

Chronic Disease Initiative: Final Report

February 2014

Abstract

Between November 2011 and December 2013, the U.S. Medical Assistance Program at AmeriCares piloted an effort, the Chronic Disease Initiative (CDI), to build the capacity of free clinics to manage chronic disease among low-income, uninsured patients. Participating clinics received a free license to RxAssist Plus, a web-based program to facilitate their efforts to access medications for indigent patients through pharmaceutical manufacturer Patient Assistance Programs (PAPs). Participating clinics had varied experiences implementing and integrating the online PAP software, but all would recommend the software to other free clinics. More than two-thirds of participating clinics reported a moderate or major transformation in their PAP processes. A subset of the group was able to provide accurate baseline information. This subset reported an average increase of 213 percent in the number of patients receiving PAP medications, as well as an average increase of 80 percent in the value of medications received. This report includes a review of the program including its challenges, successes and lessons learned. A case study profiling a CDI participant clinic, the Dr. Gary Burnstein Memorial Health Center of Pontiac, MI and their experience implementing RxAssist Plus, is provided in the appendix to this report.

Background

Free and charitable clinics are nonprofit health care organizations that serve low-income, uninsured patients at no cost or a nominal charge. A 2006 national survey of free and charitable clinics identified a total of 1,007 free clinics operating in 49 states and the District of Columbia. Together, these clinics provide care for approximately two million people.

Free and charitable clinics that provide medication assistance to their patients receive the majority of medications through one of three means: pharmaceutical patient assistance programs (PAPs), donation programs (such as AmeriCares) and procurement. PAPs exist through many pharmaceutical companies to provide free medication to patients who cannot afford it. However, each PAP has different eligibility criteria and its own application process, requiring supporting documents to be physically mailed to the pharmaceutical company and refill scripts submitted every three months. Many free clinics apply for PAP

medications on behalf of their patients but the completion and monitoring of applications requires much time and energy. Multiple software programs have been developed to help health care providers and organizations search for PAPs, apply for medications on behalf of patients, and monitor when refills and annual applications need to be submitted. Before beginning the CDI, electronic PAP software programs were assessed based on a variety of factors to determine which one would be provided through the initiative. The most important factors were cost, technical support, number of pharmaceutical manufacturer PAPs within the system, and general ease of use. Software reviews and clinic experiences were collected in addition to information provided by each program. RxAssist Plus, with a simple interface, low price-point and responsive help desk team, was determined to be the best choice for the CDI.

AmeriCares Chronic Disease Initiative was developed with the aim of expanding the pharmaceutical capacities of free clinics for their chronic disease patients. Interested clinics were required to complete an application detailing current clinic capacities and need for software to assist with applications for pharmaceutical company PAPs. As the initiative's goal was to build capacity within free clinics, it was a requirement that applicants not have a PAP software system already in place at the time of application.

Clinics were chosen for the initiative based on current staff availability, clinic capacity and patient population. Having dedicated staff or volunteers to oversee the initial data entry and technology use was identified as extremely important for successful implementation. CDI participants each received a "bundle" relating to their chosen disease state (hypertension, dyslipidemia, diabetes or chronic respiratory illness). Each bundle included the following:

- 2-year license to RxAssist Plus
- 1-year supply of patient education materials developed by the American College of Physician's Foundation
- Prioritized gift-in-kind support through AmeriCares U.S. Medical Assistance Program

The program was piloted with a small number of clinics that began implementation of the software in early 2012. Learnings from the pilot group helped to inform the second round of enrollment. Changes were made to the application

and selection process, the materials provided to clinics upon selection, quarterly reporting and ongoing support. The second round of clinics was selected in August 2012, with adoption of the software beginning between October 2012 and February 2013, depending on the clinic. At the initiative’s conclusion in December 2013, 20 clinics were enrolled in the CDI and 19 had successfully implemented RxAssist Plus into clinic operations. Over the two-year time period, approximately \$5.85 million of medication relating to the CDI disease states was donated to participating clinics. A profile of the clinics is below.

