

“Starting a Pharmaceutical Program”  
First Presbyterian Church Health Clinic

Field Report

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**volunteers**  
in health care

*A report written by organizers of volunteer-based health care programs serving the uninsured.*

# PHARMACEUTICAL

## “Starting a Pharmaceutical Program”

### First Presbyterian Church Health Clinic

*Volunteers in Health Care Note: Please be advised that regulations exist in every state regarding the dispensing of pharmaceuticals. In addition, the U.S. Food & Drug Administration has its own regulations regarding drug samples and recently issued new regulations for their handling, management and distribution. Before starting a program, be sure to look into the regulations in your state as well as those of the FDA. For more information on the new FDA regulations specific to drug samples please visit the VIH web site at [www.volunteersinhealthcare.org](http://www.volunteersinhealthcare.org) or call toll-free at 1-877-844-8442.*

#### **Who we are**

The First Presbyterian Church Health Clinic in Kalamazoo, Michigan, is a volunteer-based, free clinic established in 1993 to provide urgent medical care to residents of Kalamazoo County who meet certain eligibility requirements. Through its Medication Assistance Program, the clinic supports community physicians by filling prescriptions at no cost or with a small co-pay for patients with chronic diseases who are unable to afford the medications they need.

#### ***Urgent care walk-in clinics***

The First Presbyterian Church Health Clinic utilizes a multi-disciplinary model of professional healthcare volunteers to respond to urgent client medical needs on a walk-in basis. Patient registration is held from 5:30 to 6:30 p.m. on Tuesdays and Thursdays, with nursing assessments, physician interviews and examinations, physical therapy, dental screenings, and pharmacy instructions provided as needed. Volunteer pharmacists are present to assist physicians by providing requested medication (as available from the clinic's stock of drug samples or from the small number of pharmaceuticals purchased in bulk). Medications dispensed during these evening events are primarily for acute conditions, most frequently upper respiratory infections, urinary tract infections, gastrointestinal problems, skin disorders, and dental infections. Pharmaceutical products dispensed most frequently by the clinic for acute conditions are non-narcotic analgesics, anti-infectives, beta-agonists (e.g., albuterol) for respiratory problems, gastrointestinal medications, and dermatology products (e.g., topical steroids).

Clients, however, do present with chronic illnesses as well—illnesses that either are diagnosed at the time of the visit (e.g., diabetes, hypertension, or depression) or that have been untreated due to lack of financial resources. Pharmaceutical products given out most frequently for chronic conditions are anti-diabetics, anti-hypertensives, and anti-depressants.

#### ***Medication Assistance Program***

The Medication Assistance Program, which relies on volunteer nurses, pharmacists, pharmacy technicians, and lay people, was created to meet the need of many Kalamazoo County residents who are diagnosed with a chronic illness but are unable to afford their medications. Clients in need of medication assistance who meet financial need criteria and have a prescription(s) in hand may come to the First Presbyterian Church Health Clinic on Tuesday mornings between 9:30 a.m. and 12:30 p.m. for screening and medication assistance. We call these sessions Med Assist, an event staffed by screeners, nurses, and pharmacy volunteers.

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*The First Presbyterian Church Health Clinic, located in Kalamazoo, Michigan, is a free clinic established in 1993 to provide urgent care to residents of Kalamazoo County meeting certain eligibility requirements. In addition to providing medical care, the clinic also operates the Medication Assistance Program, which is designed to help patients with chronic illnesses acquire medication and manage their disease.*

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Client eligibility for the clinic's medication assistance programs is assessed using a Client Data form. In general, a client will qualify for one or more of the programs if he or she:

- Is a Kalamazoo County resident
- Is uninsured for prescription needs
- Is not eligible for Medicaid or Veterans services
- Is not a patient at the local Federally Qualified Health Center (which has an on-site, low cost pharmacy)
- Has an income level below 185% of the Federal Poverty Level
- Owns no more than one car
- Owns no more than one home
- Has no more than \$5,000 in savings

In addition, clients must have a primary care physician, since it is our philosophy that every patient on a therapeutic drug regimen should be under the care and continuity of a physician. (Staff will help find primary care physicians for those individuals who do not have one.) Patients who come to Med Assist usually have been referred by their own physician, have received treatment at one of the clinic's events, or have seen information about Med Assist at a community agency.

