



# PAP Information Management Resources For Clinics to Help Uninsured Patients

June 2003



# PAP Information Management Resources

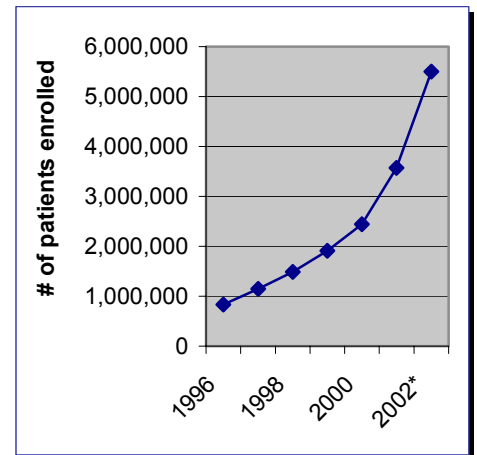
## For Clinics to Help Uninsured Patients

### OVERVIEW and SUMMARY

#### INTRODUCTION

**Increased PAP interest among California clinics.** Across the U.S., increasing numbers of low-income patients fill their prescriptions at no charge through patient assistance programs (“PAPs”) offered voluntarily by drug companies. California’s “safety net” clinics have also benefited from a unique statewide program sometimes described as a special PAP. This special program operated from April 2000—to April 2003, distributing \$170 million worth of 25 drug companies’ selected brand name products. These were offered at no cost to eligible California safety-net clinics for use with their indigent patients. The end of California’s program has prompted safety-net clinics to move quickly to develop other avenues for securing no-cost drugs for their uninsured patients.

Patients Enrolled in PAPs



Source: PhRMA

\*PhRMA estimate

**Information from successful clinics.** Because safety-net clinics seek to greatly increase their use of drug companies’ ongoing PAPs, they want information on the experiences of similar clinics that already devote serious attention to PAPs. As part of Medpin’s efforts to provide such information, Medpin presents in this booklet summaries of “mini case studies” of 11 safety-net clinics (or clinic-affiliated organizations) in California and other states, each having significant success in using PAPs to help uninsured patients. Medpin chose clinics that represent a range of approaches in design and operation of their PAP information management systems.

**Description of interviewed clinics.** Five of the interviewed sites access PAPs on a multi-clinic, regional, or statewide basis; the other sites are single organizations with one or more sites. Although the interviews uncovered widely varying approaches to PAP management, some general observations can be made:

- Five sites submit 400 to 650 PAP applications per month. Other sites’ average monthly submissions are much lower (as low as 12) or much higher (up to 3,000).
- The total value of PAP drugs received each month ranges across sites from \$20,000 -to \$400,000.
- Four sites access PAP management resources that are available at no charge.
- Four sites spend \$3,000 to -\$5,000 per year on fees for PAP management resources.
- All sites identified an individual responsible for coordinating the oversight of PAP applications.

## SUMMARY OF INTERVIEW FINDINGS

**Importance of dedicated staff.** A key factor in an organization's making most use of PAPs is the selection or hiring of at least one individual to coordinate oversight of all PAP applications. In addition to having staff members with dedicated time for PAP-related activities, many clinics report using some time of other staff to assist with PAP eligibility screening, completing parts of the application form, and obtaining the necessary patient and physician signatures.

**Two factors in choosing an outside software product.** For organizations using a PAP-focused software product, the two main factors in their decision appear to be its ease of use and its ability to download PAP application forms.

**Costs for PAP-related information and management range from free to \$5,000 annually.** Out-of-pocket costs for outside PAP-related information and management resources vary from \$0 (no charge) to annual fees ranging from \$3,000 to \$5,000 (for multiple sites). PAP Rx charges \$1 per PAP application submitted. RxBridge is priced at \$1 per active patient per month with a negotiable cap per year depending on the number of patients a clinic serves, plus a training and set-up fee.

**Identification of eligible patients.** Some clinics rely on potentially eligible patients to self-identify or be referred by their medical providers. In most cases, patient registration at a clinic includes a financial screening to determine income and insurance coverage. Each clinic has a system in place that either refers potentially eligible patients to the PAP program coordinator or trains medical support staff to initiate the PAP application.

**PAP application updates.** Because PAP application requirements change frequently, most organizations use a variety of strategies to obtain updated information. Several software products provide reliable updates that include pop-up notices. The organizations not using PAP software products report that they regularly call drug companies or check the Rx Assist or NeedyMeds websites for updates.

**Generating reports.** Whether using a commercial product or a "homegrown" system, clinics consistently generate reports to track medications by patient. A number of clinics also generate reports on the dollar value of medications obtained through PAPs, either through use of Excel or Access databases they have constructed themselves, or less frequently through the commercial software product they are using. Several clinics indicate varying degrees of success in using software to generate re-application reminders. None of the interviewed organizations paying for a PAP software product are using that product's full range of reporting capabilities.

## CONCLUSION

Safety-net clinics using PAPs to help their patients access free medications must develop a system for managing a significant amount of paperwork. Some organizations are accessing PAPs using their own Excel spreadsheets and Access databases, in conjunction with downloading PAP application forms from the RxAssist or NeedyMeds websites. For clinics processing larger numbers of PAP applications, a commercial software product may be cost-effective even if the clinic does not use all of the product's features and or supplements the effort with other approaches, such as directly requesting forms from a drug company. Although many factors can influence a clinic's design of its PAP information management process and its choice of outside resources to help with this, the following information concentrates on the information-system design decisions and operations.

# INTERVIEW SUMMARIES

Interview summaries in this section of the report present information on these PAP information management products.

