Bridging the Gap: Tackling Pharmacy Deserts & Enhancing Medication Access and Adherence

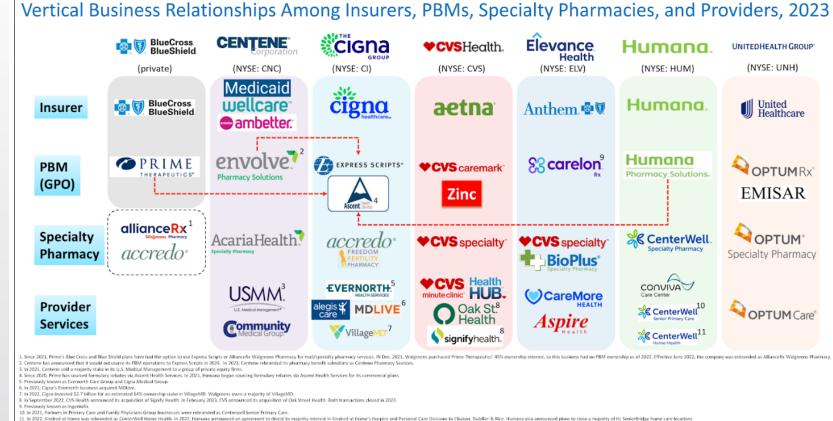
Tessa Schnelle, PharmD, MPH, DPLA

Objectives

- Describe the role of the Pharmacy Benefits
 Manager
- Define the term pharmacy desert
- Understand the differences between medication access & adherence
- Identify risk factors that have unique impacts on patients and rural Kansas communities
- Differentiate between causal theories contribute to the increase in pharmacy deserts
- Assess solutions addressing barriers to medication access.

Background

What is the role of the Pharmacy Benefits Manager (PBM) in medication access in the United States?

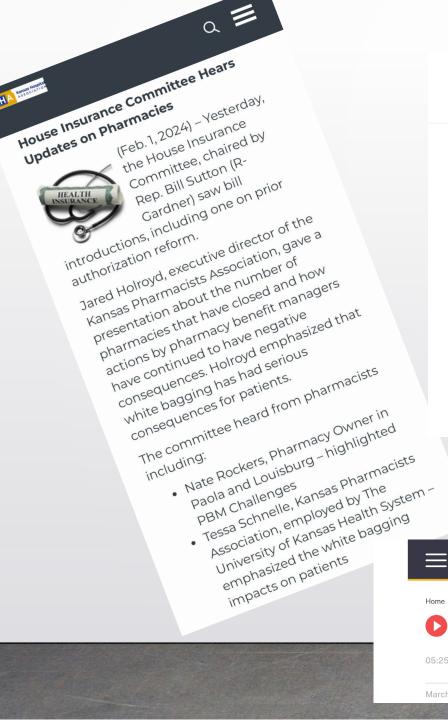


31. In 2022, kindred at Home was rebranded as CenterWeit Home Health. In 2022, Humana announced an agreement to divest its majority interest in Kindre Source: The 2023 Economic Report on U.S. Phormacies and Pharmacy Benefit Managers, Exhibit 234. Companies are listed alphabetically by corporate name

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May 2023

Fein AJ. The 2023 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers. Drug Channels Institute. 2023.





Feeling sick? In parts of Kansas, you'll have a hard time finding a pharmacy

KCUR | By Bek Shackelford-Nwanganga

Published February 6, 2024 at 3:00 AN

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Independent pharmacies in Kansas

are closing. Those

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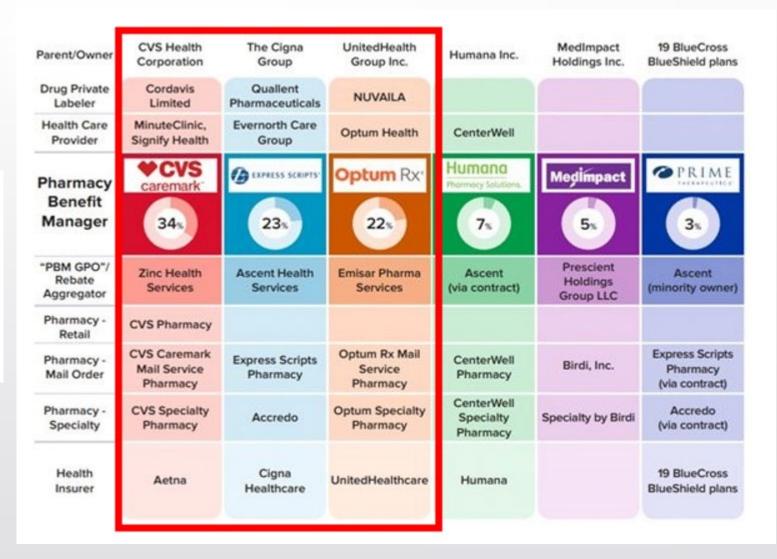
Pharmacy deserts are increasing around the country

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FTC Releases Interim Staff Report on Prescription Drug Middlemen

Report details how prescription drug middleman profit at the expense of patients by inflating drug costs and squeezing Main Street pharmacies

July 9, 2024 🛛 😝 💥 🗓



FTC Releases Interim Staff Report on Prescription Drug Middlemen. Federal Trade Commission. July 9, 2024.

