

BACKGROUND

- Patients with HIV can enroll with Medicaid, Medicare, private insurance, or the Virginia Medication Assistance Program (VAMAP) to assist with prescription coverage. However, patients experience many unpredictable medication access issues.
- In 2016, the UVA ID Clinic set up a business account with UVA Pharmacies to cover medications, including antiretroviral therapy, if no other timely access is secured. The account is charged and applied to Ryan White grants.
- Between September 2020 and August 2021, a total of 96 patients incurred 172 emergency medication charges. The total cost was \$131,252, or an average of \$763 per charge.
- Navigating access barriers is time-consuming and causes financial strain to the clinic.

PROBLEM & AIM STATEMENTS

- Between September 2020 and August 2021 at the UVA ID clinic, a mean of 15 emergency medication charges were incurred each month. Frequent and unpredictable medication access barriers can lead to increased time off ART, cause financial strain to the clinic, and decrease clinicians' ability to provide other essential services.
- We aim to decrease emergency medication charges for patients at the UVA ID clinic to less than 13 charges per month by March 2022.

METHODS

- An interdisciplinary team of stakeholders involved in the process of reducing emergency medication charges was formed. Plan-Do-Study-Act (PDSA) cycle methodology was utilized. Quality improvement (QI) tools included process mapping, cause and effect diagram, Pareto chart, priority matrix, and statistical process control (SPC) charts. Balance measures were assessed and counter measures were developed.

RESULTS

Figure 1. Pareto chart of reasons for emergency medication charges

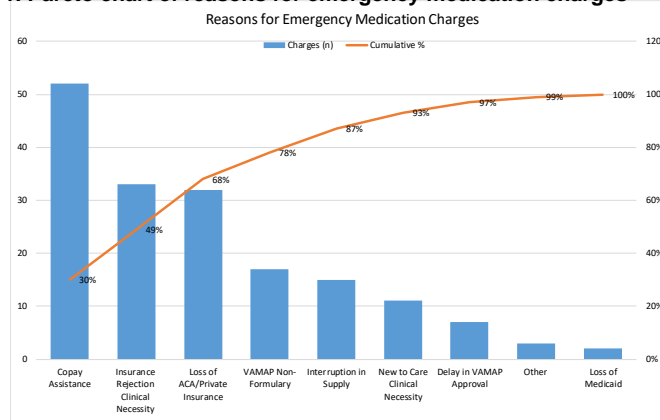
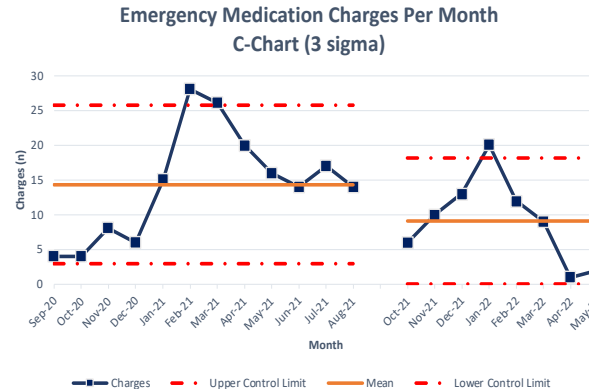


Figure 2. Subgroup analysis of recurrent charges

Most Frequent Reasons for Recurrent Charges	Charges (N=108) N (%)
Copay Assistance	40 (37)
Insurance Rejection Clinical Necessity	19 (18)
Loss of Insurance (Private and Medicare)	19 (18)
VAMAP Non-Formulary	12 (11)

Figure 3. Statistical process control chart of charges per month



Interventions Started on October 1st:

- ID clinic pharmacist activated one-time 30-day coupon cards for ART for 26 patients
- ID clinic pharmacist received additional training to manage insurance rejections
- ID clinic pharmacist to review medications for therapeutic alternatives and alternative payer sources

RESULTS

- Copay assistance, insurance rejection, loss of private insurance, and VAMAP non-formulary medications accounted for 80% of emergency medication charges (Figure 1).
- 34 patients accounted for 108 recurrent charges, with a mean of 2 charges per patient. Main reasons for recurrence are displayed in Figure 2. Upon implementation of the countermeasures, average monthly charges from October 2021 through May 2022 were reduced to approximately 9 charges per month (Figure 3).
- Charges increased in January 2022 following 200 patients losing VAMAP access. In April, the clinic was notified by the Virginia Department of Health (VDH) that the account could no longer be used to cover ART (Figure 3).
- This QI project found that the account is utilized appropriately for situations outside of the clinic's control, such as patients losing insurance or experiencing high co-pays.

CHALLENGES

- Due to staff shortages in the clinic, all countermeasures were pharmacist-driven.
- Not all aspects of medication access are within control of the clinic.
- Evaluating monthly emergency charges was no longer an accurate measure of medication access barriers following changes to the coverage of ART.
- Pandemic-related impacts may have resulted in different barriers compared to previous years.

REFERENCES

Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescent with HIV. DHHS. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>.
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