this approach and were excited to find ways to save money on medications, especially those on disability
- Due to the short duration, only parts of stage 1 were implemented
- “I would look for cheaper medications, but I don’t have a computer”- patient’s comments
- Other limitations are that the patient population taking many medications, majority are elderly, do not know how to use the internet to find these websites, enter their medications and print off rebates.

Recommendations for Future Projects

- I would highly suggest implementing stage two and three of this plan and report the effectiveness of the intervention.
- Because almost 50% of the Vermont is on Medicare or Medicaid, collaborate a way with the state to create a database like GoodRx.com, where local Vermont pharmacies, federal pharmacies, mail-in pharmacies and large chains can submit their medications prices for the cheapest cost to the patient.
- Work with EMR companies to integrate the reduced medications lists into the EMR, so that physicians can tell patients how much it will cost with their insurance status before prescribing.
- Get high school volunteers to go through medication lists with patients and find rebates for them

References

(links in individual slide notes)

- The Henry J. Kaiser Foundation, non-profit specializing in global health policy
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- The Dartmouth Institute of Healthcare and Policy