

# Helping Needy Patients Get Needed Medications

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Covered in FPM Quiz



Tool inside

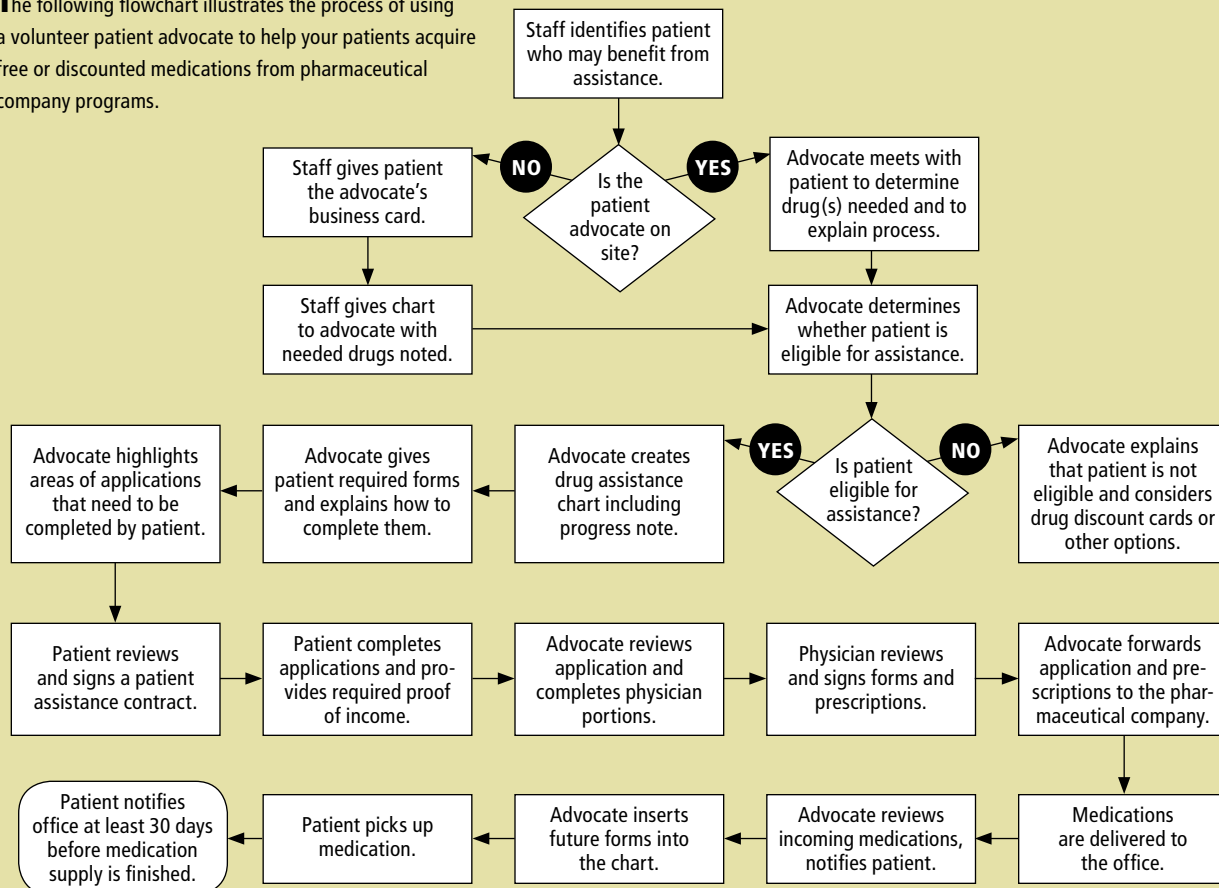
*A volunteer patient advocate can help your patients navigate pharmaceutical companies' patient assistance programs.*

Ann is five years shy of Medicare benefits. She does not work, does not have medical insurance and has not seen a physician in years. She is experiencing abdominal pain and is brought to my office by her concerned daughter-in-law. After evaluation, I diagnose her as

having grade-two hypertension, a 4 cm abdominal aortic aneurysm, gastroesophageal reflux disease, hyperlipidemia and depression. Ann cannot afford her prescribed medications, so we treat her with sample medications initially. She is then contacted by Susie, our volunteer patient advocate,

## STEPS IN THE PATIENT ASSISTANCE PROCESS

The following flowchart illustrates the process of using a volunteer patient advocate to help your patients acquire free or discounted medications from pharmaceutical company programs.



Dr. McTavish, a family physician, practices with Arnett Clinic in Rossville, Ind. Susie Gray is a volunteer patient advocate for the practice. Conflicts of interest: none reported.

## PATIENT ASSISTANCE CONTRACT

The following contract can help patients enrolled in pharmaceutical assistance programs understand their responsibilities. You can download a printable version at <http://www.aafp.org/20050600/56help.html>.

