CC Newsletter

CC Spotlight

The National Rural ACO Care Coordination Team would like to recognize Kirsten Parks, RN, BSN from Brazosport Regional Health System in Lake Jackson, Texas for bringing forth this months "Best Practice Tip" on how to assist patients in accessing information about their Medicare Part D coverage. Notable Case #3 demonstrates how Kirsten utilized this website to help one of her patients find affordable access to his medications.

Kirsten has also created successful partnerships with her fellow Care Management Team members to formulate best practices in Diabetes Management through their accredited "DOTS" (Diabetes Outpatient Training Site) program. Well done Kirsten, Dr. Roland Prezas and remaining Brazosport team!

Escalating Medication Costs: A Current and Future Concern for Population Health

Progressive science and research is leading to the discovery of drugs offering new hope to those with Cystic Fibrosis, Hepatitis C, Cancer and other life threatening illnesses. The cost of specialty drug access is rising rapidly and there is consumer as well as provider cause for concern. The average price for 1 year of therapy with cancer drugs increased from 5K to 10K (in the year 2,000) to 100K by 2012 (*Source: https://www.mayoclinicproceedings.org/April 2015)*. According to Price Waterhouse Coopers June 2014 Health Research Institute Report, 4% of patients use specialty drugs but account for 25% of the total U.S. Drug spending. This report identifies that 70% of the 27 drugs approved by the FDA in 2013 were specialty meds and nine of

Best Practice Tip of the Month

Open enrollment for Medicare Patients runs through December 7, 2015. Patients and Care Coordinators can go to www.medicare.gov and click on the yellow bar that says "Open Enrollment." Patients can look for and compare Part D plans. When the "personalized search" is used (scroll down on the Plan Finder page), the site will save the information you put in. When you access the site again using that personalized information, it will retain the list of medications you have entered, no password required. The Medicare website allows patients to plug in their medications and plans available are shown, along with data such as the monthly premium, annual deductible, estimated yearly and monthly costs, when the donut hole hits, etc. patients can compare up to three plans side-by-side at once. The patient's current plan is shown so the patient can compare the current plan against the other available plans. In addition, if you click on "lower my drug costs" under the plan information, information for prescription assistance programs for expensive or non-covered drugs is provided.

Submitted by: Kirsten Parks, BSN, RN

these therapies were oncology drugs. In years past, overall drug costs could be offset by the use of generics, however, as generic drug makers consolidate with mergers and acquisitions and production declines, we see demand taking over supply resulting in price increases (*Source: https://www.Forbes.com/February 27, 2015*). Without the ability to negotiate pricing, Medicare is at a huge disadvantage in the future market. A June 2015 Kaiser Health Tracking Poll found that 87% of the people supported allowing the Federal government to negotiate with drug companies and prices for Part D drugs. Half of the public surveyed in this report admitted to taking a prescription medicine with 1 in 5 stating they or a family member have skipped doses or cut pills in half due to cost and difficulty affording the medicine. *(Source: https://www.kff.org/heatlh-costs/oll-finding).* This feedback is of serious concern as we all know that successful chronic care management hinges on successful patient adherence to the prescribed medical plan of care.

In the July 21, 2015 edition of the Wall Street Journal, it was noted that public and private payers are pressuring drug makers for discounts and requesting that determining "specific clinical impact" plus "cost per patient" become necessary elements of drug evaluation before approval. The Laura and John Arnold Foundation is slated to give $5.2 million in grant funding to the Institute for Clinical and Economic Review, a non-profit that examines the value of new medicines, so the agency can increase its staff and produce more reports for suggesting benchmark prices for up to 20 drugs over two years. *(Source: https://www.wsj.com).* Perhaps adding a "Value Based" model for pharmaceuticals is a future solution for increasing affordable access and reducing healthcare cost. The difference in defining market competition when it comes to "Big Pharma" is that we are dealing with the human factor and not inanimate objects. Staying the course, we must find innovative options for our patients to attain the medications they truly need. This will be our challenge as we travel in this transformational journey of healthcare reform.

Additional Medication Assistance Program Links:

https://www.Needymeds.org (National non-profit organization that maintains a website of free information on programs that help people who can't afford medications. Offers a free drug discount card)

https://www.RxAssist.org (Maintains a comprehensive database of patient assistance programs set-up by drug companies for those who have trouble affording their medications. Also provides a list of foundations and other organizations that help patients afford their co-payments)

Patient Stories from the Field

Case #1: A 55 year old male with Type 2 Diabetes who was admitted as an inpatient to the hospital in April for treatment of a critical blood glucose level and uncontrolled diabetes. A referral to care coordination was initiated by case management for transition of care and assignment to a primary care provider. The physician primary care provider agreed to accept the patient if care coordination remained involved for chronic care management. Since that time, the care coordinator has attended all of the patient's appointments and worked in partnership with the physician to refer the patient to the diabetes educator, dietician, ophthalmologist and pain management. The patient now tests his blood sugars daily as directed, reports them at each office visit or follow up call, better manages his diet, and is adherent with attending his appointments. The patient's blood sugars are also continuing to improve and through the newly initiated pain management referral, the patient will be receiving a pain pump to treat his chronic pain. The greatest proof for the value of care coordination comes from the patient's self-testimony. During a recent appointment the patient stated "prior to working with her I didn't care if I lived or died so I didn't care about having high blood sugars or taking my meds. Now I want to live."

Case #2: 58 year old male with Type 2 Diabetes, morbid obesity, and hypertension entered into the Care Coordination program on September 16, 2015. The patient is disabled with a low income, receiving $24/month subsidy with a "Bridge Card". Patient obtains most of his food from local food pantries. He has no upper teeth, his dentures do not fit well so he never wears them. Patient's morbid obesity causes him decreased mobility. Presenting on his first Care Coordination encounter, the patient was found to have poor hygiene and to wear dirty clothing. He was very quiet during the visit and disclosed not to have been taking his medications for several months. B/P was 166/96, weight 314 pounds, and latest HgA1c of 12.4. Patient was not interested in talking about changing his diet but expressed interest with increasing his physical activity. The Care Coordinator coached the patient to simple chair exercises, stretching exercises and three 10 minute walks per week. On the next Care Coordinator visit, the patient presented freshly showered and wearing clean clothes. He was very talkative and engaged in the discussion. The patient had been taking his medications and doing the exercises. By the third visit, patient presented with an improved B/P of 144/82, a weight loss of 7 pounds and was ready to discuss healthier eating habits. Still a work in progress but what an encouraging start!

Case #3: A Chronic Care Management patient, Mr. H, was having trouble affording his medications. Earlier this year, the co-pay on one of his medications was $30/month. The Care Coordinator found the same drug on the WalMart $4 list, and now he pays $10 every 3 months for the same drug. This month he came in with his daughter to evaluate his Part D plan.

Using the Open Enrollment tab on the *medicare.gov* website, the Care Coordinator worked with the patient and his daughter to find alternatives that would cover his medications for the lowest cost. Together they found one that is $30 less each month in premiums, and reduces the patients yearly costs by $300-$500, depending on the pharmacy he uses. In addition, the Care Coordinator was able to find drug assistance programs for two of his most costly medications, which could reduce his costs even further. This Care Coordinator consistently encourages every patient to re-evaluate their drug plans to get the best value.

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