<u>Product</u>	<u>Page</u>
<b>Internally designed spreadsheet or simple database</b> To track PAP applications and drugs, a number of clinics use Excel spreadsheets or Access databases they have created in-house.	5
<b>Indicare</b> – <a href="http://www.indicare.com">http://www.indicare.com</a> (866) 909-2888 An Internet-based software application (originally developed by an independent organization of the same name) for which AmerisourceBergen, the 340B Prime Vendor, is the distributor.	9
<b>MedData</b> – <a href="http://www.MedDataServices.com">http://www.MedDataServices.com</a> (818) 363-5162 MedData Services provides an overview of more than 100 pharmaceutical manufacturers’ prescription assistance programs and their requirements. This company’s software allows clinics to merge existing patient data with PAP application forms.	15
<b>NeedyMeds</b> – <a href="http://www.needymeds.com/">http://www.needymeds.com/</a> (215) 625-9609 No-charge informational website includes an alphabetical list of approximately 1,000 drugs, accessible by manufacturer, drug name, or drug category.	17
<b>PAP Rx</b> – <a href="http://www.paprx.com">http://www.paprx.com</a> (512) 306-1780 Provides web-based software that includes more than 580 medication forms and more than 130 pharmaceutical companies’ PAP information.	19
<b>RxAssist Plus</b> – <a href="http://www.rxassist.org/">http://www.rxassist.org/</a> (877) 844-8442 Volunteers in Health Care, the nonprofit organization that operates RxAssist, maintains a no-charge, searchable database of patient assistance programs, with updated information on how to access assistance with more than 700 medications from nearly 100 companies. RxAssist Plus makes available patient and medication tracking software to help address clinics’ administrative needs.	21
<b>RxBridge</b> — <a href="http://www.medbankmd.org">www.medbankmd.org</a> (410) 821-9262 A product of MedBank of Maryland and Johns Hopkins Hospital, RxBridge is a web-enhanced database built especially for large networks of clinics.	25

### ORGANIZATION'S CHARACTERISTICS:

- |   |                    |
|---|--------------------|
| • Number of clinic sites operated by the parent corporation:            | 7                  |
| • Number of PAP applications generated per month at key informant site: | 100-125            |
| • Number of individual patients served by PAP programs (for all sites): | 500                |
| • Approximate monthly value of drugs received through PAPs:             | \$65,000           |
| • PAP management resource is Excel/Access, plus RXAssist:               | No additional cost |

### KEY FINDINGS:

This organization has been accessing PAP programs for the past seven months. Currently 500 patients are enrolled from a pool of approximately 3,500 indigent patients served by this county. They access approximately 50 medications from 20 different PAP programs. About 50% of eligible patients in the primary care clinics are undocumented immigrants, limiting PAP program applications to those programs that do not require a Social Security number. The PAP process differs somewhat based on whether mental health drugs or chronic-disease maintenance drugs are required.

**OBTAINING PAP PROGRAM INFORMATION & APPLICATIONS.** RxAssist is the primary source for information and applications. Trial and error, calling PAP programs directly, and checking with colleagues in other counties has helped. Drug company representatives have not proven useful in this endeavor.

**PRIORITIZATION STRATEGIES.** The first step is analyzing the frequency with which particular drugs are being used or prescribed and the requirements for accessing those drugs through PAP programs. The PAP Program Coordinator works with the physicians to access drugs that are important to their prescribing practices; this helps build physician buy-in and support.

**SYSTEMS TO TRACK PAP APPLICATIONS.** They use an Access database to track PAP applications and generate reports.

### PAP PROCESS: INITIATING THE PAP APPLICATION – PRIMARY CARE

1. One full-time staff person is devoted solely to accessing PAP programs. Approximately six hours per week of administrative clerical support supplements the full-time staff person.
2. Providers identify indigent clients who meet income guidelines.
3. PAP program enrollment forms available at each site highlight in specific colors portions of the forms that must be completed by the patient and the provider.
4. Applications are completed by hand at the clinic site and picked up from the clinics by the PAP Program Coordinator on a regular basis. Two application forms are completed at the same time, with one to be kept on site.
5. The PAP Program Coordinator enters data from the applications to the Access database, makes a duplicate of the form and mails or faxes the PAP applications to the drug company.

6. The patient is given a 30-day supply of drug samples to take until the PAP medications are received.
7. The county has a contract with a retail pharmacy that receives the PAP drugs and usually mails the drugs directly to the patient. The county pays the shipping costs.

#### **INITIATING THE PAP APPLICATION – MENTAL HEALTH**

1. Following their medical appointments, patients meet with the PAP Program Coordinator to proceed with the PAP applications for mental health drugs.
2. The intake form is completed to secure all the information required for the PAP application.
3. The patient and the provider sign two applications.
4. The remainder of the process proceeds as outlined above.

#### **HANDLING PAP DRUGS**

1. Three clinic sites operate dispensaries licensed by the California Board of Pharmacy.
2. 90% of the drugs are sent to the retail pharmacy and mailed directly to the patients.
3. Patients are told they will receive the drugs by mail. They are instructed to notify the PAP Program Coordinator if there are problems.
4. The provider in the clinic dispensary may dispense those drugs that are not sent to the retail pharmacy.
5. The pharmacy maintains a record of the PAP drugs dispensed and prints out a monthly report.

**BULK PAP PROGRAM:** The county has an agreement with AstraZeneca that the company replenish its PAP drugs in bulk.

#### **TRACKING AND FOLLOW-UP**

1. The PAP Program Coordinator can generate reports to alert the clinics when they should initiate PAP refill applications.
2. If a signed application is not on file, the PAP Program Coordinator generates a cover letter and an application form to send to the patient for signature.

**REPORTS GENERATED:** Using the Access database, the PAP Program Coordinator generates the following reports:

- Acceptance/denial rate by PAP programs (only one denial recorded).
- Medications tracked by patient, by provider, and by clinic.
- The PAP Program Coordinator tracks the dollar value of the PAP medications on a separate spreadsheet.

**UPDATES ON CHANGES TO PAP APPLICATION FORMS OR REQUIREMENTS:** Since these change frequently, the PAP Program Coordinator calls the drug companies each week or two to obtain updates. The RxAssist website also alerts the coordinator to changes in PAP applications.

**COMMENTS:** Recognizing that drug companies spend time and money to set up their PAPs, the logical step is to work with them to simplify their programs. For example, the Bristol-Myers Squibb PAP is easy to access, and the PAP Program Coordinator is working with that company to take the next step and do a bulk replenishment program. Getting companies to ease their restrictions on requiring Social Security numbers would make a huge difference to the indigent population that this county serves. Two drug companies currently provide 30-day-supply vouchers. The PAP Program Coordinator is working with those companies that provide seven- or 14-day-supply vouchers to increase those to 30-day vouchers.

**KEY INFORMANT:** Dept. Analyst/PAP Program Coordinator

**DATE:** March 27, 2003

### CLINIC CHARACTERISTICS:

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|---|--------------------|
| • Number of clinic sites operated by the parent corporation :                 | 2                  |
| • Number of PAP applications generated per month at key informant site:       | 50                 |
| • Number of individual patients served by PAP programs at key informant site: | 200                |
| • Approximate monthly value of drugs received through PAPs for all sites:     | \$52,000           |
| • PAP management resource is Excel/Access plus RxAssist:                      | No additional cost |

### KEY FINDINGS:

This organization has accessed PAPs since 1997. There are two clinic sites; one generates 900 different mental health drug prescriptions per year; the other generates half that number of mental health drug prescriptions. The two sites combined have 280 indigent/uninsured patients using PAP medications. The clinics use Access to run reports on the monetary value of PAP medications for each patient. Many of the clinics' patients are assessed and then assisted with enrollment in Medi-Cal, rehabilitation programs, SSI, or other programs that provide drug coverage.

