Medication Assistance Programs

Enhancing the Overall Health of Patients and Decreasing Readmissions

Dianna Meyer, MSW, LCSW
Medication Assistance Program Coordinator
Saint Luke’s Hospital - Kansas City, MO
April 2009
Identified Need:
- Patients unable to afford their Rx at discharge
- Discharge delays
- Valuable staff time used to look for medication/resources
- Readmissions = Increase in charity care costs

Actions:
- Designed a specialized program or “expert” to address the medication needs specifically
- Secure funding (SLH Foundation)

Program Mission
- Increase patient access to affordable life-sustaining medications.
- Improve overall patient health.
- Eliminate unnecessary and expensive readmissions.

Saint Luke’s Hospital Medication Assistance Program (MAP) focus:
- Treatment and Prevention
- “Preventing fires instead of putting them out”
  - Assisting Patients to establish Primary Care to prevent need to use the hospital as primary care.
  - Arranging long term plans for obtaining medications – not just “band-aiding” the problem by giving them a few meds to “get them out the door.”

Eliminating Readmissions
- Steep Decline in readmissions due to lack of access to Rx (No readmissions 1st Qtr 2009).
- Potentially, saving millions in charity care costs.
- Patients able work long enough to obtain health insurance.

Primary Care Physician Initiative
- Identified as a need in the initial phase of the MAP set-up
- Having a Primary Care Physician allows for:
  - Consistent, Preventative Care
  - Medication Adjustments as needed to control chronic conditions

Outcomes
- Improve patient health
- Improve medical outcomes
- Increase patient satisfaction
- Reduce charity care by eliminating readmissions
- Increase revenue
  - Open beds for paying patients
- Efficiency
  - Helps facilitate early discharges
  - Improved employee/physician satisfaction
Program Design

Design Preparation:
- **Determine Eligibility guidelines**
  - Who are we going to help? And why?
  - Understanding that you cannot help everyone (you can’t change some behaviors)
- **How to Implement**
  - How are we going to help?
  - Where do we start first?
  - How can we stretch program funding?
- **What Outcomes to Track**
  - What are we going to monitor and why?
  - How to collect, monitor and report?

Eligibility Guidelines
- Inpatient admissions
- No other prescription coverage (including other assistance programs, churches, family)
- Low income/assets (≤ 250% poverty level)
- Life-sustaining medications only (Limitations)
- If it is a chronic medication, long-term plan available and in place or initiated
- Must have a Primary Care Physician at discharge (MAP will make first appointment)
- Requires patient cooperation & participation

Implementation (Keys to Success)
- Forms Created and Policies Written FIRST – set your guidelines first (income limits, one time only assistance, max amount to be spent per patient).
- Start small (specific diagnosis or certain hospital units) – your referrals will grow fast!
- Community networking with area clinics and other Medication Assistance Programs
- Hospital staff education

Design
- Case managers/Physicians/RNs make referrals to unit social workers.
- Social workers assess and refer to MAP social worker.
- MAP helps develop an individualized plan for short and long-term Rx needs.
- Post-discharge follow-up to monitor success with the discharge plan.

Reporting Outcomes
- Demographics (Income, Insurance Status, County, Gender, etc)
- Diagnosis (i.e. cardiac, diabetes, etc)
- Follow-up care
- Medication cost savings to patients – amount saved and resources used
- Readmission rates

General Information
- **Department**: Care Integration Department with a *Multidisciplinary Oversight Committee*
- **Staff**: 1.0 FTE- Administrator/ some clinical and 0.5 FTE –Clinical
Why Create a Medication Assistance Program?

When a patient has no prescription coverage:

- Health will decline
- Employment loss from missing work
- Future hospital bills/debt (increased charity care costs)
- Stress = additional symptoms (i.e. chest pain, GI pain, migraines)
- Loss of family support, hope and motivation

Patient’s Perspective

Study(1) of 660 older adults with chronic disease

- All reported “under using” Rx, due to cost.
- 66% never discussed cost issues with MD
- 60% believed their MD could not help with Rx
- Of the 33% who did tell MD, 75% found talk helpful
- 33% said their MD didn’t change anything to generic or less expensive Rx


What Research Tells Us

- Unreported non-compliance is a problem.
- Patients do not think it will help them to disclose their financial difficulties.
- MDs do not usually ask about affordability issues.
- Even when a patient asks, MDs may not be willing to change drug regimens.
- Many MDs do not know the cost of the drugs they prescribe. (We have seen this extensively.)
- Many physicians believe that all generic medications are now available for $4.
- We must help identify and advocate for these patients.

