

NAVIGATING ACCESS TO DIABETES CARE

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MC

MC is a 56yo Hispanic female with T2DM, HLD, HTN, and hypothyroidism. She does not currently have insurance and works seasonally so money is short right now. Her most recent hemoglobin A1c was 10.2%. Her diabetes therapy includes Novolin 70/30 and metformin. Additionally her medications include atorvastatin, levothyroxine, sertraline, and lisinopril.

MC was referred to meet with the pharmacist to discuss uncontrolled diabetes and how to optimize her medications to improve diabetes control.

NAVIGATING ACCESS TO DIABETES CARE: MEDICATION THERAPY CONCERNS

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UK HEALTHCARE - BARNSTABLE BROWN DIABETES CENTER

OBJECTIVES

Upon completion of this activity, participants will be able to identify resources and optimize regimens to support patients in accessing diabetes medications.

Discuss frequent barriers patients with diabetes encounter to accessing their medications

Identify resources available to aide patients in acquiring diabetes medications including:

- Patient assistance programs
- Manufacturer copay cards
- 340b drug programs
- Pharmacy medication discount programs
- Affordable therapeutic alternatives

Recognize barriers to care and appropriate resources in a patient case

BARRIERS

BARRIERS TO ACCESSING MEDICATIONS

Copays

Deductibles

Medicare coverage gap ('donut hole')

Uninsured

Lapse in insurance coverage

Lack of prescription insurance

Necessary brand name medications

Other unexpected expenses affecting finances

Lack of cost transparency in healthcare

DISCERNING THAT COST MAY BE PROHIBITIVE

Many patients are hesitant to admit non-adherence or having trouble affording medications

Take the time to address cost in a non-judgemental approach

Ask the patient questions to give the opportunity to discuss barriers

- Where do you get your prescriptions from?
- Do you have insurance that covers them?
- How much is your copay for this medication?
- I know that these medications can get expensive, are you able to afford them all each month?

Some patients may prioritize their medications despite cost, but this could be affecting other parts of their life (healthy diet, transportation, utilities, etc.)

NATIONAL CENTER FOR HEALTH STATISTICS

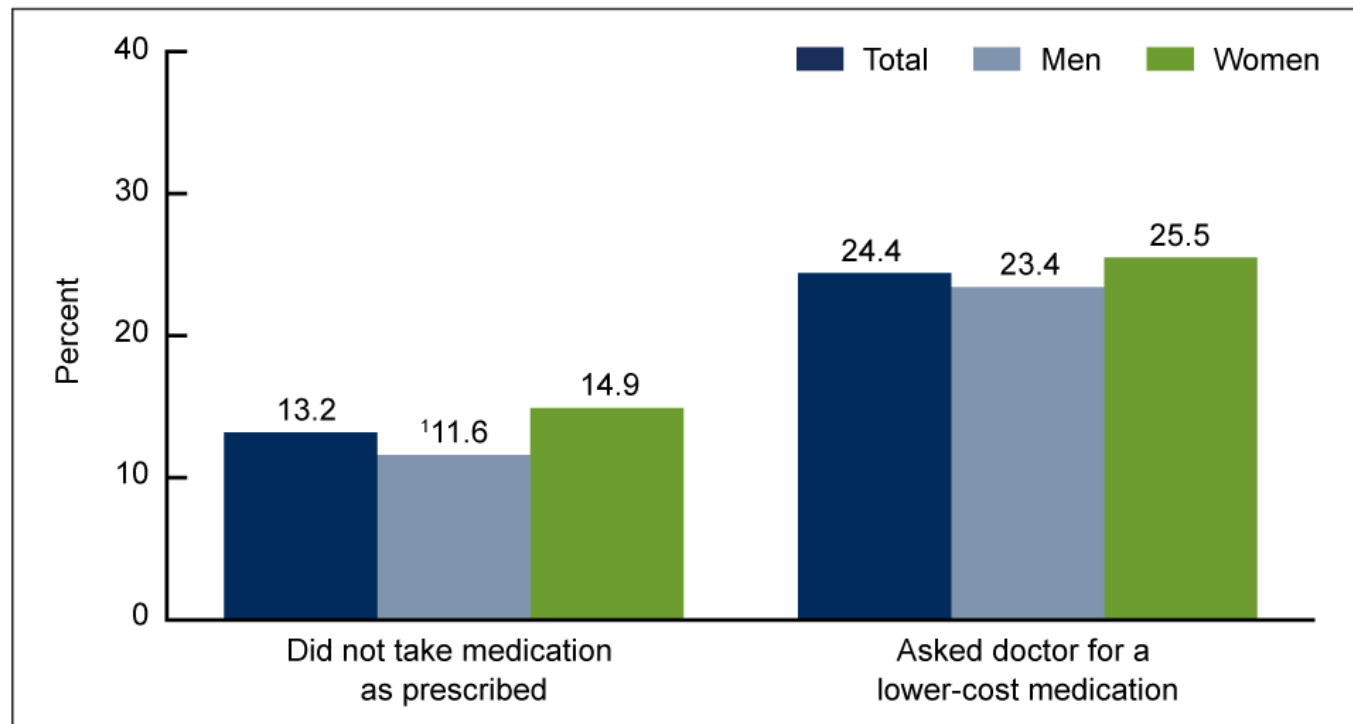
Strategies Used by Adults With Diagnosed Diabetes to Reduce Their Prescription Drug Costs, 2017–2018

Data from the 2017–2018 National Health Interview Survey

Nationally representative household survey of the US population

Cohen RA, Cha AE. Strategies used by adults with diagnosed diabetes to reduce their prescription drug costs, 2017–2018. NCHS Data Brief, no 349. Hyattsville, MD: National Center for Health Statistics. 2019.

