

The Health Councils, Inc.

- Created in 1983 by FS 408
- Non-profit community health planning organization serving residents in seven (7) Florida counties
- Governed by volunteer board of directors
- Strategic Focus Areas:
 - Health Care Planning
 - Community Education
 - Service Delivery

MedNet®

- Created through collaborative community process in 1999
- Secures free prescription medications for residents with chronic health conditions
- Currently operates in three Florida counties
- Secures \$12 in FREE prescription medications for every \$1 spent to provide program services

Finalist



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MEDNET® PROGRAM

Background

Access to prescription drugs is a critical element in the effective management of chronic disease. Health care consumers who are low-income, uninsured or medically under-served are often forced to choose between the use of prescription drugs and the purchase of other necessities like food and housing. In Pinellas County, a partnership of community organizations, government and foundation leaders, and private health care providers developed MedNet to secure free prescription medications from pharmaceutical companies.

Method

MedNet Navigators are co-located at community-based health and social service sites, including: federally qualified community health centers, medical arts buildings, free clinics, and mental health treatment centers. A Memorandum of Agreement defines the role of each party. Navigators work one-on-one with clinic patients to determine eligibility for free prescription drug programs, complete program applications, and coordinate medication refills. Navigators use a client enrollment and service tracking database to enroll program clients, auto-populate manufacturer applications, record medication receipt, schedule refills, and calculate the retail value of secured medications. The value of secured medications is reported to community stakeholders, including: clinic partner sites, program funders, and elected officials.

Program Costs & Funding Sources

The *cash cost* to operate each MedNet site approximates \$40,000 annually. Cash costs include:

- Salary & Fringe for 1FTE MedNet Navigator
- Desktop Computer & Printer
- IT Support to construct, operate and maintain a web-based client enrollment and services tracking database

The *operating cost* to support each MedNet site approximates \$5,600 annually. Operating costs include office space, supplies, postage and Internet access.

In Pinellas County, MedNet cash costs are funded from multiple sources including state and county governments; MedNet partner sites; and Allegany Franciscan Ministries. Operating costs are funded in part from the same sources, as well as through in-kind contributions from MedNet partner sites.

COMMUNITY STAKEHOLDERS

Program Funders

- Pinellas County Government
- Polk County Government
- Seminole County Government
- Allegany Franciscan Ministries

Department of Health

- Florida Department of Health
- Pinellas County Health Department
- Polk County Health Department
- Seminole County Health Department

Sliding Fee Clinics

- Bayfront Family Health Center

Federally Qualified Community Health Centers

- Community Health Centers of Pinellas, Inc.

Mental Health Care Centers

- Suncoast Center for Mental Health
- Florida Emergency Treatment Center
- Seminole County Mental Health Center

Hospitals

- St. Anthony's Hospital
- Bayfront Hospital

Safety Net Providers

- St. Petersburg Free Clinic
- Sharing Center of Seminole County
- St. Vincent de Paul Society

COMMUNITY ENGAGEMENT

The Health Council utilizes a Community Advisory Council to build consensus around prescription drug access. The Advisory Council also establishes operating policies to standardize MedNet services across multiple partner sites. MedNet policies include guidelines to:

1. define the in-kind support required to host on-site MedNet services;
2. assure the safe receipt, inventory, and delivery of secured medications to MedNet clients; and
3. prioritize chronic conditions for which a short-term supply of medications can be purchased pending long-term receipt of free medications through MedNet.

COMMUNITY CONSENSUS

Chronic Disease

- Chronic diseases account for seven out of ten deaths in America and consume 75 cents of every dollar spent on health care. Nearly half of Americans suffer from a chronic condition, such as high blood pressure, diabetes or asthma (Partnership to Fight Chronic Disease 2008).
- Poor health and chronic disease reduce economic productivity by contributing to increased absenteeism and poor performance (Partnership to Fight Chronic Disease 2008).
- Treatment of the seven most common chronic diseases coupled with productivity losses costs the U.S. economy more than \$1 trillion annually (Partnership to Fight Chronic Disease 2008).
- ...pharmaceuticals have been used to reduce the need for bypass surgery, help prevent brain damage in stroke victims, lower cholesterol levels, and provide relief from chronic pain (Council of State Governments 2006).

Prescription Drug Costs

- Prescription drug spending growth was 11.9 percent in 2004 and is projected to continue at a constant yet slightly slower rate of 8.7 percent through 2014 (Council of State Governments 2006).
- ...among working age adults 28.3% of uninsured and 7.6% of insured Americans report needing medicines but not being able to purchase them (Lasser et al. 2006).

