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Project #08: Stewardship Opportunities for a Hospital Philanthropic Fund for Patient Medication Access

Stormmy R. Boettcher
Henry Ford Health

Jeremiah J. Jean
Henry Ford Health

Nisha Patel
Henry Ford Health

Caren El-Khoury
Henry Ford Health

Kristin M. Griebe
Henry Ford Health

See next page for additional authors

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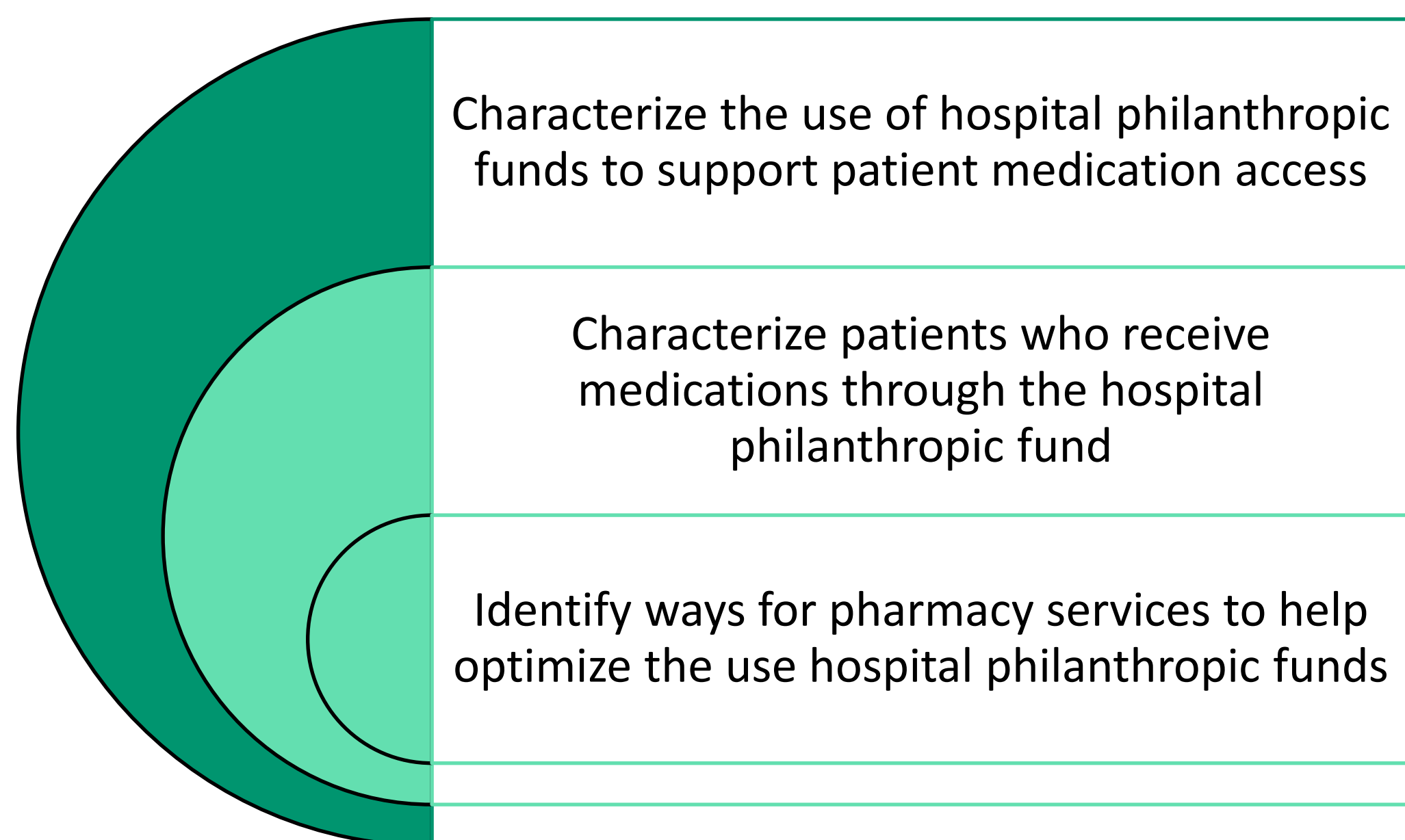
Authors