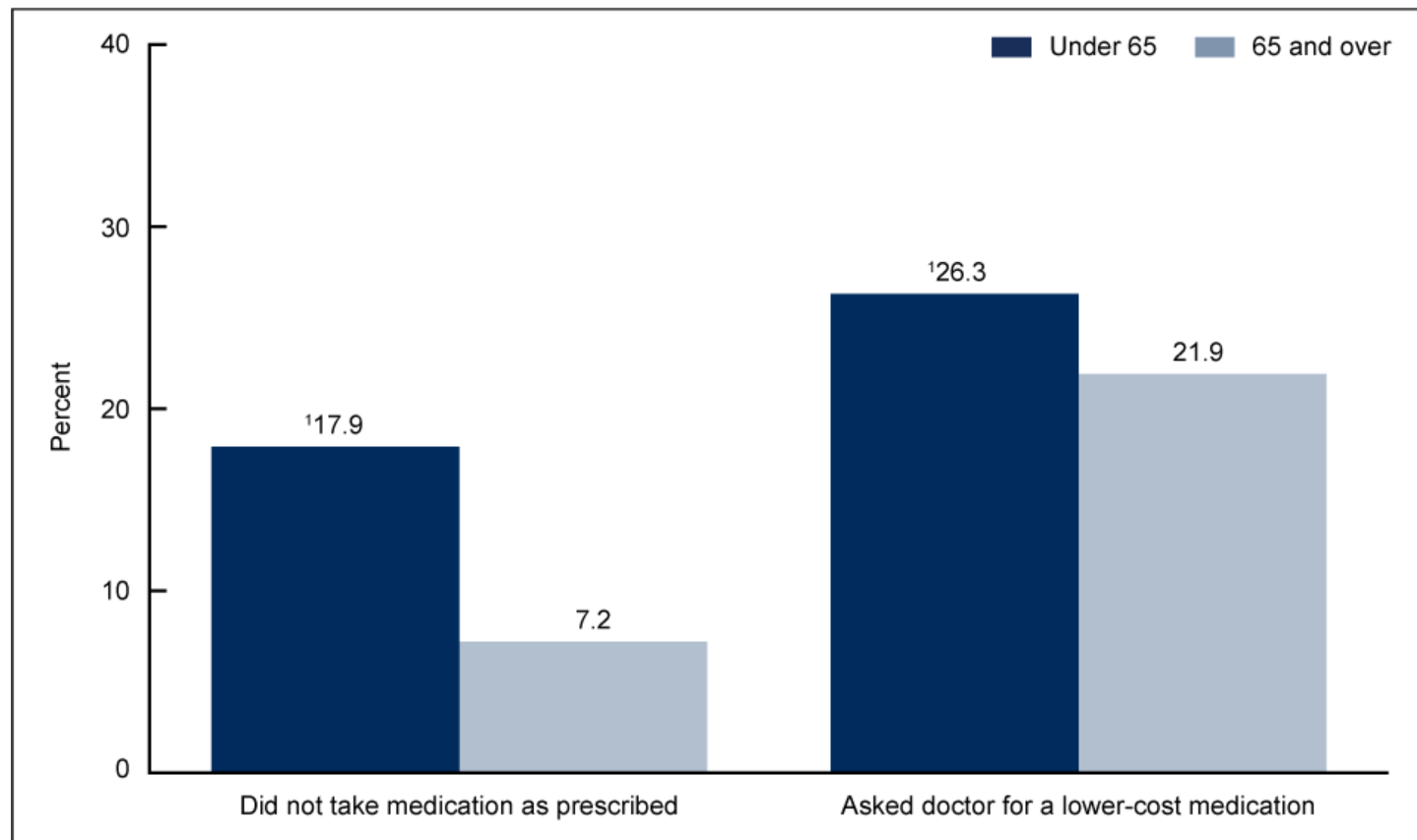
Figure 1. Percentage of adults with diagnosed diabetes who were prescribed medication in the past 12 months and used selected strategies to reduce their prescription drug costs, by sex: United States, 2017–2018



¹Significantly different from women ($p < 0.05$).

NOTES: "Did not take medication as prescribed" is a composite measure that includes adults who skipped medication doses, took less medicine, or delayed filling a prescription. See definitions section in this report for more details. A person may use more than one strategy to reduce prescription drug costs. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db349_tables-508.pdf#1. SOURCE: NCHS, National Health Interview Survey, 2017–2018.

Figure 2. Percentage of adults with diagnosed diabetes who were prescribed medication in the past 12 months and used selected strategies to reduce their prescription drug costs, by age group: United States, 2017–2018

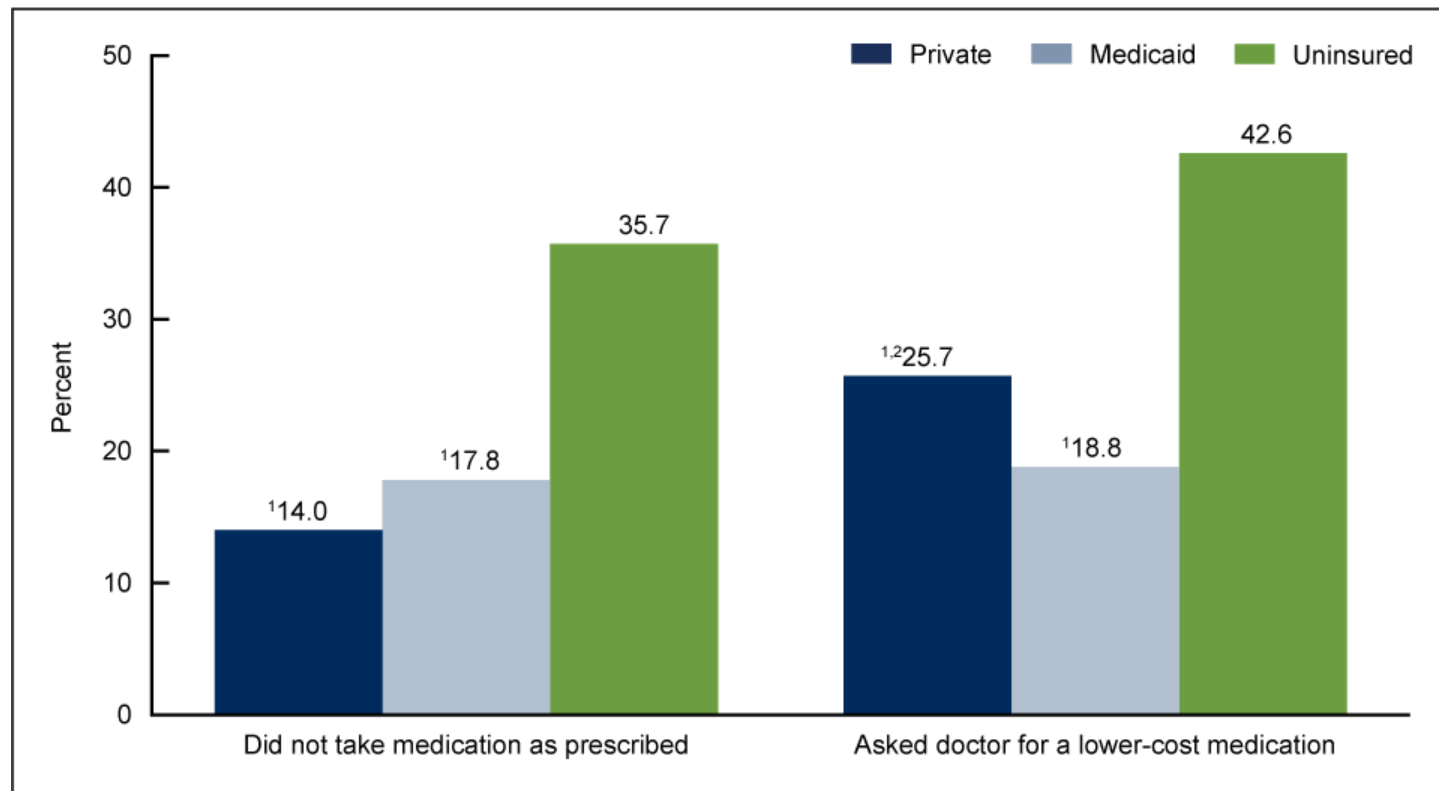


¹Significantly different from adults aged 65 and over ($p < 0.05$).

NOTES: "Did not take medication as prescribed" is a composite measure that includes adults who skipped medication doses, took less medicine, or delayed filling a prescription. See definitions section in this report for more details. A person may use more than one strategy to reduce prescription drug costs. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db349_tables-508.pdf#2.

SOURCE: NCHS, National Health Interview Survey, 2017–2018.

