



Mobile Medicare Clinics:

Evaluation of the economic and clinical outcomes of a community-based program targeting Medicare beneficiaries

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Introduction & Background

Our mobile Medicare clinics provide a comprehensive array of health screenings and services

~15

Community-based
annual events

~1,600

Medicare beneficiaries served annually
>90% are 65+ years of age





Concerted effort to help those from **underrepresented** and **underserved** groups including:

- Non-English speaking
- Living at/below 150% of the Federal Poverty Line
- Racial/ethnic minority groups
- Permanent disabilities



Aim

To improve patients' **Economic, Clinical, and Humanistic Outcomes (ECHO Model)** through a multi-faceted approach



Improve Economic Outcomes



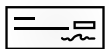
Medicare Part D plan optimization



Low-income subsidy applications



Pharmaceutical Assistance Program applications



Drug discount coupons/programs



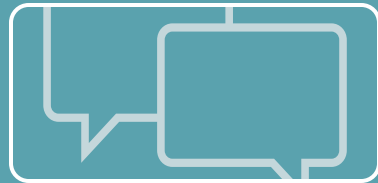
Optimize Clinical Outcomes



Medication Therapy Management (MTM) services
Opioid overdose risk assessment and naloxone distribution
Provision of an array of vaccinations
Provision of ≥ 12 different FREE health screenings/services

Address Humanistic Outcomes

1



Communicating with prescriber(s) when medication problems are identified

2



Serving as a resource and providing additional assistance throughout the year

3



Serving as an objective unbiased patient advocate

Study Objectives

- To improve the **Economic, Clinical and Humanistic Outcomes** of those we serve through our Mobile Medicare Clinics. By achieving our program objectives, we also satisfy the Triple Aim of Cost, Care and Quality
- To strive to meet several **Healthy People 2020/2030 goals** (e.g., improving vaccination rates, helping achieve health equity, eliminate disparities, improve access to healthcare, etc.)
- To optimize patient care and enhance health professional student training by having an **interprofessional care team** (i.e., pharmacy, nurse practitioner, and physician assistant students)



Primary Outcome

To identify the estimated out-of-pocket cost-savings through Medicare Part D plan optimization services for those served

Secondary Outcomes

1. To identify the type and frequency of medication related issues that were identified during MTM reviews
2. To highlight the type and frequency of health screenings and services provided

Methodology

- Medicare Part D and MTM services data are captured at each Clinic through a Beneficiary Outcomes Survey (BOS)
- BOS form
 - Guides each student intervention
 - Collects economic outcome data, including:
 - Cost-savings from the Part D optimization services
 - Other cost-minimization services that are provided

Methodology: BOS Form

- Documents the frequency and type of medication-related problems identified
- Tracks the number of times a Prescriber Communication Form (PCF) was sent
- Identifies the type of medication-related problem addressed in the form and whether our recommendation was accepted by the prescriber

Methodology (cont.)

- On the day of the Clinic
 - Patients are provided with a “Pacific Health Care Passport”
 - Delineates the different Clinic screenings/services offered
 - Serves as a repository of all health screening values and/or services received

Results/Analysis

Part D

Since the program began 13 years ago:

Assisted **8,686** beneficiaries

save an estimated

\$8.77 million

in out-of-pocket drug costs

\$1,009/patient per annum

~80%

of beneficiaries assisted could realize monetary savings by **switching Part D plans**

Medicaid or Low-Income Subsidy (also known as “Extra Help”) beneficiaries assisted:

2,117

Non-subsidy recipients
screened



>300 “Extra Help”
applications completed

Results/Analysis

MTM

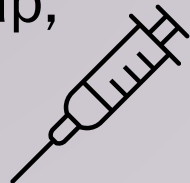


MTM reviews
were completed

- Identification of **14,788** medication-related problems
- Severe medication-related issues were found in **>700** MTM interventions that warranted the completion of a PCF.
 - PCF recommendations were accepted **~75% of the time**

Health Screenings and Services

- Provided **>49,000** screenings/services
- Administered **5,683** vaccines (flu, pneumococcal, Tdap, and shingles)



Opioid Risk Reduction

- Began in 2018
- **FREE** naloxone screening, distribution, and training
- Dispensed **63** boxes of intranasal naloxone, coupled with extensive education and resources for those at risk

Conclusion & Future Direction

- A community-based clinic seeking to assist Medicare beneficiaries can improve the outcomes of those served
- The coronavirus disease (COVID-19) poses a serious risk to public and student participation at our Mobile Medicare Clinics this year
- We will explore ways to provide our core services through telehealth modalities