MAP Social Worker’s Role

- Identify uninsured patients early in their stay
- Notify medical staff early to start thinking…..
  - Am I over prescribing?
  - How can I make this less expensive?
  - Can I try something less expensive while the patient is here, to ensure clinical effectiveness?
- Locate resources for Rx and follow-up care
- Advocate for patients to have a successful discharge plan.
Resources for Medications

- Pharmaceutical Assistance Programs
  [www.needymeds.com](http://www.needymeds.com)
  More than 350 companies with more than 2,600 Rx available
  Programs available for short term and long term assistance

- Mail Order (Free or small co-pays)
  Higher Income Limits (allows for the “working Poor”)
  Co-pays due every 30 days – allows for planning ahead and for seasonal work

- Medicare Part D Plans

- $4 Medication Programs
  Good for cutting overall cost but only older generic medications – (if written correctly !)
  (The goal for the Medication Assistance Program is to obtain the best medication, not the cheapest, to improve the patients overall health thereby preventing readmission.)

- Discount Medication Cards: Higher income uninsured patients. (20-45% off retail price)

- Referrals to outpatient clinics that have funding or Rx programs available to provide patients with medications. (Free or nominal co-pays and new PCP)

- Short-term assistance through MAP budget.
  (i.e. Antibiotics, steroid tapers, bridging gap until PAP arrives)
The goal of the Medication Assistance Program is to help eligible patients develop a plan for making their medications more affordable. By assisting patients to be able to afford their medications, they are more likely to be compliant with the treatment plans that you develop. The overall hope is to improve patient health while eliminating avoidable readmissions.

To Consult MAP: If any of your patients have disclosed that they will have difficulty affording the medications you prescribe, write a consult for Social Services re: medication cost issues. Social services will assess the patient’s insurance and financial situation. If the patient meets criteria the social worker will consult MAP.

**MAP criteria/guidelines per the grant guidelines:**
1. Income at or below 250% FPL for household income (single: $26,000/yr – couple: $35,000/yr) and less than $5000 in liquid assets
2. The patient must have NO other prescription coverage
3. Patient must be agreeable to assistance with arranging a PCP and follow up appointments
4. MAP will only consider assisting with medication that is considered to be life-sustaining.

MAP specifically does not assist with:
- Medications specifically used to treat pain, mental health disorders or Cancer.
- Controlled substances/medications (i.e. pain, anti-anxiety drugs, etc).
- Medication that can be purchased over the counter (OTC).
- Infused medications.
- Supplies used to administer medications (i.e. syringes, tubing, etc).

5. Patient can only receive assistance from MAP one time in their lifetime per grant guidelines. Patients returning to the hospital in need of a different medication will be considered on a case by case basis and only if the patient has complied with all of MAP’s past program requirements. A patient is eligible to receive additional assistance if the total value in medication, for the first visit and the second visit, does not exceed program guidelines.

* Household size includes anyone living in the home who is contributing to the patient’s financial needs.

**MAP is working with the Social Workers and the Complex Case social worker to:**
1. Find out early in the admission if your patient may have difficulty affording their prescriptions.
2. Plan ahead for weekend discharges.

**New tracking for 2008:**
$4 Rx Programs – helpful most of the time. MAP has seen a marked increase in patients being admitted who did not enroll in Medicare Part D plans or have no RX coverage and have been trying to only use $4 prescriptions. It is not the goal of the MAP to simply change everyone to $4 meds. It is our goal to enroll patients in pharmaceutical programs, discount programs, align with community clinic programs and utilize the $4 programs to establish the best and most comprehensive medication coverage possible.
Emergency Department Rx Assistance Program

Procedure:

1. Physician or ED RN will consult social work services to assess/initiate assistance with medications.

2. Social worker (or House Supervisor if evenings or weekends) will meet with patient to verify patient eligibility. (See program eligibility guidelines on back of voucher)

