



Prescription Drug Affordability as a New Vital Sign: Strategies to Routinely Assess Medication Affordability at a Federally Qualified Health Center



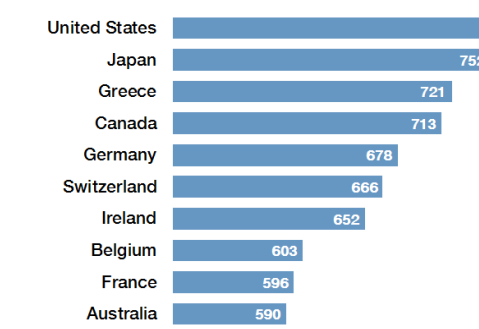
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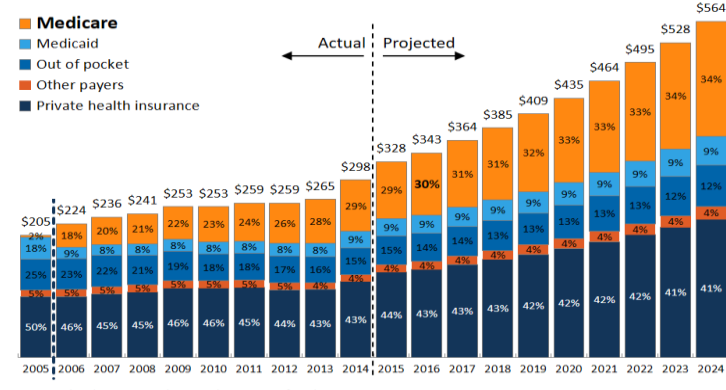
Introduction

Which countries spend the most on medicine?

Retail spending per capita on pharmaceuticals, US\$ PPP



Total U.S. prescription drug spending, in \$ billions:



NOTE: Medicaid prescription drug spending accounts for rebates. SOURCE: Kaiser Family Foundation analysis of CMS National Health Expenditure Data for Historical (CY2005-2014) and Projected (CY2015-2024) Retail Prescription Drug Expenditures, 2013-2024.

\$335 Billion
U.S. Retail Drug Spending, 2018
Source: CMS

Prescription Drug Costs in the United States:

- **1,138% increase** in inflation-adjusted per capita spending on retail prescription drugs (1960-2017)
- U.S. prescription drug prices have **risen 3 times faster** than the rate of inflation over the past 10 years
- **11.4% of all U.S. adults aged 18-64 and 33.6% of uninsured adults did not take their medicines as prescribed due to drug cost in 2017**
- More insurance plans require patients to pay a percentage of the full medication cost (co-insurance) +/- deductible, rather than a flat co-pay

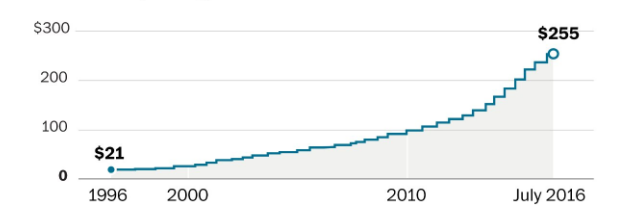
U.S.: 1 in 4 Report Difficulty Paying for Medicines
Source: KFF

Spotlight on Diabetes:

- Insulin is a lifesaving drug
- In the U.S.: Insulin lispro cost **increased 700%** from 1996-2016
- Patients increasingly report rationing their insulin due to cost

The list price of Humalog insulin keeps going up

Since 1996, there have been more than two dozen price increases on a vial of Humalog insulin. Adjusted for inflation, the current price is 700% higher than it was 20 years ago.



Note: List price is in unadjusted dollars and does not reflect rebates or discounts. Source: Truven Health Analytics THE WASHINGTON POST

Purpose

- * To assess how frequently patients at a Federally Qualified Health Center have difficulty affording their medicines.
- * To identify policy and practice-based opportunities to address issues of medication affordability in an internal medicine clinic.

