

Purpose

Medication Assistance Programs (MAP) through the drug manufacturer provide no cost or reduced cost medications to uninsured and underinsured patients, increasing access to needed medications. After patient enrollment in MAP for specific disease states, health systems have shown decreased emergency department (ED) visits, hospital admission, and total hospital cost. This study adds to literature by not being inclusive of a single disease state, but encompassing all MAP patients. The purpose of this study is to evaluate the impact of clinical pharmacists in improving medication access in indigent and underserved patients through the assistance of a MAP coordinator.

Methods

This is a retrospective study approved by the Institutional Review Board. Study data was collected from electronic medical records in family medicine, internal medicine, and family medicine resident clinics. The primary objective was to describe the cost savings of MAP medications after referral to a pharmacist. Secondary objectives included comparing rates of hospitalization one year before and one year after MAP utilization, comparing rates of ED visits one year before and one year after MAP utilization, and comparing rates of combined hospitalization and ED visits one year before and one year after MAP utilization. The researchers hypothesized that clinical pharmacists improve medication access in indigent and underserved patients in primary care by referral to MAP. Inclusion criteria included 18 years of age or older, one or more visits with a clinical pharmacist, and applied for MAP from January 1, 2019 through December 31, 2019. Patients who were prisoners were excluded. The primary objective and demographics were analyzed using descriptive statistics and the secondary objectives were analyzed at the individual and/or group level. Chi square, sign test, or Fisher's exact test was used to identify any associations among the other research variables.

Results

In total, 31 patients were identified and 18 met the inclusion criteria. On average, patients saved \$10,432 and in total \$187,789. In total, 35 medications were approved via MAP, on average 1.9 medication per patient. When analyzed by indication 74% (n=26) of medications were for diabetes, 23% (n=8) for pulmonary disease, and 3% (n=1) for incontinence. Total hospital visits one year prior to MAP and one year after MAP remained the same at 2 visits. Total ED visits were 5 visits one year before MAP and 7 visits one year after MAP. Upon analysis of the reason for ED visit 2 visits were related to indication of MAP medication one year before MAP and one visit was related one year after MAP. Combined hospital visits and ED visits were 7 visits one year before MAP and 8 visits one year after MAP. The total number of medications one year prior to MAP was 11.3 and one year after MAP was 11.8.

Conclusions

In conclusion, MAP resulted in cost savings and allowed for increased patients' access to medications. The small sample size of the study did not result in major differences in hospital visits, ED visits, or combined hospital and ED visits.