**OBTAINING PAP PROGRAM INFORMATION & APPLICATIONS:** Rx Assist is used to look up application changes and to download the applications. Drug representatives are crucial sources of samples to cover patients' needs while waiting for PAP drugs to arrive.

**PRIORITIZATION STRATEGIES:** The clinic's highest priority is obtaining atypical psychotropic medications; the second priority is depression medications.

### PAP PROCESS: INITIATION

1. Three fulltime staff are responsible for PAPs. A Senior Client Service Program Specialist oversees two staff (Client Service Program Specialists I & II), and works with both at the clinic sites.
2. The staff review the patient list daily to identify new patients. If they find a patient not enrolled in Medi-Cal, the patient is assessed for PAP eligibility. An additional appointment is scheduled to fill out the necessary PAP paperwork.
3. The patient signs three applications for each prescribed medication. These are kept on file for later efforts to obtain refills.
4. Patients who do not file income tax forms also complete the IRS nonfiling verification form to send to drug companies that require income documentation.
5. PAP program staff manually complete PAP application forms, then send them to the doctors for signature.

6. Completed PAP applications are sent to the drug company after an average three days processing within the clinic.
7. Patient information that is recorded on an Excel spreadsheet includes name, patient contact information, medication, dosage, number of pills, date medications received, date to reorder, Social Security number (when available), and dollar values of the medications.

#### **HANDLING DRUGS**

1. This clinic operates a dispensary licensed by the California Board of Pharmacy.
2. All medications are sent to the clinic.
3. Once received, medication is stored in a locked rolling filing cabinet in a locked medication room.
4. Because PAP drugs are usually maintenance drugs, patients pick them up at the time of their follow-up visits. Drug samples are used in the interim.
5. Doctors and nurses have access to the medications to dispense to the patients.
6. 85% of patients receive a three-month supply of medication at a time.
7. Receipt of medication is entered on the Excel spreadsheet and recorded in the patient's medical chart.

#### **TRACKING AND FOLLOW-UP**

1. To track follow-up the clinic uses an Access database that displays in a specific color information on patients who need refills. This alerts the clerk to initiate the PAP re-application process.
2. Signed PAP applications already on file are used for re-application.
3. The Access database is also used to track the dollar value of PAP medications. The clinic uses medication prices obtained through Internet searches and - a price alert publication. The prices are entered, and then Access generates a report showing the dollar value of medications for each patient.
4. Patients' PAP applications are rarely denied.

**AUTOMATIC UPDATES:** Clinic staff checks Rx Assist for regular updates.

**REPORTS:** Generated in Access—for tracking refills and monetary savings.

**COMMENTS:** The savings created by using PAP program medications covers the cost of the staff, equipment, and maintenance involved in using PAPs. The clinic's policy is that all patients leave with their needed medication, whether through samples, PAPs, or the county clinic pharmacy.

**KEY INFORMANT:** Senior Client Program Specialist

**DATE:** March 25, 2003

### PHARMACY CHARACTERISTICS

- Number of pharmacy sites operated by the parent corporation: 2
- Number of PAP applications generated per month at key informant site: 500
- Number of individual patients served by PAP programs: 2,500
- Approximate monthly value of drugs received through PAPs: \$80,000
- PAP management resource is Indicare, plus NeedyMeds: \$250/month

### KEY FINDINGS:

This organization is a hospital with a county contract for indigent patients. In 2002, the outpatient pharmacy filled 170,600 prescriptions, and the E.R./dismissal pharmacy dispensed an additional 46,352 prescriptions. The pharmacy has used Indicare for the past four years, and also uses NeedyMeds to determine if a particular drug is available and how difficult it is to access through the PAP program.

### INDICARE FEATURES CURRENTLY IN USE:

1. Database on the names of the medications available, contacts for PAPs, application instructions, and eligibility requirements.
2. Automatic completion of PAP applications.
3. Reminders to re-apply for refills.
4. Tracking of medications by patients.

**OBTAINING PAP PROGRAM INFORMATION & APPLICATIONS:** Many PAP application forms can be downloaded online, but for some companies, such as Merck, the pharmacy obtains the applications from the drug representatives who visit the clinic.

### PAP PROCESS:

#### INITIATION

1. Three full-time staff (Pharmacy Reimbursement Coordinator and two clerical staff) and one 50% clerical person run the PAP program.
1. At registration, a patient's financial status is screened to determine medical indigence. The pharmacy staff screens further for PAP eligibility.
2. Potentially eligible patients are directed to the PAP staff and complete a standard questionnaire and signature form. The PAP staff determines if they are eligible for PAP programs.
3. PAP staff submit the PAP applications to the drug companies.
4. Denied applications are corrected by staff and resubmitted to the drug companies.

## **HANDLING DRUGS**

1. The outpatient pharmacy dispenses medications from its regular stock to patients who need their medications before PAP drugs arrive. PAP drugs arrive within two to six weeks.
2. The medication is sent to the clinic pharmacy and stored separately from other products.
3. The pharmacist dispenses the medication.
4. The dispensing information is logged in on the pharmacy computer system. Because the two programs do not interface data cannot be downloaded into the Indicare software program.

**TRACKING AND FOLLOW-UP:** The Indicare software program would alert staff with a pop-up notation when it is time for a patient's refill, but checking on refills has in practice returned to a "manual" system because the pharmacy's computer program cannot interface with Indicare.

**AUTOMATIC UPDATES :** Indicare updates PAP information regularly. The information is found to be fairly current.

**REPORTS:** The pharmacy uses the reporting feature that tracks medications by patient. The pharmacy is working with Indicare to increase its capabilities to produce reports, but currently monthly reports are manually completed.

**TECHNICAL ASSISTANCE:** It is available by phone, is prompt, and incurs no additional cost.

## **AREAS IN NEED OF IMPROVEMENT**

1. Staff reports it would be helpful if Indicare could track the application process from beginning to end.
2. E-mailed updates would be useful to notify PAP staff more quickly of changes in application forms and other information.

**INDICARE PROGRAM STRENGTHS:** Indicare automatically updates PAP information and forms and is -more up-to-date than in the past. It is HIPAA-compliant. The program is user-friendly and includes a step-by-step instruction manual.