Pharmacy Desert vs Network Adequacy

Pharmacy Desert:

A pharmacy shortage area where the distance to a pharmacy is greater than <u>10 miles in a rural area</u>, <u>2 miles in a suburban area</u>, <u>1 mile</u> for urban areas and a half-mile in neighborhoods that are low income and have low vehicle ownership.

Network Adequacy:

Is a regulatory measure used to ensure that health plans network contains an adequate number of providers to provide medically necessary services and access in a timely manner.

How far is too far to travel?





Medication Access vs Medication Adherence

Medication Access:

The ability for a patient to get the correct medication for their healthcare needs, at a price that they can afford and in adequate quantities.

Common barriers to medication access

include: navigating insurance, medication costs, and physical access to medications.

Medication Adherence:

The extent to which a person's behavior corresponds with taking a medicine optimally.

Common barriers to medication adherence

include: fear, cost, misunderstanding, polypharmacy, lack of symptoms, mistrust, worry, depression.

Which of these methods of medication delivery is better equipped to provide medication access and adherence?





What happens in a pharmacy desert when there is a medical emergency?









What are the impacts of pharmacy deserts in Kansas?





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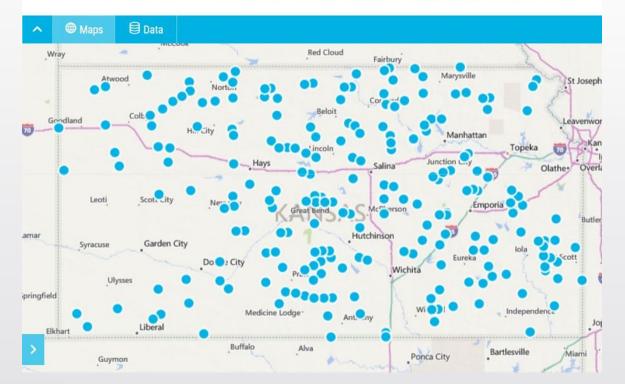
Research Questions

- What is the current state of pharmacy deserts in rural Kansas?
- What are the risk factors that have unique impacts on patients and rural communities designated as pharmacy deserts?
- What are the causal factors contributing to the development of pharmacy deserts?
- What solutions are being taken to increase medication access in rural areas?

TelePharm

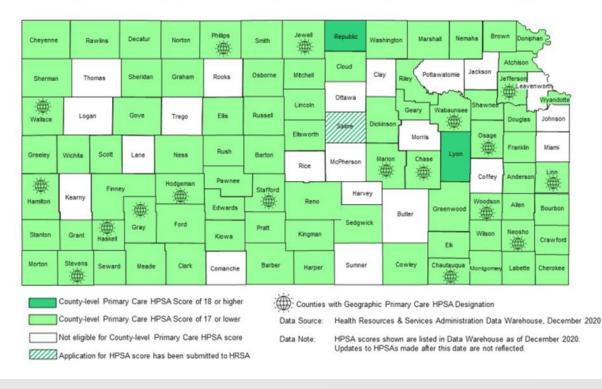
State Pharmacy Desert Map

Towns located 10+ miles from their nearest pharmacy in every U.S. state.



Tucker J. Improving Rural Health and Fighting Pharmacy Deserts via Telepharmacy. TelePharm. 2022. https://blog.telepharm.com/improving-rural-health-and-fightingpharmacy-deserts-via-telepharmacy.

Primary Care Geographic and Population County-Level HPSA Designations



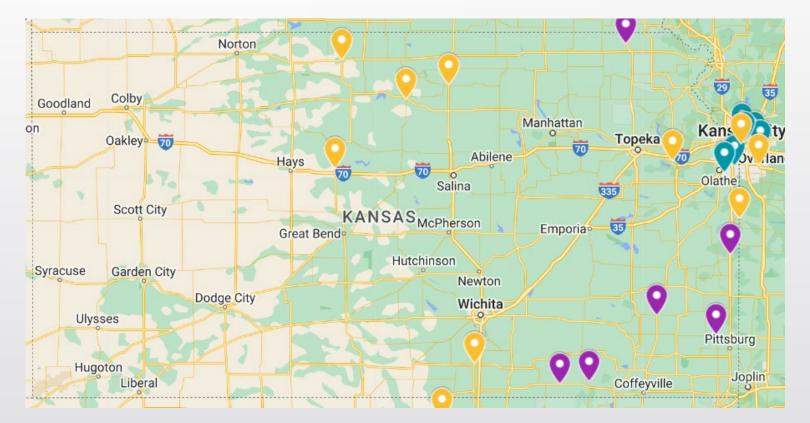
Heath Professional Underserved Areas Report Kansas Primary Care and Rural Health. Kansas Department of Health and Environment. 2020. https://www.kdhe.ks.gov/DocumentCenter/View/1517/2020-Health-Professional-Underserved-Areas-Report-PDF?bidld=

Results

- As of February 2024, 210 towns in Kansas that met the criteria of a rural pharmacy desert.
- The furthest distance a town was from their nearest pharmacy was Matfield, Kansas, 25 miles from their local pharmacy.
- The average number of miles between a town classified as a pharmacy desert and their pharmacy was 13.3 miles.
- Of the 63 Governor designated medically underserved areas (MUA) in Kansas a total of 73% contained at least one pharmacy desert.
- Approximately 58% of the pharmacy deserts in Kansas are located in a MUA.
- Approximately 83% of the pharmacy deserts in Kansas are located in a Primary Care Health Provider Shortage Area (HPSA).