Stormmy R. Boettcher, Jeremiah J. Jean, Nisha Patel, Caren El-Khoury, Kristin M. Griebel, and Nancy MacDonald

Introduction

- Barriers to medication access contribute to excess morbidity, mortality, and unnecessary use of healthcare resources
- Hospital philanthropic funds assist patients in covering the cost of essential medical needs, which may otherwise be uncovered or unaffordable
- Pharmacists have a vital role in ensuring access to medications, however, they are not involved in the fund distribution process
- Fund utilization patterns for discharge medications have not yet been evaluated

Objectives



Methods

This was an IRB-approved retrospective evaluation of hospital philanthropic fund utilization from January 1, 2022 to December 31, 2022

Inclusion: Patients were included in this study if they utilized the hospital's philanthropic funds for medication access upon discharge

Exclusion: Patients were excluded if alternate hospital philanthropic funds were used

Manual chart review was completed to obtain patient information not provided via discharge pharmacy point-of-sale records and social work services payment records

Drugs were categorized using the American Hospital Formulary Service (AHFS) Drug Information 2023 classification system

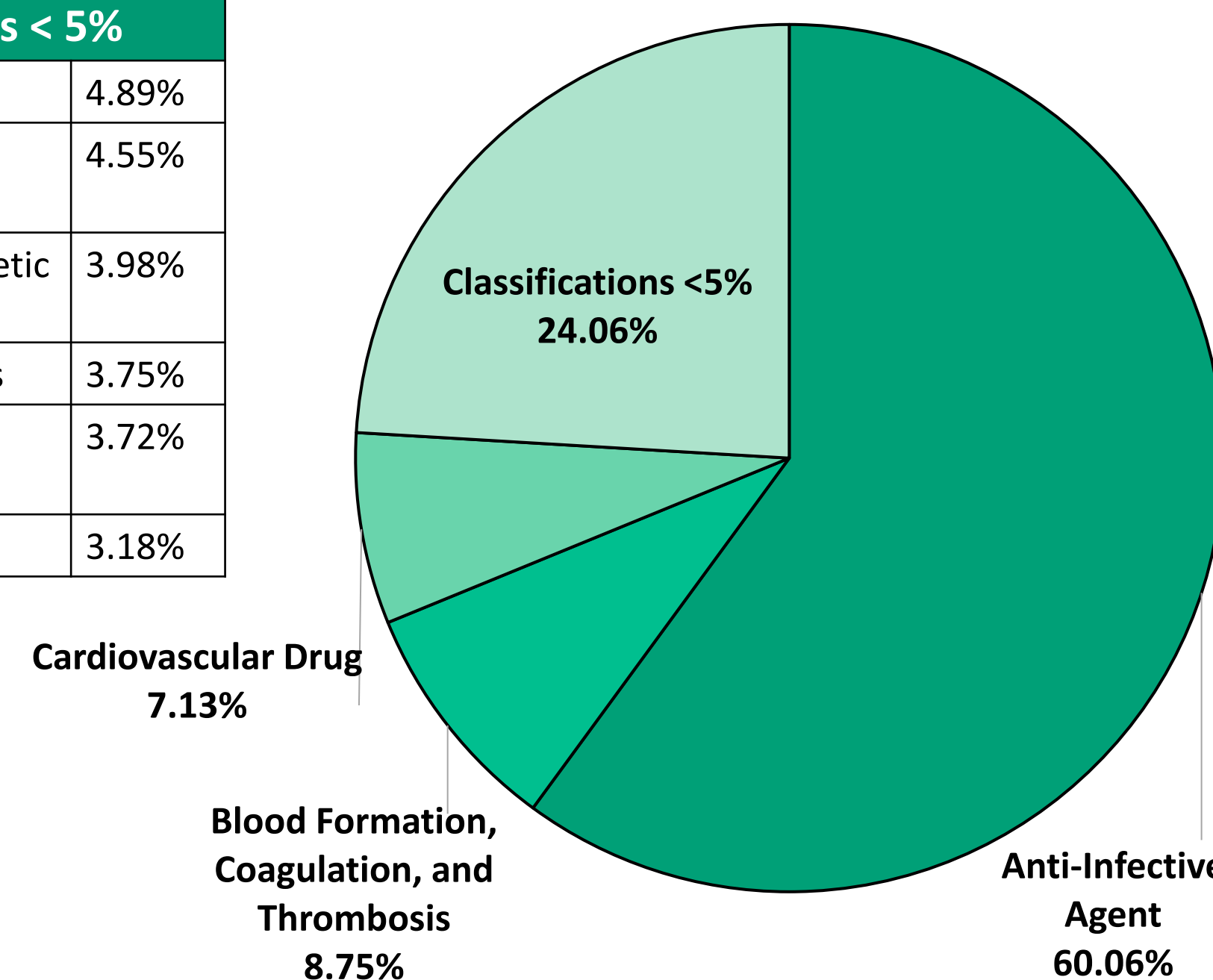
Results

Demographics

Age (years)	Median (IQR)
	57 (27)
Race	n (%)
Black	246 (46)
White	167 (31)
Unknown/Not available	64 (12)
Asian	6 (1.1)
Hispanic	2 (0.3)
Middle Eastern	2 (0.3)
Native Hawaiian/Pacific Islander	1 (0.1)
Other	45 (8.4)
Ethnicity	n (%)
Not Hispanic or Latino	418 (78)
Hispanic or Latino	55 (10)
Unknown/Not available	60 (11)
Values are rounded for display purposes n = 533	

Fund Distribution - Primary Drug Classification (% of total spending, \$58,620.56)

Classifications < 5%	
Autonomic Agent	4.89%
Central Nervous System Agent	4.55%
Hormones and Synthetic Substitutes	3.98%
Antineoplastic Agents	3.75%
