MILWAUKEE HEALTH CARE PARTNERSHIP

2010 MEDICATION ACCESS CAPACITY-BUILDING PROJECT

COMPLETED DECEMBER, 2010

C. F. Palombo Consulting

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EXECUTIVE SUMMARY

The Milwaukee Health Care Partnership (MHCP) is a collaborative effort working to improve the health of underserved people living in Milwaukee County. Members of the Partnership include clinic, hospital, government, and community stakeholders, each collaborating on efforts to improve access and coverage for vulnerable residents living in and around Milwaukee County.

Among several areas of focus for MHCP is the vision to expand medication access. As a part of that goal and in October 2010, the MHCP launched the 2010 Medication Access Capacity-building Project. The project was designed to achieve the following goals:

- To provide an assessment of the current state of medication access within select safety net clinics;
- To better understand opportunities and barriers impacting medication access, including the performance of community-wide DrugAssistant software, medication access funding needs, and the impact of Medicaid formulary exclusions on clinic-level operations and patient access.
- To identify strategies that would increase medication access for patients served within designated safety net clinics; and
- To identify tactics to improve the performance of individual clinic's medication services.

The findings of the 2010 Medication Access Capacity-building Project demonstrate that Milwaukee County's safety net is effective in filling gaps in patient medication access. Clinic, pharmacy and hospital leadership have created a robust tapestry of medication access strategies, each designed to stretch precious resources in order to serve the drug treatment needs of the widest possible number of patients. The result is that Milwaukee County has available one or more examples of each nationally-known model used to promote safety net medication access, and a large number of vulnerable patients are served each year though the county's existing medication access infrastructure.

Yet, there remains room for improvement. Clinic leaders have the opportunity to hone efficiencies within current medication access models. Communication channels and staffing can be broadened to promote cross-county collaboration. The county's safety net providers can expand their current pallet of medication access services to include several important medication resources, such as: the web-based DrugAssistant PAP form software and cutting-edge medication access strategies such as center-fill discount pharmacies and the Dispensary of Hope's Instant Access model. Aside from county-wide opportunities, clinic-level strategies are available to maximize program performance and staff effectiveness, and to utilize training to improve current practices.

This assessment is submitted in a spirit of gratitude toward the busy clinic staff, vendors and community leaders that offered time and perspective on improving Milwaukee County's medication safety net. For more information on this assessment, its findings, or recommendations, please contact Christopher Palombo, Principal, C. F. Palombo Consulting at 636.577.0373 or chrispalombo@hotmail.com.

Participation:
In October 2010, the Milwaukee Health Care Partnership invited select Milwaukee County clinics to participate in an assessment of the safety net medication access strategies at work in the community. Based on the invitation, clinic leaders self-selected participation. Each clinic included in the assessment process is a safety net organization, meaning that each serves a substantial self-pay and/or Medicaid population. Also, each participating clinic is structured as a health home, defined as a primary care environment that provides continuous relationship between the provider and patient, is open greater than 20 hours weekly, and that has commitments for specialty referral and care management. Finally, each participating clinic is a candidate for participation in the Specialty Access for Uninsured Program (SAUP), a pilot project which will provide appropriate, timely and coordinated specialty care for low income uninsured Milwaukee County residents.

The final participant group included ten organizations; four clinics with formal status under section 330 of the Public Health Act (Healthcare for the Homeless of Milwaukee, Milwaukee Health Services, Inc., Sixteenth Street Community Health Center, and Westside Healthcare Association, Inc.), as well as six community and volunteer clinics (AIDS Resource Center, Bread of Healing Clinic, St Ben's Clinic, UWM House of Peace Community Nursing Center, UWM Silver Spring Community Nursing Center, and the Walker's Point Clinic).

Methodology:
A major concern of the assessment design was to balance staff resources required for participation in interview discussions, with the imperative to limit the time burden on busy clinic staff. The assessment therefore focused on two data-gathering processes: qualitative survey and review of quantitative performance data. This material was compiled using the following:

1) **Staff Interviews** - Interviews were conducted with the administrative, clinical, and/or medication access staff of each participating clinic. Interviews were based on a uniform assessment tool (see Attachment 9) and required a minimum of 50 minutes per site.

2) **Follow Up Information Requests** - One or more follow up information requests were sent to each clinic, asking between one to eleven clarifying questions. Thirty follow up information requests were required.

3) **Review of Individual Clinic and Community-wide Performance Data** - Individual clinic and community-wide performance data was reviewed. This data addressed the following:
    a. **Wisconsin Primary Health Care Association –** Yearly profile of patients served and payer mix for Federally Qualified Health Center (FQHC) clinics that includes patient ethnicity and federal funding levels. The source for this information was the Wisconsin Primary Health Care Association, looking at the years 2003-2009.

    b. **Milwaukee FQHC and Free and Community Clinic Profiles** –2008 and 2009 calendar year data on total utilization by unduplicated life, total utilization by encounter, and

payer mix broken down between self pay, Medicaid, Medicare, and commercial coverage. The source for this information was the Milwaukee Health Care Partnership, looking at the years 2008-2009.

c. DrugAssistant Software Report – Report on clinic Prescription Assistance Program (PAP) form performance, covering current users of the DrugAssistant software. Specifically, total forms completed disaggregated by new and renewal orders, number of individual patients served, and value of medications by Average Wholesale Price (AWP). The source for this information was the DrugAssistant software, looking at the years 2008 through the third quarter of 2010.

4) **Interaction with Milwaukee Health Care Partnership Staff and Vendors** - Key informant interviews were held with the Milwaukee Health Care Partnership's Executive Director, Joy Tapper, as well as personnel with the Dispensary of Hope and DrugAssistant software.

FINDINGS

1) **Clinics that participated in the 2010 Medication Access Capacity-building Project oversee many different programs in order to serve the medication treatment needs of uninsured and Medicaid patients.**

There are a number of nationally-known strategies utilized locally by Milwaukee County safety net clinics, pharmacies, and community organizations in order to fill gaps in medication access for low to moderate income, uninsured and Medicaid patients. These include:

a. **Patient Assistant Programs** – Patient Assistance Programs (or PAP programs) are medication donation programs hosted by pharmaceutical manufactures, accessible through an application form structured not unlike a credit card application. Medication is applied for by phone or mail and is provided for free to patients that meet the income and uninsurance requirement. The medication arrives by mail after a delay of two to six weeks from the date of application.

b. **340(b) –** The drug program enacted by section 340(b) of the Public Health Service Act (known as "340(b)") was established through regulation that requires pharmaceutical manufacturers to provide medication at a steeply reduced cost to qualifying safety net organizations. 340(b) medications are accessed through a qualifying pharmacy by patients of a qualifying medical care site. The medication is immediately available to the patient through a pharmacy counter purchase that is sold at approximately 50% of a retail pharmacy's average wholesale price (AWP).

c. **Drug Sample Programs (including "Sample Closets," the MedShare program, and the Dispensary of Hope's "Instant Access" program)** – Drug Sample Programs make use of the sample medication provided by pharmaceutical manufacturers to physicians. Medication is generally available immediately upon writing of a script, is free to the patient, and can be accessed through a clinic, pharmacy, or community repository that distributes surplus sample medications. More sophisticated sample medication models utilize regional and national distribution networks and electronic tracking to secure and distribute sample drugs.

d. **Generic Bulk-Purchasing Programs** – Generic bulk-purchasing programs are clinic and pharmacy programs that purchase large quantities of low-cost, often-prescribed generic medications. The bulk purchase of a limited number of low-cost medications further reduces the drug cost, making the medication more accessible to low and moderate income people. Generic Bulk-Purchasing Programs make medication immediately available either by purchase over a pharmacy counter or through dispensing by a physician. Medication is either free or is sold at a steeply discounted cost to patients.

e. **Distribution of Medication Vouchers –** Rather than an access strategy that distributes medication to patients, medication vouchers are a way that safety net agencies pay for medications on behalf of their patients. A clinic or community agency provides a "voucher" for medication which the patient then presents at a specified pharmacy. Vouchers can be as

simple as a slip of paper or as sophisticated as an electronically tracked membership card administrated by a Pharmacy Benefits Manager (PBM).

f. **Referrals to Discount Pharmacy Programs** – Rather than a medication access s strategy that distributes medications to patients, referrals to discount programs make use of discounted drug programs. Most notable of these programs can be found in retail pharmacies, such as the Wal-Mart "$4.00 Drug List" or the Kmart "$10 90-Day Generics Program."

g. **Discount Center-fill Pharmacy Programs -** Rather than a medication access s strategy that distributes medications to patients, a newer innovation are discount pharmacy programs hosted by national center-fill pharmacies (pharmacies that operate through mail order). Discount Center-fill Pharmacy Programs feature the same aggressive pricing as local retail discount pharmacy programs but are often less expensive per scripts, offer a wider formulary of medications, and offer greater facilitation control to safety net medication program staff.

h. **AIDS and HIV Drug Assistance Program (ADAP) -** ADAP provides government subsidized medications to individuals diagnosed with HIV. The medication is available immediately through a qualifying pharmacy and is dispensed directly to a qualifying patient.

2) In order to serve the medication needs of their patients, clinics that participated in the 2010 Medication Access Capacity-building Project overlay various medication assistance programs so as to stretch precious resources, while filling the widest possible gaps in medication access.

Each medication access strategy listed above offers its own benefit, but features its own limitations in cost, availability, immediacy of access, and qualifications. Safety net clinics and pharmacies serving Milwaukee County are conscious of these limitations and thus overlay services in such a way as to fill the widest possible gaps in service at the least administrative cost. The strategy used to maximize resources overlays programs like a tapestry, weaving various strategies in order to cover program gaps.

Program overlay seeks to cover the following notable gaps found in medication access strategies:

a. **Program qualification gaps** – Individual medication access strategies may serve all comers or may require patients to conform to qualification guidelines, defining income, residency, insurance status (or lack thereof), assets, or other criteria. Program qualification gaps impact the population served by excluding patients that exist outside of qualifications.

b. **Wait time gaps –** Medication strategies may provide immediate access to filled scripts (such as the immediate dispensing of drug sample program medications to a patient by a physician) or may involve a delay in the dispensing of medication (such as the 2-6 week delay in accessing PAP medication). At times and depending on the prescription, patients

may not have the leeway to wait for the arrival of delayed medication, even if the script can be filled at no cost to the patient.

c. **Gaps in guaranteed availability** – Medication strategies may provide medication as long as the patient qualifies (such as the case with 340(b) programs), or may provide short-term episodic access to a specific script or dosage. Sample medication inventories, though inexpensive to administer and free to the patient, are restocked at the occasion of visiting pharmaceutical representatives and/or at the capacity of donating physician offices.

d. **Formulary gaps** – Medication strategies may provide a wide-ranging formulary of both generic and branded medication (such as 340(b) programs), or may provide a targeted list of medications (such as the 100-350 medications accessible through referrals to discount generic pharmacies). Further, coverage plans, such as Medicaid, may exclude medications from a covered formulary list, adding administrative complexity and additional effort to the process of acquiring medications.

e. **Cost to the clinic** - Medication strategies may be as low cost to administer as a basic drug sample program, costing a clinic just a few thousand dollars per year to oversee. Or, programs may be as resource intensive as a fully staffed 340(b) pharmacy, demanding expensive capital requirements, professional staffing, and on-site inventory.

f. **Cost to the patient** – Medication strategies may provide free access to medications, may require modest dispensing fees, or may provide a discount on retail costs. While all discounts are welcome for the uninsured, even meager dispensing fees may make medications unavailable to financially vulnerable patients as would steep discounts off retail cost.

The following chart summarizes the overlay of various programs at work in clinics that participated in the 2010 Access Medication Capacity-building Project. The chart demonstrates that:

- There are nine strategies identified to be at work among clinics that participated in the 2010 Medication Access Capacity-building Project.
- Due to various gaps in each strategy, no single strategy is comprehensive enough to provide for all of the medication access needs of a clinic's Medicaid and uninsured/self-pay population.
- Strategies may serve as few as a one or two patients annually or may serve thousands of patients annually (as is the case with 340(b) and PAP programs).
- Program overlay often pairs strategies that cover gaps in immediate access (such as sample programs) versus delayed dispensing models that provide long-term access to free medications (such as PAP forms).

Table 1: Participating Clinic's Patients Served Annually, By Program Type										
	340 (b)	Patient Assistance Programs - (Annual Individuals/ Annual Forms)	Generic Bulk Purchasing	Drug Sample Programs (Annual Individuals/ Annual Scripts)	Medication Vouchers	Referral to Retail Discount Pharmacy Programs (Wal-Mart, Target, Kmart)	AIDS Drug Assistance Program (ADAP)	Dispensary of Hope	MedShare (Annual Individuals/ Annual Scripts)	Discount Center-fill Pharmacy Programs
AIDS Resource Center of Wisconsin	300	100/226**					1000			
Bread of Healing Clinic		1,200/4,000	2,600						2,600/15,000	
Health Care for the Homeless (HCHM)	500	429/970**		500/ Unknown		Unknown				
Milwaukee Health Services	8,986	50/200		Unknown/Unknown						
St. Ben's Clinic		50/113**			40				2/2	
Sixteenth Street Community Health Center	7,333	100/400								
UWM House of Peace Community Nursing Center*		53/120				120			150/250	
UWM Silver Spring Community Nursing Center		60/480				500			20/20	
Walker's Point Community Clinic		648/2032		Unknown/3000		213		260***		
Westside Healthcare Association, Inc.*		84/190**		2,750/ Unknown		4,000				

"Unknown" denotes that the service line is in place and operational, but the value of patients served is unknown at the time of the survey.

