Introduction

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

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

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 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:

- 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%

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

Health Insurance Status

- Medicaid: 44%
- Medicare: 10%
- Medicaid and Medicare: 7%
- Private Insurance: 21%
- Uninsured: 16%

Difficulties Affording Medicines:

- 22% Could not afford their medicines in the past 1 year
- 16% Could not afford their medicines since the last appointment

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.”

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

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.”

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
- 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

Study Limitations:

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

Next Steps andImplications 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:


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