After patients are screened for eligibility, a pharmacy review is conducted, including:

- Identification of drug therapies ordered
- Generic or brand name products needed
- Identification of sources of medication, including pharmaceutical patient assistance programs, the clinic's RxTRA program (generic medication) and/or the Michigan Emergency Pharmaceutical Program for Seniors

Finally, every Med Assist client is seen by a nurse, through our Med Express program. At the initial visit, nurses conduct a clinical assessment using the clinic's Patient Visit form and discuss disease management with the client. This initial assessment includes:

- Vital signs
- A body systems review
- Patient and family history
- Current medical problems
- Identification of the primary care provider for coordination of care

The four most common diagnoses (ICD-9) codes recorded are hypertension, diabetes, depression, and chronic lung disease.

Following the assessment, patients are scheduled for regular visits with a nurse at the clinic (to coincide with prescription refills) to ensure medication compliance and health status. If necessary, medication can be given out immediately to the client, if the clinic has it available as drug samples. If samples are not available and it can be filled with a generic product, a voucher is given to the patient enabling them to obtain their prescription through the RxTRA program which includes a \$3 co-pay for a 3 month supply.

There are a few drugs—coumadin is one example—that we will not give out through the Medication Assistance Program. We believe that for drugs such as these, that require extremely close and/or detailed medical monitoring, physician oversight is imperative. In these cases, we will, for example, help the patient fill out the patient assistance forms if the drug is available through this source, and will have the application forms signed by the patient's primary care physician rather than our medical director.

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## **How we got started**

When the clinic first opened in 1993, access to needed prescription medication, both urgent and chronic, was clearly an unmet need for many patients. During a visit to another free clinic early in our development we learned about the possibility of procuring surplus drug samples from local physicians' offices. The awareness of the availability of these products, which we knew would be discarded if not used, combined with our very obvious client need drove the initial design of our pharmaceutical access program. We knew we could not raise enough community dollars to purchase all the medication required to meet the rapidly expanding prescription drug need in our community. Plus, we were nurses, not fund raisers! So, we analyzed our clients' needs—for both urgent and chronic care—and collected drug samples and, using our money very sparingly, purchased a few bulk medications through a local affiliated hospital pharmacy. At this point in our development, medications were dispensed when clients came to us for care at the walk-in clinics.

Soon afterward we began offering patient education classes in hypertension, asthma, and diabetes during which patients received appropriate medication, in the form of samples, without cost. However, as more and more uninsured diabetics were coming to the urgent care clinic, we realized we were facing a "big, black hole." It became rapidly apparent that there was a large community-wide need for medication assistance, and that in order to keep pace, the clinic would need some outside help. In 1997, our two local hospitals responded to our grant requests by providing funding for these patient education specialty clinics. The dollars were used to fund our Medication Assistance Program and purchase some needed pharmaceuticals that were not available as samples.

## **The key role of nurses**

The central feature of our Medication Assistance Program is the one-to-one engagement between our nurses and clients. In addition to the initial nursing assessment, these volunteers provide individualized support to help patients manage their chronic illness. Patients learn about their illness, its treatment, nutritional components, drug therapy indications, and personal management. They also learn about how to strengthen their relationships with their primary care physicians, how to ask questions and advocate for themselves, how to discuss the affordability of a prescription, and how to take part actively in their own care plan. This one-on-one nursing case management, provided by volunteer, licensed nurses has proven to build a trust relationship and has empowered clients to indeed take charge of their ongoing health care issues.

Primary care physicians appreciate the work of the nurses as well, as they are assured that their patients are having routine contact with a medical professional. The clinic asks clients to sign a consent form allowing Medication Assistance Program nurses to coordinate patient care with the patient's doctor's office. We report elevated blood pressure readings, verify prescriptions, and report other health concerns that a client may share with clinic nurses during his/her assessment.

## **Procuring medications**

The clinic has developed several methods to obtain medication for clients. We acquire most of our medication through pharmaceutical patient assistance programs followed by samples, bulk medication purchases, and retail pharmacy purchases (the RxTRA program).