**KEY INFORMANT:** Pharmacy Reimbursement Coordinator

**DATE:** February 4, 2003

### PHARMACY CHARACTERISTICS

- Number of pharmacy sites operated by the parent corporation: **9**
- Number of PAP applications generated per month at key informant site: **Unknown**
- Number of individual patients served by PAP programs: **Potential of 6,000**
- Approximate monthly value of drugs received through PAPs: **\$50,000**
- PAP management resource is Indicare, plus Excel: **\$250/month**

### KEY FINDINGS:

The nine pharmacy sites include an ambulatory care pharmacy and an inpatient pharmacy. The pharmacy has been using Indicare for approximately four years. The pharmacy has set up bulk PAP shipments with AstraZeneca and Ortho McNeil and is exploring that option with Merck. These bulk shipments are managed on an Excel spreadsheet. The pharmacy plans to expand its use of PAPs to increase its savings to \$150,000 per month from \$50,000 per month currently.

### INDICARE FEATURES CURRENTLY IN USE

1. Database of medications available, contacts for PAPs, application instructions, and eligibility requirements.
2. Automatic Completion of PAP applications.
3. Reminders to re-apply for refills.
4. Tracking of medications by patient.

### PAP PROCESS:

#### INITIATION

1. Two full-time Pharmacy Technicians are responsible for PAPs.
2. The county's Medically Indigent Services Program (MISP), covers patients' medication needs until it is determined if the patient is eligible for other programs, such as Medi-Cal or disability. Patients can declare their financial need at the pharmacy. Eligible patients are enrolled in MISP through the hospital business office.
3. Patients complete an intake form that includes a signed authorization to submit the PAP application on their behalf. The attending physician signs a similar form. The forms are kept on file, and copies are accepted by most companies for renewal or refill applications.
4. The PAP program staff submits PAP applications to the drug companies.
5. Applications that are denied by the drug companies are corrected by staff and resubmitted.
6. The pharmacy uses a separate software program to track applications.

## **HANDLING DRUGS**

1. This outpatient pharmacy stores the received PAP medications as a separate inventory that is visibly identified with pink labels as the "compassionate drug program" inventory.
2. Because the PAP drugs are usually maintenance drugs, the patients know to pick up their medications at the time of their follow-up visits.
3. Staff phones any patient whose drugs have sat on the shelf for more than a week.
4. The pharmacist dispenses the drugs.
5. Logs are maintained by the outpatient pharmacy.

## **TRACKING AND FOLLOW-UP**

1. Tracking is done manually.
2. The signed authorization forms are on file for renewal applications.

**AUTOMATIC UPDATES:** Indicare automatically updates PAP information and forms. This information is considered by PAP program staff to be reliably on time and valuable.

**REPORTS:** Indicare generates reports that track medications by patient, a feature the PAP staff finds useful.

**TECHNICAL ASSISTANCE:** It is available by phone and e-mail. The clinic mostly uses e-mail. There are no restrictions and no additional costs for technical assistance. The response time is usually the same day.

## **AREAS IN NEED OF IMPROVEMENT**

1. Indicare does not generate reports on the dollar value of medications obtained through PAPs.
2. It retains the history of the PAP application but does not track applications from beginning to end.
3. The PAP staff is currently using a manual system for reminders to re-apply for medications.
4. The pharmacy uses a time-consuming system of reviewing each week the daily reports of indigent patient encounters.

## **INDICARE PROGRAM STRENGTHS**

1. PAP information and forms are automatically updated, and new forms are usually up within a week.
2. Indicare can be installed on a network of multiple computers and sites.
3. The product is HIPAA-compliant.
4. It is user-friendly. For a computer-literate individual, it takes approximately a week to learn how to use the program.
5. There is a user manual PAP staff use before calling for technical assistance.

**COMMENTS:** The PAP program is in transition and the clinic pharmacy is testing another software program. The new software program can generate financial reports and is more comprehensive in meeting application and tracking needs. The pharmacy anticipates that -the new software program will decrease costs because it can be managed by clerical staff and does not require the time of -more expensive pharmacy technicians currently involved in managing PAPs. The organization is also considering outsourcing the PAP program under an arrangement in which the clinic pays a portion of the value of PAP drugs obtained.

**KEY INFORMANT:** Pharmaceutical Technician

**DATE:** February 14, 2003

### ORGANIZATION'S CHARACTERISTICS

- |   |                          |
|---|--------------------------|
| • Number of clinics sites operated by the parent corporation:           | 4 hospital-based clinics |
| • Number of PAP applications generated per month at key informant site: | 3,000                    |
| • Number of individual patients served by PAP programs:                 | Unknown                  |
| • Approximate monthly value of drugs received through PAPs:             | \$229,430                |
| • PAP management resource is Indicare (for all sites)                   | \$420/month              |

### KEY FINDINGS:

This organization has been using Indicare for more than five years. It has also set up bulk PAP shipments with AstraZeneca, Ortho-McNeil, Merck, and Bristol-Meyers Squibb, and is exploring bulk shipment options with Pfizer. The clinics report 52,000 indigent patient encounters per year at all four sites.

### INDICARE FEATURES CURRENTLY IN USE

1. Database on medications available, contacts for PAPs, application instructions, and eligibility requirements.
2. Automatic completion of PAP applications.
3. Tracking of medications by patients.
4. Generation of statistics on the number of applications by company or program.

### PAP PROCESS:

#### INITIATION

1. Two full-time Pharmaceutical Reimbursement Coordinators are responsible for PAPs.
2. A patient must be a resident of the county, have no prescription drug coverage, and meet the income requirement, which differs depending on the drug company.
3. Patients are required to make an appointment with the Pharmaceutical Reimbursement Coordinator to fill out the PAP application. The clinic manually fills out PAP applications for companies that require original documents.
4. To obtain the necessary patient signatures, the Pharmaceutical Reimbursement Coordinator highlights the areas on the application that need to be signed. Patients sign the application forms at their monthly visits. The coordinator obtains physicians' signatures.
5. The Pharmaceutical Reimbursement Coordinator mails or faxes the PAP applications to the drug companies.

### HANDLING DRUGS

1. An outpatient pharmacy serves clinic patients.
2. The clinic relies on samples until PAP medications arrive should patients need drugs not available through one of the replenishment systems.
3. All PAP medications are stored in the clinic pharmacy on a separate shelf.

4. Because the PAP drugs are usually maintenance drugs, the patients know to pick up their drugs at the time of their follow-up visits, which are usually once a month.
5. The pharmacist dispenses the drugs.
6. Logs are maintained by the pharmacy.