Dear Patient,

We will try our best to secure free or discounted medications on your behalf; however, each pharmaceutical company has its own policy and financial guidelines that we must follow. Below are a few of the things that we expect from you:

- Provide proof of income. This can be a copy of last year's tax return, a copy of your statement of benefit from Social Security, copies of the last four check stubs, or other documentation that the pharmaceutical company stipulates. Your financial information does not go into your medical chart and will be used only to apply for the programs.
- If you are accepted into an assistance program, you will be notified. The medication will come to your doctor's office, and you will have to sign for it. Medications usually come with a 90-day supply or less. When you pick up the medication, we will ask you to sign a new application form, which we will keep on file until you need to order a refill.
- Notify the office when you are down to a 30-day supply of medication. This will ensure that you receive your refill in a timely manner, since it can take the pharmaceutical company as long as three to four weeks to issue a refill. If you do not notify our office within this time frame, you may run out of your medication. We will not be able to provide you with samples if this situation occurs. We will give you a prescription for your medication, but you will be responsible for the cost of the medicine. If through no fault of your own the medication does not arrive in time, we will issue you free samples (if we have them) until your medication arrives. It will be your responsibility to pick up your medication as soon as possible.
- Notify our office if your financial or insurance situation changes.
- Keep in mind that once a medication has a generic substitute, many pharmaceutical companies will no longer provide assistance for that drug. We will do our best to keep you informed when this happens. Your cost for a generic drug is much cheaper than the brand name form. Over-the-counter medications available at pharmacies are not offered by assistance programs.
- If you are habitually late in contacting the office for refills, completing forms or picking up your medications, or if you abuse your assistance medication, fail to provide the office with required financial information or fail to schedule and keep appointments with your physician, we will no longer assist you with these programs.

Given the increasing size of our Patient Assistance Program, it has become necessary for us to put these rules into place to ensure that all of our patients receive the same benefits. We ask that you read this document carefully and sign it if you understand and agree to comply with these requirements. If you have any questions about them, please do not hesitate to ask.

Thanks for your understanding.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

who assists Ann with selecting the appropriate pharmaceutical assistance programs and completing the program applications. Susie also ensures that Ann receives the medicines ordered and that she resubmits the patient assistance forms when her medications begin to run out. Susie has probably saved Ann's life. She has definitely saved Ann about \$420 per month and my office at least \$800 per month in administration costs.

### How it works

Pharmaceutical companies' patient assistance programs are a valuable service, but can be an administrative nightmare.<sup>1</sup> Recruiting a volunteer to manage these programs for your practice can reduce the burden significantly. Before our one-doctor satellite office had a volunteer patient advocate, our use of patient assistance programs was almost nonexistent, as we simply could not afford to offer this service.

To find the right person, we began by listing the requirements: time availability, good communication skills, organizational ability, financial understanding, conscientiousness and reliability. It was not easy to find a person who could fulfill all of these requirements, until a staff member suggested Susie, a patient within our office. After assisting her husband through an illness, she was looking for an outlet to develop her own identity

and make a difference.

Susie received about four hours of training from another satellite clinic already using a volunteer. However, most of the training took place on the job. After completing a clinic confidentiality form, she started with 12 patients, most of them elderly, unemployed or without health insurance.

While some patients will let us know when they cannot afford their medicines, others are reluctant. To make it easier, we ask patients to fill out a “today’s visit” checklist,<sup>2</sup> which asks if they require assistance with their medicines, among other things. We have found that patients are more likely to check the box requesting assistance than to ask for it.

For each patient enrolled in an assistance program, we create a separate chart. In this chart our volunteer tracks the medicines ordered, when they come in, when the patient is notified and any other information she might need. She also has developed a contract for patients so they know what to expect from her services and what their responsibilities are. (See the contract on page 57.) She has business cards with her name and phone number that we can give to patients. She is in the office eight hours each week and meets with patients to determine their needs and start the process. She also has developed a computer database so our staff can check the status of any meds that are ordered and track the dollar amount of care provided. On average, the program saves our patients more than \$60,000 per year. We are discussing the possibility of informing individual patients of the actual amount the program has saved them to help demonstrate its value.

Not only has the program helped save money, it has also improved the health of the patients it serves. For instance, we have found that hospital and emergency admissions have decreased for most of the patients on this program. We expect similar decreases in their systolic blood pressure and A1C readings.

We’ve learned through this process that the use of a volunteer patient advocate can improve care delivery, office efficiency and the health of our community. The program’s success is aided by our willingness to make ongoing improvements to the process and by our ability to recruit and retain a volunteer who can do the job. If you find the right person, it can be a worthwhile experience for all involved. **FPM**

*Send comments to [fpmedit@aafp.org](mailto:fpmedit@aafp.org).*

1. Montemayor K. How to help your low-income patients get prescription drugs. *Fam Pract Manag.* November/December 2002;51-56.

2. Redka JW. Focusing on today’s visit. *Fam Pract Manag.* June 2003;59-60.