## ***Drug samples***

Once monthly, the clinic faxes or calls approximately 50 local physicians' offices to request their excess samples. Samples are picked up on the third Monday and Tuesday of each month. The following day, on Wednesday, they are then sorted alphabetically, with out-dated samples set aside and destroyed. The clinic

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pharmaceutical supply is restocked, and a weekly inventory is maintained listing an average of 461 different drugs and dosages. Medications not needed by patients served by the First Presbyterian Church Health Clinic are donated to mission groups.

The clinic made its initial contact with local physicians by telephone, informing them how clinic programs could help their patients and explaining how donated samples would be used. It was important to emphasize to physicians that the clinic did not provide primary care, but instead supported the physician's efforts to care for his or her clients. This approach has served us extremely well, as we are known to, and supported by, most physicians in the area.

## ***Retail or other pharmacies***

The clinic has created a voucher program, RxTRA, to enable clients to obtain generic, low cost medications not available through samples or patient assistance programs (e.g., amitriptyline, metoprolol, trazodone). The clinic pays for these medications at a local retail pharmacy located at nearby medical teaching facility. Those clients with a household income above 100% of the Federal Poverty Level pay a \$3 co-pay per prescription for each three-month supply. (This co-pay helps defray the dispensing or "pouring" fee, while filling prescriptions for the maximum number of refills means clients pay only one dispensing fee.) Clients at less than 100% of poverty level do not pay a co-pay. RxTRA is supported by funds provided by the two local hospitals to support chronic illness management.

This program was developed through discussions with one of the clinic's volunteer pharmacists who operates the pharmacy at our local medical school. The pharmacist is a regular volunteer at our evening clinics and was familiar with the clinic and the needs of its patients and wanted to help. A clinic staff nurse compiled a list of commonly prescribed, chronic medications not available through samples or patient assistance programs, which was approved by the clinic's medical director. Currently 13 medications are available through this program. The entire process took fewer than two weeks from idea to implementation. We do, however, have a few observations to pass on to others:

- Make sure clients know their part in the program. For example, some patients in our program didn't know the difference between a prescription and a voucher.
- Set up the program at one pharmacy. RxTRA was more difficult to implement when clients were sent to different pharmacies. Some pharmacy employees were not familiar with the program and were not very gracious to patients when they came to obtain their medications.
- Make sure the pharmacy has a commitment to help the uninsured. Our program became successful once we turned to a clinic volunteer for help!

## ***Donations from pharmaceutical companies***

Selected medications are supplied free of cost upon request from a local pharmaceutical manufacturer. The initial contact with the company was made through internal contacts. The clinic received a list of available medications from the company and developed an order form. Medications are ordered every 1-2 months and are received within 48 hours.

Pharmaceutical sales representatives from a variety of companies also bring in surplus samples regularly. Local physicians are the best way to make first contact with pharmaceutical sales reps as these "detail men/women" are in constant contact with physicians and physicians' offices. For example, physicians can request that pharmaceutical reps make visits to the clinic or deliver samples directly to a clinic.

## ***Bulk purchasing***

The clinic purchases bulk medications from a local affiliated hospital pharmacy. These are only dispensed by physicians. These bulk medications are those that are frequently needed for urgent needs at our Walk-In clinics and are not available through samples.

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The First Presbyterian Church Health Clinic also uses two other sources: the Michigan Emergency Pharmaceutical Program for Seniors (MEPPS) and pharmaceutical manufacturers' patient assistance programs. The MEPPS program is a free medication program for adults over 65 that seniors may access two times a year, which is problematic for those with chronic illness and need their medications monthly. The pharmaceutical patient assistance programs have become the primary source of medication for our clients. The clinic makes direct contact with pharmaceutical companies and uses websites such as RxAssist to identify available medications. To make managing patient applications easier we highly recommend creating some sort of system—ideally computerized—to track orders. The First Presbyterian Church Health Clinic uses a spreadsheet program that includes the client's name, drug name and dosage, pharmaceutical company program, date of application, date medication was received and date for reapplication. In addition, it is also useful to keep all relevant financial data in the patient's file and to train volunteers to become knowledgeable in filling out applications so they can help other staff, if necessary. It is important to remember that company programs change, medications are not always available, and some manufacturers are easier to work with and more reliable than others.