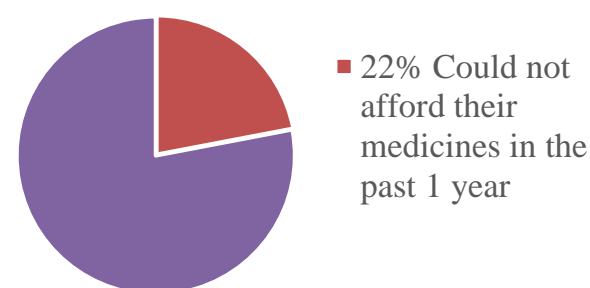
Methods

- ▶ Interviewed 50 adult patients at a Connecticut Community Health Center in English, Spanish and Portuguese during the clinic intake process to ask:
 - Have you had difficulty affording medicines since the last clinic visit?
 - Have you had difficulty affording medicines in the past 1 year?
- ▶ Analyzed health insurance status of active patients at the health center
- ▶ Surveyed general internal medicine faculty/residents to assess clinical practice adjustments when treating patients unable to afford their medicines
- ▶ Conducted brief interviews of local pharmacies to determine additional cost barriers patients encounter when filling prescriptions
- ▶ Advocated for policies and developed clinic protocols to screen all clinic patients for medication affordability during the vital sign assessment

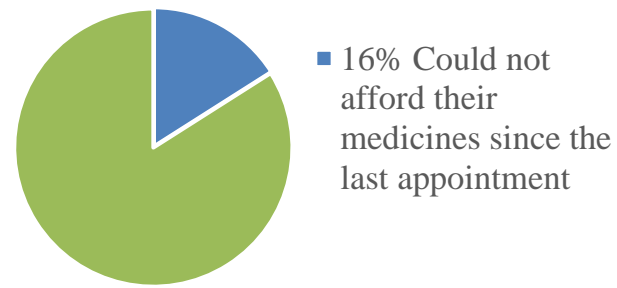
Results

Patient Interview Findings:

Difficulty Affording Medicines in Past 1 Year



Difficulty Affording Medicines Since Last Visit

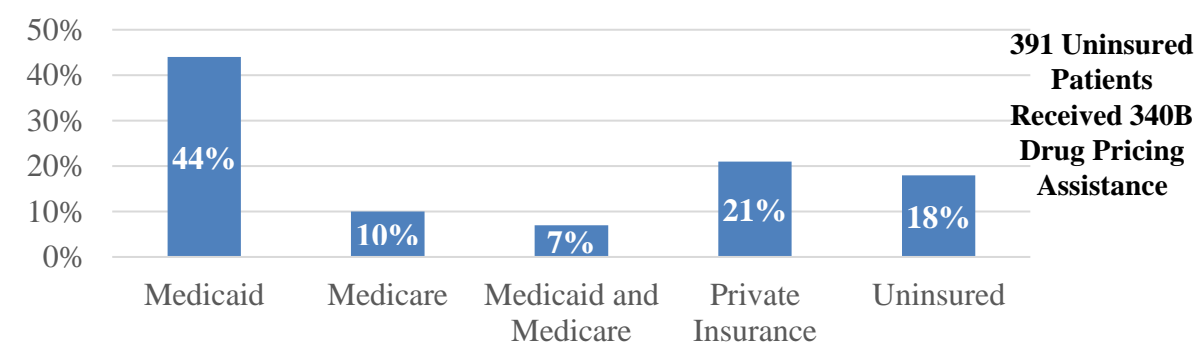


340B Drug Pricing Assistance for Uninsured Patients Still Requires Co-Pays of \$12-200+ per Medicine

Patient Story Highlight:

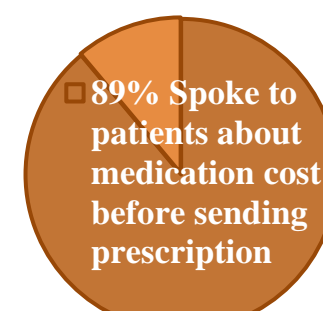
"I have 340B [Drug Pricing Assistance] and borrowed money from my brother to pay \$700 for medicines sent to my local pharmacy, but later found out the same medicines only cost \$16 at another pharmacy. I couldn't return the \$700 medicines, but wish I knew to go to the other pharmacy beforehand."