Figure 3. Percentage of adults aged 18–64 with diagnosed diabetes who were prescribed medication in the past 12 months and used selected strategies to reduce their prescription drug costs, by insurance coverage status: United States, 2017–2018



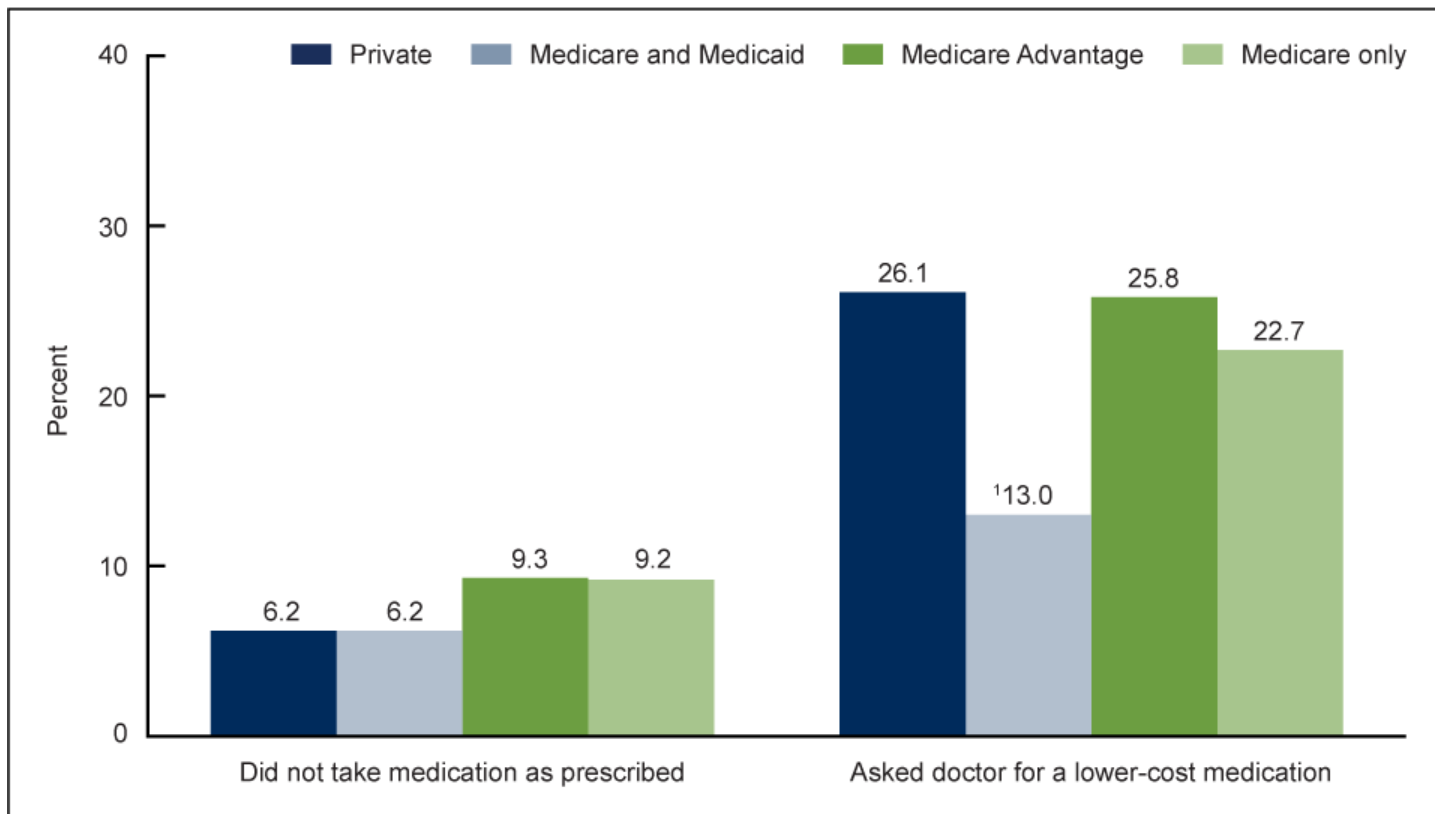
¹Significantly different from those who are uninsured ($p < 0.05$).

²Significantly different from those with Medicaid coverage ($p < 0.05$).

NOTES: "Did not take medication as prescribed" is a composite measure that includes adults who skipped medication doses, took less medicine, or delayed filling a prescription. See definitions section in this report for more details. A person may use more than one strategy to reduce prescription drug costs. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db349_tables-508.pdf#3.

SOURCE: NCHS, National Health Interview Survey, 2017–2018.

Figure 4. Percentage of adults aged 65 and over with diagnosed diabetes who were prescribed medication in the past 12 months and used selected strategies to reduce their prescription drug costs, by insurance coverage status: United States, 2017–2018



¹Significantly different from those with private, Medicare Advantage, and Medicare only ($p < 0.05$).

NOTES: "Did not take medication as prescribed" is a composite measure that includes adults who skipped medication doses, took less medicine, or delayed filling a prescription. See definitions section in this report for more details. A person may use more than one strategy to reduce prescription drug costs. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 4 at:

https://www.cdc.gov/nchs/data/databriefs/db349_tables-508.pdf#4.

SOURCE: NCHS, National Health Interview Survey, 2017–2018.

RESOURCES

PATIENT ASSISTANCE PROGRAMS

Sponsored by pharmaceutical manufacturers

Available from most pharmaceutical companies

Intent is to provide free or discounted medications to those who cannot afford them

Each company establishes its own rules and guidelines

- Which medications are available varies
- Income qualifications vary
- Paperwork requirements vary

HELPFUL WEBSITES



www.needymeds.org



<https://medicineassistancetool.org/>



Patient Assistance Program Center

www.rxassist.org

NEEDYMEDS EXAMPLE

The screenshot shows the NeedyMeds website interface. At the top left is the NeedyMeds logo with the tagline "Find help with the cost of medicine". To the right are links for "HELPLINE (800) 522-4827", "CONTACT US", and "EN ESPAÑOL", along with a "DONATE NOW" button and social media icons for Facebook, Twitter, YouTube, LinkedIn, Blog, and Pinterest. A navigation bar contains links for Home, Savings, Advocates, Getting Started, Services, About Us, News, and Blog. A search bar is highlighted with a red circle, containing the text "Teripog" and a "Drug Search" button. Below the search bar are links for "Drug Pricing Calculator" and "Find a Pharmacy". A large red arrow points down to a box that says "Get Your NeedyMeds Drug Discount Card!". Below that is a box for "Send a family member or friend a NeedyMeds Drug Discount Card.". Further down is a "NeedyMeds be medwise" section with the text "The BeMedWise Program at NeedyMeds offers useful patient information providing the safe use, storage and disposal of medicines. Visit BeMedWise.org to learn more." Below that is a link to "Read the BeMedWise blog - Making the Voices Heard for the Needs of Americans with Medication Needs." At the bottom is a "SafeNeedleDisposal.org" section with the text "An information resource for community-associated sharps disposal programs and organizations." The main content area is titled "Prescription Assistance" and includes a "Video" button. Below the title is a "Back" link and a paragraph: "Prescription assistance can be offered in the way of Patient Assistance Programs (PAPs), which are created by pharmaceutical companies to provide free or discounted medicines to people who are unable to afford them. Each program has its own qualifying criteria." This is followed by a "To find a PAP that you may qualify for:" section with a list of bullet points: "Click on Brand Name Drugs or Generic Name Drugs here or on the links under the Patient Savings top navigation. An alphabetical listing appears that contains all the drugs available through PAPs." "Then click on the first letter of the name of your medicine in the alphabet bar." "Next, a link on the name of your medicine to access the eligibility and contact information for the program(s). In many cases the program application form can be printed from our website. Applications should be faxed or mailed directly to the PAP, not to NeedyMeds. If you need help filling out your applications, see our list of organizations under Help with Paperwork that provide application assistance for free or a small fee." "PAPs can also be found by name by looking through the Program Name List." "PAPs can also be found by the sponsoring company by looking through the Company Name List." "If an application form is available through a PAP, look for it in the Program Applications list." "Help with Paperwork is a searchable database of local programs or individuals who help people take advantage of PAPs, such as finding programs, assist in completing the application forms and contacting physicians for signatures." Below the list is a paragraph: "Look for all of your medications, not just the most expensive ones. If your medicine does not appear on the Brand Name or Generic Name lists, then it is not available through a PAP. Click here to learn about options if this is the case." At the bottom of the main content area is a note: "The following article is available for reprinting in your publication, just contact Dr. Richard Sogal to obtain permission."

