

# THE Medicine Cabinet

A newsletter from MEDPIN – Medicine For People In Need

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## In This Issue

### DDP REPORT

Drug companies comply or don't

2

### BEST BUYS

Drugs for pennies

3

### HEALTH DISPARITIES COLLABORATIVE

Guidance to improve health outcomes

4

## SAVE THE DATE

MAY 8TH-9TH 2003

Mark your calendar: Medpin's second annual conference will be held on Thursday, May 8, 2003 and Friday morning, May 9, 2003 at the Sheraton Universal Hotel in Universal City, CA.

**Medpin**  
Medicine for people in need

## Is Your Clinic Achieving Drug Savings of 40% or More?

Your clinic could be saving 40% or more on the prices you pay for in-house drugs and for outpatient prescriptions by participating in the PHS 340B Drug Pricing Program. Medpin is working to identify every eligible California clinic to make sure they understand and enroll in 340B.

Medpin created a new consolidated database with over 700 community clinics and nearly 800 county health systems outpatient clinics.

### Targeted Outreach:

After identifying clinics eligible to purchase 340B drugs, Medpin selected 357 clinics as "highest priority." The highest priority clinics are able to purchase *all* of their drugs at 340B prices. From responses to a Medpin survey and follow-up calls we learned that:

- Less than half of eligible clinics are currently purchasing through the 340B program (168).
- 16 clinics (several are multi-clinic networks) are in the process of initiating purchasing through 340B.



Eisner Pediatric & Family Medical Center, Los Angeles

- 22 eligible clinics are not purchasing drugs through 340B.

The status of the remaining 151 is not yet known.

### Training Opportunities:

Over 80 participants learned more about the 340B program and purchasing options during Medpin's telephone conference call on Sept. 24, 2002. Further details are posted on Medpin's website at [www.medpin.org](http://www.medpin.org).

## Calling All Pharmacists: New Opportunities to Enhance Your Skills

**WORKSHOP:** Becoming a Specialist in Community Clinic Pharmacy Support

**WHEN:** Saturday, March 1, 2003  
from 3:00 p.m. – 5:00 p.m.

**WHERE:** California Pharmacists Association Outlook 2003 in Anaheim

Medpin is convening a workshop for pharmacists to expand their scope of practice by becoming experts in pharmacy management within the safety net provider community. We have combined forces with Paul Drogichen, Director of Pharmaceuticals for the Community Clinic Association of Los Angeles County and Medpin Advisory Board Member, to implement a course for pharmacists to learn about the 340B program, clinic dispensary requirements and more. Visit [www.calpharm.com](http://www.calpharm.com) for further details.



## California Clinics Pharmacy Services

HRSA offers pharmacy grants to networks of health centers to help them provide state-of-the-art clinical pharmacy services at an affordable cost. The projects are required to use the 340B drug discount program and to establish a close working relationship with a pharmacy school.

Two California health centers, in collaboration with the **USC School of Pharmacy**, were among the seven successful grantees this year. **T.H.E. Clinic** and the **JWCH Medical Clinic** received \$140,375 to hire a full-time pharmacist to provide direct patient care and oversight of drug procurement through the 340B Drug Pricing Program and dispensing services.

**Congratulations** to Mel Baron, PharmD, Assistant Dean, USC School of Pharmacy; Sylvia Drew Ivie, JD, Executive Director of T.H.E. Clinic, and Phyllis A. Paxton, MN, Executive Director, JWCH Medical Clinic.

## ACU Pharmacy Services Booklet Series

Check out the new booklets from the Association of Clinicians for the Underserved (ACU). The Comprehensive Pharmacy Services Booklet series is written in basic language, providing an overview of pharmacy services and tools to improve pharmacy management. Order online at [www.clinicians.org](http://www.clinicians.org).

## Rx For Wellness: Time to Evaluate “Smart Aspirins”

**C**elebrex and Vioxx are also called “smart aspirins” or “COX-2 inhibitors.” Aided by aggressive advertising, these NSAIDs (nonsteroidal anti-inflammatory drugs) have generated billions of dollars in sales, based on study results and advertising claims that they have all the benefits of NSAIDs without the risks, such as possible stomach upset, gastrointestinal bleeding and ulcers. But studies of the safety of COX-2 inhibitors have shown mixed results. A recent report in the *British Medical Journal* finds an earlier study of Celebrex “highly misleading” because it published favorable results based on six months of data, but

longer-term data show no ulcer prevention benefits after a year of use. Other studies comparing Vioxx to naproxen suggest a trade-off between reducing ulcer complications and increasing risk of heart attack and side effects. The September issue of the *University of California, Berkeley Wellness Letter* discusses arthritis pain drugs, and also includes a letter from its physician-editor commenting on lessons from Celebrex: “As a general rule, I discourage patients from taking drugs that have been marketed for less than three years, unless there are no other options. That allows time for additional evaluation.” [www.wellnessletter.com](http://www.wellnessletter.com).