3. Social worker or House Supervisor will verify prescriptions needed for discharge.

4. This program will help with no more than 2 weeks of life-sustaining chronic meds (I.e. HTN, DM, Epilepsy, etc)
   - If medication can only be dispensed in one form (inhalers, insulin vials) then no more than a quantity of ONE (#1) per patient.
   - Antibiotics: Can give full course of antibiotics, if price is less than Max. amount below ($100)
   - Generic medications should be used if available (I.e. Phenytoin, Warfarin, Metformin, etc)
   - Pain Medications: No more than a 72 hr supply of non-narcotic/non-opiate analgesics
   - NO OTC medications
   - No medications for the treatment of behavioral health disorders
   - No controlled substances

5. Social worker or House Supervisor must verify that the cost of medication is within program limit of $100. *** If cost of medication is over limit, please discuss with prescribing physician.

Cost Verification:

- Monday – Friday 9am to 5pm call SLH Outpatient Pharmacy at 932-2188
- Monday – Friday 5pm to 9am/ Weekends call Walgreens 3845 Broadway at 561-7620

6. The physician will write prescriptions with the appropriate quantity and cost limit as in number 4 & 5 above. The prescriptions and voucher must be faxed to Saint Luke’s Outpatient pharmacy at 932-8126 (between 9am – 5pm) or to Walgreens 561-9582 (between 5pm to 9am during the week and all day on weekends and holidays).

7. These forms must be completed and signed before medication is filled.
   - A. Patient Enrollment
   - B. Rights and Responsibilities
   - C. Voucher

**Staff: Staple forms and copies of prescriptions, place in appropriate location for manager pick-up.

If using SLH outpatient pharmacy:

Call 932-2188 to verify price of prescriptions.
If total price $100 or less, Fax prescriptions and voucher to pharmacy at 932-8126.
Allow at least 30minutes for pharmacy to fill prescriptions.
Deliver medications to patient.

If using Walgreens retail pharmacy:

Call 561-7620 to verify price of prescriptions
If total price $100 or less, Fax prescriptions and voucher to 561-9582.
Ensure that you have patients name, address, birth date, allergies on voucher.
Allow 30-60minutes for pharmacy to fill prescriptions
Send patient to Walgreens to pick up prescriptions.

Questions or Concerns: Contact Dianna Meyer -Available Mon–Fri 7am to 3pm. Office: 816-932-1501
Saint Luke’s Hospital
Medication Assistance Program

The Medication Assistance Program, of Saint Luke’s Hospital, provides program services based on patient eligibility, assessed need, and the availability of program funding.

Rights and Responsibilities

1. I understand that my participation in this program depends upon my eligibility status and the current availability of program funding resources.
2. I understand that this program’s services are not guaranteed in the future.
3. I understand that I may only receive financial assistance with my medication one time. (i.e. If this program pays for your medication today, then you will not be eligible for receiving help with the cost of it again.)
4. The Medication Assistance Program Coordinator will assist me in locating services and will work with:
   - Physicians, clinics, Saint Luke’s Hospital staff, etc.
   - Medicaid, Social Security, etc.
   - Community, Local and/or Pharmaceutical company assistance programs, etc.
3. I have the right to receive this program’s services without cost to my family, guardian, or me.
4. I have the right to receive program services in a timely, courteous, respectful, non-discriminatory, and culturally sensitive manner.
5. I have the right to complain, grieve and appeal a decision, if I feel that I my rights were violated in anyway, pertaining to the services that I received during my participation in this program.
6. I have the responsibility to be courteous, respectful, and participatory during any interaction with Saint-Luke’s Staff, while receiving services through this program.
7. I have the right to have my personal and medical information kept confidential according to Missouri State Statutes and Federal HIPAA Law.
8. I have the right to allow Saint Luke’s staff to disclose information about me to only those people/agencies that I deem appropriate.
9. I have the responsibility to meet with the MAP coordinator, as deemed needed, to participate in developing my plan of care, as necessary to share information for the continuation of services.
10. I have the responsibility to actively participate in and follow through with the plan of care that I developed with the members of this program and my Saint Luke’s health care team.
11. I have the responsibility to only use the medication, as prescribed by my physician.
12. I have the responsibility to actively seek out alternative assistance programs and payment sources for my medications.
13. I understand that it is my responsibility to provide the program staff with proof of my household income and assets.
14. I have the responsibility to be truthful and honest when reporting my household income and assets. I understand that I must provide all sources of income in a truthful and accurate manner.
15. I understand that I must be report truthful information pertaining to my insurance prescription benefits or lack there of.
16. I agree to provide MAP with all of the information necessary to determine eligibility for this program and other assistance programs and community resources.
17. I understand that the MAP coordinator has the right to withhold any or all program services, if I am in violation of any of the above indicated patient responsibilities.
18. I have the right to be informed of policies and procedures for closure to program services and conditions for readmission.