#### **TRACKING AND FOLLOW-UP.**

1. Patients call the Pharmaceutical Reimbursement Coordinator when they are halfway through their medication, prompting the coordinator to initiate the refill application process.
2. For refill applications, Indicare automatically pulls up patient information but drug and physician information must be entered each time.
3. All PAP drugs as well as drugs from replenishment programs are entered and tracked through the pharmacy's software system.

**AUTOMATIC UPDATES:** Indicare automatically updates PAP information and forms, but the PAP program staff find that the information is not always current.

**REPORTS:** Tracking medications by patients is the only Indicare reporting feature used by this clinic.

#### **AREAS IN NEED OF IMPROVEMENT**

1. Indicare does not generate reports on the dollar value of medications obtained through PAPs. The clinic independently tracks the amount of money saved by using PAPs.
2. It retains the history of the PAP application but does not track applications from beginning to end. The clinic currently uses a manual system for reminder to re-apply.
3. Technical problems have occurred in which the system was down for a significant period of time causing major delays in PAP applications.

#### **INDICARE PROGRAM STRENGTHS**

1. Indicare software can be installed for use by multiple computers and sites.
2. The program is user-friendly, and easy to learn. A user's manual is available.

**COMMENTS:** The Pharmaceutical Reimbursement Coordinator indicated that coming revisions to Indicare will address some of the current limitations.

**KEY INFORMANT:** Pharmaceutical Reimbursement Coordinator

**DATE:** March 6, 2003

### CLINIC CHARACTERISTICS

- Number of clinics sites operated by the parent corporation: 1
- Number of PAP applications generated per month @ key informant site: 400
- Number of individual patients served by PAP programs: Unknown
- Approximate monthly value of drugs received through PAPs: \$20,000
- PAP Management Resource is MedData, plus Needy Meds: \$250/month

### KEY FINDINGS:

This organization has been accessing PAPs for two years. An estimated 90% of its patients are uninsured. The clinic originally used MedData, but then tried RxAssist because it was free. The staff found that hard to use, and the clinic returned to MedData. The staff use MedData mainly to generate PAP applications, but they use Needy Meds for instructions on how to apply to PAPs and for information on patient eligibility requirements.

### MEDDATA FEATURES CURRENTLY IN USE

1. Database of names of medications available through PAPs.
2. Automatic completion of PAP applications.
3. Production of cover letters to accompany applications.

### PAP PROCESS: INITIATION

1. Although the clinic pays \$250 per month for MedData, the staff do not use it to its full capacity because of limited infrastructure.
2. The PAP program is handled by the health care provider, who initiates the PAP application and two half-time medical assistants.
3. The patient's provider initiates the request for the PAP application.
4. The medical assistant downloads the appropriate application and gets the patient's signature.
5. The medical assistant completes the PAP applications and sends them to the drug companies.

### HANDLING DRUGS

1. This clinic operates a dispensary licensed by the California Board of Pharmacy.
2. The medication is sent to the clinic and stored in the dispensary.
3. It takes four to six weeks for the PAP medications to arrive.
4. Patients pick up their medications when they come in for their next appointment.
5. The provider dispenses the medication.
6. When patients receive their medication, the dispensing dates are recorded in the patient's medical chart.

**TRACKING AND FOLLOW-UP:** The clinic has no consistent system for tracking follow up.

**AREAS IN NEED OF IMPROVEMENT:** The clinic did not recommend needed MedData improvements but noted that it does not have the staff time to employ all the reporting capabilities that MedData offers. It is considering looking for a more affordable option because basically they only use MedData to download applications.

**MEDDATA PROGRAM STRENGTHS:** MedData automatically updates PAP information and forms. When a staff member logs on, the program indicates new updates. The program is user-friendly. The most important benefit of using MedData is that the clinic is able to download its entire indigent patient database into MedData, considerably reducing time on initial patient data entry for PAPs.

**TECHNICAL ASSISTANCE:** Technical assistance is available by phone and e-mail. There is no additional cost. The clinic has used technical assistance since the initial setup. Because MedData is a small company, clinic staff encountered some delay in reaching the right person, but after the contact was made, the technical assistance was found to be very helpful.

**COMMENTS:**

MedData has helped increase access to PAPs and saved the clinic a significant amount of money.

**KEY INFORMANT:** Nurse Practitioner

**DATE:** January 24, 2003

### CLINIC CHARACTERISTICS

- |   |           |
|---|-----------|
| • Number of clinics sites operated by the parent corporation:                     | 5         |
| • Number of PAP applications generated per month at key informant site:           | 550       |
| • Number of individual patients served by PAP programs:                           | 7,900     |
| • Approximate monthly value of drugs received through PAPs at key informant site: | \$251,140 |
| • PAP management resource is NeedyMeds, plus Excel                                | Free      |

### KEY FINDINGS:

In addition to running five clinic sites, the clinic does outreach to three shelters and one high school. PAPs are processed at only two of the sites, but patients at all sites can potentially access PAP medications. The clinic has been accessing PAPs for approximately seven years, using NeedyMeds to look up and print applications. It has bulk PAPs set up with Pfizer and AstraZeneca. Merck and Bristol-Myers Squibb allow clinic staff to fill out one application form per year for patients enrolled in their PAPs. The clinic focuses on PAPs for the drugs that are on the clinic's formulary. It selects PAP programs that do not require Social Security numbers or copies of income tax returns because a large portion of the clinic's patients are undocumented immigrants.

### NEEDYMEDS FEATURES CURRENTLY IN USE:

1. Database of names of medications available through PAPs, contact information for PAPs, instructions on how to apply, and patient eligibility information.
2. Automatic eligibility determinations based on patient information entered.

### PAP PROCESS:

#### INITIATION

1. Two 80% FTE staff, one at each clinic site where PAPs are processed, are involved in accessing PAPs. In addition, all pharmacy staff and volunteers are trained in initiating PAP applications.
2. The clinic's receptionist screens patients for financial eligibility.
3. The physicians' charting area is close to the pharmacy staff area so that there is ease of communication and obtaining signatures between the pharmacy staff and the physicians.
4. All pharmacy staff or volunteers may send in the applications.

#### HANDLING DRUGS

1. This clinic operates a dispensary licensed by the California Board of Pharmacy.
2. The PAP medications are sent to the clinic and stored in the dispensary.
3. The dispensary is extremely crowded with labeled boxes, and organizing the storage is very time-consuming.
4. Patients pick up their medication when they come in for their next appointment.
5. The pharmacist dispenses the medication.