[Drug Pricing Calculator](#)

Find drug prices and pharmacies


**Get Your NeedyMeds
Drug Discount Card!****Send a family member
or friend a NeedyMeds
Drug Discount Card.**
Patient Information and Education

The BeMedWise Program at NeedyMeds offers useful patient information promoting the safe use, storage and disposal of medicines. Visit [BeMedWise.org](#) to learn more.

Read the BeMedWise blog.
Meeting the Medicine Information Needs of Americans with Vision Loss[SafeNeedleDisposal.org](#)

Safety is the point

An information resource for community sponsored sharps disposal programs and other options for sharps disposal

A NeedyMeds Project

Brand Name Drugs

[Back](#)

The key below explains what each icon means. Scroll down to find all drugs and dosages that can offer savings or information by clicking on the drug name then click on the icon:

**Read more
about it
on our****Blog**[Patient Assistance Programs \(PAPs\)](#)[Support Pages](#)[54 Generics](#)[Copay Cards](#)[Coupons, Rebates & More](#)[Drug Videos](#)[Additional Drug Information](#)

As of August 26, 2019, there are 4096 drugs and dosages on the list. Drugs are added and deleted often, so check back regularly.

Contact NeedyMeds if you find any content errors.

For link problems or other technical problems, send an email to [webmaster](#).

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z[Farxiga \(dapagliflozin\) Tablet](#)[Return to Top](#)**Medicine
not listed?
Click here**

Start typing drug name

Drug Search

Drug Pricing Calculator

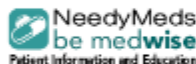
Find drug prices and pharmacies

search >



Get Your NeedyMeds
Drug Discount Card!

Send a family member
or friend a NeedyMeds
Drug Discount Card.



The BeMedWise Program at NeedyMeds offers useful patient information promoting the safe use, storage and disposal of medicines. Visit BeMedWise.org to learn more.

Read the BeMedWise blog.
Meeting the Medicine Information
Needs of Americans with Vision Loss

SafeNeedleDisposal.org



An information resource for community-sponsored sharps disposal programs and other options for sharps disposal.

Safety is the point

A NeedyMeds Project

NeedyMeds StoryLine

A free mobile app that makes it easy to track and manage



Don't qualify for this program? Visit the DBAs to look for financial assistance based on your diagnosis.

Program 1 of 2.

[Back](#) | [Print](#) | [Print All](#)

Scroll down to see them all.

View
Coupon

AZ&Me Prescription Savings Program for people without insurance

This program provides brand name medications at no or low cost

Provided by: AstraZeneca Pharmaceuticals

PO Box 898
Somerville, NJ 08876

Languages Spoken:
English, Spanish

TEL: 800-292-6363

[Program Website](#)

Program Applications and Forms

[AZ&Me Prescription Savings Program Application](#)

[AZ&Me Prescription Savings Program Application \(Synagis\)](#)

[AZ&Me Prescription Savings Program Application for Specialty Care Products](#)

Medications

- [Farniga tablet \(dapagliflozin\)](#)

Eligibility Requirements

[FPL Income Calculator](#)

Insurance Status

Must have no prescription coverage

Those with Part D Eligible?

No

Income

Varies

Diagnosis/Medical Criteria

Not specified

US Resident/Resident?

Yes or have been and are eligible

NeedyMeds Storylines
 A free self-care app that makes it easy to track and manage your health.
 *Click to learn more



HealthWeb Navigator
 Your Guide to Medical Websites
 A NeedyMeds Project

NeedyMeds Drug Discount Card App

- Download the card for savings
- Includes Pharmacy Finder
- Updated for iPhone and Android

This is a drug discount program, not an insurance plan.

HEAL fundr
 Medical Crowdfunding
 A NeedyMeds Project



Shop at AmazonSmile
 and Amazon will make a donation to NeedyMeds

Get started



Insurance Status	Must have no prescription coverage
Those with Part D Eligible?	No
Income	Varies
Diagnosis/Medical Criteria	Not specified
US Residency Required?	Yes, or have green card or work visa

Application

Obtaining	Call, download or apply online
Receiving	Faxed, mailed or downloaded from website
Returning	Fax from Doctor's office
Doctor's Action	Give prescription to patient
Applicant's Action	Complete section, sign, attach proof of income and any insurance information
Decision Communicated	Patient notified in writing
Decision Timeframe	Within 2 weeks

Medication

Amount/Supply	Up to 90 day supply
Sent To	Doctor's office or patient's home
Delivery Time	Within 5-7 business days
Refill Process	Patient or Doctor must contact company
Limit	None
Re-application	New application yearly

Additional Information

People who are in Medicare and may be eligible for the Limited Income Subsidy can apply. However, if they are accepted into the LIS, they are no longer eligible for the AZ& Me Prescription Savings Program.

Eligibility determined on a case-by-case basis.

Updated May 10, 2019

Don't qualify for this program? Visit the DBAs to look for financial assistance based on your diagnosis.