Patient Initial ______________ MAP Initial ______________
Policies for Removal and Readmission into the Medication Assistance Program

Patients may be removed or suspended from the Medication Assistance Program at the discretion of the MAP coordinator. If a removed/suspended patient seeks readmission for services, the MAP coordinator will re-evaluate the situation, using the criteria listed below. A final decision may rest with the MAP Oversight Committee, pending the appropriate utilization of the complaint, grievance and appeal process.

The following may result in the closure or suspension of services.

1. Unable to locate and/or respond to final notification within a 30 day time period.
2. Neglected to participate and follow through with the mutually developed plan.
3. Fraud (i.e. dishonest report of income and insurance status)
4. Discourteous behavior

The following may result in permanent closure of services through this program.

1. Endangering/threatening the life of Saint Luke’s staff or others while conducting program business.
2. Threatening and/or abusive behavior
3. Criminal activity on the agency property.
4. Carrying of weapons while conducting program business.
5. The selling or illegal misuse of medication received through this program.
6. One previous warning or probation of services, due to patient conduct.

Criteria for consideration for re-admission to program services.

1. Patient can demonstrate that the behavior, which caused patient removal from services, is no longer evident in patient’s life.
2. If closure or suspension is caused by threatening, abusive or disrespectful behavior, the patient must show that concrete steps have been taken and accomplished to correct the problem, through such avenues as, but not limited to, counseling, rehabilitation, anger management etc.
3. The MAP coordinator must find obvious and pertinent proof that patient’s behaviors have changed for the better, before readmission will be considered.

Complaint, Grievance, Appeal Process
All patients will have access to a fair, non-threatening, and understandable complaint, grievance appeal process.

1. Patient may contact the Patient Advocate Department at 816-932-2328 for assistance.

Upon my initials and signature, I am stating that I understand and agree to abide by the rights and responsibilities of this program. Also, my signature states that I thoroughly understand the policies for removal and readmission into this program. Furthermore, I ____________________ agree to hold Saint Luke’s Health System (SLHS), it’s officers, directors, and employees harmless from any claims, action, demands, liability, costs, penalties and expenses, including reasonable attorney fees, arising solely from any and all assistance provided to you from this Medication Assistance Program.

Patient Signature: ______________________________________ Date:________

MAP Signature:________________________________ Date:________
Medication Assistance Program: Patient Enrollment Form

DEMOGRAPHIC INFORMATION

Patient Sticker

FINANCIAL/INSURANCE INFORMATION

<table>
<thead>
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<th>Type of Income</th>
<th>Amount</th>
<th>Monthly</th>
<th>Weekly</th>
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<td></td>
</tr>
<tr>
<td>Income B</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income C</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income D</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets</td>
<td>Total Amount $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from Assets</td>
<td>Amount $</td>
<td>Monthly</td>
<td>Annually</td>
</tr>
<tr>
<td>Total Income</td>
<td>Tot Amount $</td>
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Last Tax Filing Year

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<tr>
<th>Insurance Type</th>
<th>Place X</th>
<th>Medicaid</th>
<th>Medicare A/B</th>
<th>Medicare Part D</th>
<th>VA</th>
<th>Private</th>
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<tbody>
<tr>
<td>No Insurance</td>
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<table>
<thead>
<tr>
<th>Prescription Coverage</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foodstamps</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Household Size

Who:

I ________________________ attest that the above information is complete and accurate. I attest that the financial and insurance information above is accurate and truthful. By my signature, I authorize the release of the above information to ________________________, and/or other agents. I authorize this program, Saint Luke’s Hospital and/or other agents to use and disclose such information for the assessment of my eligibility for enrollment into this program. I am authorizing SLH to contact my insurer, public funding programs, advocacy organizations, health care providers and other persons or entities we deem appropriate. I authorize this program to release or request necessary medical records or requested information bearing on my eligibility to and benefits under the program. This program agrees to only release information needed to process application, to provide continued assistance and administration, during my participation in this program. This program agrees to not disclose any information to any third party expect as authorized by me or as required by law.