Health Insurance Status of Clinic Patients (%), n=3583



Internal Medicine Faculty and Resident Survey Findings:

Made changes to prescribed medicines because patients could not afford their medicines in the past 1 year	89%
Looked up the cost of a medicine before prescribing it in the past 1 year	83%
Stated that it would be helpful to know if a patient has difficulty affording their medicines when seen in clinic	100%



Primary Care Physician Perspective:

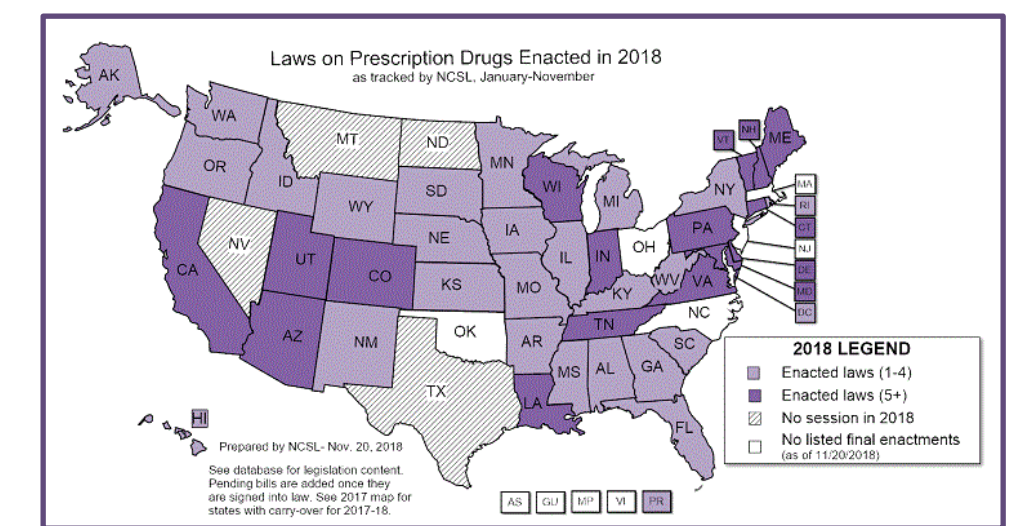
"Largest problem [regarding drug cost] is uninsured patients, particularly for those with diabetes on insulin and those with COPD requiring inhalers."

Pharmacy Interview Key Findings:

- ◆ Pharmacies are charged a processing fee by insurance companies each time a patient's out-of-pocket cost for a medication is checked
 - Patients with insurance cannot determine out-of-pocket costs of their medicines prior to picking up prescriptions
 - Prevents patients from finding the lowest cost drug options
- ◆ Pharmacies do not automatically inform patients if cash discount codes for medicines are cheaper than out-of-pocket insurance copays
 - Patients may pay more for medicines by using insurance

Advocacy Phase

- ◆ Employed advocacy techniques to support federal and state policies to make medicines more affordable
- ◆ Policy Opportunities:
 - Cap out-of-pocket costs for essential drugs (e.g. insulin)
 - Stop charging pharmacies for processing prescriptions to determine patients' actual out-of-pocket medication costs
 - Allow for Medicare drug price negotiation



Conclusions and Next Steps

- Medication affordability is a major issue among patients
- Significant opportunities exist to address medication costs in primary care
 - Routinely ask patients if they have difficulty affording their medicines
 - Implement protocols to alert patients' interprofessional healthcare team that the patient cannot afford their medicines so that alternate drugs are ordered
 - Integrate medication affordability into the Electronic Medical Record

Value to Internal Medicine:

- Prescription medicines are central to practicing internal medicine
- It is vital for internists to know if patients cannot afford their medicines
- Screening every patient for medication affordability during vital sign assessment allows medication changes to be made during the clinic visit

Reducing medication rationing and unfilled prescriptions due to cost can improve health outcomes

Study Limitations:

- Single center study site with small patient sample size
- Data collection ended in February 2020, prior to COVID-19 pandemic
- Likely underestimate of current percent of patients unable to afford medicines due to financial/job/insurance loss from COVID-19

Next Steps and Implications for Policy and Practice:

- ▶ Establish medication affordability as a new outpatient vital sign
- ▶ Develop systems to appropriately follow up with patients unable to afford their medicines, particularly during the COVID-19 pandemic
- ▶ Advocate for state and federal prescription drug pricing policy reform

References and Disclosures

- Statewide Prescription Drug Database 2015-present. NCSL, 2020.
- National Health Expenditure Fact Sheet. CMS, 2018.
- Which Countries Spend the Most on Medicine. World Economic Forum, 2015.
- Why Treating Diabetes Keeps Getting More Expensive. Washington Post, 2016.
- KFF Analysis of CMS National Health Expenditure Data for Historical (CY05-14) and Projected (CY15-24) Retail Prescription Drug Expenditures, 2013-24.
- Disclosures: R. Kuwahara currently serves as the 2020 National Copello Health Advocacy Fellow at Doctors for America working on medication access policy.