* Clinic is utilizing other unreported strategies to secure PAP medications. Therefore, the above table could be under-reporting impact.

** Average PAP forms per patient are 2.26 based on data from the Health Access pilot program, 2005-2006, Flint Michigan (2006 Association for Community Health Improvement Conference, 2006, New Orleans). Clinic serving patients with severe acuity rates should anticipate a higher per-patient median form average.

*** Annualized total by individuals served. Clinic has been using this model since May, 2010.

3) **While individual clinic that participated in the 2010 Medication Access Capacity-building Project each host two or more medication access programs, the programs administered across the community tend to be quite similar.**

Milwaukee-area clinics have established a large number of medication-access programs, operating at various well-respected community institutions. Several of the programs are hosted in multiple locations within the county. The result of this similarity of program services among many clinics suggest that the region has the capability to develop a wide number of internal capacities to improve upon and leverage similar collaborative models, including:

- Program improvement and peer-learning capacity using local front-line staff to present and receive best practice and program improvement information from neighbor medication access programs;
- Collaborative opportunities that increase operational effectiveness by establishing or expanding national and regional strategies, such as Dispensary of Hope or MedShare; and
- Fund development opportunities that leverage the breadth of the county's safety net infrastructure and the power of reputation to secure larger and more robust philanthropic investment.

4) **Though individual clinics that participated in the 2010 Medication Access Capacity-building Project have crafted programs that serve the medication access needs of a large number of patients, there still are unserved among the county's patient population.**

Table 2:
Participating Clinics, by Individual Patients Served and Percent Uninsured

Clinic Name	Individual Patients Served (Annual)	Percent Uninsured
AIDS Resource Center of Wisconsin	1,026	25%
Bread of Healing Clinic	1,625	100%
Health Care for the Homeless (HCHM)	4,627	63%
Milwaukee Health Services	32,323	12%
St. Ben's Clinic	910	48%
Sixteenth Street Community Health Center	29,880	22%
UWM House of Peace Community Nursing Center	96	70%
UWM Silver Spring Community Nursing Center	446	77%
Walker's Point Community Clinic	1,065	100%
Westside Healthcare Association, Inc.	6,637	11%

Source: Milwaukee FQHC and Free and Community Clinic Profiles –2008 and 2009, Milwaukee Health Care Partnership.

Benchmark data demonstrates that the average number of PAP forms per clinic patient is 2.26 forms annually.[1] Based on self-reported data and the 2009 Safety Net Clinic Utilization report, clinics that

[1] Health Access Program, Flint Michigan. 2007 Association for Community Health Improvement Conference, 2005-06 data, New Orleans.

participated in the 2010 Medication Access Capacity-building Project served 20,897 uninsured and self-pay patients in 2009, with an estimated PAP form need of 47,227. Based on self-reported data and 2009 DrugAssistant software reports, a total of 6,393 PAP forms were submitted. Not accounting for scripts filled by uninsured and self-pay patients through other medication access strategies, the unserved PAP capacity among clinics that participated in the 2010 Medication Access Capacity-building Project is projected at 40,834 annually.

Table 3:
Milwaukee County PAP Form Yearly Volume

Measure	Volume	Data Source
Number of Uninsured/ Self-Pay Patients Served by Participating Milwaukee Clinics (2009)	20,897	Safety Net Clinic Utilization Report - 2009
Number of PAP Forms Completed Annually	6,393	Clinic self-reporting and DrugAssistant software 2009 Aggregate Reports
Estimated Total Load of PAP Form Opportunities	47,227	Health Access Program, Flint Michigan. 2007 Association for Community Health Improvement Conference, 2005-06 data, New Orleans.
Unserved PAP Capacity	**40,834**	

5) Modest improvements in program efficiency can have a substantial impact on access for uninsured and self-pay patients.

PAP form programs in Milwaukee County offer a useful opportunity for understanding the wider safety net medication access work for two reasons: First, it is administratively easier to query process evaluation data for PAP form programs when compared to strategies such as drug sample programs or referrals to the $4.00 Drug Program. The reason for this is that a basic level of managerial reporting data is typically compiled in the course of administering PAP medication services. Nationally (and as is the case in Milwaukee County) other medication access strategies, such as local drug sample programs, referrals to discount pharmacies, and voucher programs, usually lack accessible performance data. The second reason that PAP form programs offer a useful opportunity for understanding the wider safety net medication access work is that PAP programs are the most common strategy employed by clinics that participated in the 2010 Medication Access Capacity-building Project and one of the largest programs in terms of the volume of patients served. For that reason, PAP programs offer a useful lens through with to view other safety net medication

Table 4:
Milwaukee Clinics versus Benchmark, Forms per FTE

Milwaukee Clinics Average Forms per 1 FTE		Benchmark Average Forms per 1 FTE [2]
1,461		**2,712**

[2] Benchmark statistics are based on a national survey of 1,200 safety net provider hospitals and clinics. Richardson K and Geller S (2004). *Using Pharmaceutical Company Patient Assistance Programs: A Volunteers in Health Care Guide,* Pawtucket, RI: Volunteers in Health Care.

strategies.

Taking the example of PAP forms, even modest improvements in program efficiency can have a substantial impact on access (and arguably therefore, the quality of life) for uninsured and self-pay patients. Volunteers in Healthcare, a nonprofit national medication technical assistance organization serving free and safety net clinics, safety net hospitals, and community healthcare initiatives hosted a survey of 1,200 hospitals and clinics in 1999. This national survey is the only research of this kind known to exist on the operational variables involved in PAP form administration. The Volunteers in Healthcare survey found that the benchmark average for a clinic environment was 60 minutes of handling time per PAP form for a paper-based model and 47 minutes of handling time per PAP form for a software-enabled model. Based on clinic self-reporting for staff time, clinic self-reporting, and DrugAssistant software reports on the number of PAP forms completed, clinics that participated in the 2010 Medication Access Capacity-building Project were not as efficient as the national benchmark standard in PAP forms per FTE. The result was that among clinics that participated in the 2010 Medication Access Capacity-building Project, every FTE assigned to PAP form completion resulted in 1,461 PAP forms annually, compared to the national benchmark standard at 2,712 forms per FTE. A 50% improvement on the PAP form completion time among clinics that participated in the 2010 Medication Capacity-building Project would result in 730 more PAP forms annually per FTE or an increased annual Average Wholesale Price value of $596,797 in donated medications.

Table 5:
Medication Access Staff Cost

Annual Direct Costs for Med Tech ($13.49 hourly)	**Annual Indirect Costs for Med Tech** (.75 of Direct Costs)	**Annual Cost for Med Tech** ($13.49 hourly plus .75 in indirect costs)	**Investment into PAP program of .25FTE** (direct and indirect costs)	**.25FTE Med Tech per minute Cost**	**Available Minutes for .25 FTE staff**
$28,059.20	$21,044.40	$49,103.60	$12,275.90	$0.39	31,200.00

Table 6:
Benchmark Performance Comparison

Benchmark Performance Comparison of a .25 FTE Increase in Staffing (1X, 1.5X, 2.5X, and 3.5X)	**Annual Number of Forms Completed Per .25 FTE Increase**	**Cost Per Form** (Direct and Indirect Costs)	**Anticipated Individual Patient Load (Annually)**	**AWP Value Per .25 FTE Increase**
46 minutes per form	678	$18.10	300	$554,119
69 minutes per form	452	$27.15	200	$369,413
115 minutes per form	271	$45.25	120	$221,648
161 minutes per form	194	$63.35	86	$158,320

Looking at individual software-enabled clinic medication programs, the result of improving PAP form

efficiency from 2.5 times benchmark average (115 minutes per form) to the benchmark average for a software enabled clinic (46 minutes per form) would result in a savings of $27.15 per PAP form completed.[3] Such improvement would open capacity to care for the PAP needs of 180 additional individuals annually (300 persons annually at 46 minutes per PAP form versus 120 persons annually at 115 minutes per PAP form, per every .25 FTE in PAP form coordinator time).[4] [5]

6) **There are three unique features in Milwaukee County medication access that, in various ways, serve clinics that participated in the 2010 Medication Access Capacity-building Project. These include:**

   a. **The MedShare Program's Sample Distribution Program and PAP Form Service Lines -** MedShare was launched by the Bread of Healing Clinic, and primarily serves the Milwaukee Free Clinic Collaborative, a partnership of 14 area free and community clinics. With service lines for both sample and Patient Assistance Program medications, MedShare functions to secure surplus sample medication, purchased generic medication, durable medical equipment, diabetic supplies and consumables. MedShare then distributes those assets across the community. The size and scope of MedShare allow a stronger relationship with drug manufacturer's sales team members, as well as a larger purchasing capacity for generic medications.

      Initially envisioned to be a single source medication access dispensary for Milwaukee County, MedShare's sample medication distribution program has become an important mission-driven asset to the community's free and community clinics. MedShare's sample medication program is a physician dispensing model rather than a retail pharmacy model, resulting in a greater degree of flexibility for clinic staff in securing and dispensing medications (though that model lacks the ability to record source and pedigree information on a per-script level). The flexibility of MedShare's sample program, while useful in serving the needs of many free and community clinics, may not provide the tracking and rigor required by all Milwaukee County clinics. Hospital-affiliated clinics and clinics with a federal status in particular are not inclined to participate in the MedShare's sample programs.

      Looking at MedShare's PAP form service line, in late 2010, the Bread of Healing Clinic was awarded the *Community MedShare Prescription Assistance Project Grant*, funding that will expand the Bread of Healing Clinic's PAP program capacity to train and support PAP

[3] Estimated program costs for a .25FTE PAP form program are $12,275.90 annually for a .25FTE med tech at $13.49/hour, and include direct salary costs of $7,014.80, as well as indirect costs of $5,261. Pharmacy Tech median hourly wages, 2010 are $13.49 (May, 2008 data). http://www.bls.gov/oes/current/oes_nat.htm#29-0000. Last accessed November, 2010.

[4] Average PAP forms per patient are 2.26 annually. Average per-person value of medications through PAP forms is $1,844.02 annually. Average retail value of medicine received per each PAP form is $816.97 annually. Health Access Program, Flint Michigan. 2007 Association for Community Health Improvement Conference, 2005-06 data, New Orleans. Clinic serving patients with severe acuity rates should anticipate a higher per-patient

[5] Estimated program costs for a .25FTE PAP form program are $12,275.90 annually for a .25FTE med tech at $13.49/hour, and include direct salary costs of $7,014.80, as well as indirect costs of $5,261. Pharmacy Tech median hourly wages, 2010 are $13.49 (May, 2008 data). http://www.bls.gov/oes/current/oes_nat.htm#29-0000. Last accessed November, 2010.

programs across the community. The grant is intended to expand the capacity of local free and community clinics in establishing and expanding PAP form program operations, a valuable opportunity to expand medication services among the community. The Community MedShare Prescription Assistance Project Grant targets eight members of the Milwaukee Free and Community Clinic Collaborative. Specifically clinics with minimal depth of staffing, clinics that lack internal capacity to house a PAP form program or maintain the refill and renewal infrastructure, and clinics that lack storage capacity for delivered PAP medications. This pilot program is designed to run for two years, collecting performance data, expanding clinic operations to serve 3,000 patients, and achieving program sustainability through the creation and implementation of a sustainability plan.

DrugAssistant Software - In 2008, the Greater Milwaukee Business Foundation on Health invested into the purchase of an Information System (IS) that enables and accelerates PAP services. Following a pilot program, a total of 6 clinics representing 9 sites received funding for installation and use of DrugAssistant software, including: Bread of Healing Free Clinic, Walker's Point Clinic, Sixteenth Street Community Health Center – Chavez and Parkway Clinics, Milwaukee Health Services – Coggs and Martin Luther King Clinics, Westside Health Care Association – Hillside and Lisbon Avenue Clinics, and Health Care for the Homeless - Recovery Clinic.

The goal of the software purchase was to significantly reduce the amount of staff time needed to complete PAP forms, while increasing the output of forms from participating clinics. It was estimated that DrugAssistant software would increase PAP medication access by a minimum of $1 million dollars annually, increasing access to medication treatment and thereby improving health outcomes. The use of the software also enabled tracking of patient information, drug dispensing, and labeling, thereby allowing a clinic site to adhere to accreditation standards.

Dispensary of Hope – The Dispensary of Hope is a Nashville-based nonprofit corporation that, among other services, secures and redistributes sample medications. Participation in the Dispensary of Hope's Instant Access Model provides each clinic on-site access to $250,000 in Average Wholesale Price of sample medication, available to be dispensed at the time of a patient's initial prescription and lasting through the first fill of a PAP form.