Patient Signature_________________________ Date:__________

MAP Signature_____________________________ Date:__________

MAP/Enrollment.doc/Jul04.
**MEDICAL INFORMATION**

<table>
<thead>
<tr>
<th>All Locations</th>
<th>Discharge Location/Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOC</td>
<td></td>
</tr>
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</table>

Attending Group/MD

Social Workers

<table>
<thead>
<tr>
<th>Date</th>
<th>Day of the Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit Date:</td>
<td></td>
</tr>
<tr>
<td>Referral Date:</td>
<td></td>
</tr>
<tr>
<td>Discharge Date</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>LOS:</th>
<th>Days Before DC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>Days</td>
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Referral From

<table>
<thead>
<tr>
<th>Referral Category</th>
<th>Timely</th>
<th>Late</th>
<th>CVRU</th>
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<tbody>
<tr>
<td>Cardiac</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td></td>
<td></td>
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<td>GI</td>
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</tr>
<tr>
<td>CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Primary DC Diagnosis Code:

---

**PRIMARY CARE PHYSICIAN INFORMATION**

<table>
<thead>
<tr>
<th>New PCP</th>
<th>Old PCP</th>
</tr>
</thead>
</table>

PCP Name: Specialty:

Location/Address

Contact | Phone: | Fax: |
|--------|--------|------|

Additional Notes:
# SLH Medication Assistance Program-
Cumulative Outcomes 2004-2008

## Enrollment

<table>
<thead>
<tr>
<th>YEAR</th>
<th># Patients Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>260</td>
</tr>
<tr>
<td>2005</td>
<td>319</td>
</tr>
<tr>
<td>2006</td>
<td>257</td>
</tr>
<tr>
<td>2007</td>
<td>160</td>
</tr>
<tr>
<td>2008</td>
<td>170</td>
</tr>
<tr>
<td>Total</td>
<td><strong>1166</strong></td>
</tr>
</tbody>
</table>

## Insurance Status

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Self Pay/ Uninsured</th>
<th>Medicare</th>
<th>Private Ins</th>
</tr>
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<tbody>
<tr>
<td>2004</td>
<td>158</td>
<td>97</td>
<td>5</td>
</tr>
<tr>
<td>2005</td>
<td>216</td>
<td>98</td>
<td>5</td>
</tr>
<tr>
<td>2006</td>
<td>204</td>
<td>50</td>
<td>3</td>
</tr>
<tr>
<td>2007</td>
<td>149</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>2008</td>
<td>148</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>875 (75%)</td>
<td>273 (23%)</td>
<td>18 (2%)</td>
</tr>
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</table>

## Overall Income Levels (All Insurance Types)

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<thead>
<tr>
<th>YEAR</th>
<th>No income</th>
<th>$1-10,000</th>
<th>$10K+- 20,000</th>
<th>$20K+- $40,000</th>
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<tbody>
<tr>
<td>2004</td>
<td>88</td>
<td>50</td>
<td>74</td>
<td>48</td>
</tr>
<tr>
<td>2005</td>
<td>110</td>
<td>62</td>
<td>105</td>
<td>42</td>
</tr>
<tr>
<td>2006</td>
<td>75</td>
<td>53</td>
<td>74</td>
<td>55</td>
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<tr>
<td>2007</td>
<td>34</td>
<td>38</td>
<td>53</td>
<td>35</td>
</tr>
<tr>
<td>2008</td>
<td>17</td>
<td>25</td>
<td>40</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td><strong>324 (29%)</strong></td>
<td><strong>228 (21%)</strong></td>
<td><strong>346 (31%)</strong></td>
<td><strong>215 (19%)</strong></td>
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## Primary Discharge Diagnoses

