

Bridging the Gaps



Prescription Assistance Program Patient Advocates at the Philadelphia Department of Public Health Ambulatory Services

Student Interns: Dominic Henderson, Mekhala Santebennur, Shivashree Sekar, Caleb Smith, Sarah Taekman; Drexel University College of Medicine
Academic Preceptors: Barbara Hogan-Zarro, PhD, Vincent Zarro, MD, PhD; Drexel University College of Nursing and Health Professions
Community Preceptor: Patrycja Dziekonska, MPH, Philadelphia Department of Public Health

COMMUNITY PARTNER

The Philadelphia Department of Public Health Division of Ambulatory Health Services directs eight City Health Centers (<https://www.phila.gov/services/mental-physical-health/city-health-centers/>) that treat all individuals regardless of income and insurance eligibility.

- Feature interdisciplinary services of adult medicine, pediatrics, OB/GYN and family planning care, dental, legal services, and social services for patients.
- Serve a variety of communities including immigrants, undocumented citizens, uninsured, and those who have Medicare, Medicaid, and HMO health plans.

The interns worked in the Prescription Assistance Program (PAP) office at these Health Centers, enabling un- and underinsured patients to receive their medication at free or low costs for medicine that is not carried at the Health Centers.

- Assisted patients with completing applications to pharmaceutical companies.
- Called in prescription refills.
- Advocated with the patient for eligibility to these programs.



(Philadelphia Department of Public Health Division of Ambulatory Health Services, <https://vaccines.phila.gov/>)

BACKGROUND/CONTEXT

- The average American spent \$1,432 on prescription drugs in 2022.¹ These costs are typically reduced by insurance coverage.
- However, the U.S. had 31.6 million uninsured people—9.7% of the population—in 2020.² As of 2021, 13% of Philadelphian adults were uninsured.³
- The cost of prescription drugs has been increasing steadily over the past decade and for some drugs has more than doubled. Per capita pharmaceutical spending was 54% to 209% higher in the U.S. in 2017 as compared to other high-income countries.⁴
- There are Prescription Assistance programs (PAPs) for patients who have financial barriers to pharmaceuticals. Over 475 PAPs operate across the country, helping an estimated 36 million patients over the past decade in accessing their prescribed medications at little to no cost.⁵ The Philadelphia Department of Public Health's (PDPH) multiple health centers have PAP navigators who work with physicians and patients towards enrolling patients into appropriate PAPs.

ACCOMPLISHMENTS/ CHALLENGES/ JOYS

Accomplishments:

- \$336,906.67 worth of medication provided to patients
- 13 New Enrollments into prescription assistance programs
- 5 re-enrollments processed
- 71 refills processed

Challenges:

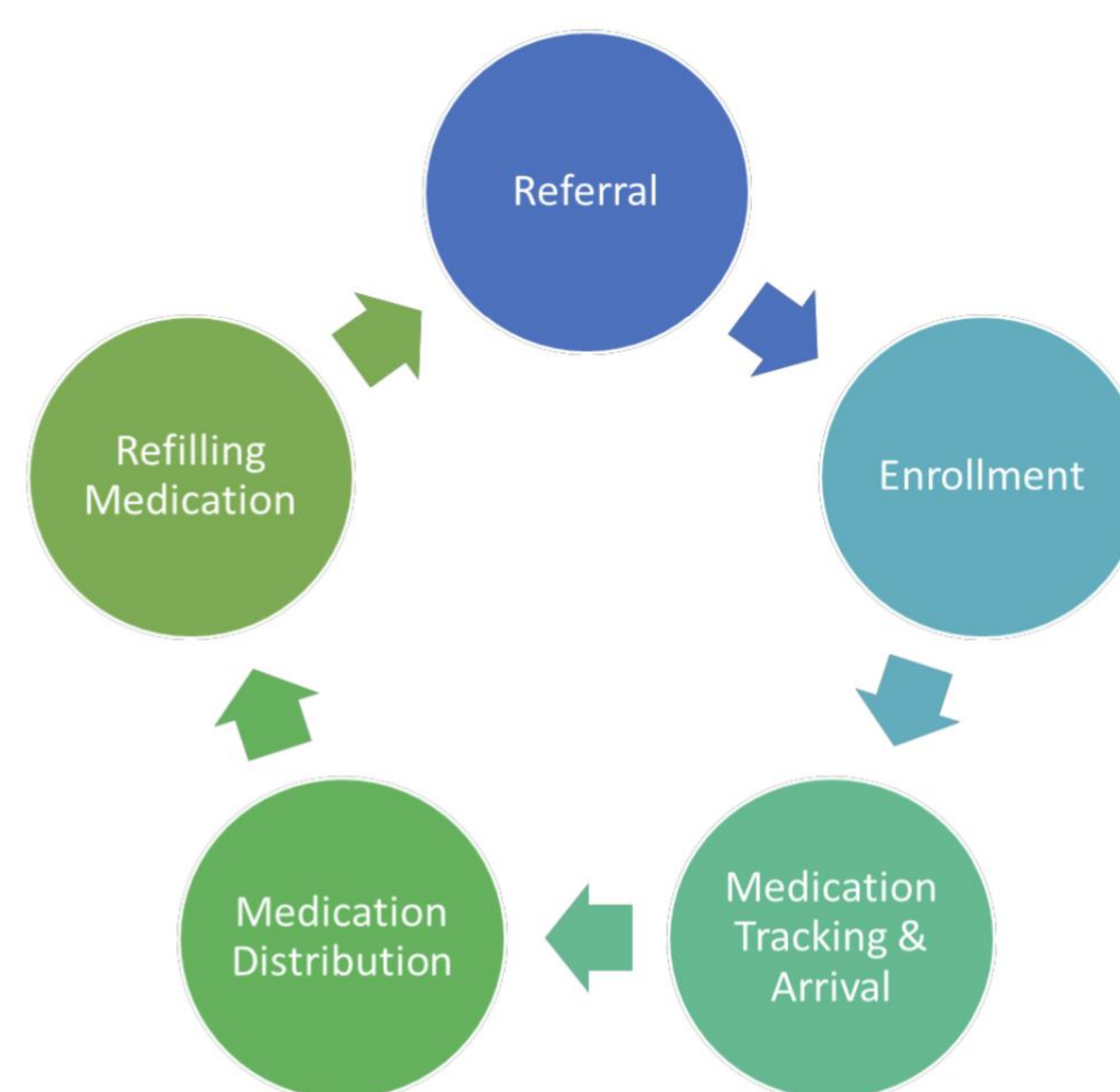
- Navigating the end of various prescription assistance programs. (Advair, Trulicity, Symbicort, etc)
- Language barriers and translator availability
- Acting as liaison between providers, pharmaceutical companies, and patients

Joys:

- Providing prescription assistance to diverse patients
- Working within an interdisciplinary model of care
- Learning about PAP and the communities our health centers function within

TEAM'S EXPERIENCE

- Worked as patient advocates at various health centers across the city
- Found it to be rewarding helping patients gain access to medications that they could not afford
- Navigating the pharmaceutical companies was a challenging experience
- Used resources such as Needymeds.org and Rxassist Plus to find and keep track of patient applications
- We worked to streamline the prescription drugs distribution for the PAP program



REFLECTION

One of the major takeaways from our summer experience was that the U.S. healthcare system has significant systemic issues. The fact that a program like this exists in the first place is indicative of the exorbitant costs of healthcare. Patients facing several barriers to access to care, including lack of transportation and low health literacy, were disproportionately affected by the complexity of U.S. healthcare. Furthermore, while admiring the interdisciplinary nature of the health centers (medical, dental, family planning and more services were all provided in one place), we could simultaneously see the significant lack of resources, such as the lack of sufficient staff. Despite the negatives, it felt wonderful to see patients when they came to pick up medications, knowing they were finally approved for assistance. As future physicians, caring deeply for our patients and taking the time to understand where they come from will help us provide the comprehensive care they need.

WORKS CITED

1. OECD (2023), Pharmaceutical spending (indicator). doi: 10.1787/998feb6-en.
2. Cha, A. E., & Cohen, R. A. (1922). Demographic variation in health insurance coverage: United States, 2020
3. City of Philadelphia - Department of Public Health. "2021 Health of the City: Philadelphia's Community Health Assessment." www.phila.gov/media/20220718132807/HealthOfTheCity-2021.pdf.
4. Wineinger, N. E., Zhang, Y., & Topol, E. J. (2019). Trends in prices of popular brand-name prescription drugs in the United States. *JAMA network open*, 2(5), e194791-e194791.
5. Patients Rising Now (2022). "The Need for Patient Assistance and Access Programs."