7) Clinics that participated in the 2010 Medication Access Capacity-building Project are conscious of the impact of Medicaid formulary exclusions and actively work to avoid conflicts. However, Medicaid formulary exclusions still result in a complicated impact on safety net clinic operations.

The clinics that participated in the 2010 Medication Access Capacity-building Project reported being conscious of and adhering to the Medicaid formulary as a part of the physician's normal prescribing behavior for Medicaid patients. However, all clinics reporting on Medicaid formulary limitations cited

difficulty obtaining medications for their patients due to formulary exclusions. However, an interesting observation was found in *how* the clinic staff resolved formulary exclusion conflicts. The clinic staff described a situation where formulary limitations often resulted in wasted staff time as clinic staff cycled through various donated, discounted, and replacement strategies in order to access an excluded script. While the consequence of this labor-intensive search usually resulted in the filling the prescription (or a substitution of an equivalent medication), the net result is a burdensome process of pursuing multiple alternative strategies to fill the excluded medication. Medicaid formulary exclusions did not always result in the inability to get patients an excluded prescription. Rather, all clinics surveyed agree that Medicaid formulary limitations draw precious staff time away from care of the vulnerable and into administrative effort. Data to quantify the increase in staff time was unavailable.

For clinics facing challenging limitations due to exclusions in the Medicaid formulary, there are opportunities to secure medications for the patient, aside from rewriting the script for a therapeutic alternative. Some PAP programs will approve medications, if documentation of the Medicaid formulary exclusion is included in the PAP application package. Similarly, strategies such as 340(b) purchasing and sample medications may provide access to drug treatment options in lieu of a Medicaid purchased supply.

8) Overall, clinics that participated in the 2010 Medication Access Capacity-building Project and utilized DrugAssistant Software reported positive reviews on the integration of the software citing improvements in staff time, record-keeping, and an increase in PAP form completion as benefits to the software's use.

Before transitioning to DrugAssistant software, these clinics used a mixture of websites and paper-based systems to complete PAP forms. There was no information reporting capability, no ability to archive patient data, and no ability to electronically retain medication refill due dates. Several clinics described

Table 7:
Clinics Subsidized by the Greater Milwaukee Business Foundation on Health to Utilize DrugAssistant Software (2009-2011)

Clinic Name	Subsidized to Participate in DrugAssistant?
AIDS Resource Center of Wisconsin	**No**
Bread of Healing Clinic	**Yes** - 1 Clinic Site
Health Care for the Homeless (HCHM)	**Yes** - 1 Clinic Site
Milwaukee Health Services	**Yes** - 2 Clinic Sites
St. Ben's Clinic	**No**
Sixteenth Street Community Health Center	**Yes** - 2 Clinic Sites
UWM House of Peace Community Nursing Center	**No**
UWM Silver Spring Community Nursing Center	**No**
Walker's Point Community Clinic	**Yes** - 1 Clinic Site
Westside Healthcare Association, Inc.	**Yes** - 2 Clinic Sites

the compilation of lengthy ad hoc spreadsheets and handwritten lists used by staff to record patient PAP form information.

While comparison data for 2007 (the year before the launch of the DrugAssistant software) is unavailable due to the lack of reporting ability of the previous paper-based systems, one clinic reported a 50% reduction in time spent completing PAP forms. If applied across the community, this 50% improvement represents a significant increase in efficiency though the DrugAssistant software in terms of added staff capacity, access to drug treatment on behalf of uninsured patients, and increased value of donated medications to the county. Clinics using DrugAssistant software also reported the following qualitative benefit over the previously-used paper systems, including:

- An overall increase in staff time efficiency and productivity.
- Automatic tracking of patients and archiving of patient information which improves patient care and program management.
- More effective program administration and provider treatment information due to the reporting capability.
- An ability to coordinate patient visits with PAP form paperwork, increasing continuity for patients and saving time for patients and staff.

Aside from the above data, Sixteenth Street observed improvement in PAP form completion time by patients served over the past two years. While the Sixteenth Street Clinic had continued enrollment into its PAP form program over a two-year period (though slowed from previous patient levels), staff time for the PAP service had not been increased. Level staff capacity was able to keep up with increased patient volume. The transition to DrugAssistant software was cited as the reason for increased patients served with no corresponding increase in staff time.

The cost of the DrugAssistant software is about $3,000 per site annually, subsidized from calendar years 2009 through 2011 by a grant from the Greater Milwaukee Business Foundation on Health. A total of 6 clinics representing 9 sites were subsidized for installation and use of DrugAssistant software, including: Bread of Healing Free Clinic, Walker's Point Clinic, Sixteenth Street Community Health Center – Chavez and Parkway Clinics, Milwaukee Health Services – Coggs and Martin Luther King Clinics, Westside Health Care Association – Hillside and Lisbon Avenue Clinics, and Health Care for the Homeless - Recovery Clinic. Of these, all clinics continue to use DrugAssistant software, except for two. The Bread of Healing Clinic found after pilot testing that its volunteer model operated most efficiently though systems outside of DrugAssistant. Representing two sites, Westside Clinic experienced a location move and changes in staffing, resulting in a failure to adopt DrugAssistant (though staff reported a plan to re-pilot DrugAssistant software during 2012).

Table 8: Paper Versus Software Enabled PAP Form Programs		
Clinic Name	**Program Type**	**DrugAssistant Software Reviews**
AIDS Resource Center of Wisconsin	Paper-based	n/a
Bread of Healing Clinic	Paper-based	Initially piloted DrugAssistant software, however the clinic found that the software did not fit the clinic's workflow or volunteer staffing model. See attachment 3 for details.
Health Care for the Homeless (HCHM)	DrugAssistant Software enabled	Reviews were positive overall and included ideas for improving the software.
Milwaukee Health Services	DrugAssistant Software enabled	Reviews were positive overall and included ideas for improving the software.
St. Ben's Clinic	Paper based	n/a
Sixteenth Street Community Health Center	DrugAssistant Software enabled	Reviews were positive overall and included ideas for improving the software.
UWM House of Peace Community Nursing Center	Paper based	n/a
UWM Silver Spring Community Nursing Center	Paper based	n/a
Walker's Point Community Clinic	DrugAssistant Software enabled	Reviews were positive overall and included ideas for improving the software.
Westside Healthcare Association, Inc.	Paper based	Initially piloted DrugAssistant software, however a location move and changes in staffing prevented the full assimilation of the system. Concerns were cited that included a lack of assimilation into the clinic's workflow and confusion with medication costs. See attachment 3 for details. Westside is attempting another pilot of the software.

9) While clinics that transitioned from paper-based program models to DrugAssistant software reported improvement in performance and staff efficiency, Milwaukee County clinics utilizing paper-based PAP form completion still outperformed those using software-enabled systems. [6]

Clinics that participated in the 2010 Medication Access Capacity-building Project required an aggregate total of 85 minutes per PAP form, less efficient than the national benchmark average of 47 minutes for a software-enabled program and 60 minutes for a paper-based model. Milwaukee County clinics utilizing paper-based PAP form completion, though not as efficient as the national benchmark standard of 60 minutes handling time per PAP form, outperformed software-enabled Milwaukee County clinics at 68 minutes per form versus 97 minutes per form respectively.

[6] It should be noted that the way in which this data was calculated (clinic PAP staff FTEs divided by the number of completed PAP forms equals minutes-per-PAP form), this measure does not indicate a simple minutes-per-form value in the way as might be expected from the average "stopwatch" timing of associates working with single PAP forms. Rather, the calculation of FTEs divided by the number of completed forms means that non-PAP form activities for which PAP form staff are responsible, (such as: rooming patients, answering phones, or filing charts), increase the minutes-per-form calculation, perhaps substantially.

This finding was unexpected and the reasons behind it are not fully understood. While further investigation by way of staff time studies, average PAP forms per minute, or a more exhaustive look at program outputs might reveal the reason for this phenomenon, several possible explanations include:

- PAP form staff may be required, as part of their employment to complete various important, yet non-PAP-oriented activities during their workday, leading to a higher minutes-per-form calculation; and/or
- Clinics that now use DrugAssistant software are still assimilating into that program, learning how to become efficient and to make the most of the software's time savings ability; and/or
- While it was clear that clinics using a paper-based approach disproportionately use more volunteers to complete PAP forms, the use of volunteers by clinics employing a paper-based approach may result in more efficient use of time, with volunteers being more enthusiastic than paid staff about the completion of PAP forms and less enthusiastic than paid staff about pulling away from the completion of PAP forms to engage in other important, yet non-PAP-oriented activities); and/or
- The data provided for this assessment may include underreporting or over reporting of the PAP staff FTEs by clinic administration (even slight differences in staff time have a significant impact on the PAP forms-per-FTE calculation).

Table 9:
Annual Patient Assistance Program Performance in Aggregate [7]

	PAP form Total	Unique Individuals Total	PAP Value (in AWP)	PAP Form Staff Time in FTE	Staff Time in Minutes	Forms per Staff Minute
Paper-Based User Clinics	**2,533**	**1,121**	**$2,066,689**	**1.38**	**686,400**	**68**
DrugAssistant Software User Clinics	**3,860**	**1,872**	**$4,988,940**	**3.00**	**1,497,600**	**97**
All Clinics	**6,393**	**2,993**	**$7,055,629**	**4.38**	**2,184,000**	**85**

[7] Average PAP forms per patient are 2.26 annually. Average per-person value of medications through PAP forms is $1,844.02 annually. Average retail value of medicine received per each PAP form is $816.97 annually. Health Access Program, Flint Michigan. 2007 Association for Community Health Improvement Conference, 2005-06 data, New Orleans. Clinic serving patients with severe acuity rates should anticipate a higher per-patient form average.

COMMUNITY AND PER-SITE RECOMMENDATIONS

Community-wide Strategies that Merit Further Consideration

The following are strategies for further consideration that, when implemented, are aimed at improving the performance of the medication access services within individual clinics, as well as the community's medication access infrastructure.

I. <u>Implement regular meetings of a Medication Access Coordinating Council, composed of the Milwaukee Health Care Partnership members involved in the 2010 Medication Access Capacity-building Project, tasked with coordinating community-wide projects and sharing best practices.</u>
Currently, Milwaukee County has several robust community-wide medication access initiatives in operation (or development) including: the Bread of Healing's MedShare Program, the Dispensary of Hope Program, and DrugAssistant software. A majority of clinics in the county administer essentially the same types of medication access services (Patient Assistance Programs, Drug Sample Programs, 340(b) Medication Pricing Programs, and Discount Generic Referral Programs). Milwaukee County's individual medication access programs and collective effectiveness will benefit from regular community-wide discussion and best practice sharing.

1) **Potential topics for discussion for the Medication Access Coordinating Council:**
   - **i. Medication Access Program Outcomes**
     - Opportunities to increase community-wide fund development capacity through the universal collection of uniform process measures
   - **ii. Community Wide Advocacy Agenda**
     - Identify the most frequently prescribed medications that are currently excluded by the Medicaid Formulary, as well as an advocacy effort to push for inclusion of the medications (develop data on need, develop examples of patient stories, and identify 6-12 most problematic exclusions by medication name).
   - **iii. DrugAssistant Software**
     - Best practices in utilizing DrugAssistant software
     - Address training needs
     - Recommendations to modify the software
   - **iv. Patient Assistance Programs**
     - Effective staffing models
     - Best practices related to work flow
     - Explore the use of community and AmeriCorps volunteers
   - **v. Discount Center-fill Generic Medication Programs**
     - Use of Xubex and RxOutreach to augment referrals to Retail Pharmacy $4.00 programs
   - **vi. Drug Sample Programs**
     - Best practices in securing samples
     - Standards in managing a drug sample program
   - **vii. 340(b) Programs**
     - Review participation in PSPC 4.0, the fourth cohort of the Patient Safety and Pharmacy Services Collaborative (PSPC) opening enrollment in summer, 2011 (For further information, see Community-Wide Strategy XI below).

2) **Costs:**
   - **i. Direct Cost to the Milwaukee Health Care Partnership:** $0.00, assuming in-kind donation of monthly meeting space and/or use of free teleconference services.

ii. **Direct Cost to Clinics:** $0.00, acknowledging that there will be some level of staff time commitment to participate in such planning meetings.

II. **Implement the contracting of a Medication Project Coordinator to be responsible for best practice knowledge transfer, coordination between medication access sites, coordination with staff of the Community MedShare Prescription Assistance Project, administration of DrugAssistant software, training, and coordination between the Milwaukee Health Care Partnership and its medication access vendors.** Considering the number of safety net medication services in Milwaukee County that would benefit from exposure to best practices and the level of sophistication of current and potential community-wide medication strategies and vendors, Milwaukee County should transition from volunteer-based to contracted coordination of community-wide medication access meetings. The position would require between .4 and .6 FTEs, at a wage of between $14.05 – $23.84/ hour for an annually renewable contact position.[8]

Multi-site, multi-agency projects that utilize a shared electronic PAP form system such as DrugAssistant are found in communities outside of Milwaukee, Wisconsin. DrugAssistant software is experienced with large region and state-wide environments. When DrugAssistant software is in place, other multi-site, multi-agency arrangements (specifically those similar to the Milwaukee Health Care Partnership, but serving Idaho and Kentucky) typically feature a local coordinator, tasked with overseeing the resolution of operational concerns on behalf of the users, and managing communication with the vendor.