## **Program Operations**

### *Staffing*

The Medication Assistance Program operates under the supervision of our volunteer medical director and three registered nurses, who are paid staff. Prescriptions are prepared by volunteer pharmacists, pharmacy technicians, or registered nurses. According to Michigan law and following a clinic protocol developed by our medical director, registered nurses may provide medications from sample supplies at the clinic. As discussed previously, these nurses also assess medication compliance, effectiveness, side effects, and drug interactions. Only physicians may give out medications from sources other than samples. Printed handouts with instructions on all medications are available for clients.

Volunteer pharmacists play a very important role in educating clinic clients about their illnesses and the drug therapy used in their treatment. Many of the daytime volunteer pharmacists are retired and are recruited from the community to participate in our Med Assist and Med Express events.

We decided not to pursue becoming licensed as a pharmacy, due to the costs and regulatory requirements involved (e.g., space, hiring a licensed pharmacist). In addition, the clinic was fortunate to have an ample supply of sample medications and licensed pharmacists willing to volunteer their time during clinic hours.

### *Formulary*

We have no official formulary, although we usually have nearly 500 different medications available on-site. We do not stock or purchase any controlled substances. We only give out those medications we have available, and that varies constantly. We try to access medication for our clients in any way that we can, including making contact with other resources in the community if all other avenues have been exhausted.

## **Computer system**

In November 1997, in response to a request from one of our volunteer pharmacists, a pharmacy software vendor donated to the First Presbyterian Church Health Clinic all the of the hardware, software, and monthly updates needed to run a pharmacy. At that time this system—Scientific Retail System—was valued at \$7,500 and the monthly updates at \$600. Using this pharmacy computer software system we are able to print the labels, record medications given out, average wholesale price computations (a monthly update is provided at no charge), recommended dosages, individual drug handouts for the clients, and number of refills. (This system does not manage our inventory; we do that separately with a simple database program that we developed.) Medications are also recorded in two places on the patient's chart. Our medical school pharmacy uses the same system, and has provided us with start-up support. The system has been very user friendly. The company also gives us an unending supply of free labels.

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## *Pharmaceutical budget*

Our budget is \$9,000 for pharmaceuticals and an additional \$7,500 for medical supplies such as diabetic testing strips. In 1999, we were given \$7,500 in pharmacy credit from one of our hospitals; in 2000, \$8,500; and in 2001, \$9,500. That credit is used for needs such as (377) inhalers, (17,300) testing strips, and (417) bottles of insulin when access through the patient assistance programs is too slow or not available. With the addition of this credit we were able to fund, with our other pharmaceutical dollars, an expanding RxTRA program.

The value of pharmaceuticals accessed through our program including those received through patient assistance programs is calculated by our pharmacy software for every label printed as the average wholesale price of each prescription. (As most of the medications we receive through patient assistance programs come in three-month supplies we count that as three prescriptions.) Including medications received from patient assistance programs, in 2000 we gave out 16,549 prescriptions with a value of \$729,096; in 1999 we gave out 12,603 prescriptions with a value of \$554,517 and in 1998 we gave out 9,157 prescriptions with a value of \$402,908.

## **Lessons learned**

Client need **must** drive the design and development of a pharmaceutical access program. Administration of a medication assistance program may be greatly enhanced if people with a clinical background, such as pharmacists, nurses, and physicians, work together and, at the point of service, provide the same professional expertise found in the larger healthcare community. Specifically:

- Identify the type of conditions you will be treating—acute need, emergent need, short-term for an emergent condition or chronic
- Get the support of a licensed pharmacist, either active or retired; remember, all it takes is one pharmacist volunteer to make contact with several others
- Be creative in looking for program allies and volunteers—for example, schools of pharmacy, pharmacies at local hospitals and VA hospitals are places to look
- Get the buy-in of physicians in the community, both for acquiring samples and getting patient referrals
- Get volunteers for helping with the voluminous paperwork
- Make sure you have adequate storage and space for your medication

It is possible to achieve cooperation, education, cost savings, and wellness within a community through a multi-disciplinary model of care provided in a volunteer-based free clinic. Hopefully, when a provider network comes into place to permanently address the needs of the un- and underinsured, it will draw from our experiences and lessons learned. Hopefully, as well, we will help shape what that provision of care looks like.

## **For more information, contact:**

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