## Spotlight on Asthma Management Programs for California Children

In California, an estimated 3.9 million children and adults reported that they have been diagnosed with asthma at some point in their lives. Asthma is a chronic illness that most often begins in childhood. Through the Drug Distribution Program (DDP), Medpin has provided needed medications such as Azmacort, Flovent, Serevent and other drugs to control asthma. Access to health care and needed medications are critical to managing asthma, but research shows that clinical management alone is not enough.

How can clinics provide the best care for their patients with asthma? Several model programs have demonstrated improved asthma outcomes by updating physicians and nurses on national guidelines, hiring outreach workers to visit families, working with schools, and helping coordinate treatment plans. The goals are to link children to a regular doctor, give the family the knowledge and necessary tools to decrease asthma triggers, and teach children to manage their own asthma.

One program, Asthma Start based at the Children’s Hospital in Oakland, brings outreach workers into patient homes, and provides vacuum cleaners and new mattress covers when necessary. Outreach workers provide calendars to track asthma attacks, and accompany children to doctor’s appointments to increase communication.



Family Healthcare Network, Visalia, CA

Yes We Can in San Francisco, coordinates care for children with asthma, using bilingual outreach workers and brochures in Spanish and Chinese.

For information on these and other programs:

- Childhood Asthma Initiative [www.dhs.ca.gov/childasthma](http://www.dhs.ca.gov/childasthma)
- California Asthma Among the School Aged <http://arcc.ucsf.edu/caasa>
- Regional Asthma Management and Prevention Initiative [www.rampasthma.org](http://www.rampasthma.org)

Thanks to Holly Deng, Research Assistant, California HealthCare Foundation for researching and compiling the information for this article.

## DDP Reports to Court

On September 17, 2002 Medpin reported to the San Francisco Superior Court on the final program year of the Drug Distribution Project's (DDP) efforts to distribute \$171 million worth of drugs to indigent patients. The report shows that the DDP has distributed nearly all the available drugs from fifteen of the twenty-five companies participating in the DDP, expending more than 90% of the DDP's total amount of available product. The report recognizes companies that have offered the DDP valuable drugs from the start or have been willing to adjust their DDP product offerings to help improve outpatient pharmaceutical care for indigents.

By contrast, the report

names those companies with the largest remaining product balances based on their failure to offer DDP participant clinics sufficient amounts of their valuable products.

Medpin concludes the report by noting the project's "overall record of cost-effective, efficient management in improving the value of health care to indigent Californians." The DDP may serve as a model for ongoing partnerships among pharmaceutical companies, nonprofit organizations, and public agencies seeking to help vulnerable patients.

Medpin also notes that "the pharmaceutical sector is not a monolith in its approach to indigent patients." Some companies

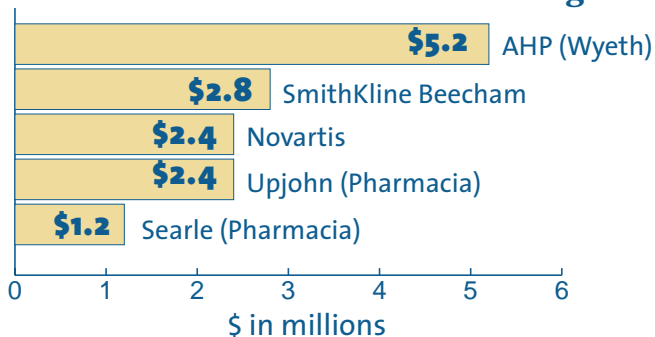
## MOST VALUABLE Product Offerings

- ★ Bristol Myers Squibb
- ★ Dupont
- ★ Eli Lilly
- ★ Hoechst Marion Roussel
- ★ Johnson & Johnson
- ★ Pfizer
- ★ Roche
- ★ Schering Plough

*These companies' DDP product offerings have been most valuable, leaving NO DDP Product Balance as of 9/02.*

seem to view the DDP as an opportunity to significantly and cost-effectively expand their indigent patient assistance activities, while other companies' actions suggest a more adversarial approach. As California's county health systems and community clinics plan their pharmaceutical activities, they will want to remember which companies have been especially constructive—and which have been least cooperative—in using the DDP as an opportunity to cost effectively get appropriate medications to indigent patients.

