Caring for Uninsured and Newly Insured Patients

Under the Affordable Care Act

by Ashley M. Wensil PharmD

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Introduction

"Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?'

"The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.' Matthew 25:37-40 (NIV)

"Why should I donate my _____ to the free clinic? Everyone will have insurance soon anyway." Fill in the blank with money, time, medications or any resource that might be donated for the care of uninsured patients. In the midst of the implementation of the Affordable Care Act (ACA), many of us have heard this question more than once. In fact, some of us have probably even asked ourselves some variation of this question at some point over the past few years. For pharmacists who have dedicated their careers or spare time to serving the underserved through charitable organizations, the Affordable Care Act has left us with questions about what our role will be in the setting of the insurance mandate. Many financial donors have acted on this question and pulled their resources in turn making a statement that care for the uninsured will no longer be a need under the ACA. I would like to take a moment to discuss the realities of how the Affordable Care Act has and will continue to impact our patients and the role of the Christian pharmacist in caring for uninsured and newly insured patients during this time of change.

Expansion of Coverage

In 2012, approximately 48 million Americans were uninsured.[1] Many of these individuals had little access to healthcare services due to financial barriers; therefore, they commonly went without preventive health services and care for their major health conditions. In many areas, charitable organizations and sliding fee scale clinics have met the needs of these patients by providing care at reduced or no cost. By acting as a primary care home for uninsured patients, free clinics reduced the number of unnecessary emergency department visits.[2] The Affordable Care Act has broadened coverage to many previously uninsured Americans. Through Medicaid expansion and healthcare exchanges, individuals who previously thought they would be uninsured until they turned 65 have found doors opening to options they never fathomed. While many individuals have found great coverage through Medicaid and Qualified Health Plans (QHPs), there are still many Americans who remain uninsured and likely will be for years to come.

The Congressional Budget Office has projected that almost 30 million Americans are likely to remain uninsured despite the insurance mandate and provisions of the Affordable Care Act.[3] There are various reasons why so many patients will remain uninsured. Some of these individuals will be eligible for Medicaid but reside in states that choose not to expand their Medicaid program.[4] Low-income individuals in states that have not expanded Medicaid will be eligible for qualified health plan subsidies if their annual income is at least 100% of the Federal Poverty Level (FPL). For individuals whose income does not meet FPL, coverage will be inaccessible as the federal premium subsidies will not be available.[5] It has been estimated that approximately 5 million Americans fall into this category.[5] Other patients will be ineligible for Medicaid but choose not to enroll in a QHP, and some will be individuals who are not eligible for benefits due to lack of documentation.[4] Others will be uninsured due to lack of

understanding of the available benefits and penalties.[4] Regardless of the reason, the problem remains that there will be individuals who are uninsured and in need of medical care. These are the patients who will continue to use the services of the free and charitable clinics in our nation. They will also continue to seek care from organizations that offer services on a sliding fee scale such as federally qualified health centers (FQHCs). For these individuals, accessible care and medication resources remain a significant need.

Access to Care and Medications

Many individuals have enrolled and will continue to enroll in coverage through Medicaid and healthcare exchange programs.[6] In states that have expanded Medicaid, the increase in covered patients is most pronounced as newly insured patients seek care. While the outlook for these individuals appears bright at first glance, the sudden increase in covered patients has both advantages and disadvantages. For patients who have found affordable coverage options, doors are now open to access primary and specialty care as well as medications at a more affordable cost. While their coverage may be in place, patients may encounter barriers to accessing the care they need. Common roadblocks include lack of understanding of how to navigate the complex world of insurance, transitions from patient assistance programs to copays for medications and connecting with a provider for their primary care and specialty needs.