1) **Key Responsibilities:**
   - **i.** Staff the monthly/quarterly meetings of the Medication Access Coordinating Council.
   - **ii.** Oversee an email listserv or contact list, to facilitate peer-to-peer knowledge transfer.
   - **iii.** Administration of DrugAssistant software (training, reporting, integration).
   - **iv.** Coordination with the Community MedShare Prescription Assistance Project Grant.
   - **v.** Facilitation with vendors, such as DrugAssistant, the Dispensary of Hope, and Center-fill programs (Xubex, RxOutreach).
   - **vi.** Collection of community outcomes data for use in grant funding, quality improvement, and benchmarking.
2) **Costs:**
   - **i. Direct Cost to the Milwaukee Health Care Partnership:** $15,196.48 to $38,678.02 annually.[9] (Between $11,689.60 (.4FTE @ $14.05) to $29,752.32 (.6FTE @ $23.84) + 30% for benefits)
   - **ii. Direct Cost to Clinics:** $0.00

III. **Identify community-wide evaluation standards for medication access services and begin clinic level collection.** Effective community-wide and local program management is not possible without basic measurement. The 2010 Medication Access Capacity-building Project identified a lack of

[8] Represents the 25th-75th percentile for Community and Social Service Specialists. Bureau of Labor Statistics, May, 2009. http://www.bls.gov/oes/2009/may/oes211099.htm Last accessed November, 15. 2010.
[9] Represents the 25th-75th percentile for Community and Social Service Specialists. Bureau of Labor Statistics, May, 2009. http://www.bls.gov/oes/2009/may/oes211099.htm Last accessed November, 15. 2010.

accessible basic program management data such as: information on staff time investment and metrics on service output.

Looking to the future, Milwaukee County safety net entities would benefit from the identification and collection of a handful of valid and simple process evaluation metrics. For measurement to be useful for program management and fund development planning, metrics must be inexpensive, simple to collect, reliable, and understandable. Metrics can be developed and universally collected at clinic sites in the community. Such measurement collection would enable community-wide fund development activities, benchmarking alongside national programs, and quality improvement against past performance.

1) **Suggested measures to consider:**
    - **i. Patient Assistance Programs**
        1. New orders
        2. Renewal orders
        3. Individual patients served
        4. Staff time per form (of Forms per FTE)
        5. Value of medication using Average Wholesale Price (AWP)
        6. **Drug Sample Programs** Staff time per script filled (or scripts filled per FTE)
        7. Number of scripts dispensed
        8. Value of medication obtained using Average Wholesale Price (AWP)
        9. Value of medication dispensed using Average Wholesale Price (AWP)
    - **ii. Discount Generic Medication Referral Programs (Including retail pharmacy "$4 Drug" programs and discount center-fill pharmacy programs)**
        1. Annual number of referrals
        2. Annual number of completed referrals
    - **iii. Voucher Programs**
        1. Annual number of scripts filled
        2. Cost of scripts filled
2) **Costs:**
    - **i. Direct Cost to the Milwaukee Health Care Partnership:** $0.00.
    - **ii. Direct Cost to Clinics:** Varies, depending on the current level of evaluative sophistication and the final measures adopted.

IV. **<u>Increase the efficiency and availability of Medication Assistance Staffing.</u>** Lack of staffing continues to be a pressing barrier to medication access. The following recommendations are intended to make efficient use of current staff, as well as expand staffing in the future.

1) **The Milwaukee Health Care Partnership should lead a community-wide fund development effort, intending to expand medication assistance staffing.** Clinics participating in the 2010 Medication Access Capacity-building Project maintained 4.38 FTEs of Patient Assistance Program staff to submit an average of 6,393 PAP forms annually, securing an Average Wholesale Price (AWP) value of $7,055,629. Looking at the total uninsured/self-pay patient

population served by participating clinics (a population of 20,897), the benchmark average of 2.26 PAP forms per uninsured patient served would mean that there is a total PAP form load among the participating clinics of 47,227 PAP forms.[10] While the resulting deficit of 40,834 PAP forms does not account for scripts filled through other sources, it does indicate a strong likelihood that more patients could be served by PAP form programs, if there were added front-line PAP staff.

With operational costs being the most difficult for a clinic to raise through donations and philanthropy, Milwaukee County should engage in a comprehensive community-wide fund development effort, with the intention to expand medication access staff.

i. **Direct Cost to the Milwaukee Health Care Partnership and its member clinics:** A general rule is that annual campaigns cost 10% of the amount of money raised (example: a community-wide "adopt-a-clinic" program would cost a re-occurring $10,000 to raise $100,000 annually). Fund development focused on foundation grant money can be less expensive to pursue, but with a higher likelihood of failure. The direct cost of fund development therefore depends on the goals and function of the fund development campaign.

2) **Where there is adequate staffing, clinics should consider re-focusing existing PAP staff on the completion of Patient Assistance Program forms, eliminating unessential assignments and reassigning essential but non-PAP activities to non-PAP staff members.** As an example of the potential impact of focusing the duties of a staff member in order to add an additional .25FTE increase in time investment into PAP forms, such a change would provide an increase of between 452 and 678 PAP forms annually (or the PAP form needs of between 200 and 300 unduplicated patients).[11] The Return on Investment (ROI) would involve between $369,413 and $554,119 per .25FTE in Average Wholesale Price of donated medications.[12] If hired outright rather than refocused from existing staff, a .25FTE staff member's annual direct and indirect cost for would be an estimated $12,276.[13]

   i. **Costs:**
      1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00.
      2. **Direct Cost to Clinics:** Varies. Refocusing .25FTE of existing staff time would have no increase on clinic direct costs. Hiring a .25FTE PAP staff member would cost $12,276 annually.

3) **Where there is not adequate program funding but an adequate quantity of patients in need of PAP form medications, clinics should consider augmenting paid staff with in-kind and donated personnel.** In-kind and reduced-cost staffing models exist that integrate interns, traditional volunteers, publicly subsidized personnel (such as the AmeriCorps, and Vista programs), and students into clinic environments. Student-based volunteer programs

[10] Average PAP forms per patient are 2.26 annually. Health Access Program, Flint Michigan. 2007 Association for Community Health Improvement Conference, 2005-06 data, New Orleans. Clinic serving patients with severe acuity rates should anticipate a higher per-patient median form average. Clinic serving patients with severe acuity rates should anticipate a higher per-patient median form average.
[11] Average retail value of medicine received per each PAP form is $816.97. Health Access Program, Flint Michigan. 2007 Association for Community Health Improvement Conference, 2005-06 data, New Orleans.
[12] Average PAP forms per patient are 2.26 annually. Health Access Program, Flint Michigan. 2007 Association for Community Health Improvement Conference, 2005-06 data, New Orleans. Clinic serving patients with severe acuity rates should anticipate a higher per-patient median form average. Clinic serving patients with severe acuity rates should anticipate a higher per-patient median form average.
[13] See Table 4: Medication Access Staff Cost for more information on the cost of a .25 FTE PAP staff member.

are successful at tapping into medical and nursing programs, offering real-life exposure to a healthcare environment and patients to students hungry for early professional growth and patient interaction experience. Publicly-subsidized staffing opportunities, while not free to a nonprofit entity, offer heavily reduced-cost staffing, with time investment comparable to .6 - .8FTE for each AmeriCorps worker. Internship and volunteer programs, while requiring up-front setup and paid staff oversight, can be a reach extender for mission-driven medical environments. The Community MedShare Prescription Assistance Project Grant may hold a great deal of promise in developing medication access staff capacity and knowledge transfer related to volunteer staffing.

i. Costs:

1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00.
2. **Direct Cost to Clinics:** Varies.

4) **Whenever possible and where there is an adequate quantity of patients and an available staff member, clinics should assign responsibility for completing Patient Assistance Program forms to a single staff member.** Clinic environments will occasionally assign PAP form completion responsibility *by patient caseload* to multiple med techs or nurses, rather than assigning all PAP forms to one designated staff member. Where appropriate, clinics should consider reassigning an entire clinic's PAP form program to a single staff member. This managerial change will clarify responsibility, will promote accountability for improvement in medication assistance programs, and will allow clinics to develop increased expertise in PAP form completion. Backup staff should be cross trained on the PAP form process to provide coverage for absences and staff transitions.

i. Costs:

1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00.
2. **Direct Cost to Clinics:** $0.00.

V. **<u>Continue to utilize the DrugAssistant Software.</u>** It is clear from the assessment responses that access to the DrugAssistant Software is highly regarded and a benefit to the clinics (in staff time savings and in increased number of patients served).[14] It is also clear that several current paper-based user sites are interested in understanding the benefits of a transition to DrugAssistant. DrugAssistant software should be purchased for an additional three-year term and continued work should be conducted to expose new clinic sites to the benefits of a software-enabled PAP program.[15]

i. Costs:

1. **Direct Cost to the Milwaukee Health Care Partnership:** $27,000 annually for current users.
2. **Direct Cost to Clinics:** $3,000 per clinic annually.

[14] The Bread of Healing Clinic found after pilot testing that its volunteer model operated most efficiently though systems outside of DrugAssistant. An additional clinic representing two sites experienced a location move and changes in staffing, resulting in a failure to adopt DrugAssistant (though staff reported a plan to re-pilot DrugAssistant software during 2012).

[15] The cost of the DrugAssistant software is about $3,000 per site annually, subsidized from calendar years 2009 through 2011 by a grant from the Greater Milwaukee Business Foundation on Health. A total of 6 clinics representing 9 sites were subsidized for installation and use of DrugAssistant software, including: Bread of Healing Free Clinic, Walker's Point Clinic, Sixteenth Street Community Health Center – Chavez and Parkway Clinics, Milwaukee Health Services – Coggs and Martin Luther King Clinics, Westside Health Care Association – Hillside and Lisbon Avenue Clinics, and Health Care for the Homeless - Recovery Clinic.

VI. **<u>Implement a quality improvement review of DrugAssistant software system, using per-site assessment data from the 2010 Medication Access Capacity-building Project as a baseline to improve staff efficiency and increase the numbers of patients served</u>.** Current users of DrugAssistant software in Milwaukee County will need to decrease PAP form handling time by 31 minutes per form to achieve the national standard of 46 minutes.[16] The following strategies are recommended for DrugAssistant software users:

1) **Completion of one-on-one, quality improvement discussions between clinic medication assistance staff and DrugAssistant -** DrugAssistant software has offered one-on-one quality improvement coaching for clinic users. Clinics that are over the baseline for PAP staff time per form of 47 minutes should consider requesting and participating in individual coaching with DrugAssistant software staff.
    i. **Costs:**
        1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00
        2. **Direct Cost to Clinics:** $0.00

2) **Host training and best-practices discussion at monthly Medication Access Coordinating Council meetings –** DrugAssistant software staff have offered to participate in monthly meetings of the safety net medication access sites. This participation should be focused on concrete strategies to decrease PAP form handling times and failure rates.
    i. **Costs:**
        1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00
        2. **Direct Cost to Clinics:** $0.00

3) **Develop local "Train the Trainer" capacity –** Some communities that have used DrugAssistant software have opted to cultivate a local expert(s) responsible for assisting with training and workflow issues. Milwaukee County safety net providers should consider assigning staff to become local expert, "black belt," users of the DrugAssistant software program, benefiting users long term.
    i. **Costs:**
        1. **Direct Cost to the Milwaukee Health Care Partnership:** A one-time cost of between $600 and $750 for training.
        2. **Direct Cost to Clinics:** $0.00

4) **Make clinic patient data searchable throughout the community** - DrugAssistant software can track patients by using a simple identifier (e.g. name, birthdate, or some other identifier). Access to the entire Milwaukee database through such identifiers is possible through DrugAssistant. HIPAA concerns are satisfied when clinics sign a shared Business Associate Agreement. The information shared would include the patient's name, demographic information and the usual source of primary care (though, for privacy reasons, not allowing access a patient's clinical or treatment information). Many communities create a policy where clinics share data with the usual source of primary care whenever assistance takes place at another clinic. Two years into the integration of the DrugAssistant software, it is possible for DrugAssistant to turn this option on.
    i. **Costs:**

[16] Benchmark statistics are based on a national survey of 1,200 safety net provider hospitals and clinics. Richardson K and Geller S (2004). *Using Pharmaceutical Company Patient Assistance Programs: A Volunteers in Health Care Guide,* Pawtucket, RI: Volunteers in Health Care.

1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00
2. **Direct Cost to Clinics:** $0.00

5) **For clinics that are interested in an electronic tracking module for their sample closet inventories and do not intend to participate with the Dispensary of Hope, Integrate the DrugAssistant Inventory Accounting Module –** DrugAssistant Software offers an available inventory tracking module, available at an additional cost, that integrates seamlessly with the DrugAssistant software program. The module, Sample Assistant, tracks on-hand inventories and dispensing details for facilities looking to implement tighter controls and ensure accuracy in tracking inventory. Such tracking can be used to better manage sample program outputs, managerial concerns, and clinic risk.

i. Costs:

1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00
2. **Direct Cost to Clinics:** $50.00 per month, per clinic that uses the Sample Assistant module.