6. Patient receipt of medication is recorded in a pharmacy database. Also, the clinic maintains a log of all the PAP applications sent to the drug companies, and a list of when refills need to be initiated.

#### **TRACKING AND FOLLOW-UP**

1. On an Excel spreadsheet a pharmacy staff track the dollar value of medications obtained through PAPs.
2. The clinic tracks medications by patient through their pharmacy-patient tracking system.

**COMMENTS.** NeedyMeds is easy to learn. It is important, nonetheless, to be extremely organized, create good relationships with the drug companies, and check eligibility requirements often because they frequently change.

**KEY INFORMANT:** Pharmacy Technician

**DATE:** April 4, 2003

### ORGANIZATION'S CHARACTERISTICS

- Number of clinics sites operated by the parent corporation: 6
- Number of PAP applications generated per month at key informant site: 400 +
- Number of individual patients served by PAP programs: 6,000
- Approximate monthly value of drugs received through PAPs: \$20,000
- PAP management resource is PAP Rx \$1 per application

### KEY FINDINGS:

The agency operates six freestanding clinic sites that generate about 4,800 PAP applications per year. All sites combined have approximately 93,600 patient encounters per year, 40% of which are encounters with indigents. The PAP application is initiated and completed on site at each clinic. Patients are responsible for providing proof of income for the application. Using PAP Rx, data is entered at each site onto a network system.

### PAP RX FEATURES CURRENTLY IN USE:

1. Database of names of medications, contact information, instructions on the application process, and patient eligibility information.
2. Automatic completion of PAP applications.
3. Production of cover letters and mailing labels.
4. Production of medication labels.
5. Tracking of the PAP application process from beginning to end.
6. Reminder to re-apply.
7. Tracking of acceptance and denial rates by drug company.
8. Tracking of medications by patient.
9. Calculation of the number of applications by company or program and total dollar amount saved.

### PAP PROCESS:

#### INITIATION

1. Three full-time staff are responsible for PAPs: one Nurse (LVN), and two clerical staff.
2. The clinics have a sliding-fee program for their indigent patients. Approximately 40% of clinic patients are indigent.
3. Eligible patients are identified. The nurse or physician fills out their medication requirements on the PAP application forms. Cover letters are printed out that patients take home with the applications to add proof of income and signature. Patients then mail the two documents back to the clinic.
4. A clerical staff member processes the returned PAP application and sends it to the drug company.

## **HANDLING DRUGS**

1. The parent agency does not handle any drugs.
2. Some medications are sent directly to the patient, but 80% are sent directly to the clinic for dispensing. The clinics rely heavily on samples for their indigent patients while they wait for the PAP drugs to arrive.
3. When the PAP medication arrives at the clinic, it is logged into the computer, and a notice is sent to the patient.
4. The medication is stored in a locked drug closet, which only nurses and the PAP staff are allowed to enter.
5. Patient receipt of PAP medications is recorded in the patient's medical record.

**TRACKING AND FOLLOW-UP:** A monthly report is generated that shows medications due for refills. PAP Rx automatically prepares the PAP application forms, and the whole process begins again.

**AUTOMATIC UPDATES:** PAP Rx automatically updates PAP information and application forms. This information is found to be current.

**REPORTS:** Staff use PAP Rx to generate reports on the dollar value of medications obtained through PAPs and medications dispensed by patient. They also generate customized reports.

## **PAP RX PROGRAM STRENGTHS:**

1. PAP information and application forms are updated daily via the Internet.
2. It is HIPAA-compliant.
3. PAP staff perceives PAP Rx to be a straightforward program. All of the PAP staff learned to use the program within a couple of weeks.
4. A tutorial program is available to train staff to use PAP Rx.

**COMMENTS.** PAP medications are provided at no cost to clinic patients. It was suggested, however, that clinics charge patients about \$3 per prescription to cover the PAP Rx fee and the postage.

**KEY INFORMANT:** LVN MAP Supervisor

**DATE:** February 19, 2003

### CLINIC CHARACTERISTICS

- Number of clinics sites operated by the parent corporation: 5
- Number of PAP applications generated per month at key informant site: 12
- Number of individual patients served by PAP programs: 145
- Approximate monthly value of drugs received through PAPs: Unknown
- PAP management resource is RxAssist Plus Free

### KEY FINDINGS:

The clinic has been using RxAssist Plus for about a year. The Pharmacy Technician is solely responsible for PAPs at the clinic. In addition to using RxAssist Plus, some PAP applications are prepared manually. There are currently 145 patients served by PAP programs. This represents only about one-third of the clinic's indigent patients. Future plans include entering the other two-thirds of the clinics' indigent patients into the system, and teaching staff to use the report features of RxAssist Plus.

### RxASSIST PLUS FEATURES CURRENTLY IN USE:

1. Database of medications, contact information for PAPs, instructions on the PAP application process, and patient eligibility information.
2. Automatic completion of PAP applications
3. Tracking of application process from beginning to end.
4. Tracking of medications by patient.

### PAP Process:

#### Initiation

1. One full-time Pharmacy Technician is in charge of all PAP-related activities.
2. Potentially eligible patients of the clinic are sent to the Pharmacy Technician to verify income and insurance information. The drug companies' requirements for that patient's needed medications are checked to determine patient eligibility.
3. After the appropriate PAP applications are printed out and completed by the Pharmacy Technician, the patient signs the applications.
4. The Pharmacy Technician highlights in yellow all the places the doctor's signature is required. After the physician signs the forms, the PAP application forms are returned to the Pharmacy Technician to send to the drug company.
5. For refill applications, the Pharmacy Technician sends the application, already signed by the physician, to the patient with pink highlights indicating where the patient signature is required. An addressed envelope is included. The patient signs the forms and mails them. Patient compliance with completing and mailing the refill application is high. Patients requiring additional assistance are identified and given needed help in completing the PAP refill application.
6. Copies of all paperwork are retained in a file for each patient receiving medications through PAPs.

## HANDLING DRUGS

1. This clinic operates a dispensary licensed by the California Board of Pharmacy.
2. It takes two to eight weeks for PAP medications to arrive. The clinic relies heavily on drug samples for its indigent patients while waiting for PAP drugs to arrive.
3. All PAP medications are sent the clinic.
4. The Pharmacy Technician receives the medications, records them, and copies the invoices for the files. The PAP medications are placed in dated brown bags and kept in a locked cabinet. Only authorized staff have access to the locked drug cabinet.
5. The Pharmacy Technician calls patients when their PAP medications arrive. Patients are called again if the medication is not picked up within a week.
6. The dispensing date is entered into the RxAssist Plus database.