In Maryland, Medicaid has been expanded to all individuals and families with an income less than 138% of the FPL.[7] This change has been met with both delight and frustration. While many low income patients now have access to coverage, the learning curve associated with this historical change is steeper than most imagined. Patients who have successfully enrolled in Medicaid are typically delighted to find that they will now be able to see a primary care provider, numerous specialists and actually fill their prescriptions at their local pharmacy; however, for some, understanding the in's and out's of coverage can be a struggle. Recently, a patient came to clinic carrying an envelope she had received in the mail. When asked about her insurance status under the ACA, she stated that she enrolled in Obamacare but was waiting for her card. When the staff member opened the envelope, she found a Medicaid card. Puzzled by this discovery, the staff member asked the patient why she was still waiting for a card when she had the card in her envelope. The patient replied, "I've been waiting for my 'Obamacare Card'". Despite efforts to educate the public about enrollment procedures, there is still a significant gap in understanding about the coverage provided and procedures associated with being a covered patient. This scenario represents the numerous misconceptions that patients hold about enrollment, documentation they will receive and steps to take to use their benefits. For individuals who have never had the luxury of insurance, enrolling in a health plan is a dramatic culture change. Continued education is needed to help our patients successfully transition to their new insurance benefits.

As patients begin to use their newly acquired pharmacy benefits, there will be numerous therapy changes that will need to occur. For many patients, becoming insured will make them ineligible for patient assistance programs (PAP) that previously provided them with free, brand name medications. Patients will need to be educated about medication formularies and the benefits of using generic medications. For a patient who has received free, brand name Benicar® for years, they will likely run into insurance rejections or tier two copays during their first trip to the pharmacy. Pharmacists will need to be proactive in seeking an alternative therapy from the provider and educating the patient on the change. Many patients may be concerned when their brand name medication is replaced by a generic; therefore, adequate explanation of the safety and efficacy of generic medications will be crucial to ensure that patients continue to be adherent to their prescribed regimens. As newly insured patients obtain medical care that they have previously postponed, it is likely that they will be prescribed medications that require prior authorizations. Formulary changes have increased the number of medications requiring prior authorizations; therefore, prior authorizations are more commonly encountered when dispensing. For patients who have never been insured, the prior authorization process is a foreign concept. Going beyond the typical "It needs a prior auth; we faxed the doctor," explanation is imperative in order to provide our patients with the highest quality of care and educate them about their new benefits.

For patients who remain uninsured under the ACA, PAP programs and $4 lists will continue to be the best options for medication access; however, some changes have been noted with these options. While most PAP programs are still available to patients who are

low-income and uninsured, some are asking for additional documentation. Applications now include questions about the patient›s attempts to obtain medical assistance. Some programs are asking for documentation proving that the individual has applied for medical assistance and been denied.[8,9] For individuals who use medications found on the $4 lists at various pharmacies, notable changes have occurred in recent months. As the number of covered individuals increases, pharmacies are revising their $4 lists. For example, pravastatin, a medication previously included on the $4 list, has almost quadrupled in price.[10,11]

Even when a patient understands their insurance benefits and is able to obtain their medications, barriers are often encountered when they attempt to establish with a primary care provider. As the number of covered individuals increases, the need for primary care providers also increases. Specifically, the need for providers who accept medical assistance is greater now than ever. While the number of covered individuals is increasing dramatically, the number of providers is not. Petterson et. al. projected that 52,000 primary care physicians may be needed by 2025 to accommodate the increased demand for primary care.[12] While the largest driving factor behind this projection is population growth, it also takes into account aging of the population and insurance expansion under the ACA. Add on the fact that many providers limit the types of insurance they will accept and the odds of finding a provider are not in the favor of newly enrolled patients.[13] So the question remains, with an already short supply of primary care providers, where will these individuals find care?

Role of the Pharmacist

Despite the provisions of the Affordable Care Act, our uninsured and newly insured patients have more need than ever during this time of change. There is a need for a collaborative effort to help patients navigate their benefits and coordinate their care. Communication is crucial in a time when patients are going through great change. There are three key things that I believe pharmacists can do to care for our patients during this time.