VII. **Take full advantage of discount center-fill pharmacy programs.** A limited number of generic medications are available for reduced cost through national center-fill pharmacies, pharmacies that operate through mail order. The application process for these programs looks similar to a Patient Assistance Program form, except that the center-fill form includes a payment section to cover the cost of prescriptions.

In comparing the two major, national center-fill pharmacy programs with the services of local retail discount programs (such as the Wal-Mart $4.00 Drug programs or the Kmart $10 90-day Generic Medication Program), discount generic center-fill services include a larger formulary of medications and are often less expensive than that of local $4.00 Drug programs. Next, with RxOutreach and Xubex being application-based programs, the form completion is under more control of the referring clinic. Finally, center-fill application programs can measure data on forms submitted, forms filled, and aggregate community-wide data. This compares to referrals to programs such as the Wal-Mart $4.00 Drug Program, which do not allow measurement of adherence.[17] Popular discount generic medication center-fill pharmacy programs include:

1) **RxOutreach –** RxOutreach is a national non-profit organization, launched in 2010 by St. Louis-based Express Scripts. RxOutreach's generic medication program is available for all individuals at 300% or less of the Federal Poverty Level. There is no uninsurance requirement, asset test, or residency qualification, enrollment fees or monthly charges for a patient to participate with RxOutreach. Included in the RxOutreach formulary are 400 medications, priced between $20 (Microzide 12.5mg) to $210 (Hydrea 500mg, 900 capsules) for a 180-day supply. For more information, visit http://www.RxOutreach.org.[18]

2) **Xubex** – Xubex is a national, for-profit discount medication program offering a targeted formulary of low cost generic medications. There is no uninsurance requirement, asset

[17] Both programs listed above (Xubex and RxOutreach) are automatically integrated within the DrugAssistant software program, but can be turned off, if requested.

[18] RxOutreach is willing to assign collaborative multisite initiatives a specified tracking number, to facilitate process evaluation reporting. Contact RxOutreach sales staff for more information.

test, or residency qualification. There are no enrollment fees or monthly charges for a patient to participate with Xubex. Included in the Xubex formulary are 350 medications priced between $19.92 (Fosamax 5, 10, 35 and 75mg) to $180 (Cardizem-CD 240mg) for a 180-day supply of medication. For more information, visit http://www.xubex.com/PAP.aspx.

i. Costs:

1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00
2. **Direct Cost to Clinics:** $0.00

VIII. **Take full advantage of existing community medication resources.** Milwaukee County has numerous resources already available to the community's safety net clinics. These include:

2) **DrugAssistant Software** – DrugAssistant is a comprehensive Patient Assistance Program software that auto-populates and tracks submitted PAP forms. DrugAssistant software has full reporting capability, renews applications, manages patient needs, and includes 95 reports with detailed information important to managing a clinic's PAP programs. DrugAssistant software provides for improvement in both management and speed over a paper-based PAP application process. To learn more about DrugAssistant software, please contact salesinfo@drugassistant.com or (800) 913-7879.

3) **MedShare's PAP Form, Sample Medication Distribution, and Other Service Lines –** Bread of Healing Clinic's MedShare offers several resources to the community's safety net**.**

i. The MedShare PAP form program is an effective volunteer-based PAP model, funded to expand the capacity of free and community clinics in Milwaukee County. Training and support services as planned to strengthen the County's free and community clinics.

ii. The MedShare Sample Program was established as a single source for donated brand medication in Milwaukee County. Aside from collecting surplus brand-name medication samples, MedShare also purchases and dispenses low cost, commonly used generic medications, durable medical equipment (DME), and consumables (such as bandages, gloves, and sharps containers). There is no cost for branded sample medications and generic medications and consumables are billed at cost to participating clinics. The flexibility of MedShare's sample program, while useful in serving the needs of many free and community clinics, may not provide the tracking and rigor required to serve the needs of Hospital-affiliated clinics and clinics with a federal status.

IX. **Utilize the Dispensary of Hope's "Instant Access" Model, starting by comparing formulary needs versus available inventory and the value of expanded on-site Inventory of samples versus the cost of participation.** The Dispensary of Hope Instant Access model is used in conjunction with other medication access strategies to provide a short-term "holdover" volume of samples to the patient waiting for the arrival of a PAP form order. Participation in the Dispensary of Hope's Instant Access Model provides each clinic on-site access to $250,000 in Average Wholesale Price of sample medication, available to be dispensed at the time of a patient's initial prescription and lasting through the first fill of a PAP form. The Dispensary of Hope's Instant Access Model costs $7,500 annually per participating organization, and serves to

augment and expand the region's access to sample medications. See Attachment 6 for a list of the Dispensary of Hope's included medications.

Walker's Point, a current Milwaukee-area user of Dispensary of Hope, participates with the Dispensary of Hope to fill the delay gap related to PAP form use. Clinic staff relayed positive experience with the Dispensary of Hope, reporting that the ordering software was easy to use, training was effective, and that technical assistance was helpful. Walker's Point found that the Dispensary of Hope inventory system provided access to 70-80% of the medications unfilled by the internal sample program.

There are several actions that should be taken to begin utilizing the Dispensary of Hope's Instant Access model, including:

1) **Completion of the "Strategy Assessment Tool" –** The Dispensary of Hope provides a per-site operational and financial analysis of participation through the Strategy Assessment Tool. Sites that are interested in participating with the Dispensary of Hope can compare their current medication access services with that of the Dispensary of Hope. The Strategy Assessment Tool identifies a clinic's current medication access strategies, compares those to the Dispensary of Hope's services, and results in per-site recommendations on layering the DoH model. This Assessment is free and available for any site looking to move forward with the Dispensary of Hope.
    i. **Costs:**
        1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00
        2. **Direct Cost to clinics:** $0.00

2) **Attendance at the Dispensary of Hope's "Orientation Webinar" series –** The Dispensary of Hope staff hosts regularly-scheduled webinar meetings for new and prospective users. The calls provide information on the Dispensary of Hopes Information System, new user implementation, financial impact and cost/benefit analysis, and an updated look at Dispensary of Hope's services.
    i. **Costs:**
        1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00
        2. **Direct Cost to clinics:** $0.00

3) **Attend the annual Dispensary of Hope "Network Conference" –** The Dispensary of Hope hosts an annual users meeting. The conference provides best practice sharing from current Dispensary of Hope sites, analysis on the financial impact of the Dispensary of Hope, updates from pharmaceutical industry leaders, and opportunities for relationship building with peers. Participating Dispensary of Hope clinics are offered free tuition to the event.
    i. **Costs:**
        1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00
        2. **Direct Cost to clinics:** Event tuition is free; however clinics must pay for travel and accommodations.

X. **<u>Take Full Advantage of donation programs for diabetes test strips and meters</u>**. While several of the clinics participating in the 2010 Medication Access Capacity-building Project already utilize sources

for test strips, the existence of such programs has not been universally disseminated. Programs serving low income, uninsured diabetic patients include:

1) **Abbott Lifestyle Freedom Patient Assistance Program** - The Abbott Patient Assistance Program is the only true Patient Assistance Program known at the time of the development of this assessment that provides a glucometer and testing supplies for free to qualifying patients. Assistance is provided long-term, as long as the patient qualifies for the program. To learn more about the Abbott Lifestyle Freedom Patient Assistance Program, please visit http://www.abbottpatientassistancefoundation.org/diabetes_care.asp

2) **Roche Accu-Check Plus Prescription Assistance Program** – Roche provides a limited number of glucometers and test strips annually to select clinics across the United States and locally in the City of Milwaukee to the Bread of Healing Clinic. To learn more about the Roche Accu-Check local donation program, please visit https://www.accu-chek.com/us/customer-care/patient-assistance-program.html

3) **Bayer Diagnostics Ascencia Trial Program** - While not a long-term access program, Bayer Diagnostics does provide glucometers and trial fills of test strips and lancets to qualifying patients. Bayer Diagnostic's services are helpful for the patient that cannot access the comprehensive and long-term Patient Assistance Program through Abbott and are not a patient of local Roche donation site. After the trail period, test strips are available at under $35.00 for 50 strips. To learn more about the Bayer Diagnostics Ascencia trial program, please visit http://www.xubex.com/FDK.aspx

iii. **Costs**

1. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00.

2. **Direct Cost to Clinics:** $0.00, not including staff time required to complete and submit forms.

XI. **Assign a Milwaukee County Representative to Participate in PSPC 4.0 - The Fourth Cohort of the Patient Safety and Pharmacy Services Collaborative (PSPC).** The PSPC is a collaboration of community medication access points that is on an 18-month rapid design structure to improve quality and effectiveness among safety net medication access providers. The PSPC includes over 450 schools, clinics, and health systems, and uses learning events and knowledge transfer resources to spread leading practices and quantify results. It is recommended that a lead agency be identified for participation in PSPC 4.0, either representing Milwaukee County safety net clinics as a whole, or participating as a single clinic and reporting back on findings and program improvement.[19]

The Milwaukee Health Care Partnership members are interested in quality improvement, management of complex patient populations, and expanding existing access to medication. While PSPC does not track access outcomes as part of its work; access to pharmaceutical services is the foundation to all of PSPC's work. It supplies information for quality improvement and management of complex chronically ill people. By focusing on small panels of patients who are at the highest risk for poor health outcomes and adverse drug events, the teams are able to accomplish two goals: first, the PSPC teams are able to identify the relevant challenges for the patient population which

[19] Participation in PSPC 4.0 is anticipated to be announced by June, 2011. Sign up for notification of the opening of the PSPC 4.0 community at http://answers.hrsa.gov/cgi-bin/hrsa.cfg/php/enduser/doc_serve.php?2=subscribe.

allows them to systematically address issues related to providing high quality, patient-centered care. Second, teams are able to conduct small-scale testing that enables them to refine and adapt practices to their unique organizational needs. This ensures that the systematic changes made are accepted and sustainable by the expanded health care team.

Criteria to join PSPC include:

1) Teams that assemble for participation typically share a high-risk underserved population among their referral flow patterns (typically involving one or more primary care site(s), along with their specialty care and hospital referral partners).
2) While there is no membership fee, teams must cover the cost of travel to PSPC events.
3) Teams must include a member organization that is served by the Health Resources and Services Administration (such as an HIV Clinic, a Federally Qualified Health Center, a Federally Qualified Health Center Look Alike, a Disproportionate Share Hospital, a Tribal Health Center, a Healthcare for the Homeless Clinic, or a Migrant Health Center).

1) **Costs:**
   i. **Direct Cost to the Milwaukee Health Care Partnership:** $0.00
   ii. **Direct Cost to clinics:** Varies, but will include travel and staff time.

Per-site Strategies that Merit Further Consideration

The following are strategies for further consideration that, when implemented, are likely to improve the performance of the medication access services within individual clinics.

AIDS Resource Center:

- Pilot the use of the DrugAssistant software for PAP medication services looking at increasing time savings and patient service capacity, thereby decreasing PAP program costs. PAP medications can be shipped to a pharmacy or directly to the patient, avoiding any handling of medication by the clinic staff. DrugAssistant software would also allow for better integration with other area clinics with the option to search a usual source of care via patient identifiers such as: name, date of birth, or address.
- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.

Bread of Healing Clinic:

- Contact volunteer-based clinic that utilize software. The goal would be to better understand how other volunteer-based PAP programs integrate electronic PAP software into work flow. DrugAssistant has identified a leader that oversees wide-scale use of the DrugAssistant software. That leader is willing to speak with volunteer PAP form environments about strategies to increase volunteer effectiveness with DrugAssistant software. Contact Information: Bryant Hileman, Community Organizer, State of KY, 270.254.1541
- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.
- Judging by the size of the sample medication program and the leading role that Bread of Healing plays in serving the Milwaukee Free and Community Clinic Collaborative, this clinic may benefit from including the Dispensary of Hope as an added source for difficult to access medication samples, replenishment of sample medications, and sharing of unused MedShare medications. Continued discussion with Dispensary of Hope should focus on logistics and integration considerations, the cost/benefit of participation, as well as known strategies to secure funding to cover the annual cost of subscription.

Health Care for the Homeless of Milwaukee/Recovery Clinic:

- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.
- Considering the size of the clinic's sample medication program and patient population, this clinic would benefit from piloting the Dispensary of Hope's Instant Access model as an added source

to secure difficult-to-access medications, replenishment of popular sample medications, and sharing of excess unused medications. The clinic should begin the process comparing medication needs with the Dispensary of Hope's formulary (see Attachment 6), with specific attention to the availability of high-use psychological medications.