AADE INSULIN COST SAVINGS RESOURCE

Insulin Cost Saving Resources

Manufacturer	Manufacturer patient assistance program	Product	Co-pay card link	Co-pay as low as	Restrictions
Eli Lilly	Lilly Cares Program <ul style="list-style-type: none"> • Products: Humalog U100®, U200®, Mix 75/25®, Mix 50/50®, Mix 70/30®, Humulin R®, U500®, Basaglar® • Patients also qualify for a glucagon pen • For patients with no prescription coverage, not enrolled in Medicaid or VA benefits and must meet the household guidelines. • If patient has Medicare must meet the following criteria <ul style="list-style-type: none"> – Have spent \$1,100 on prescription medications within the calendar year. http://www.lillycares.com/	Humalog U200®	https://www.humalog.com/u-200-kwikpen/	\$25 per month	<ul style="list-style-type: none"> – Maximum of \$100 per month – Applies for up to 24 fills prior to program expiration
		Basaglar®	https://www.basaglar.com/savings-support	\$5 per month	<ul style="list-style-type: none"> – Maximum of \$150 per month – Applies for up to 24 fills prior to program expiration
		Insulin lispro U100	Lower-priced version, no co-pay card	NA	<ul style="list-style-type: none"> – All are eligible with a prescription – Single vial \$137.35 – 5 pack Kwikpens \$262.50
Novo Nordisk	NovoNordisk Patient Assistance Program (PAP) <ul style="list-style-type: none"> • Products: Tresiba®, Levemir®, Fiasp®, Novolog®, NovoLog® Mix 70/30®, Novolin R®, Novolin N®, Novolin 70/30® • Patients also qualify for a glucagon pen, and NovoFine®, NovoTwist® pen needles • For patients with no private 	Fiasp®	https://www.novocare.com/eligibility/diabetes-savings-card.html	\$25 per month	<ul style="list-style-type: none"> – Maximum of \$150 per month – Must be enrolled in commercial plan – May also receive a free box of Novo Nordisk needles
		Novolog® NovoLog® Mix 70/30	https://www.rapidactinginsulin.com/novolog/save-on-novolog.html	\$25 per month	<ul style="list-style-type: none"> – Maximum of \$100 per month – Must be enrolled in commercial plan

AADE. Available from: <https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/non-insulin-agents-cost-saving-resource-7-29-19.pdf?sfvrsn=2>.

TIPS FROM EXPERIENCE

Before applying check:

- Income level for program
- Income documentation requirements
- Citizenship/residency requirements
- Insurance – can vary greatly in coverage of those with Medicare, Medicaid eligible, and private insurance plans
- Where medication is shipped to
- How prescription submitted
- How application is submitted
- All required information is completed

Always keep a copy to follow up on if patient does not receive medication

MANUFACTURER COPAY CARDS

Copay cards available as hard copy or through online websites

Can decrease copay or provide free initial fill for patients with private insurance


Usually government insurance plans (Medicaid, Medicare) are excluded

Important to read specifics of coupon to understand:

- Maximum paid amount per prescription and per card
- Expiration date
- Maximum number of uses

Consider sustainability of therapy after coupon card is no longer able to be utilized

MEDICINE ASSISTANCE TOOL EXAMPLE

medicine assistance tool.org 

Print This Page Text Size: A A A


Patient Resources ▾ Education ▾ About ▾

Find Resources For You: **1** Enter Your Medications **2** My Background **3** My Resources

Accessing your medicines can be confusing. It doesn't have to be.

PhRMA member companies are **committed** to helping patients make more informed health care decisions by providing more transparency about medicine costs. This, along with the development of the Medicine Assistance Tool, provides patients with the information they need to make more educated health care decisions.

PhRMA's Medicine Assistance Tool (MAT) is a search engine designed to help patients, caregivers and health care providers learn more about the resources available through the various biopharmaceutical industry programs. MAT is not its own patient assistance program, but rather a search engine for many of the patient assistance resources that the biopharmaceutical industry offers.



I am a **Health Care Professional** ▾ and I am searching for Personalized Assistance Resources.

Continue

Not ready to start? Scroll down to see how the site works or browse all resources.

Click [here](#) to learn more about the cost of prescription medicines.

Find Resources For You:

1

Enter Your Medications

1

2

My Background

✓

3

My Resources

1

[Home](#) > [My Resources](#)

1

Enter any medications that you need help accessing.

This will provide a list of options. Click "Add to list" to move them into your medications list.

Your **Patient's** medication list.

Search by Medicine

✓

Victoza®

X

Scroll down to step 2 once you've added all the medications you need assistance with.



2

Enter your **Patient's** information.

Please answer all questions below to see resources that may be available to you based on the information you provided. Personal information will never be saved or shared pursuant to our [Privacy Policy](#) and [Terms of Use](#)

✓	46	Why?
✓	Kentucky	Why?
✓	3	Why?
✓	38000	Why?
✓	United States	Why?
✓	Are you insured? <input checked="" type="radio"/> Yes <input type="radio"/> No	Why?
✓	What type of insurance coverage do you have? <input checked="" type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> VA/Military Benefits	Help?
✓	Recent Natural disasters? <input type="radio"/> Yes <input checked="" type="radio"/> No	Why?

[Continue](#)

3

There are currently **1** resources that may be available to you based on the information you entered.

The information provided as a result of your search comes directly from the biopharmaceutical company or companies that offer the assistance program(s). PhRMA and MAT have not independently verified, approved or otherwise reviewed this information. Display of program information provided as a result of your search does not mean that you qualify for the program. Additional eligibility requirements and program rules may apply, and the information is subject to change without notice. Please see full program information available through the biopharmaceutical manufacturer or company that offers the assistance program.

Personal information will never be saved or shared pursuant to our [Privacy Policy](#) and [Terms of Use](#).



Your **Patient's** Background:

Show Information

My Resources

Savings Card

Additional Resources

Your **Health Care Professional** can find resources to help with prescriptions and more.

Print

If you can't find what you're looking for, your medication manufacturer may have additional assistance resources available on their website. [Click here](#) to learn more about the cost of prescription medicines.

Novo Nordisk Savings Cards

Assistance Type: Co-Pay

Selected Product
Victoza®

Call: 1-877-304-6865

Apply Online



NovoCare
Patient Affordability and Access Support

Visit Resource Website

340B DRUG PRICING PROGRAM

Purpose is to enable eligible organizations to stretch scarce federal resources

Manufacturers that participate in Medicare provide drugs to covered entities at significantly reduced prices

Eligible organizations must register and be enrolled

Organizations involved must meet all 340B requirements

Examples of eligible organizations include:

- Federally Qualified Health Centers
- Children's hospitals
- Critical access hospitals
- Rural referral centers
- Disproportionate share hospitals
- Title X Family Planning clinics
- And others

Organizations participating in the 340B Drug Pricing Program may pass down savings to patients depending on the structure of their program

PHARMACY MEDICATION DISCOUNT PROGRAMS

Many pharmacies offer discounted prices on certain generic medications

Can greatly aide patients in cost but may lead to polypharmacy

Lists changes over time so requires being aware of local pharmacies and establishing understanding of what they offer

Some pharmacies may price match other discount programs if asked by the patient

EXAMPLE: ATORVASTATIN

Utilizing online pricing information as of August 2019, atorvastatin 40mg for 30 days supply at major pharmacy retailers:

Meijer: free

Kroger: \$6 for Rx Savings Club

Walmart:\$9

Walgreens: not on Prescription Savings Club

CVS: offer free Rx Savings Review but no discount program

Rite-Aid: not on Rx Savings Program

Sam's Club: \$10 for members

Costco: \$18.98 for members

<https://www.meijer.com/services/pharmacy/free-prescriptions.html>
<https://www.krogersc.com/drugs>
[https://www.walmart.com/cp/\\$4-prescriptions/1078664](https://www.walmart.com/cp/$4-prescriptions/1078664)
https://www.walgreens.com/pharmacy/psc/psc_overview_page.jsp

<https://www.riteaid.com/pharmacy/prescription-savings/rite-aid-prescription-savings-program/directory-of-generic-medications>
<https://scene7.samsclub.com/is/content/samsclub/evdl-drug-name-en?pdf>
<https://www.costco.com/member-prescription-program.html>

AFFORDABLE THERAPEUTIC ALTERNATIVES

Pre-mix insulin is often more affordable both with and without insurance

Novolin 70/30 or Humulin 70/30 are available over the counter in every state except Indiana

ReliOn brand Novolin 70/30 is available at Walmart for significantly less than the brand at other pharmacy chains (\$25 compared to \$152-163)

For those with insurance, one copay for premix may be more accessible than two copays for basal/bolus therapy

Tucker ME. Buying insulin over-the-counter at Walmart common practice. Available from:

<https://www.medscape.com/viewarticle/909381>.