## TRACKING AND FOLLOW-UP

1. The patients contact the Pharmacy Technician when they need refills. The Pharmacy Technician reports a 99% compliance rate among patients calling for refills.
2. The process of highlighting and obtaining signature areas starts all over again.

**AUTOMATIC UPDATES:** Current information is obtained by calling the company directly because the Pharmacy Technician reports that PAP information is not updated consistently.

**REPORTS:** The Pharmacy Technician has not used the report features of RxAssist Plus.

**TECHNICAL ASSISTANCE:** It is available by phone and e-mail. Previously, obtaining technical assistance was difficult and time-consuming. The RxAssist Plus users' manual does not provide adequate information.

## AREAS IN NEED OF IMPROVEMENT:

1. The Pharmacy Technician did not use the RxAssist Plus for a year due to lack of technical support. The Pharmacy Technician called the technical assistance line multiple times before finally getting set up. It took about two weeks to get comfortable with the program. The Pharmacy Technician hasn't had to access technical support since the system has been up and running.
2. Printing mailing labels through RxAssist Plus has been a problem in that only one label can be printed at a time.
3. The RxAssist Plus training manual tells how to download the program, but not how to use the different program functions.
4. The Pharmacy Technician sometimes calls the drug companies for updates on eligibility requirements if the RxAssist Plus eligibility requirement information is not current.
5. There are not enough options for inputting patient diagnoses or allergies.

## RxASSIST PLUS PROGRAM STRENGTHS:

1. The program is currently free. [*Note that RxAssist Plus has recently started to charge its users. -ed.*]
2. No problems have been noted since first operating the program.

## COMMENTS:

The software program could be more fully utilized once the other two-thirds of the clinic's indigent patients are entered into the system.

**KEY INFORMANT:** Pharmacy Technician

**DATE:** March 3, 2003

### ORGANIZATION'S CHARACTERISTICS

- |   |           |
|---|-----------|
| • Number of clinics sites operated by the parent corporation:           | N/A       |
| • Number of PAP applications generated per month at key informant site: | 650+      |
| • Number of individual patients served by PAP programs:                 | 1,088     |
| • Approximate monthly value of drugs received through PAPs:             | \$400,000 |
| • PAP management resource is RxAssist Plus, plus Access                 | Free      |

### KEY FINDINGS:

This organization is a statewide advocacy group for seniors 60 years old and older. As of May 31, 2003 it had provided services to 1,578 clients and had posted a total cost savings of \$3,510,920 to low-income clients.

### RxASSIST PLUS FEATURES CURRENTLY IN USE:

1. Database of names of medications, contact information, and instructions on the application process.
2. Automatic completion of PAP applications.
3. Production of cover letters to accompany applications ("letter of necessity").
4. Tracking of the application process from beginning to end.
5. Reminder to re-apply.
6. Tracking of the dollar value of medications obtained through PAPs.
7. Tracking of acceptance and denial rates (this feature is used infrequently because it requires patients or doctors to call to report).
8. Tracking of medications by patient.

### PAP PROCESS:

#### INITIATION

1. Three full-time employees are responsible for PAPs: the PAP Program Coordinator, Assistant Coordinator, and an administrative assistant.
2. The staff identifies eligible patients by verifying their income and insurance status. They meet with the patients to find out their medication needs. Patients sign a release form.
3. After the staff prepare the appropriate PAP applications, they meet with the patient to secure the necessary signatures, review the application packet, and explain the next step.
4. The patients take their completed applications to their physicians for signature. The patients are responsible for mailing the completed PAP application in the addressed and stamped envelope the advocacy group has provided.
5. The patient follow-through rate on mailing the completed PAP applications is high. However, for patients unable to take on the responsibility, family members usually will do so.
6. Patients call when they need refills, and this lets staff members know that the patient received the medication.

**HANDLING DRUGS:**

1. This is an advocacy organization and does not handle the medications.
2. Only six of the 150 PAP programs the organization works with will send the medications directly to the patient's home. A few companies provide drug cards that require the patient to go to a pharmacy. The majority of the medications are sent directly to the patients' health care provider—physician or clinic—for dispensing.
3. Many physicians' offices do not have enough space to store the medications. It has been suggested that the state designate a central location with a pharmacist on staff to mail out all PAP medications.

**TRACKING AND FOLLOW-UP:** Tracking acceptance and denial rates is difficult because the organization does not have enough staff to make all the necessary follow-up phone calls.

**AUTOMATIC UPDATES:** RxAssist Plus automatically updates information and forms. The information is found to be current.

**REPORTS:** While many reporting functions are available in RxAssist Plus, one of the staff members prefers to export data from RxAssist Plus into Access to run specialized reports by county and by patient.

**TECHNICAL ASSISTANCE:** It is available by phone and e-mail. Previously, obtaining technical assistance was difficult and required making an appointment and waiting many weeks. Recently, the organization that created and offers RxAssist Plus began to contract with a technical assistance service to provide support to users. It is anticipated that response time will be significantly shorter. *[Note that this coincides with the recent introduction of a fee charged to RxAssist Plus users. -ed.]*

**AREAS IN NEED OF IMPROVEMENT:**

1. The reporting mechanisms could be more clear-cut and easier to use for people with only basic computer skills.
2. Printing mailing labels through Rx Assist Plus has been a problem. Staff find it is easier to run a mail merge instead.
3. The Rx Assist Plus training manual is not very useful. The staff Patient Care RN, however, developed a more useful training manual for staff.

**RxASSIST PLUS PROGRAM STRENGTHS:**

1. PAP information and forms are kept very current. The staff also receives a monthly e-mail newsletter that highlights all the changes.
2. All three staff desktop computers and one laptop are networked to the RxAssist Plus program.
3. The organization has had very few problems using the program. It is very user-friendly, and it took staff only a couple of weeks to get comfortable with it.

**COMMENTS:**

1. The staff does not use any of the patient record capabilities, such as tracking patient appointments, diagnoses, and lab tests, because they are not in a clinic setting.
2. Most of the problems that they encounter are because of the constant changes in the drug companies' PAPs, not the software itself.