Milwaukee Health Services:

- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.
- At 200 PAP forms annually and a total clinic patient population of 30,000 patients, the clinic appears to be underutilizing PAP forms as a strategy to provide needed medication to uninsured patients. To increase the overall efficiency of the PAP program and isolate the impact of a limited staff budget, a time study of staff that complete PAP forms should be completed in addition to training by the DrugAssistant software staff.
- Considering the size of the clinic's sample medication program and patient population, the clinic would benefit from piloting the Dispensary of Hope's Instant Access model as an added source to secure difficult-to-access medications, replenishment of popular sample medications, and sharing of excess unused medications. Following the stabilization of the clinic's operations with hiring of an Executive Director, the clinic should begin the process by comparing medication needs with the Dispensary of Hope's formulary (see Attachment 6), complete the Strategy Assessment tool, and attend the Dispensary of Hope's Orientation Webinar series.

St. Ben's Clinic:

- Pilot the use of the DrugAssistant software for PAP medication services looking at increased time savings, increased patient service capacity, and decreased PAP program costs.
- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.
- At the time of the writing of this assessment, the clinic is scheduled to begin utilizing the Dispensary of Hope's Instant Access model. To assist with implementation and training, the clinic should attend the Dispensary of Hope's Orientation Webinar series, complete a Strategy Assessment, and attend the annual Network Meeting. This meeting allows for the sharing of best practices among model users, as well as input into the development of the Dispensary of Hope service line and user training.
- With the large size of St. Ben's patient population (900 patients) versus the number of medications accessed through the various programs (about 260 scripts filled), there is capacity to expand access services to care for the medication treatment needs of a greater number of uninsured patients. Consider an internal assessment to better understand the gaps left by existing medication access services.

Sixteenth Street Community Health Center:

- Train clinic staff on the use of the DrugAssistant software for PAP medication services looking at increasing time savings, increasing patient service capacity, and decreasing PAP program costs.

- Revisit opportunities to address limited staff time for PAP form completion by developing opportunities for county-wide funding, utilizing AmeriCorps volunteers to augment staff time through a reduced-cost staffing model, and seeking grant funding through local philanthropic investors.
- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.
- Considering the size of the clinic's sample medication program and patient population, the clinic would benefit from piloting the Dispensary of Hope's Instant Access model as an added source to secure difficult-to-access medications, replenishment of popular sample medications, and sharing of extra medications. The clinic should begin the process by comparing medication needs with the Dispensary of Hope's formulary (see Attachment 6), complete a Strategy Assessment tool, and attend the Dispensary of Hope's Orientation Webinar series.

UWM House of Peace Community Nursing Center:

- Pilot the use of the DrugAssistant software for PAP medication services looking at increasing time savings, increasing patient service capacity, and decreasing PAP program costs.
- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.
- To the degree possible, develop a flow process where the forms are completed by a medical student, volunteer or administrative support staff member rather than a practitioner.
- To the degree possible, develop a flow process where MedShare scripts are picked up weekly by a medical student, volunteer or administrative support staff member rather than a practitioner.

UWM Silver Spring Community Nursing Center:

- Pilot the use of the DrugAssistant software for PAP medication services looking at increased time savings, increased patient service capacity, and decreased PAP program costs.
- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.
- To the degree possible, develop a flow process where the forms are completed by a medical student, volunteer or administrative support staff member rather than a practitioner.
- To the degree possible, develop a flow process where MedShare scripts are picked up weekly by a medical student, volunteer or administrative support staff member rather than a practitioner.
- The large size of the Silver Spring Community Nursing Center's patient population (600-900 patients for primary care) versus the number of medications accessed through the various programs (about 500 scripts filled), shows that there is capacity to expand the medication access services to care for the medication treatment needs of a greater number of uninsured patients. Consider an internal assessment to better understand the gaps left by existing medication access services.

Walker's Point Clinic:

- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.
- Walker's Point has the opportunity to increase the use of the Dispensary of Hope Instant Access model through the course of the integration phase. The clinic has an annualized total of 260 scripts filled and an annual subscription of $7,500 (a per script cost of $28.84). The clinic is still in the process of integrating the Dispensary of Hope model and ramping up the amount of medication provided to patients. To assist with implementation and training, the clinic should attend the Dispensary of Hope's Orientation Webinar series, complete a Strategy Assessment, and continue attending the annual Network Meeting.
- Walker's Point has the opportunity to utilize the medication purchasing program's $1,000 (AWP) worth of diabetic strips and glucometers, and to enroll 50 patients into the Dispensary of Hope Continued Access model. Both services are free with annual subscription. To explore these new service lines and test for performance and value, the clinic should pilot both services.
- Revisit opportunities to address limited staff time for PAP form completion, looking at county-wide fund development opportunities, the use of AmeriCorps volunteers to augment staff time through a reduced-cost staffing model, and grant funding through local philanthropic investors.

Westside Healthcare Association:

- At 200 PAP forms annually and a total clinic patient population of 6,600 patients, the clinic appears to be underutilizing PAP forms and over-utilizing immediate, short-term access strategies such as medication samples to serve the long-term medication treatment needs of chronically-ill, low-income patients. To increase the overall efficiency of the PAP program and isolate the impact of a limited staff budget, a time study of PAP staff should be completed in addition to training by the DrugAssistant Software staff.
- Revisit opportunities to address limited staff time for PAP form completion. Solutions to lack of staff funding might include: opportunities for county-wide funding of PAP staff, use of AmeriCorps volunteers to augment paid staff time through a reduced-cost staffing model, and seeking grant funding through philanthropic investors.
- Work with a peer-clinic and the DrugAssistant software staff to better understand how the Westside clinic staff, when scheduling patients, can facilitate patients bringing in their needed papers (such as proof of income, age, and residency) to the clinic during service times. Westside clinic staff should also create mail-based backup contingencies for patients that fail to bring paper documents to appointments (such as having self-addressed stamped envelopes on hand at the reception desk for patients that have forgotten to bring necessary PAP proof documents).
- Pilot the use of center-fill generic pharmacy programs (RxOutreach and/or Xubex) to augment the use of retail discount pharmacy programs (e.g. Wal-Mart $4.00 Drug Program) for ongoing prescriptions to serve chronic illness.

- Considering the size of the clinic's sample medication program and patient population, the clinic would benefit from piloting the Dispensary of Hope's Instant Access model as an added source to secure difficult-to-access medications, replenishment of popular sample medications, and sharing of extra medications. The clinic should begin the process by comparing medication needs with the Dispensary of Hope's formulary (see Attachment 6), complete the Strategy Assessment tool, and attend the Dispensary of Hope's Orientation Webinar series.

ATTACHMENTS

Attachments

- **Attachment 1** – Summary of Impact of Medicaid Formulary Limitations
- **Attachment 2** – Summary of Clinic Funding Needs
- **Attachment 3** – Community Suggestions for the Improvement of the DrugAssistant Software
- **Attachment 4** – Clinic Best Practice Observations Concerning Medication Access Programs and the DrugAssistant Software
- **Attachment 5** – Medication Assistance Coordinator Position Description
- **Attachment 6** – Dispensary of Hope Instant Access Program Formulary
- **Attachment 7 -** Contact List for Survey Participants
- **Attachment 8 -** Quarterly Patient Assistance Program Performance, By Clinic
- **Attachment 9** – Survey Template

Attachment 1 – Summary of Impact of Medicaid Formulary Limitations

In October 2010, ten safety net clinics, each operating as a medical home environment and serving low-income Milwaukee county residents, were surveyed on the impact of Medicaid formulary exclusions on clinic operations and patient care. The clinics reported being conscious of and adhering to the Medicaid formulary as a part of the physician's normal prescribing behavior. However, all clinics reporting on Medicaid formulary limitations cited difficulties in obtaining medications for their patients.

The result of formulary limitations were more complicated than clinics reporting an inability to provide the prescribed treatment. Clinic staff described a situation where formulary limitations often resulted in wasted staff time as clinic staff cycled through various donated, discounted, and replacement strategies in order to access the prescription. While the consequence of this labor-intensive search usually resulted in the filling the prescription (or a substitution of an equivalent medication), the net result was a burdensome process of pursuing multiple alternative strategies to fill the excluded medication. While difficult to measure precisely, all clinics agree that Medicaid formulary limitations draw precious staff time away from care for the vulnerable and into administrative effort.

Problematic medications that have common exclusions from the Medicaid formulary include:

- Humira
- Chantix/smoking cessation medications
- High-level antibiotics
- Migraine medication

The following includes clinic-level feedback on the impact of gaps in the Medicaid formulary:

16th Street Community Health Center

- Experienced problems with Medicaid formulary limitations, however data on the impact is not recorded.

Milwaukee Health Services

- Data for this is not collected. However, it happens often enough that the staff recalls the situations. The typical result is that if a medication is not covered by Medicaid, Milwaukee Health Services has other options to substitute or fill a script.

St Ben's Clinic

- St. Ben's tries to stay within the Medicaid formulary. However, about six times annually, a Medicaid patient is prescribed medication not available through the Medicaid formulary. This event typically happens when someone goes to visit a specialist. No money is spent to fill this hole. Rather, staff time is spent working through prior authorizations, resubmissions, and other solutions. If the medication is not covered by Medicaid, occasionally they can get the medication filled through a PAP form program (if there is proof that the medication is not covered under the Medicaid formulary).

UWM Silver Spring Community Nursing Center

- Trouble with higher-level antibiotics and migraine medications.

Westside Clinic

- The Westside Clinic reported that difficulties arose. Typically, the pharmacist calls and another medication has to be chosen.

Attachment 2 – Summary of Clinic Funding Needs

The following were responses to survey questions related to funding needs, as suggested by the ten organizations that participated in the 2010 Medication Access Capacity-building Project. The following are not in order of priority.

16th Street Community Health Center

- The 16th Street CHC loves technology and machines, but the truth is that people are the greatest resource for this clinic. Staffing is therefore a big issue. There is no funding for a paid staff person; a medical assistant works on the program in addition to volunteer support from AmeriCorps. Since there is not a paid position but rather volunteers that run the PAP program, the PAP sometimes has to do without staffing. An AmeriCorps volunteer is dedicated to the PAP program. However, non-AmeriCorps staff is critical to providing coverage when the AmeriCorps program cycles through training and other times when volunteers are not in the office.

AIDS Resource Center of Wisconsin

- Adherence. Managing drug treatment adherence requires a large staff time investment, time which the clinic staff does not have.

Bread of Healing Clinic

- Finances to cover salaries.
- Funding to purchase and replenish the generic medication stock. It takes between three and five weeks to get paid for the medication purchased.

Milwaukee Health Services

- Currently, staffing is limited. Milwaukee Health Services needs a dedicated person to do medication access through PAP. The clinic could benefit from two full time staff members.

UWM House of Peace Community Nursing Center

- The biggest need for the House of Peace is the ability to provide flexible funding for people who do not have the money to pay the co-payments and dispensing fees for four to five prescriptions every month. Even with the $4.00 retail programs, the amount can be too high for patients with multiple medications. It would be helpful if the House of Peace has some flexible money to assist people with medication costs.

UWM Silver Spring Community Nursing Center

- Silver Spring clinic would benefit from flexible funding to access medication for clients that are uninsured and cannot afford medications.
- Staff time used to complete a PAP form takes away from time to see clients.
- Medication access is one need, but non-medication consumables (syringes, lancets, and t-strips, blood pressure monitors) are also needed and difficult to secure.
- Even with a small cost with the MedShare program, it would be nice to have more in-stock medications available.

Walker's Point Community Clinic

- Staffing. There is currently a dedicated half-time person when they really could use a full time person.

Attachment 3 – Community Suggestions for the Improvement of the Drug Assistant Software

Overall, the DrugAssistant software was highly recommended by most clinic sites. However, several suggestions were offered from clinics to improve the software. The following are a list of suggestions from one or more clinics, as well as some ideas to overcome the clinics concerns.

1. **Concern: DrugAssistant software assigns the provider relationship to a physician, rather than to a practice. This causes difficulty in group practice managed environments.**
    a. **User Report:** The DrugAssistant software is designed so that once you enter information on the provider name for each patient, that doctor-to-patient relationship it is set in the computer system. For group care practices where the patient might be seen regularly by different doctors, the DrugAssistant software's doctor-to-patient relationship feature causes delays and difficulty. At some clinics, different doctors provide care to each patient. It would therefore be helpful to change the DrugAssistant software to allow a practice management option.
    b. **Solution:** The DrugAssistant software allows you to choose a primary care physician for each patient. The purpose of this is to identify the primary doctor for the patient and to default this doctor on orders for this patient. However, if a patient is under the care of multiple doctors, it is very easy to change the doctor on the order screen. When entering an order for a patient, the user can select the prescribing doctor before generating the PAP application by clicking the search icon in the doctor field and selecting the new doctor. Once the application has been generated and sent to the manufacturer, the doctor will stay assigned to that order until a renewal order is generated and the user "chooses" to change the doctor at that time.