Chronic Disease Initiative Clinic Profile	
Participating clinics:	20
Disease states selected:	
• Chronic Respiratory Diseases:	5
• Diabetes:	12
• Dyslipidemia:	1
• Hypertension:	2
States represented:	12
Average operating budget:	\$400,735 (range: \$25,000 - \$1,500,000)
Total annual unduplicated patients:	47,310

This report provides an overview of the initiative, including the successes, challenges and lessons learned regarding the implementation of electronic PAP software at free clinics. While CDI clinics utilized RxAssist Plus, the findings within this report can be attributed to other PAP software programs, and the challenges experienced by CDI clinics should certainly be considered when contemplating the adoption of any PAP software. The findings in this report have been compiled from three sources: (1) quarterly and year-end reports filled out by CDI participant clinics throughout 2013, (2) in-depth interviews with eight CDI clinics completed as part of an external evaluation of the U.S. Medical Assistance Program in October 2013, and (3) the experience of AmeriCares U.S. Medical Assistance Program staff who oversaw the CDI.

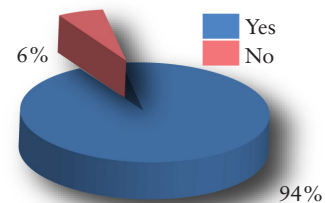
Successes

Results from the initiative showed that adopting a PAP software program was a successful tool for all clinics involved. In November 2013, clinics were asked whether they would continue to utilize the program after their two-year subscription had ended. Fifty-three percent of clinics responded “Yes,” with another 35 percent responding “Unsure.” Many of the “unsure” clinics noted that they hoped to continue to use the program, but due to budget uncertainty at the time of renewal they could not say for sure whether they would renew the subscription.

- **Clinics experienced an increase in patients on PAP medications and value of medications received.** On average, participating clinics increased the number of patients receiving PAP medications by 213 percent over baseline numbers.¹ Thirteen clinics were able to consistently track and report the value of medications received through PAPs once enrolled in the CDI. These clinics received more than \$10.5 million worth of medications over 12 months, which is approximately \$820,000 per clinic. For clinics that were able to report value at baseline and year-end, the average increase in value was 80 percent.² The discrepancy between these two increases may be due to changing value of medications, or a change in the medications available through PAPs in 2012 compared to 2013.

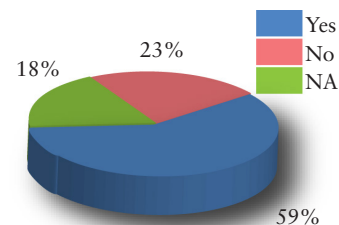
Two clinics reported that they did not experience an increase in the amount of medication they were able to obtain on behalf of their patients. However, these clinics did see a decrease in the amount of time that was spent filling out and following up on PAP applications.

As a result of RxAssist Plus, has your clinic increased the amount of medications it is able to obtain for free on behalf of patients?



- **More than 50 percent of CDI clinics decreased costs related to purchasing medications for patients.** When asked if their clinic had been able to decrease its spending budget for medications, 59 percent of clinics responded “yes.” Of note, 18 percent of participating clinics only receive medications through donation programs and PAPs and do not have a budget for medication procurement.

As a result of RxAssist Plus, has your clinic decreased the amount it spends on buying medication from wholesalers or other sources for patients?

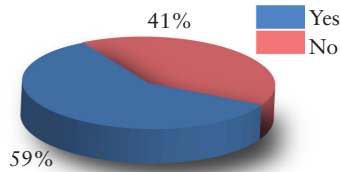


1 13 clinics submitted baseline and year-end data for this metric.

2 7 clinics submitted baseline and year-end data for this metric.

- **More than half of CDI clinics achieved time savings related to PAP applications and refill management.**
One of the goals of electronic PAP systems is to reduce the time spent filling out PAP applications and following up on refills. Fifty-nine percent of CDI participants experienced time-savings. Many of those that did not experience time-savings saw an increase in the number of patients they were able to enroll and the amount of medication they received.

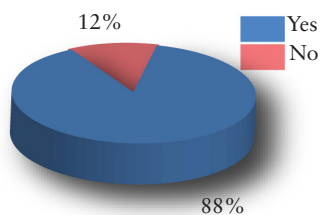
As a result of RxAssist Plus, has your clinic decreased the amount of time spent completing PAP applications on behalf of its patients?