Goldstein JN. Frequency of Sale and Reasons for Purchase of Over-the-Counter Insulin in the United States. JAMA Intern Med. 2019;179(5):722-723.

AFFORDABLE THERAPEUTIC ALTERNATIVES

Caution should be used with pre-mix insulin:

- Patients may be at higher risk for both hypo- and hyperglycemia
- Consistent eating schedules are important to optimize therapy
- A plan should be in place with healthcare provider to identify safe doses when converting from basal/bolus therapy to pre-mix
- Patients may need different doses at different times of day to prevent hypoglycemia (i.e. consider 2/3 daily dose in the morning and 1/3 daily dose in the evening)
- OTC price is per vial or box of pens, patients on high doses may require multiple vials or boxes of pens per month leading to significant cost

OTHER RESOURCES



<http://affordableinsulinproject.org/>

AACE Prescription
Savings Directory

<http://prescriptionhelp.aace.com/>

AADE Insulin Affordability Resource



Find detailed information on manufacturer patient assistance programs, cost savings programs, discount cards and more.

Non-Insulin Diabetes
Medications Resource Guide

Insulin Cost Savings
Resource Guide

<https://www.diabeteseducator.org/practice/educator-tools/app-resources/affordability-resources>

OTHER CONSIDERATIONS

Checking patient's insurance formulary to see if lower co-pay option available

Some insurance plans may offer 90 day supplies of medications at a discounted copay

Some insurance plans may offer discounted copays if filled through mail order

Combination medications can decrease copays

Patients may be able to switch prescriptions benefit plans to decrease their cost of medications (i.e. Medicare Part D plans)

Not all Medicaid eligible patients know that they are eligible

Decreasing costs of testing supplies can help with decreasing cost diabetes

Meece JE. 10 Tips to help patients afford their medications. Available from:

https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/10_tips_affordings_meds.pdf?sfvrsn=0.

OTHER GEOGRAPHIC SPECIFIC RESOURCES

Health system patient assistance programs

Charitable pharmacies

Free clinics

Organizations that provide support during high-cost medical episodes

MC

MC is a 56yo Hispanic female with T2DM, HLD, HTN, and hypothyroidism. She does not currently have insurance and works seasonally so money is short right now. Her most recent hemoglobin A1c was 10.2%. Her diabetes therapy includes Novolin 70/30 and metformin. Additionally her medications include atorvastatin, levothyroxine, sertraline, and lisinopril.

MC was referred to meet with the pharmacist to discuss uncontrolled diabetes and how to optimize her medications to improve diabetes control.

MC

During MC's appointment with the pharmacist, MC shared that she is unable to fill all of her prescriptions every month due to cost.

Additionally, she shared that she was unable to follow up with her primary care provider due to having a balance and being unable to pay that balance at this time.

MC is out of work and is unable to obtain a job due to not having reliable transportation.

The pharmacist reached out to the social worker for additional assistance in supporting MC.

Navigating Access to Diabetes Care: Overcoming Social Barriers

Katy Walker, LCSW, LDE

UK HealthCare – Barnstable Brown Diabetes Center

Objective: Upon completion of this activity, participants will be able to utilize social services and community agencies to access diabetes care and optimize health outcomes.

How would a Social Worker benefit a Diabetes Clinic?

“Complex environmental...psychosocial factors influence living with diabetes... and achieving satisfactory medical outcomes and psychological well-being. Thus, individuals with diabetes and their families are challenged with complex, multifaceted issues when integrating diabetes care into daily life.”

Specific Barriers

Poverty

- Incidence of diabetes is heavily correlated with income
- Individuals living in poverty have reduced access to healthy food
- Transportation issues can play a part in access to diabetes care

Mental Health Concerns

- Mental health issues, specifically depression, have been found to have a strong correlation with a diagnosis of Type 2.

Access to Healthcare

- Cost of medications
- Undocumented Immigrants
- Access to specialized healthcare
- Ability to safely administer medication

Gaskin, D. J., Thorpe, R. J., Jr, McGinty, E. E., Bower, K., Rohde, C., Young, J. H., ... Dubay, L. (2014). Disparities in diabetes: the nexus of race, poverty, and place. *American journal of public health*, 104(11), 2147–2155. doi:10.2105/AJPH.2013.301420

Pei-Chun Chen, PHD, Yen-Ting Chan, MSC, Hua-Fen Chen, MD, MSC, Ming-Chung Ko, MD, MSC, and Chung-Yi Li, PHD (2013). Population-Based Cohort Analyses of the Bidirectional Relationship Between Type 2 Diabetes and Depression. *Diabetes Care*, 36(2), 376-382. <https://doi.org/10.2337/dc12-0473>

Poverty

Kentucky has a poverty rate of 17.2% which is the 5th highest nation wide (rankings were based on a family of four making >24,860 per year)

- Almost 20% of women and 15% of men live in poverty in the state of Kentucky

14.7% of the state's population faces food insecurity

- This is defined as a household not having enough money/resources to meet their nutritional needs in a year period

The unemployment rate in Kentucky is 4.9%

- The National average is 3.6%

Overall Poverty--2018. *Talk Poverty*. <https://talkpoverty.org/state-year-report/kentucky-2018-report/>
Unemployment rate unchanged at 3.6 percent in May 2019. Retrieved from
https://www.bls.gov/opub/ted/2019/unemployment-rate-unchanged-at-3-point-6-percent-in-may-2019.htm?view_full

Poverty—Basic Needs

Access to Healthy Food

- Food Stamps: referring patients to their local Department of Community Based Services (DCBS) and assisting with application process
(<https://chfs.ky.gov/agencies/dcbs/dfs/nab/Pages/snap.aspx>)
- Referrals to food banks: Identifying food banks and applying on patient's behalf (if necessary)
- Connecting patients to local churches: many churches provide various services to the community regardless of membership
- Education about less known resources for food (farmer markets, food co-ops, etc.)

Poverty—Basic Needs

Cost of Daily Living

- Household bills: Many electric and water companies will accept a letter from a patient's provider to extend services for health reasons
- Clothing and other commodities

Transportation

- Many patients are unable to travel for appointments
 - Medicaid funded transport
 - Lextran Wheels
 - Problem-Solving

Medication

- A patient's ability to get medication is a significant factor related to poverty and will be discussed later on in the presentation.