MEDNET® OUTCOMES (PINELLAS 2007)

MedNet® Secures Free Health Care Resources

- In 2007, MedNet® secured 4,421 medications valued in excess of \$1.6 million for chronically ill adults in Pinellas County

Drug Class	\$ Value
Arthritis	\$15,016.
Asthma/Allergy/Lung	\$237,625.
Diabetes/Endocrine	\$167,838.
Gastro-Intestinal	\$159,109.
Heart, Cholesterol & Stroke	\$417,167.
Mental Health	\$272,211.
Migraine/Other Pain	\$97,700.
Other, including Seizure	\$300,718.
TOTAL RETAIL VALUE	\$1,667,384.

MedNet® Maximizes Limited Public Funds

- In 2007, MedNet® secured \$12 in private health care resources for every \$1 spent to provide program services

Program Costs	Medication Value
\$138,900.	\$1,667,384.
Return on Investment	\$12 : \$1

MedNet® Meets the Needs of Under Served Residents

- In 2007, 78% of MedNet® clients were uninsured adults or adults under-served by private and public health care programs, including Medicare and Medicaid

Insurance Status	% Enrolled by Status
None	72.01%
County Health Plan	16.04%
Medicare A & B	4.89%
Medicaid/Medicaid Share of Cost	1.57%
Private Insurance	0.90%
Not Reported	4.58%

MedNet® Meets the Needs of Residents at Greatest Risk for Chronic Disease

- Chronic disease is increasing among non-elderly adults, with statistically significant increases occurring in the rates of cancer, diabetes, emphysema and hypertension¹
- In 2007, 87% of MedNet® clients were working age adults between the ages of 25 and 64

Age at Time of Enrollment	% of Total Enrollment
Under 18	0.91%
18 - 24 Years	4.11%
25 - 44 Years	29.76%
45 - 64 Years	59.04%
65 and Over	4.84%
Not Reported	1.33%

MedNet® Meets the Needs of Residents at Greatest Risk for Health Disparity

- Chronic conditions contribute substantially to racial and ethnic disparities in health status - particularly for African Americans - and are among the principal reasons why blacks die at younger ages and at higher rates than their white peers²
- In 2007, 28% of MedNet® clients were African American, 6% were Hispanic, and almost 2% were Asian/Pacific Islander

Race/Ethnicity	% Enrolled	Pinellas Population
White/Non-Hispanic	55.7%	83.2%
Black/Non-Hispanic	27.8%	10.3%
Hispanic	6.1%	6.3%
Asian/Pacific Islander	1.7%	2.7%
Other	1.5%	3.8%
Not Reported	7.1%	Not Available

¹ Kaiser Commission on Medicaid and the Uninsured, AHA News Now, 7/22/08

² Center for Studying Health Systems Change 2001, Prescription Drug Access Among Working Age Americans

MEDNET® LESSONS LEARNED

- MedNet works in both clinic- and non-clinic based sites; however, clinic sites perform at higher rates than non-clinic sites
- Web-based data tools expedite client intake and forms completion and provide an opportunity to share lessons learned in 'real-time' across multiple program sites
- Developing formal referral procedures between community-based agencies and MedNet increases enrollment among at-risk chronic disease populations; e.g. residents with mental health disorders
- Pharmacy vouchers can provide low-cost access to short-term medications until long-term free medications are received from manufacturers
- A community advisory committee should be used to build consensus about prescription drug access
- The retail value of secured medications should be used to demonstrate Community Return on Investment
- A community network of MedNet Navigators can be created by training staff from other agencies to provide MedNet services

FUTURE STRATEGIES

The Health Council is exploring innovative new strategies to expand access to prescription drug resources in Florida. Strategies include:

- **Community Pharmacy** - to serve as a central receiving source for unclaimed PAP medications and cancer care replacement drugs. The community pharmacy will be the 'go-to' source to provide short-term medications to low-income patients as they await free long-term use of PAP medications. The community pharmacy will also deploy cancer medications to local oncologists treating uninsured cancer patients.
- **Tele-MedNet** - will employ the use of computer technology to connect remote and difficult to reach populations with a MedNet Navigator. Tele-MedNet will serve patients at rural health clinics and residential treatment centers as well as jail and prison inmates.
- **MedNet Mentors** - will utilize long-term MedNet clients as volunteer staff to support enrollment and service to new program clients.
- **Employer/Retail Health Clinic Initiative** - MedNet will partner with employers of low-income wage earners and retail health clinics to connect uninsured chronically ill adults to free prescription drug services.
- **Statewide MedNet Expansion** - the Health Council will advocate for a legislative appropriation to implement a 3-year MedNet pilot demonstration project in three new Florida counties, with statewide implementation based on program performance.