- Clinics that experienced time-savings as a result of utilizing a PAP software program reported that they used the additional time for the following activities:
 - o Patient management and follow-up
 - o Patient counseling
 - o Patient education activities
 - o Provider recruitment and retention activities
 - o Development of screening protocols
 - o Addressing and streamlining other clinic processes
 - o Accommodation of the growing number of patients applying for PAP medications

- **Clinics reported that having an electronic system to apply for and monitor PAP applications positively impacted patient health outcomes.**
Through in-depth interviews, several CDI clinics indicated that using a PAP software program to apply for PAP medications on their patients' behalf allowed them to improve continuity and quality of care for their patients because they were able to stay on a single medication instead of switching treatments based on availability of donated medications. This was supported in the year-end report, as 88 percent of clinics responded that utilizing a PAP software program had a positive impact on individual patient outcomes.

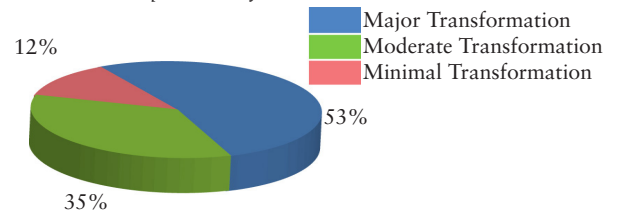
Do you feel that the RxAssist Program has impacted your patients' individual health outcomes?



- **More than two-thirds of clinics experienced a moderate or major transformation of PAP processes, and all clinics would recommend the RxAssist Plus Program to other clinics.**

When asked how utilizing a PAP software program transformed their clinic PAP processes, 53 percent responded that they had experienced a major transformation. An additional 35 percent reported a moderate transformation. And while each clinic could identify a list of things in retrospect that they wish they had known prior to beginning implementation, 100 percent reported that they would recommend RxAssist Plus to other free clinics.

To what extent did RxAssist Plus transform the PAP process at your clinic?



Challenges

Participating clinics worked hard to successfully integrate the RxAssist Plus program into existing operations. The amount of work required to do so was dependent on patient load, prior systems of completing and tracking PAP applications and staff availability. Participating clinics faced multiple challenges. The challenges most often reported by participants are described below. These challenges are not likely unique to RxAssist Plus, and should be considered when utilizing any PAP software program.

- **Initial data entry required more time and effort than anticipated.**
To fully utilize RxAssist Plus, demographic and medical history information must be entered into each patient's record. RxAssist Plus is able to support first-time users in setting up patient records with basic demographic information in certain cases, but this is only available to those that can export data into Excel files, and will only address demographic information. As a result, participating clinics with Electronic Medical Records (EMRs) or electronic data files were able to transition to using the RxAssist Plus program more quickly, and usually with more ease.
- **Staff oversight was necessary to a higher degree and for a longer period of time than was originally anticipated.**
Applying for medications through PAPs is a process that requires a great deal of vigilance and attention to detail. While PAP software programs seek to decrease the amount of time that is spent manually entering information, they still require the same attention to detail. Data entry, especially in the early stages of

implementation, must be checked for accuracy. Many clinics saw the number of hours required of staff to complete the PAP applications increase during the first quarter, largely due to the data entry that was required and the need for supervisors to ensure that the data was entered correctly. One clinic relied on volunteers to enter all patient data and later realized that it had been done incorrectly, forcing the staff to devote time to review and fix all errors.

- ***Continued double entry was necessary for some clinics.*** Since an electronic system for PAP applications is an additional process on top of normal operations, most CDI clinics chose to enter only the data for PAP patients into the online system, and continued to keep all patient files elsewhere (whether paper or electronic). Each individual clinic needed to determine which information they wanted to maintain in RxAssist Plus in coordination with other processes. For clinics with fewer resources and available staff/volunteer hours, this sometimes proved frustrating.

Lessons Learned

Participating clinics, AmeriCares and RxAssist Plus all learned a great deal throughout the initiative. Due to consistent feedback from CDI clinics, AmeriCares staff members were able to respond to many challenges as they arose. There were a number of significant lessons participating clinics learned, however, that should be taken into consideration by clinics that are investigating any PAP software program.

- ***Interested clinics should observe a demonstration or complete a free trial of whichever electronic PAP software program they are considering to help determine if the program is a good match for their needs and resources.***

It is imperative for free clinics to understand the strengths and limitations of any software that is under consideration before committing to adoption of the technology. Additionally, this provides an opportunity for clinics to ensure that the software is compatible with their current technology (the types of computers and printers they have available, as well as other software programs that might need to be installed for the program to run correctly).