Specific Barriers

Poverty

- Incidence of diabetes is heavily correlated with income
- Individuals living in poverty have reduced access to healthy food
- Transportation issues can play a part in access to diabetes care

Mental Health Concerns

- **Mental health issues, specifically depression, have been found to have a strong correlation with a diagnosis of Type 2.**

Access to Healthcare

- Cost of medications
- Undocumented Immigrants
- Access to specialized healthcare
- Ability to safely administer medication

Gaskin, D. J., Thorpe, R. J., Jr, McGinty, E. E., Bower, K., Rohde, C., Young, J. H., ... Dubay, L. (2014). Disparities in diabetes: the nexus of race, poverty, and place. *American journal of public health*, 104(11), 2147–2155. doi:10.2105/AJPH.2013.301420

Pei-Chun Chen, PHD, Yen-Ting Chan, MSC, Hua-Fen Chen, MD, MSC, Ming-Chung Ko, MD, MSC, and Chung-Yi Li, PHD (2013). Population-Based Cohort Analyses of the Bidirectional Relationship Between Type 2 Diabetes and Depression. *Diabetes Care*, 36(2), 376-382. <https://doi.org/10.2337/dc12-0473>

Mental Health

- Individual with diabetes are two times as likely to experience depression
- Diabetes is associated with an increased likelihood of having anxiety disorders and elevated anxiety symptoms
- Patients with diabetes are more likely to contemplate, attempt, or complete suicide

[Lee Ducat, Louis H. Philipson, MD, PhD, and Barbara J. Anderson, PhD \(2014\). The Mental Health Comorbidities of Diabetes. *JAMA*, 312 \(7\), 691–692. 10.1001/jama.2014.8040](#)

[Smith, Kimberley J., Beland, Melanie, Clyde, Matthew, Garipy, Genevieve, Page Veronique, Badawi, Ghislaine, Rabasa-Lhoret, Remi, Schmitz, Norbert \(2013\). Association of diabetes with anxiety: A systematic review and meta-analysis. *Journal of Psychosomatic Research*, 74 \(2\), 89-99. <https://doi.org/10.1016/j.jpsychores.2012.11.013>](#)

[Elamoshy, R., Bird, Y., Thorpe, L., & Moraros, J. \(2018\). Risk of Depression and Suicidality among Diabetic Patients: A Systematic Review and Meta-Analysis. *Journal of clinical medicine*, 7\(11\), 445. doi:10.3390/jcm711044](#)

Evaluations used at Barnstable Brown Diabetes Center

- Patient Health Questionnaire (PHQ-9)
- Generalized Anxiety Disorder 7-item (GAD-7) Scale
- Columbia Suicide Severity Rating Scale (C-SSRS)

PHQ-9

- Evidence-based tool that has been shown to identify Major Depressive Disorder in over 90% of patients
- 9 question assessment for depression, ranked on a Likert Scale (0=not at all, 1=Several days, 2=More than half the days, 3=Nearly everyday)
- Free to the public

<https://www.med.umich.edu/1info/FHP/practiceguides/depress/phq-9.pdf>

Bruce Arroll, MBChB, PhD, Felicity Goodyear-Smith, MBChB, MGP, Susan Crengle, MBChB, PhD, FRNZCGP, Jane Gunn, MBBS, PhD, Ngaire Kerse, MBChB, PhD, Tana Fishman...Simon Hatcher, MBBs (2010). Validation of PHQ-2 and PHQ-9 to Screen for Major Depression in the Primary Care Population. *Ann Fam Med* 8 (4), 348-353

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the day	Nearly Every Day
Little Interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, and hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself or that you are a failure and have let yourself or your family down	0	1	2	3
Trouble Concentrating on things such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite__being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? (circle one)

Not Difficult at all	Somewhat Difficult
Very Difficult	Extremely Difficult

PHQ-9 Scoring

PHQ-9 Score	Depression Severity	Treatment Recommendations
0-4	None-Subclinical	No Recommendations
5-9	Mild	Lifestyle changes; Follow up at a later date to reassess; discuss if patient want/needs therapy
10-14	Moderate	Advise counseling, pharmacology
15-19	Moderately-Severe	Advise treatment with pharmacotherapy and/or psychotherapy; educate patient on benefits of seeking mental health treatment
20-27	Severe	Recommendation of therapy/psychiatric treatment for patient; Assisting patient in scheduling appointment and follow up by phone as needed

GAD-7

- GAD has a prevalence of up to 8% in the general population and is the most frequently diagnosed anxiety disorders
- The GAD-7 is an economical and efficient way to detect GAD as well as other anxiety disorders
- The GAD-7 is useful in helping the patient open up about other issues they may be having, even if not categorized as anxiety (including issues with traumatic stress and depressive symptoms)

Jordan, P., Shedden-Mora, M. C., & Löwe, B. (2017). Psychometric analysis of the Generalized Anxiety Disorder scale (GAD-7) in primary care using modern item response theory. *PLoS one*, 12(8), e0182162. doi:10.1371/journal.pone.0182162

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the day	Nearly Every Day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Total Score =	_____			

GAD-7 Scoring

GAD-7 Score	Anxiety Severity	Treatment Recommendations
0-4	None/Subclinical	No Recommendations
5-9	Mild	Follow up at a later date to reassess unless patient wants to look into treatment options; lifestyle changes
10-14	Moderate	Advise counseling, pharmacology; educate patient on benefits of seeking mental health treatment
15-21	Severe	Advise counseling, pharmacology; Assisting patient in scheduling appointment and follow up in certain circumstances

C-SSRS

- Two part assessment for suicidality to identify current risk and lifetime risks.
 - Initial Risk Assessment
 - 6 questions to evaluate CURRENT suicidal ideation
 - Risk Assessment
 - Multidimensional assessment to evaluate factors of suicide risks (such as current mental health status and history of abuse)
- The C-SSRS is a validated tool and can be used to predict the types of ideation and behaviors that are more common among patients who attempt or commit suicide

Posner, Kelly, Gregory K Brown, Barbara Stanley, David A Brent, Kseniya V Yershova, Maria A Oquendo, Glenn W Currier, Glenn A Melvin, Laurence Greenhill, Sa Shen, and J John Mann. "The Columbia-Suicide Severity Rating Scale: Initial Validity and Internal Consistency Findings from Three Multisite Studies with Adolescents and Adults." *The American Journal of Psychiatry* 168.12 (2011): 1266-277.

Ask questions 1 and 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes”, ask questions 3, 4 and 5

Yes No

1. Wish to be Dead

Patient endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

2. Non-Specific Active Suicidal Thoughts

General, non-specific thoughts of wanting to end one’s life/commit suicide (e.g. “I’ve thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g. thought of method to kill self but not a specific plan).

4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to “I have the thoughts but definitely will not do anything about them.”

5. Active Suicidal Ideation with Specific Plan and Intent

Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out

6) Suicide Behavior Question: Have you ever done anything, started to do anything, or prepared to do anything with any intent to die?



COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Pomeroy, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zielony, Burke, Ojagawa, & Mann
© 2008 The Research Foundation for Mental Hygiene, Inc.