2. **Concern: The DrugAssistant software screen needs to be closed and an ancillary website must be opened to find the eligibility criteria for a Patient Assistance Program form.**
    a. **User Report:** It is not easy to look up PAP program criteria in DrugAssistant. To view the program criteria (for instance, when a patient is in the room and you are trying to pre-determine if they would qualify for a medication donation), you have to load the medication through the patient's personal screen. Then the DrugAssistant software looks up the medication criteria. It would be easier to look up the medication alone, without having to channel through the patient's information. The result is that the clinic staff regularly visits the website RxAssist.org to look up program qualifications. It would be useful if DrugAssistant could fix their program to allow users to quickly access the qualifications information.
    b. **Solution:** DrugAssistant software has integrated access to NeedyMeds which displays enrollment criteria for Patient Assistance Program forms. Further training on the DrugAssistant software can demonstrate how to use this link to seamlessly access enrollment criteria.

3. **Concern: Reports are difficult to access.**
    a. **User Report:** Some of the reports in the DrugAssistant software are hard to find, meaning that it takes too much time in searching for them. It would be helpful if DrugAssistant software reports were perhaps batched together in a way that is more logical for those looking for a specific report.
    b. **Solution:** DrugAssistant software groups reports in order of category under the Printable Reports page. Doctor reports are grouped under the Doctors report section. Reports that pertain to Orders are grouped under the Orders report section and so on… There is a customizable report section labeled

"Favorites" that allows a user to tag commonly used reports as their favorite and that report title will easily display under the Favorites section. Each user can have their own list of favorite reports. To tag a report as favorite, click on the report name and check the "Include this report in your favorites" checkbox.

4. **Concern: Muti-site clinics have found it difficult to toggle between locations when looking at a patient file.**
    a. User Report: For clinics with several locations, it is difficult to switch between the clinic sites in DrugAssistant. When you switch back and forth, that step clears the data entry screen. That is a frustrating for the staff.
    b. **Solution:** There are two different account levels in DrugAssistant; one is the clinic-level and the other is the organization-level. This problem is likely caused by a configuration issue. The remedy is to merge the data to join two clinics into one organization. This can take place by contacting DrugAssistant.

5. **Concern: Some clinics report confusion on passwords and user names.**
    a. **User Report:** The current log-in for the DrugAssistant software requires a name and password, locking out a user after three failed login attempts. Some of the clinic staff have multiple passwords for various software programs, leading to confusion. It would be helpful if the system could save a user ID and password, allowing the computer's operating system to provide login security.
    b. **Solution:** DrugAssistant must protect the volume of patient information within its database. In order to protect this information several security features are in place. The lockout feature is necessary to prevent system hacking. After six failed attempts the system will lock the user out. The user must then contact their system administrator for a password reset.

    The system offers a security option to bypass sign-on in the configuration options page. The account can choose to contact the vendor to request this feature. Your network user name and password are used by DrugAssistant to automatically login to the application.

    Internet Explorer software offers an option that allows you to save your username and password on your local computer. See the AutoComplete settings under the menu "Tools / Internet Options / Contents." Please note that these settings are only used and accessible on the specific computer being used and we do not have the ability to support issues relating to local computers.

6. **Concern: Clinics that are volunteer-based report difficulty integrating the DrugAssistant software into clinic flow, as volunteers tend to be less savvy with computer software.**
    a. **User Report:** The volunteers did not adapt well to the use of the software. With volunteers and the regular turnover of people, the personnel base is not stable enough to accommodate the use of software.
    b. **Solution:**
        i. Expand volunteer recruitment to include younger volunteers and students (college internship programs, for instance) and to place more of those that are comfortable using the internet.

        ii. Use a two pronged system of both paper and electronic to accommodate the clinic volunteer's level of comfort.

iii. Develop roles that would allow non-computer savvy volunteers to specialize in tasks that can be paper-based (such as interviewing patients).

iv. DrugAssistant can "turn off" complex aspects of the software so that the screen appears simpler to the eye.

v. DrugAssistant has identified a leader that oversees wide-scale use of the DrugAssistant software. That leader is willing to speak with volunteer PAP form environments about strategies to increase volunteer effectiveness with DrugAssistant software. **Contact Information:** Bryant Hileman, Community Organizer, State of KY, 270-254-1541

7. **Concern: Some clinics have been confused with DrugAssistant software queuing programs that charge for medication access.**
    a. **Solution:** There are two instances where Patient Assistance Program forms available through Drug Assistant will have a cost associated with the medication. These include:
        i. **Manufacturer Discount Programs –** Some manufacturers offer discount programs to assist when an uninsured applicant's income exceeds maximum levels for qualification into donated Patient Assistance Program medication. Such Discount Programs are accessed in a similar way as Patient Assistance Program forms, but provide a discount off of the retail cost of brand-named medication. An example of one such program is Pfizer Pfriends which provides access to over 100 medications. Manufacturer discount programs are electronically included into the DrugAssistant software.

        i. **Discount Center-Fill Generic Pharmacy Program** - DrugAssistant software offers an option where medications that are not available for donation through a Patient Assistance Program form or a Manufacturer's Discount Program can be accessed through a discounted generic center-fill generic pharmacy program. DrugAssistant software will automatically query forms to apply for the purchase of discounted generic medications in the instance when no branded medication is available. DrugAssistant can "turn off" access to Discount Center-Fill Generic Pharmacy products at either the database (e.g. entire Milwaukee User Group) or the clinic level.

8. **Concern: Several clinics has reported that it would be useful to have a mechanism to search the past medical home of a patient, and to learn electronically if PAP medication has already been ordered by another clinic. This would reduce redundancy and improve clinic coordination across Milwaukee County.**
    b. **Solution:** DrugAssistant software has a way to track patients by a simple identifier (e.g. name, birthdate, or some other identifier), and there is not a HIPAA concern in doing so, as long as the clinics sign each other's Business Associate Agreements. The information shared would include the patient's name, demographic information and the usual source of primary care. However, this sharing would not allow all clinics to access a patient's clinical or treatment information. This option was suggested early into the development of Milwaukee's software integration. It was decided that the clinics would not share patient information. However, two years into the usage of the DrugAssistant software, it is possible to turn this option on. Many communities create a policy where clinics share data with the usual source of primary care whenever assistance at another clinic takes place.

Attachment 4 – Clinic Best Practice Observations
Concerning Medication Access Programs and the DrugAssistant Software

The following are a list of best practice suggestions concerning medication access programs and the use of the DrugAssistant software. The following should provide a useful starting place for the regular meetings of the community's medication assistance staff.

16th Street Community Health Center

- Occasionally patients do not pick up Patient Assistance Program medication. If the delay in picking up the PAP medication goes too long, the 16th Street CHC distributes that medication to new patients in the form of samples.

- To accommodate Join Commission requirements the 16th Street CHC has changed its system so that the doctor can be in the office when the patient comes in. The staff has organized their system so that generally, the patient gets their medication and that all forms for future PAP fills are ready for signature at the same time. Scheduling coordination is important to line up the doctor's presence and the prepared forms at the time of the patient visit.

AIDS Resource Center of Wisconsin

- No medication is stored in the AIDS Resource Center Clinic. Therefore, all filled PAP medication is shipped to the AIDS Resource Center's contract pharmacy. The contract pharmacy charges the AIDS Resource Center an $8 dispensing fee to dispense the medication to the patient. It has been helpful to have one location manage all medications for the AIDS Resource Center.

Bread of Healing Clinic

- The Bread of Healing Clinic will take a medication which was not picked up by a patient and dispense that medication as an immediate sample to a new patient. The Bread of Healing Clinic holds medication for a full year before a PAP sample is filled into a sample. This is because patients will occasionally return to the Bread of Healing Clinic after long delays.

Milwaukee Health Services

- The patients know the operations assistant, Terra, (the individual tasked with completing PAP forms) by name. Patients that are satisfied with the Medication Assistant Program are referring friends to the clinic for care. The PAP forms are completed after a consultation is provided by one of the Milwaukee Health Care Partnership's physicians. As such, the Patient Assistant Program has become a referral source for placement into a medical home. PAP forms have become an outreach tool for enrolling the community into a Medical Home.

UWM House of Peace Community Nursing Center

- For PAP forms, House of Peace attaches a non-income affidavit for patients without income. This reduces the denial rate for PAP forms.

St. Ben's Clinic

- On occasion, medications will arrive for a patient, and that patient may not claim the medication. On other occasions, several months of unused, unopened medications may remain in the clinic's control after a patient has left St. Ben's. In these instances, those medications are distributed to other patients as those wait for their prescription to be filled through a PAP form (typically a 2-6 week wait time). This practice has provided useful flexibility in caring for the needs of low-income uninsured persons.

- It has been helpful to receive donations from the public in the form of gift cards, or to take donation money and transfer that to gift cards. These gift cards are then loaded with enough money to cover the reduced cost rate at a retail pharmacy, typically a $4.00 per month or $10.00 per three month expense. The practice is efficient for the clinic and immediate for the patient.

Walker's Point Community Clinic

- One area of efficiency is to assign a dedicated staff member to manage PAP form effort. At Walker's Point, that single staff member is an AmeriCorps volunteer (a situation where the clinic's direct costs are limited to a housing stipend). Previously, each medical assistant was responsible to track an assigned group of patients. They managed this responsibility in the middle of rooming patients, completing lab work, and other tasks. Today, having a dedicated staff responsible for all medication access makes it easier to complete and track the flow of PAP form. A dedicated medication tech also makes it easier for providers and medical assistants to have a single source of information about PAP forms. Reorders, delivery information, and similar program management questions used to be divided among many medical techs.

- Walker's Point Clinic has put in place cross training so that there is coverage when the single medication tech is unavailable. This has allowed front end staff to look up patient medication history from the front office, rather than sending the patient back in the office for a paper look up, or sending another staff member to a look in the medications closet to see if a script had arrived.

- When Walker's Point receives PAP medication from a manufacturer, the medication tech attaches a sticker that reminds the patient to call for a refill in 2 months that goes right on the prescription bottle. The strategy is successful. The clinic has noticed that 60-70 percent of the refill phone calls come in when the medication is one month from a refill.

Attachment 5 – Medication Assistance Coordinator Position Description

I. **TITLE: Medication Assistance Coordinator**

II. **FLSA:** non-exempt

III. **Scope/ Salary:** .4 to .6 FTE @ $14.05 – $23.84/ hour[20]

IV. **THE MILWAUKEE HEALTH CARE PARTNERSHIP:**
The purpose of the Milwaukee Health Care Partnership is to work collaboratively to improve health care for underserved populations in Milwaukee County. Founded in 2007, the partnership's goals are to: 1) ensure affordable health insurance coverage for all, 2) improve access to quality health care providers and services, 3) enhance care coordination across the delivery network, and to 4) promote health and wellness, improve outcomes and reduce disparities.

V. POSITION SUMMARY:
The position will be responsible to work closely with the leadership and members of the Milwaukee Health Care Partnership, acting as a liaison between the partnership and the medication assistance staff at safety net hospitals and clinics. The position will be responsible for training, evaluating, and coordinating the community's medication assistance programs, with an overall goal of increasing medication access and improving program outcomes.

III. MAJOR ACCOUNTABILITIES:

A. Expand community-wide medication access capacity:
- Facilitate expanded capacity and program efficiency in member medication access services through training, accountability, communication, and knowledge transfer;
- Develop and regularly report on community-wide evaluation measures;
- Facilitate knowledge transfer and best practice sharing, including the establishment and management of reoccurring community-wide medication access collaborative meetings;
- Facilitate ongoing relationship between the Milwaukee Health Care Partnership, its members, and key vendors (including: DrugAssistant, the Dispensary of Hope, RxOutreach, Xubex, etc.); and
- Contribute as needed to fund development goals, grant writing, and donor cultivation.

B. Expand community-wide use of the community's medication assistance Information System (IS) as well as the level of effective use of those systems:
- Maintain and facilitate effective integration and use of medication IS;
- Coordinate (and provide, when appropriate) IS training; and
- Facilitate best practices in the use of IS.

C. Assist in management of project plans including scope, timelines, deliverables, and project monitoring tools.

D. Provide on-site assistance to the Partnership members on improving medication assistant access and capacity.

E. Carry out special projects or duties as assigned.

[20] (*25-75 percentile for Community and Social Service Specialists - http://www.bls.gov/oes/2009/may/oes211099.htm).*

IV. QUALIFICATIONS:

A. **Education**

A Bachelor's degree is preferred. Also preferred is education in nursing (or similar direct patient care role), public administration, business administration, or other pertinent field of study.

B. **Experience**

A minimum of 3-years of experience in health administration, grants management, direct patient care, or community health. Specific experience working with medication access initiates, grant programs, community collaborative efforts, or programs for the uninsured is desirable.

C. **Personal Skills, Aptitudes or Qualities**

- Has excellent verbal and written communication skills
- Has group facilitation skills
- Possesses strong problem solving, creativity, along with conceptual and analytic skills
- Is innovative, results-oriented, organized, adaptable and efficient
- Demonstrates proficiency in the use of personal computers including ability to do internet research and use of Word, Excel, Power Point, and e-mail programs
- Is able to think and work independently; yet function effectively in a team environment
- Is self-motivated and self-directed and works well under general guidance
- Willing to work sometimes long and/or irregular hours and to accommodate up to 20% local travel, as well as periodic overnight travel.