### Least Valuable Product Offerings



## You Can Become a Best Buys Expert!

If your clinic is purchasing through the 340B program, you are already realizing savings of 30% - 50% on prescription medications. How can your clinic achieve even more dramatic cost-savings?

With a little bit of sleuthing, you can uncover the "best buys":

1. At the beginning of each calendar quarter, ask your wholesaler for a printout of all the drugs available between one-cent and \$1.00.
2. Check to see if these are drugs your clinic uses on a regular basis and take advantage of the low

price by increasing your order to the extent you can use the drugs prior to their expiration date. Remember, unused drugs are no bargain!

3. Request a second printout from your wholesaler for a list of drugs whose prices have been reduced by 20% since the previous quarter.
4. Review those drugs and determine if your clinic can benefit from a larger order at the reduced price.
5. Find out if there is a generic equivalent and compare prices.

Thanks to Ruth Smarinsky, PharmD, Venice Family Clinic and Leon Wilde, RPh, Medpin Pharmaceuticals Specialist, for their expertise.

## Best Buys

### Look What A Penny Will Buy!

Motrin 600 mg  
#100 tab—\$0.01 NDC  
00009-7386-01

Motrin 800 mg  
#100 tab—\$0.01 NDC  
00009-7387-01

Macrochantin 50 mg  
#100 cap—\$0.01 NDC  
00149-0008-05

Macrochantin 100 mg  
#100 cap—\$0.01 NDC  
00149-0009-05

## Looking to Buy a "Best Buy?"

Medpin doesn't sell or distribute drugs. You must work with a drug wholesaler or directly with a pharmaceutical company to buy drugs. Best Buys prices are generally available only to clinics that are 340B eligible. To find out more about the 340B program and how to participate go to our website at [www.medpin.org](http://www.medpin.org) and click on Free and Low Cost Drugs.

**Return Service Requested**

**PLEASE ROUTE TO:**  
\_\_\_\_ **Executive Director**  
\_\_\_\_ **Medical Director**  
\_\_\_\_ **Clinic Manager**  
\_\_\_\_ **Nurse Manager**

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## Community Clinic Initiative - Health Disparities Collaborative

How can clinics serving a disproportionate share of patients with chronic diseases provide the best quality care to their patients? The Bureau of Primary Health Care (BPHC) in cooperation with the Institute for Healthcare Improvement (IHI) is assisting federally funded health centers to improve care and outcomes for chronic disease through the Health Disparities Collaboratives. Organized in regional clusters, the Pacific West Cluster is housed within the California Primary Care Association (CPCA).

According to Heidi Child, RN, MSN, CDE, Deputy Director of the Health Disparities Collaboratives, the focus is "Changing Practice, Changing Lives." During Phase 1, teams learn theory and practice of improving performance in chronic disease management. The teams implement changes and report back on their activities, methods and results. Conference calls, email listservs and consultation assist team members to trouble shoot barriers and overcome them.

The Collaboratives have well-defined indicators of improved quality of care. Clinics participating in the Health Disparities Collaboratives report data to track improvements in health care outcomes nationwide. In Phase 2 of the project, the clinics continue to sustain their accomplishments and expand their practices to other clinic sites or other diseases.

To learn more about the Health Disparities Collaboratives model of care and measures to assess improved outcomes, go to the Health Disparities Collaboratives website at: [www.healthdisparities.net/resources.html](http://www.healthdisparities.net/resources.html) and/or contact Stephanie Hinline, CPCA Collaboratives Program Assistant at 916-440-8170 ext. 228.

**Medpin**

Kathryn Saenz Duke  
*Program Director*

Marice Ashe  
*Special Advisor*

Leon Wilde  
*Pharmaceuticals Specialist*

Harriet Charney  
*Education Director*

Kimberly Arroyo  
*Health Educator*

Elizabeth Maslin  
*Program Administrator*

Long Tran  
*PAP Project Assistant*

Vanisha Evans  
*Administrative Assistant*



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