- ***Buy-in from the staff, volunteers and board is crucial to successful implementation.***

Without buy-in from the staff or volunteers that will oversee and/or use the program, there is little chance that it will be used to its full potential. Most CDI clinics reported that they began seeing results in efficiencies and increased patients on PAP medications after only a few months of utilizing RxAssist Plus. It is crucial to have people willing to invest the time to learn the program and find the best way to integrate it into current clinic operations.

- ***Clinics should take advantage of the assistance of RxAssist Plus to complete initial data entry (this requires that the clinic either have exported EMR information or an Excel spreadsheet of information they would like imported at the beginning).***

The training offered by RxAssist Plus when a clinic first signs up is extremely helpful and important in familiarizing oneself with the system. However, not everything about the program will be included in the one-hour training session. Make sure to utilize the help desk as much as is necessary during the implementation phase, particularly asking about assistance with inputting data and the reporting metrics that your clinic would like to see come from the system. It is likely that other PAP software programs offer similar assistance with the set-up and ongoing use of their software. Clinics should investigate what support is available to them.

- ***Identify the reports or data that the clinic needs the PAP software to generate, and work with the support staff to determine the fields required to generate those reports.***

To be able to utilize the system fully, a clinic should be able to rely on their PAP software program to run all necessary reports. However for the CDI clinics, it was not always clear from the name of the report within RxAssist Plus exactly which fields were required for it to run correctly. It is extremely important for clinics to reach out to the support staff of their software program to confirm field requirements for each report they plan to utilize, and ensure that the instructions are recorded. Recording instructions for each report is particularly important in settings where multiple staff or volunteers are entering information as well as in the case of training new staff and volunteers.

Conclusion

Free clinics that participated in AmeriCares’ Chronic Disease Initiative successfully increased the amount of medications they were able to obtain from pharmaceutical companies and also decreased time spent completing applications and refills. Each clinic translated these budget and time savings into improvements to clinic operations. The results and findings reported here were provided by participating clinics throughout the Initiative, and will hopefully provide guidance to clinics considering implementation of RxAssist Plus or other similar software programs.

ABOUT AMERICARES - AmeriCares is a nonprofit global health and disaster relief organization that delivers medicines, medical supplies and aid to people in need around the world and across the United States. Since it was established in 1982, AmeriCares has distributed more than \$11 billion in humanitarian aid to 164 countries. AmeriCares U.S. Medical Assistance Program provides donated medicines, vaccines and medical supplies to more than 600 free clinics, community health centers and other safety net organizations serving the uninsured and underinsured. The U.S. Medical Assistance Program is generously supported by the GE Foundation, which provided the funding for the Chronic Disease Initiative.

APPENDIX A: CASE STUDY

How the Dr. Gary Burnstein Clinic Successfully Integrated RxAssist Plus into Clinic Operations

The Dr. Gary Burnstein Clinic Pontiac, MI

Background

The Dr. Gary Burnstein Community Health Clinic (GBCHC) opened its doors to the residents of Oakland County, MI in 2005. Founded in the memory of Dr. Gary Burnstein, a local doctor who spent his retirement caring for underserved populations, the clinic provides comprehensive primary care services to its patients, in addition to dental, ophthalmology and several specialty clinics. In 2012, the clinic cared for over 1,000 patients, providing more than 4,000 office visits and dispensing over \$1,000,000 in medications.

All patients of the clinic must be between 18-65 years of age and fall either at or below 200 percent of the Federal Poverty Level. Before being seen, patients must submit financial information (either a tax return or proof of non-filing status from the IRS) and a letter of denial from Medicaid. These requirements ensure that all patients qualify for even the most stringent PAP applications, and that the clinic already has the necessary information on file to apply on their behalf.

In 2012, GBCHC applied to be a part of the AmeriCares Chronic Disease Initiative (CDI). Prior to participation in the CDI, the clinic had a self-designed tracking spreadsheet for Patient Assistance Program (PAP) applications and refills, and completed all applications by hand.

Implementing RxAssist Plus

To streamline the transition from manual PAP applications to using RxAssist Plus, GBCHC identified one staff member to oversee the entire process. Dr. Justin Brox, Director of Operations, was tasked with getting all necessary information into RxAssist Plus and integrating it within the clinic's processes.

