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"Medicine for People in Need" Closes Its Doors: Funding Issues Prompt California-Based Organization to Suspend Operations

An advocate for safety net providers and an influential presence in the 340B community has closed its doors due to funding challenges. But although Medicine for People in Need (Medpin) ended its active program in December 2007 after eight years of service, "Its work lives on," says Program Director Kathryn Saenz Duke.

Through training and education, technical assistance, policy analysis, and research, Medpin has worked with safety net providers for nearly a decade to improve access to medicine and pharmaceutical care for indigent patients in California and across the U.S. Medpin was a strong supporter of the 340B program and a valuable resource for bringing providers into the program and advising them on related pharmacy issues.

Started in 1999, Medpin was originally a project of a settlement agreement for a legal action brought by private parties under California anti-trust laws against many major drug companies. The project created a "financial and programmatic base" for the organization, according to Duke.

As part of the settlement, Medpin worked with all the parties to distribute more than \$170 million dollars worth of brand name drugs from 23 companies, at no charge to low-income recipients in California. As a result, drugs shipped to more than 100 safety net providers allowed them to fill 2.6 million one-month prescriptions for indigent patients, Duke says.

In the following years, however, Medpin was unable to find another "financial and programmatic base" to support its expanding scope of services. According to Duke, Medpin suffered the fate of most nonprofit organizations that rely primarily on philanthropic funding.

"We regret closing down now, but I'm proud of what we and our partners have accomplished over eight years," she says. "Many of the organizations we partnered with are continuing, and because some of them do similar work, we chose not to compete with them for funding."

Nonetheless, Duke says Medpin was able to affect real changes among California's safety net providers— particularly the state's health clinics. As a result of Medpin's technical assistance, which ranged from developing written materials to conducting local training workshops plus on-site assistance, providers throughout the state learned how to increase their effective use of patient assistance programs (PAPs), better utilize the 340B program, and get

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high value from generic drugs.

“The end of Medpin will be a great loss to clinics, says Adrienne Villar, Pharmacy Associate at the Community Clinic Association of Los Angeles County. “They provided a lot of services that we as an organization don’t provide.”

As part of another litigation settlement project with the California Attorney General’s Office, Medpin reimbursed many California clinics last year for diabetic drugs and supplies as well as generic statin drugs. One of these was La Clinica de la Raza, which has locations in Alameda, Contra Costa and Solano Counties of California.

“Medpin has always made an effort to bring those drugs at either low cost or no cost,” says Dolly Davar, La Clinica’s Director of Pharmacy. “Medpin not being here will definitely affect us because we know that they were always negotiating on behalf of safety net clinics to ensure that we have some help in the form of products or money.”

Medpin also served as a conduit to form working relationships among California’s county indigent care systems, community clinics and faculty from the state’s seven pharmacy schools.

In January 2002, Medpin began preparations for creating a statewide drug purchasing alliance of safety net providers for both 340B and non-340B drugs. Working with leaders from public hospitals, pharmacy schools, and community clinics, Medpin developed a plan for negotiating on behalf of all California providers able to purchase through 340B, according to Duke.

Spearheaded by Duke’s colleague Marice Ashe, the Safety Net Provider Purchasing Alliance was created in 2003. Despite extensive preparation, the Alliance never began purchasing, although it did continue through 2006 the work it had begun in educating California safety net providers about drug utilization management and pharmacy best practices.

And, with respect to public policy, Medpin helped develop and pass a state law allowing expanded use of the 340B program within community pharmacies and testified before California’s legislature on various bills and ballot initiatives.

“Medpin has been a really important voice, particularly on prescription drugs,” says Melissa Stafford Jones, President and CEO of the California Association of Public Hospitals and Health Systems, which represents all of the public hospitals in California and worked closely with Medpin on its initial project. “Medpin gave a home and a voice to an essential issue in terms of access—it is a loss not to have that voice and the energy.”

During its eight-year span, Medpin also collaborated on projects and conferences with various groups such as Volunteers in Health Care/RxAssist, the 340B Coalition, Safety Net Hospitals for Pharmaceutical Access, and the Health Resources and Services Administration’s Pharmacy Services Support Center.

“They provided a tremendous service, particularly for those on the West Coast,” says Jim Mitchell, Director of the Office of Pharmacy Affairs. “They will be missed.”

Despite Medpin’s progress, Duke says that important work still remains to support indigent patients, especially because safety net providers often have a high turnover of staff.

“Although we are pleased with the education and structural changes we were part of, when those staff leave, there is not a lot of institutional memory,” she says. “Some of the things we’ve done need to be continued with new staff—it’s an ongoing technical assistance issue.”

To that end, Duke says an archival version of Medpin’s Web site will remain online indefinitely and continue to provide information related to Medpin’s past projects.

“Much of the work that we did lives on through our Web site or through organizations that we partnered with,” Duke says.

For Duke, her eight years of leading Medpin have been a fulfilling chapter in her history of work to reduce health disparities. Prior to Medpin, Duke served as Senior Staff Consultant for Health Policy at the California Senate Office of Research, as staff to the Senate Select Committee on AIDS, as a research faculty member of the University of California at San Francisco’s Institute for Health Policy Studies, and as Manager of Scientific Affairs at the California Medical Association. Duke also has graduate degrees in four disciplines including law and public health.

Duke cites her experience with the AIDS committee during the 1980s as an early foundation for her involvement in the project that became Medpin.

“Working on emerging medical and policy issues helped me realize that I enjoy working at a policy level while still making connections with the individual people affected by those issues,” she says. “That was true during the 1980s with AIDS, and it’s still true two decades years later at Medpin.”

