340B PARTNERSHIPS



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LEARNING OBJECTIVE

Describe the benefits safety net providers gain by participating in the 340B drug discount program



340B PARTNERSHIPS - OVERVIEW

- What is 340B?
- Who Qualifies?
- Benefits of Participation
- 340B and ACA
- Recent controversies/Impact on Pharmacy

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BACKGROUND

340B Drug discount program created by Congress in 1992

- Reduced drug prices for "safety-net Providers" with high volume poor, uninsured & underinsured patients
- Stretch scarce resources, reach more patients & provide more comprehensive services



ELIGIBLE PROVIDERS

Health Centers

- Federally Qualified Health Centers (FQHC)
- FQHC Look-Alikes
- Native Hawaiian Health Centers
- Tribal / Urban Indian Health Centers

Hospitals

- Children's Hospitals*
- Critical Access Hospitals*
- Disproportionate Share Hospitals
- Free Standing Cancer Hospitals*
- Rural Referral Centers*
- Sole Community Hospitals*

Ryan White

 Ryan White HIV/AIDS Program Grantees

*access granted through ACA

• Black Lung Clinics

- Comprehensive Hemophilia Diagnostic Treatment Centers
- Title X Family Planning Clinics
- Sexually Transmitted Disease Clinics
- Tuberculosis Clinics



ELIGIBLE PATIENTS

- Established a relationship with covered entity
- Care provided by healthcare professional who is either employed or has contractual arrangements with the covered entity
- Service or **range of services consistent with** the service or range of services for **grant funding** (not applicable for DSH)



ADDITIONAL PROGRAM REQUIREMENTS

- No duplicate discounts Medicaid Rebate
- No diversion to ineligible patients



BENEFITS OF 340B PARTICIPATION

- Medication Assistance Program access to low cost medications for self pay patients
- Lower cost medications enables covered entities to provide services to more patients
- Implementation/Expansion of uncompensated services such as MTM



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- The health system
 - 495 bed hospital; Over 60 outpatient clinics; 11 Federally Qualified Health Centers
 - 7 health sciences colleges (medicine, nursing, dentistry, pharmacy, public health, social work, and applied health sciences)

Population served

- The UI Health primary service area includes 2 million people who are among many of the poorest Chicago communities and more than onequarter of the city's medically needy residents
- 35% of the residents in these communities are Hispanic; 35% are African American



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The pharmacies

- Seven Ambulatory Care Pharmacies that dispense over 1,200 prescriptions daily.
 - Six pharmacies participate in 340B
- Many clinical pharmacy services MTM, Transplant, Oncology, HIV/AIDS, Hepatitis C, Multiple Sclerosis, Sickle Cell Anemia, Women's Health, Pediatrics
- Support for residency training programs



PHARMACY RESIDENTS

2013/2014

- PGY1 17 (4 community pharmacy (1 in-house); 1 international)
- PGY2 12
 - -Critical Care
 - -Organ Transplant (2)
 - -Cardiology
 - -Ambulatory Care (2)
 - -Pediatrics
 - -HIV
 - -Emergency Medicine
 - -Oncology
 - -Pharmacogenomics
 - -Drug Information



340B AND AFFORDABLE CARE ACT

The Affordable Care Act :

- Broaden scope to include children's hospitals, free-standing cancer hospitals and several kinds of rural hospitals *patients in these settings have access to lower-cost medications*
- Improvements in the integrity and financial oversight of the 340B program



340B AND AFFORDABLE CARE ACT

Government Accountability Office Study

(Report published September 2011):

Findings:

- Over 50% of respondents reported using 340B savings to support cost-effective and patient-focused pharmacy services such as:
 - Medication Therapy Management
 - Disease management
 - Patient Assistance Programs
- Program is critical to pharmacy and broader hospital indigent care mission



340B AND AFFORDABLE CARE ACT

Recommendations:

Improve 340B Program integrity by -

- increasing compliance by manufacturers and covered entities with program requirements (audits)
- establishing an administrative process for resolving claims of violations of such requirements



RECENT CONTROVERSIES

- Increased scrutiny by Congress and pressure to constrain program growth
 - Influential lawmakers proposing to restrict program to uninsured patients only
 - Pharmaceutical industry stepping up lobbying efforts
- Questions raised about whether patients are benefitting and negative implications of 340B for patient care
 - various interest groups raising concerns
- Third party payers are ratcheting down reimbursement



NATIONAL MEDIA ATTENTION

The New York Times

Dispute Develops Over Discount Drug Program By ANDREW POLLACK Published: February 12, 2013

JANA The Journal of the American Medical Association

Cost Consequences of the 340B Drug Discount Program





"Hospitals twist prescription assistance program for their own benefit"



The 340B Drug Discount Program

RECENT CONTROVERSIES

Figure 3: Growth in 340B Contract Pharmacy Arrangements, 1999–2013 (as of July of Each Year)



Source: Avalere Health analysis of HRSA 340B contract pharmacy arrangements files.



VIEWPOINT

340B Participation = Win-Win

<u>Patients</u>

- Access to affordable medications
- Access to comprehensive pharmacy services
 - Medication Therapy Management
 - Referral and collaboration with healthcare team

Pharmacies

- Access to new patients
- Opportunities to expand clinical services
- Better able to serve health care needs of their communities



VIEWPOINT

ACA

- Better care, Better Health, Lower Costs
- Alternative reimbursement methods
- Provides opportunities for pharmacists to participate in team based patient care delivery models



Pharmacy Challenges

- Revised payment methods involve other disciplines
- Lack provider status
- In the meantime: 340B participation to bridge compensation gap

THANK YOU