To do this in the most efficient fashion, Dr. Brox utilized the help desk staff of RxAssist Plus when possible. An Excel file with basic patient information was created. RxAssist Plus took this Excel file and created patient records for each patient within the spreadsheet. This cut down on time that would have been spent by Dr. Brox or other clinic volunteers creating and entering all patient demographic information. Once this initial group of patients was entered into the RxAssist Plus system, Dr. Brox only had to enter new patients when they needed a medication available through PAP.

Additionally, Dr. Brox and his colleagues underwent training sessions with RxAssist Plus help desk staff, and called and emailed with them frequently as they began to use the system, even with basic questions.

The reporting function of RxAssist Plus would benefit from improved integration of information that users enter into the system. For example, if a diabetic patient has an ICD-9 code in their visit, but diabetes is not listed as his/her diagnosis, the patient would not be included in a report that can be run on all diabetics. It took some time for Dr. Brox and his colleagues to identify exactly what they wanted out of the RxAssist Plus system (other than just generation of PAP applications) and what fields needed to be filled out for each patient to ensure the accuracy of the reports they ran. This shortcoming requires user vigilance and communication with the RxAssist Plus help desk.

The staff at the GBCHC also quickly identified that the process for checking to see if PAPs are available for specific medications is cumbersome. RxAssist Plus has this capacity, but first a patient visit has to be created and the medication listed in the patient file before the system will show all available pharmaceutical companies with a PAP for that medication. Therefore, the staff currently use another website (www.rxassist.org) to see if a medication is available through a PAP, rather than RxAssist Plus. If it is, then they will use RxAssist Plus to generate the application.

Integrating RxAssist Plus into clinic processes

While it took some trial and error, as well as dedicated time, Dr. Brox and his colleagues have successfully integrated RxAssist Plus within patient care and pharmacy operations.

- All financial information is gathered from patients when they first come to the clinic (each patient record has a special section for PAP information).

- In the pharmacy there is a box that has forms for the PAP medications that are applied for most often. These forms are pre-printed with clinic information.

- Pharmacy technicians are trained on which medications are available through PAPs.
- If a patient comes in and needs a medication that is available through PAP, the pharmacy tech will take one of the pre-printed forms and have the patient sign the application.

- The signed application is given to the Patient Care Manager who also manages all PAP applications and refills. The patient's information is entered into the RxAssist Plus system and the remaining application fields are filled in from the patient's records (which have all necessary financial and demographic information for PAP applications).
- The Medical Director reviews and signs all pending applications on a regular basis, which are then mailed to the different pharmaceutical companies.

- A PAP cover sheet is added to each patient's file (see Appendix B). This allows providers and pharmacists to know what PAP medications each patient is on and also helps the Patient Care Manager order refills.

Dr. Brox has instituted a system to assist in getting additional information or signatures when needed. Brightly colored cardstock is cut into strips (lengthwise) and inserted into patient records when there is information missing. Each color signifies a different action that is needed.

- Yellow signifies that the patient needs to sign a new application (either a new medication or a new year's application).
- Pink signifies that the Medical Director needs to review and sign the application.

GBCHC uses RxAssist Plus reports to identify which patients and medications need to be refilled, as well as which applications need their annual renewal submitted. Patients are responsible for scheduling an appointment to come in and pick up their refills.

Successes

By adopting RxAssist Plus and integrating the system into clinic processes, GBCHC has been able to increase the number of patients that receive PAP medications from 110 to approximately 220, an increase of 100 percent. Over the course of 2013, GBCHC received more than \$350,000 worth of PAP medications.

While the time spent completing PAP applications, including data entry, follow-up and ordering refills has not significantly decreased, Dr. Brox has been able to increase the number of patients that receive PAP medications. The few extra hours that are now available each week have been devoted to other activities such as improving dispensing processes, reviewing the set-up of exam rooms, and recruitment of additional providers.

Appendix B: The Gary Burnstein Clinic PAP Cover Sheet

This sheet is included in all patient files to assist with the tracking of PAP medications each patient is on.

PAP COVER SHEET

Patient Name:

<u>Drug Name and Dosage:</u>	<u>Date of Action:</u>	<u>Exp. Date/ Refills:</u>