**KEY INFORMANT:** Patient Care RN

**DATE:** February 26, 2003

### ORGANIZATION'S CHARACTERISTICS

- Number of clinics sites operated by the parent corporation: **Unknown**
- Number of PAP applications generated per month at key informant site: **300 to 400**
- Number of individual patients served by PAP programs: **Unknown**
- Approximate monthly value of drugs received through PAPs: **Unknown**
- PAP management resource is RxBridge patient/ month **\$1/active**

### KEY FINDINGS:

This referral organization has been helping patients obtain PAP medications for a year and a half and has been using the RxBridge software program since November 2002. It handles PAP applications countywide. Approximately 60% of its referrals come from clinics in its network. For RxBridge's \$1-per-active-patient-per-month charge, an annual cap can be negotiated depending on the number of patients a clinic serves. There is a fee for - training and set-up.

### RxBRIDGE FEATURES CURRENTLY IN USE:

1. Database of names of medications, contact information, instructions on application process and eligibility information.
2. Automatic completion of applications, production of cover letters, and reminders for renewals.
3. Tracking of the application process from beginning to end.
4. Tracking of the dollar value of the medications.
5. Tracking of acceptance and denial rates by drug company.
6. Tracking of medications by patient and prescriber.
7. Generation of statistics on the number of applications by company or program.

### PAP PROCESS:

#### INITIATION

1. Three full-time staff are responsible for processing PAP applications. They include the Program Administrator, Administrative Patient Services Representative, and a VISTA volunteer. Part-time student interns and volunteers also assist in the PAP process.
2. Clinics in the network complete the prescreening for eligibility and submit forms to the central organization.
3. Self-referred patients are screened for eligibility by telephone. Once eligibility is established, a packet is sent to the patient that contains a signed release form authorizing the organization to submit a PAP application on behalf of the patient, information on medications prescribed, and a request for contact information for the patient's health care provider.
4. Patient release forms with signatures are kept on file for ease in processing renewal applications.

5. Data from the completed and returned application forms are entered into the database, and if a PAP program is available, the PAP application is generated
6. The physician is contacted for the prescription and provider signature. Physicians also sign release forms. The release forms are kept on file and are accepted by most companies for renewal or refill applications.
7. PAP program staff submit the completed applications to the drug companies.
8. Information about receipt of drugs is provided by the patient or by the clinics sending a weekly log.

#### **HANDLING DRUGS**

1. The organization does not handle the PAP drugs. The drugs are sent to the clinic or provider's office and dispensed at those facilities.
2. It takes four to six weeks to receive the PAP drugs from the time all of the patient's paperwork is received.
3. The organization has a small grant that permits it to pay for interim drugs for patients who are awaiting their PAP maintenance drugs.

**TRACKING AND FOLLOW-UP:** Patients are instructed to notify the referral service when they receive their drugs so that the information can be entered into the software program's database to generate a renewal reminder.

**AUTOMATIC UPDATES:** The RxBridge website provides updates about changes in PAP application procedures and requirements.

#### **REPORTS GENERATED:**

1. The dollar value of medications obtained through PAPs.
2. Acceptance and denial rates by drug company.
3. Customized reports by county, state, demographics, etc.

**TECHNICAL ASSISTANCE:** It is readily available by e-mail although the staff haven't had many technical problems. There are no restrictions and no additional costs for technical assistance. The staff found the user's manual helpful.

#### **RxBRIDGE PROGRAM STRENGTHS:**

1. PAP information is automatically updated and can be downloaded directly into the user organization's system.
2. The software can be used on a computer network.
3. Rx Bridge is very user-friendly. It took the Program Administrator only one day to learn how to use it.
4. RxBridge staff maintain a website that provides updated information on procedures and system changes.
5. There is a user manual to assist in navigating the software program.

**COMMENTS:** PAP staff reported a high degree of satisfaction with the software program and meeting expectations for both cost savings and increased access to PAPs.

**KEY INFORMANT:** Program Administrator & Vista Volunteer

**DATE:** March 3, 2003

## BACKGROUND INFORMATION

**Selection of Clinics.** In selecting clinics for interview, Medpin and its Advisory Group concentrated on clinics already successfully using PAPs with assistance from one or more information management resource. To encourage full and frank responses, all clinics interviewed were promised that they would be described with general information that would not reveal the identity of the clinic or staff member interviewed. The summaries are based on interviews conducted in early 2003 with one or more PAP-related staff members from 11 safety-net organizations. These entities used one or more of the following PAP management systems: no-cost Internet sites with information on current PAP programs and requirements; an outside company to provide software designed to integrate and manage PAP-related information; a clinic-developed data-tracking system that tailors widely available data programs (Excel or Access) to the clinic's particular PAP management process; and use of a web-enhanced database aimed at networks of clinics. Medpin believes, but cannot guarantee, that the statements made by interviewees are accurate reflections of their clinic's experiences with the PAP programs and PAP information management resources. For more complete and updated information on any PAP program or PAP information management resource, Medpin recommends directly contacting the company or nonprofit organization that developed the product.

**Selection of PAP information management resources.** The PAP information management resources chosen for user comments were those believed by Medpin to (1) most likely to be in use or of high interest to California safety-net clinics, and (2) in totality, represent different types of PAP information management resources and amounts of direct clinic costs. Medpin's selection of products examined does not imply any endorsement or judgment by Medpin about the presence or absence of value of any of the products chosen or not chosen for comment by clinic users. For a more complete listing of PAP information management resources, see the Patient Assistance Program Computer Management Options chart (prepared by Volunteers in Healthcare) at <http://www.volunteersinhealthcare.org/pdfs/PAP%20product%20summary.pdf>, or visit [http://www.medpin.org/freedrugs/pap\\_links.html](http://www.medpin.org/freedrugs/pap_links.html).

### PAP Information Management Resources Advisory Group

**Lynn Bramwell**, Patient Assistance Program Coordinator, Yolo County Indigent Health Care

**Michelle Kingsley**, Pharmacy Technician, Shasta Community Health Center

**Cari Gonzalez**, Pharmacy Assistant, Venice Family Clinic

**Sandra Mooney**, Pharmacy Technician, University Medical Center Pharmacy

**Douglas Del Paggio**, PharmD, MPA, Director of Pharmacy Services, Alameda County Behavioral Health Care Services

#### Advisory Group Staff

*Medpin*  
Marice Ashe, JD, MPH, Special Advisor

**Paul Drogichen**, PharmD, Director of Pharmaceutical Services, Community Clinic Association of Los Angeles County

Kimberly Arroyo, Program Coordinator

**Ronald Hayman**, M.D., Chief Psychiatrist Sutter Yuba County Mental Health

Harriet Charney, MPH, Education Director

**Patrick Hughes**, Executive Director, Solano Coalition for Better Health

Kathryn Duke, JD, MPH, Program Director

*CAMI Consulting*  
Gayle Cummings, Consultant

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