RISK ASSESSMENT VERSION

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.			
Suicidal and Self-Injurious Behavior (Past 3 months)		Clinical Status (Recent)	
<input type="checkbox"/> Actual suicide attempt	<input type="checkbox"/> Lifetime	<input type="checkbox"/> Hopelessness	
<input type="checkbox"/> Interrupted attempt	<input type="checkbox"/> Lifetime	<input type="checkbox"/> Major depressive episode	
<input type="checkbox"/> Aborted or Self-Interrupted attempt	<input type="checkbox"/> Lifetime	<input type="checkbox"/> Mixed affective episode	
<input type="checkbox"/> Other preparatory acts to kill self	<input type="checkbox"/> Lifetime	<input type="checkbox"/> Command hallucinations to hurt self	
<input type="checkbox"/> Self-injurious behavior without suicidal intent	<input type="checkbox"/> Lifetime	<input type="checkbox"/> Highly impulsive behavior	
Suicidal Ideation (Most Severe in Past Month)		<input type="checkbox"/> Substance abuse or dependence	
<input type="checkbox"/> Wish to be dead		<input type="checkbox"/> Agitation or severe anxiety	
<input type="checkbox"/> Suicidal thoughts		<input type="checkbox"/> Perceived burden on family or others	
<input type="checkbox"/> Suicidal thoughts with method (but without specific plan or intent to act)		<input type="checkbox"/> Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)	
<input type="checkbox"/> Suicidal intent (without specific plan)		<input type="checkbox"/> Homicidal ideation	
<input type="checkbox"/> Suicidal intent with specific plan		<input type="checkbox"/> Aggressive behavior towards others	
Activating Events (Recent)		<input type="checkbox"/> Method for suicide available (gun, pills, etc.)	
<input type="checkbox"/> Recent loss or other significant negative event		<input type="checkbox"/> Refuses or feels unable to agree to safety plan	
Describe:		<input type="checkbox"/> Sexual abuse (lifetime)	
		<input type="checkbox"/> Family history of suicide (lifetime)	
<input type="checkbox"/> Pending incarceration or homelessness		Protective Factors (Recent)	
<input type="checkbox"/> Current or pending isolation or feeling alone		<input type="checkbox"/> Identifies reasons for living	
Treatment History		<input type="checkbox"/> Responsibility to family or others; living with family	
<input type="checkbox"/> Previous psychiatric diagnoses and treatments		<input type="checkbox"/> Supportive social network or family	
<input type="checkbox"/> Hopeless or dissatisfied with treatment		<input type="checkbox"/> Fear of death or dying due to pain and suffering	
<input type="checkbox"/> Noncompliant with treatment		<input type="checkbox"/> Belief that suicide is immoral; high spirituality	
<input type="checkbox"/> Not receiving treatment		<input type="checkbox"/> Engaged in work or school	
Other Risk Factors:		Other Protective Factors:	
<input type="checkbox"/>		<input type="checkbox"/>	
Describe any suicidal, self-injurious or aggressive behavior (include dates):			

C-SSRS Risk Assessment

- Evaluates suicidality over a lifetime, the past three months, the past month, and current risk factors
- Assesses current mental health issues (including current or recurrent psychosis, abuse history, mental health history, and “triggering factors” that may be at play)
- Assessments and training is free to the public
 - <http://cssrs.columbia.edu/training/training-options/>

Specific Barriers

Poverty

- Incidence of diabetes is heavily correlated with income
- Individuals living in poverty have reduced access to healthy food
- Transportation issues can play a part in access to diabetes care

Mental Health Concerns

- Mental health issues, specifically depression, have been found to have a strong correlation with a diagnosis of Type 2.

Access to Healthcare

- **Cost of medications**
- **Undocumented Immigrants**
- **Access to specialized healthcare**
- **Ability to safely administer medication**

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Access to Healthcare

- Access to specialized healthcare providers
- Cost of medication
- Safety in Managing Diabetes

Specialized Healthcare

Identifying Providers

- Many patient are referred to an endocrinologist upon being diagnosed with diabetes or after having an elevated BG level/A1c but all medical care does not have to be overseen by an endocrinologist
 - Decrease in instance of visit
 - Communication between PCP and endocrinology provider

Education

- Patients with transportation issues or limited resources can receive education closer to home
 - Contacting county health departments

Cost of Medication

- The UK 100% Financial Assistance (medical care covered and reduced copay for specialist)
- Patient Assistance Program (available to patients with insurance coverage)
- Applying directly to the manufacturer
 - http://www.lillycares.com/_Assets/pdf/LillyCares_Application_0347.pdf
 - http://www.sanofipatientconnection.com/media/pdf/SPC_Application.pdf
 - <https://www.novocare.com/content/dam/diabetes-patient/novocare/General/PAP-Application-EN.pdf>
- Faith Pharmacy—part of Mission Lexington
 - Requires referral from a doctor's office
 - Serves patient residing in Lexington and surrounding areas
- Problem-Solving Payment Issues
 - Payment Plans
 - Billing codes that will send a payment request to the patient's home if Medicaid/other insurance is in the process of being approved

Safety in Managing Diabetes

- Collaborating with family/natural supports
- Home Health/Adult Daycare

Collaborating with Family or Other Supports

Strategizing how to help the patient to safely administer their own medication or insulin

- Pill organizers
- Setting daily alarms
- Visual reminders
- Family monitoring medication frequently

Home Health/Adult Daycare

Adult Daycare

- Can vary in how many hours per day a patient stays
- Can usually be found via online search engine or by contacting health departments by county

Home Health

- Vary by agency on what is available
- Online search and health department can provide information
- Federally funded services are available across the state
 - <https://chfs.ky.gov/agencies/dail/Pages/aaail.aspx>

How Does Social Support make a Difference?

- Diabetes is a chronic and complex diagnosis
- For the majority, it is self-managed on a daily basis
- A patient is often “in charge” of their own healthcare between visits
- Many patients worldwide—and in this state—do not have the resources to independently meet their medical needs

Margaret A. Powers, PhD, RD, [Joan Bardsley](#), MBA, RN, [Marjorie Cypress](#), PhD, RN, CNP, [Paulina Duker](#), MPN, RN, [Martha M. Funnell](#), MS, RN, [Amy Hess Fischl](#), MS, RD, [Melinda D. Maryniuk](#), MEd, RD, [Linda Siminerio](#), RN, PhD, [Eva Vivian](#), PharmD, MS (2017). “Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics.” <https://doi.org/10.1177/0145721716688844>

MC

MC is a 56yo Hispanic female with T2DM, HLD, HTN, and hypothyroidism. She does not currently have insurance and works seasonally so money is short right now. Her most recent hemoglobin A1c was 10.2%. Her diabetes therapy includes Novolin 70/30 and metformin. Additionally her medications include atorvastatin, levothyroxine, sertraline, and lisinopril.

MC was referred to meet with the pharmacist to discuss uncontrolled diabetes and how to optimize her medications to improve diabetes control.

MC

During MC's appointment with the pharmacist, MC shared that she is unable to fill all of her prescriptions every month due to cost.

Additionally, she shared that she was unable to follow up with her primary care provider due to having a balance and being unable to pay that balance at this time.

MC is out of work and is unable to obtain a job due to not having reliable transportation.

The pharmacist reached out to the social worker for additional assistance in supporting MC.

ACCESS PEARLS

Asking about barriers to care is important to comprehensive patient care

Interprofessional approaches are best

Multiple resources may be necessary

Patients likely have multiple barriers to care

Navigating patient barriers to care is an ongoing process

Connect patients with mental health providers with a knowledge of diabetes distress

Establishing relationships within your healthcare organization is advantageous

Knowledge of community resources is essential

Please feel free to
ask questions!

Navigating Access to Diabetes Care

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