2024 Pharmacy Closure Trends in Kansas





Interactive Map of NPIs since Jan 2024 – credits to Benjamin Jolley https://www.google.com/maps/d/viewer?mid=1pCzgfAz4XW5IN_ZIhM -RpUJfBWbbSKE&II=37.897417951275635%2C-97.49492981018915&z=7

Causal Factors

"We often preoccupy ourselves with the symptoms, whereas if we went to the root cause of the problems, we would be able to overcome the problems once and for all."

Wangari Maathai

BELL'S FAMILY PHARMACY CLOSES IN TATE GEORGIA JUST AS PRICING DISPARITIES IN STATE HEALTH BENEFIT PLAN DISCOVERED



- Bell's Family Pharmacy (pictured above) in Tate, Georgia closed its doors on February 17, 2024, citing low reimbursements and other PBM practices as the primary cause. It was the only stand-alone retail pharmacy in the town.
- Bell's closure is part of a disturbing pattern of independent pharmacy closures over the last several years including Arnold's Drug Co. (Cornelia), Concord Pharmacy (Dunwoody), Suwanee Pharmacy, Jones Pharmacy (Fayetteville), Randy's Pharmacy (Helen), Clarkesville Drugs, Scottie Discount Drugs (Hattwell), Scottie Discount Drugs (Royston), Prescription Shop (Statesboro), Medical Center Pharmacy (Fayetteville), Larry's Pharmacy (Waycross), and more.
- Despite offering high touch clinical and personalized service, GA independent pharmacies continue to suffer at the hands of large PBMs including low and underwater reimbursements in Georgia's State Health Benefit Plan.
- The below chart illustrates pricing disparities between independent pharmacies and chains in GA's SHBP.¹ These examples
 are of 15 commonly prescribed generics used to treat a wide variety of health conditions. These examples are no aberration
 but part of a pattern in which the SHBP's PBM pays independent pharmacies less than larger retail chain pharmacies.

15 Commonly Prescribed Generics Drug Name/Strength	Average Payment to 3 Closest Retail Chains ²	Bell's Family Pharmacy Payment	Chain Payment v. Bell's % Difference
Atorvastatin Cal 20mg 90-day	\$46.87	\$1.90	2,367% higher
Bupropion Hydro ER (XI) 300mg 90-day	\$53.75	\$5.54	870% higher
Metformin Hydro ER 500mg 30-day	\$13.40	\$1.29	939% higher
Metoprolol Tartrate 100mg 90-day	\$23.89	\$14.44	65% higher
Amlodipine Besylate 10mg 90 day	\$23.55	\$1.51	1,460% higher
Levothyroxine 100mcg 90-day	\$4.00	\$4.39	10% (Bell's higher)
Lisinopril 20mg tablet 30-day	\$9.71	\$1.72	464% higher
Losartan Pot 50mg 90-day	\$41.44	\$4.74	774% higher
Omeprazole DR 10mg 90-day	\$102.65	\$66.59	54% higher
Esomeprazole Mag. 20mg 90-day	\$61.68	\$32.66	89% higher
Simvastatin 20mg 90-day	\$30.00	\$7.50	300% higher
Montelukast Sod 4mg 90-day	\$45.38	\$23.58	92% higher
Escitalopram Oxalate 20mg 90-day	\$55.10	\$9.01	512% higher
Topiramate 200mg 90-day	\$62.13	\$15.16	310% higher
Cephalexin 500mg 7-day	\$12.63	\$2.05	516% higher

PLEASE STAND WITH GA'S INDEPENDENT PHARMACIES³ & SUPPORT LEGISLATION TO FIX SHBP RX BENEFITS, END PBM PRICING GAMES, PAY ALL PHARMACIES FAIRLY & TRANSPARENTLY, & SAVE GA MONEY

¹ Pricing Source: https://info.commark.com/oc/ship: SHBP HMO
² Estimated average payment calculated using pricing source for Walgreens, Kroger, and CVS retail pharmacies located in Jasper, GA.
³ Dimensional Content of the second statement of the second statement

Proposed Solutions



- 1) Stabilize a currently unstable pharmaceutical economic market would be to implement health policy and regulatory reforms
- 2) Utilize innovative solutions in areas where pharmacy deserts already exist
- 3) Stabilize the pharmacy workforce

Questions

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