V. ORGANIZATIONAL RELATIONSHIPS:

A. **Reports to:** Executive Director, Milwaukee Health Care Partnership

B. **Collaborates/coordinates with:**

- Aurora Health Care
- Children's Hospital & Health System, Inc.
- Columbia St. Mary's
- Froedtert & Community Health
- Wheaton Franciscan Healthcare
- Health Care for the Homeless of Milwaukee
- Milwaukee Health Services, Inc.
- Sixteenth Street Community Health Center
- Westside Healthcare Association
- Medical College of Wisconsin
- Milwaukee County Department of Health & Human Services
- Wisconsin Department of Health Services
- City of Milwaukee Health Department
- Milwaukee Free Clinic Collaborative
- Medical Society of Milwaukee County
- Wisconsin Hospital Association
- Wisconsin Primary Health Care Association
- Milwaukee Health Care Partnership vendors
- Other stakeholders and partners, as appropriate

Attachment 6 – Dispensary of Hope Instant Access Program Formulary

DISPENSARY OF HOPE

Instant Access Program
for On-Site Inventory

Donated Medication – Baseline Formulary

Drug Class	Drug Subclass	Drug Name
Allergy/Cold/Ent	Antihistamine	Clarinex
Allergy/Cold/Ent	Bronchodilator	Albuterol Sulfate Inhalation Solution
Allergy/Cold/Ent	Corticosteroids, Inhaled	Alvesco
Allergy/Cold/Ent	Corticosteroids, Inhaled	Asmanex Twisthaler Inhalation Powder
Allergy/Cold/Ent	Nasal Spray, Corticosteroid	NasacortAQ Nasal Spray
Allergy/Cold/Ent	Nasal Sprays, Corticosteroid	Omnaris Nasal Spray
Allergy/Cold/Ent	Other Asthma	Singulair
Analgesics	Analgesics, Local; NSAIDs	Voltaren Gel
Analgesics	Fibromyalgia	Savella
Analgesics	Muscle Relaxants	Amrix Capsules
Analgesics	NSAIDS	Arthrotec
Analgesics	NSAIDS	Celebrex
Cardiovascular	A2RB	Azor
Cardiovascular	A2RB	Benicar
Cardiovascular	A2RB	Cozaar
Cardiovascular	A2RB	Micardis
Cardiovascular	Anti-Cholesterol	Crestor
Cardiovascular	Anti-Cholesterol	Diovan
Cardiovascular	Anti-Cholesterol	Diovan HCT
Cardiovascular	Anti-Cholesterol	Lipitor
Cardiovascular	ARB/Thiazide Combos	Micardis HCT
Cardiovascular	ARB/Thiazide Combos	Benicar HCT
Cardiovascular	ARB/Thiazide Combos	Avalide
Cardiovascular	ARB's	Atacand
Cardiovascular	ARB's	Avapro
Cardiovascular	Beta Blockers	Bystolic
Cardiovascular	Beta Blockers	Coreg
Cardiovascular	CCB, Dihydropyridines, Chol Lowering	Caduet
Cardiovascular	CCB, Dihydropyridines, Chol Lowering	Exforge
Cardiovascular	Cholesterol Lowering	Niaspan ER
Cardiovascular	Cholesterol Lowering	Vytorin
Cardiovascular	Diuretics 2, Thiazides, A2RB	Hyzaar
Cardiovascular	Dyslipidemia: Bile Acid Binding Resins	WelChol
Cardiovascular	Dyslipidemia: Fibrates	Trilipix
Cardiovascular	Dyslipidemia: Other	Lovaza
Cardiovascular	Dyslipidemia: Other	Zetia
Cardiovascular	Other Antihypertensives	Tekturna

Dermatalogic	Corticosteroids, Topical III: High/Medium Potency; Corticosteroids, Topical V: Medium/Low Potency; Antifungals, Topical	Lotrisone Cream
Dermatalogic	Corticosteroids, Topical IV: Medium Potency; Corticosteroids, Topical II: High Potency	Elocon
Dermatalogic	Other Dermatologics	Protopic Ointment
Endocrine/Metabolism	Diabetes	Actoplus Met
Endocrine/Metabolism	Diabetes	Actos
Endocrine/Metabolism	Diabetes	Avandia
Endocrine/Metabolism	Diabetes	Glumetza
Endocrine/Metabolism	Diabetes	Janumet
Endocrine/Metabolism	Diabetes	Januvia
Endocrine/Metabolism	Diabetes: Biguanides; Diabetes: Thiazolidinediones	Avandamet
Endocrine/Metabolism	Osteoporosis	Boniva
Endocrine/Metabolism	Osteoporosis; Calcium Disorders	Actonel
Endocrine/Metabolism	Osteoporosis; Hormonal Oncologics 6: Other	Evista
Endocrine/Metabolism	Osteoporosis; HRT 5: Estrogen/Progestin Combos	Activella
Endocrine/Metabolism	Other Diabetes	Metanx
Endocrine/Metabolism	Thyroid	Synthroid
Gastrointestinal	Constipation; Irritable Bowel	Amitiza
Genitourinary	Antispasmodics, GU	Enablex Extended Release
Genitourinary	Antispasmodics, GU	Toviaz Extended-Release
Genitourinary	Antispasmodics, GU	Vesicare
Genitourinary	BPH	Avodart
Genitourinary	BPH	Flomax
Hematology/Oncology	Stroke; Antiplatelets	Aggrenox
Hormone Replacement	HRT 2: Estrogens, Vaginal	Vagifem Vaginal
Hormone Replacement	HRT 3: Estrogens, Transdermal; Osteoporosis	Vivelle dot Transdermal System
Neurologic	Alzheimer Dz/Dementia	Namenda
Neurologic	Alzheimer Dz/Dementia; Parkinson Dz/Dystonia	Exelon Patch
Psychiatric	Bipolar, Antipsycotics	Zyprexa
Psychiatric	SNRIs	Pristiq
Psychiatric	SSRI	Lexapro
Psychiatric	SSRIs; Bipolar Disorder	Symbyax

Discounted Medication

Drug Class	Drug Subclass	Drug Name
Endocrine/Metabolism	Diabetes	TrueBalance Meter Starter Kit
Endocrine/Metabolism	Diabetes	TrueBalance Test Strips
Endocrine/Metabolism	Diabetes	TrueRead Meter Starter Kit
Endocrine/Metabolism	Diabetes	TrueRead Test Strips
Endocrine/Metabolism	Diabetes	Wavesense Keynote Meter Starter Kit
Endocrine/Metabolism	Diabetes	Wavesense Keynote Test Strips
Endocrine/Metabolism	Diabetes	Wavesense Presto Meter Starter Kit
Endocrine/Metabolism	Diabetes	Wavesense Presto Test Strips

Attachment 7 - Contact List for Survey Participants				
Clinic Name	**Contact Name**	**Email**	**Phone**	**Address**
AIDS Resource Center of Wisconsin	Dawn Perkins	dawn.perkins@arcw.org	414.225.1541	820 North Plankinton Avenue, P.O. Box 510498, Milwaukee Wisconsin 53203
Bread of Healing Clinic	Paul Hoffman	phoffm2298@aol.com	414.977.0001	1821 North 16th Street Milwaukee, WI 53205
Health Care for the Homeless (HCHM)	Michael Bauer	michaelb@hchm.com	414.727.6320	711 W. Capitol Drive, Milwaukee, WI 53206
Milwaukee Health Services	Terra Burks and Gretchen Randle	tizard@mhsi.org, tarms@mhsi.org	414.760.3930	8200 W. Silver Spring Dr. Milwaukee, WI 53218
St. Ben's Clinic	Bill Mullooly	wmullool@columbia-stmarys.org	414.765.0606	1027 N. 9th St. Milwaukee WI 53233
Sixteenth Street Community Health Center	Ellyn McKenzie	ellyn.McKenzie@sschc.org	414.385.3758	1337 S. Cesar E. Chavez Drive, Milwaukee, WI 53204
UWM House of Peace Community Nursing Center	Beth Peterman	bpeterma@uwm.edu	414.933.1590	1702 West Walnut Street Milwaukee, WI 53205
UWM Silver Spring Community Nursing Center	Kristie Brooke	brookek@uwm.edu	414.535.0432	5460 North 64th Street Milwaukee, WI 53218
Walker's Point Community Clinic	Amanda Timmel	amanda.timmel@aurora.org	414.647.4686	611 West National, Suite 400 Milwaukee, WI 53204
Westside Healthcare Association, Inc.	Katrina Jenkins	katrina.jenkins@wha-milw.org	414.935.8000	3522 W. Lisbon Ave. Milwaukee, WI 53208

Attachment 8 - Quarterly Patient Assistance Program Performance, By Clinic [21] [22] [23]							
	Quarterly PAP Form Total	Quarterly Unique Individuals Total	Quarterly PAP Value in AWP	PAP Form Staff Time in FTE	Annual Staff Time in Minutes	Staff Minutes per Form	Benchmark Average Minutes per Form
AIDS Resource Center	57	25	$46,100.50	0.19	24,000	106	60
Bread of Healing Clinic	368	163	$300,000.00	0.60	74,880	51	60
Healthcare for the Homeless	171	84	$98,934	1.00	124,800	182	46
Milwaukee Health Services	48	18	$294,880	0.25	31,200	163	46
Sixteen Street Community Health Center	207	78	$123,382	1.00	124,800	151	46
St Ben's Clinic	28	13	$23,050.25	0.03	3,120	28	60
UMW House of Peace	68	30	$55,320.60	0.06	7,200	27	60
Walker's Point Community Clinic	539	288	$730,039	0.75	93,600	43	46
Westside Clinic[24]	113	50	$92,201.00	0.50	62,400	138	60

[21] Average PAP forms per patient are 2.26 annually. Average per-person value of medications through PAP forms is $1,844.02. Average retail value of medicine received per each PAP form is $816.97. 2005-2006, Flint Michigan (2006 Association for Community Health Improvement Conference, 2006, New Orleans). Clinic serving patients with severe acuity rates should anticipate a higher per-patient median form average.

[22] Due to administrative capacity, the above staff time investment data was based on anecdotal input from clinic directors and staff rather than time studies.

[23] Due to lack of data on PAP form staffing, UWM Silver Spring Clinic has not been included.

[24] Westside Clinic, though initially a DrugAssistant user switched back to paper-based form completion is again piloting the use of DrugAssistant. Numbers reported include those in the DrugAssistant database only.

Attachment 9 - Survey Template

Interview Date:_____ **Clinic Name:**_____

Interviewee Name:_____ **Interviewee Title:**_____

Patient Access Matrix

#	**Program Name/ Type of Service**	**# of Patients Served Annually**	**Qualification:** FPL Ceiling	**Qualification:** Insurance Status	**Qualification:** Residency	**Qualification:** Asset Test	**Qualification:** Other	**Wait Time for Script Fill**	**Patient Cost per Script** (retail or AWP)	**Length of Guaranteed Availability**
1)										
2)										
3)										

Program Administration Matrix

#	**Program Name/ Type of Service** (continued from above)	**Program Cost** (annual, by expense)	**Total Staffing** (in FTEs)	**Type(s) of Staffing**	**Formulary** (gen., brand, chemo, inj., inhalers, eye drops)	**Formulary Limitations** (missing drugs and/or therp. classes)	**Non-Medication** (t.strips, lancets, DME)	**Software System?** (Name)	**Facility Requirements**
1)	(Continued from above)								
2)	(Continued from above)								
3)	(Continued from above)								

Drug Assistant Software Use:

1. **Please describe the impact of the Drug Assistant Software on staff efficiency.**
2. **Please describe the impact of the Drug Assistant Software on the number of patients served and/or the change in retail value of medications secured.**
3. **Please describe the benefit to your clinic in participating in the County-wide Drug Assistant Software project.**
4. **Please describe any ideas for improving the function of the County-wide Drug Assistant Software project.**
5. **What has your clinic experienced in terms of best practices for effective staffing models for the Community-wide Drug Assistant Software project?**

Financial Administration:

1. **Please describe your clinic's biggest needs in funding its medication access initiative.**
2. **What is the annual cost to run your clinic?**
3. **Do you collect data on the annual cost to run your medication access programs?**
    - If so, what is (are) the amount(s)?

Regional Opportunities for Cooperation:

1. **From your perspective, how could increased collaboration across Milwaukee County safety net clinics benefit your clinic?**
2. **Where do you see the largest potential cost savings, expansion of services, and/or elimination of redundancy across Milwaukee County safety net clinics?**
3. **Please identify any best practices used within your program that you feel would be a benefit the safety net clinics in Milwaukee County.**

Program Evaluation and Measurement:

1. **Do you collect data on the number of uninsured patients needing medication (sometimes recorded as the number of scripts presented for fill)?**
    a. If so, what is that number?
2. **Do you collect data on the number of uninsured patients receiving a filled script?**
    a. If so, what is that number?
3. **Do you collect data on the number of Medicaid patients needing medications not covered by Medicaid?**
    a. If so, what is the number?
4. **Do you collect data on the average number of scripts per individual?**
    a. If so, what is that number?
5. **Please describe any other process or outcome measures that your clinic uses to measure its medication access services?**

Other Questions:

1. **Please describe how your clinic addresses expired medication.**
2. **Please describe your process for tracking drug pedigree.**