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Cardiology</th>
<th>Diabetes</th>
<th>Neuro</th>
<th>Pulmonary</th>
<th>Infect Dz</th>
<th>Other</th>
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<tbody>
<tr>
<td>2004</td>
<td>173</td>
<td>10</td>
<td>22</td>
<td>20</td>
<td>Not recorded</td>
<td>35</td>
</tr>
<tr>
<td>2005</td>
<td>191</td>
<td>15</td>
<td>22</td>
<td>14</td>
<td>39</td>
<td>38</td>
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<tr>
<td>2006</td>
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<td>26</td>
<td>13</td>
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<td>2007</td>
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<td>9</td>
<td>21</td>
<td>24</td>
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<tr>
<td>2008</td>
<td>85</td>
<td>6</td>
<td>19</td>
<td>15</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td><strong>677 (58%)</strong></td>
<td><strong>47 (4%)</strong></td>
<td><strong>102 (9%)</strong></td>
<td><strong>71 (6%)</strong></td>
<td><strong>115 (10%)</strong></td>
<td><strong>154 (13%)</strong></td>
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### Primary Care Physician Set Up Initiative (Goal: >90% will have PCP)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Uninsured Patients</th>
<th># No PCP on admission</th>
<th>% No PCP on admission</th>
<th>New PCP at Discharge</th>
<th>% New PCP at Discharge</th>
<th>Total % with PCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>158</td>
<td>110</td>
<td>70%</td>
<td>98</td>
<td>89%</td>
<td>92%</td>
</tr>
<tr>
<td>2005</td>
<td>216</td>
<td>131</td>
<td>61%</td>
<td>124</td>
<td>95%</td>
<td>97</td>
</tr>
<tr>
<td>2006</td>
<td>204</td>
<td>129</td>
<td>63%</td>
<td>128</td>
<td>99.2%</td>
<td>99.5%</td>
</tr>
<tr>
<td>2007</td>
<td>149</td>
<td>90</td>
<td>60%</td>
<td>90</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2008</td>
<td>148</td>
<td>110</td>
<td>74%</td>
<td>110</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>875</td>
<td>570</td>
<td>65%</td>
<td>550</td>
<td>96%</td>
<td>98%</td>
</tr>
</tbody>
</table>

### Medication Cost Savings (Goal: Save >90% of total value while spending < 5% in pharmacy costs)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Total Value in Medications</th>
<th>Value Saved in Medications</th>
<th>Program Pharmacy Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>$446,119</td>
<td>$406,764</td>
<td>$17,636</td>
</tr>
<tr>
<td>2005</td>
<td>$516,997</td>
<td>$473,721</td>
<td>$19,207</td>
</tr>
<tr>
<td>2006</td>
<td>$379,436</td>
<td>$339,440</td>
<td>$18,124</td>
</tr>
<tr>
<td>2007</td>
<td>$308,405</td>
<td>$288,922</td>
<td>$9,948</td>
</tr>
<tr>
<td>2008</td>
<td>$451,615</td>
<td>$434,078</td>
<td>$7,435</td>
</tr>
<tr>
<td>Total</td>
<td>$2,102,572</td>
<td>$1,942,925</td>
<td>$72,350</td>
</tr>
</tbody>
</table>

### Readmissions (Goal is <3% will be readmitted due to an inability to afford meds)

<table>
<thead>
<tr>
<th>YEAR</th>
<th># Readmissions</th>
<th>% Readmissions</th>
<th>Goal Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>2 patients</td>
<td>1% (2/260)</td>
<td>Met</td>
</tr>
<tr>
<td>2005</td>
<td>12 patients</td>
<td>4% (12/319)</td>
<td>Not Met</td>
</tr>
<tr>
<td>2006</td>
<td>17 patients</td>
<td>6% (17/247)</td>
<td>Not Met</td>
</tr>
<tr>
<td>2007</td>
<td>13 patients</td>
<td>9% (13/142)</td>
<td>Not Met</td>
</tr>
<tr>
<td>2008</td>
<td>5 patients</td>
<td>3% (5/167)</td>
<td>Met</td>
</tr>
</tbody>
</table>