Miscellaneous Therapeutic Agents	3.72%
Other*	3.18%



*Electrolytic, Caloric and Water Balance – Gastrointestinal Drug – Vitamin – Local Anesthetic – Skin and Mucous Membrane Agent – Eye, Ear, Nose, and Throat Preparation – Respiratory Tract Agent – Smooth Muscle Relaxant – Antihistamine Drug

Fund Characterization

Overview	In 2022, the total amount spent was \$58,620.56	
	The most expensive medication, anidulafungin, was \$8,192.45	
	Intravenous therapies accounted for over half (52.5%) spent	
Fund Use Frequency	617 encounters	
	85% of patients used the fund once	
	3 patients (0.48%) used the fund 5 times	
Prescriptions Filled	2,293 prescriptions filled	
	A median 30-day (22) supply was provided to patients	
	Maximum of 17 drugs dispensed to 1 patient	
Route of Administration	80% oral	5.6% inhaled
	5.5% subcutaneous	0.56% intravenous

Intravenous Therapies

Anidulafungin* (n=3)	\$14,459.6	Penicillin G Potassium* (n=1)	\$3,169.5
Ertapenem (n=1)	\$1,808.63	Daptomycin* (n=1)	\$3,514.52
Cefazolin (n=1)	\$1,302.25	Ganciclovir (n=1)	\$2,686.41
Ceftriaxone* (n=1)	\$878.63	Milrinone* (n=1)	\$1,960.27
* patient assistance program available			

Limitations

- The following variables were unable to be assessed, which limited the full interpretation of fund distribution
 - Patient insurance status at the time of dispensing
 - Considerations of alternative therapy or agents
 - Use of discharge medication cost inquiries

Conclusions

- In 2022, over \$58,000 of philanthropic funds were used to improve medication access for over 500 patients
 - Most patients were Black, not-Hispanic or Latino, and used the fund one time
- Future opportunities include the evaluation of hospital policy to include considerations of patient assistance programs, third-party drug coupons, manufacturer discounts, and alternative therapies
 - Of the most expensive medications, more than half had a cost-savings programs available for patient enrollment