#1 Educate

Invest time in talking with patients. While becoming insured might be an exciting process, it can also be a time of uncertainty. Regardless of insurance status, patients are in need of education about their options and enrollment procedures under the ACA. Ensure that patients have received basic information about resources to contact to explore their options. Discuss the law and benefits available in a non-biased manner. Patients trust their pharmacist, so we can make a big impact on their willingness to explore their benefits if we invest in a 5-minute conversation. For those who have already enrolled, talk with them about steps to access their benefits. Educate them on the typical procedures to establish care as a new patient with a new provider or continue their care within their current provider's office, if possible. Discuss the importance of medication adherence during this time of transition. Teach them about the benefits of prescription drug coverage and how formularies work. As patients are transitioned to formulary medications, take time to provide counseling and reassure the patient of the safety and efficacy of their new medications. Discuss the benefits of generic medications and the standards in place to ensure their equivalency to brand name medications. By investing time in education, we can make a significant impact in our patients' health outcomes.

#2 Ensure Access to Medications

For newly insured patients, it is important for the pharmacist to review their medications to identify medications that may need to be switched to a preferred drug. Completing this review prior to the patient visiting their provider can prevent insurance rejections and lapses in therapy while awaiting a new prescription. When rejections or prior authorizations are encountered, contacting providers in a timely manner to offer therapeutic alternatives will help to ensure that the patient has access to medications. For patients who remain uninsured, reassess their PAP program eligibility, update their applications as needed and discuss any necessary changes with their provider. When program changes are noted, be proactive to identify patients that will be affected and identify a solution to prevent gaps in therapy. For patients depending on $4 lists, review their therapies and local $4 lists to identify changes that may present a cost barrier. When commonly prescribed medications are removed from the $4 list, pharmacists should alert providers to this change so that they can alter their prescribing patterns to prevent medication non-adherence secondary to cost.

#3 Expand Services

In light of the projected primary care provider deficit, it is imperative that pharmacists expand their services. Pharmacists can help to fill this gap by providing direct patient care through

collaborative practice. Katz suggests six strategies to meet the increased demands for primary care; one of the strategies that he recommends is the creation of primary care teams.[14] He notably advocates that pharmacists should be members of these teams offering reviews of chronic medication regimens and prescription renewals.[14] Pharmacists can be key players in managing medications associated with chronic disease states, assessing and improving medication adherence and helping patients to reach their therapeutic goals. Multiple systematic reviews and meta analyses have shown that care provided by pharmacists can improve disease outcomes and reduce the number of non-scheduled health services including hospitalizations.[15, 16, 17, 18, 19, 20] A meta-analysis of 298 studies found a statistically significant improvement in hemoglobin A1c, LDL cholesterol, blood pressure and adverse drug event outcomes when direct patient care provided by a pharmacist was compared to comparable services.[21] Likewise, a Cochrane Review evaluating the effect of pharmacist interventions on patient outcomes and prescribing patterns found that most studies supported the role of the pharmacists in medication/therapeutic management and patient counseling.[22]

One crucial step to expand pharmacists' services is to obtain provider status under the Social Security Act.[23] By gaining recognition as "healthcare providers", pharmacists' services will become reimbursable under Medicare Part B.[23] By becoming recognized as providers by Medicare Part B, pharmacists will also obtain the ability to bill other public and private insurance programs as many insurance plans follow CMS's list of providers.[23] Former United States Surgeon General Regina Benjamin, MD, MBA has offered her support for the expansion of pharmacists' services and the development of practice models that incorporate pharmacists to prevent and manage disease states as part of the healthcare team.[24, 25] She has also acknowledged the need for compensation models that reimburse pharmacists' services at an appropriate level to sustain these care models.

In a time of historic change, pharmacists must be part of the conversation about healthcare reform. With numerous patients obtaining insurance, healthcare professionals, managed care organizations and legislators are looking for innovative models to provide quality care. Pharmacists must advocate for recognition as healthcare providers under the Social Security Act. We must have conversations with our colleagues, neighbors and legislators to increase momentum in the push for provider status. As legislation is introduced into Congress, pharmacists must: reach out to their representatives asking for their support, offer information about the impact that pharmacists are making on patient outcomes and the need for expansion to meet the growing needs of our patients, tell stories about the difference that pharmacists' services are making in your community, urge other healthcare professionals to speak out about the positive impact that pharmacists' non-dispensing services have made on their patients' lives, talk with students about the importance of advocacy for our profession. If we remain silent, pharmacists will continue to be underutilized, and numerous insured and uninsured patients will miss out on the benefits of multidisciplinary care models that include pharmacists.

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