Project ECHO June 26, 2019

**Recommendations for Case Study**

**Questions Asked:**

When a patient is lacking sufficient prescription coverage or … are in the Medicare Donut Hole, how can we address barrier of affording meds, particularly when certain prescriptions do not have assistance programs?

When we can’t change larger systems (like Medicare), what can we do to work around those constrains and address the issues in front of us?

**Recommendations**:

Needy Meds: offer discounts on meds (did not work in this case, but could be useful for others)

Checking in with churches or Community Action Programs for Prescription Assistance Programs

United Way helps with meds, have card that you can present to any pharmacy and give you the lowest price for the medication. Contact UW and they will mail them to you.

MaineCare is an option as a secondary insurer

[MedAcccess would have evaluated him for all of the discount programs. Might be helpful to know what programs MedAccess screens for when they evaluated this patient.] General MedAccess info might be helpful to send out.

Manny – sometimes it’s possible to go online and switch out the BP gift card. Will research websites and send to Heather

Advocacy when possible and appropriate – American Cancer Society Cancer Action Network

Medicare Savings Program, QMB Program, Extra Health Program – can call and help negotiate with Medicare and Medicaid to get med equipment/supplies to lowest price possible.

Joe Andruzzi Foundation – provide assistance for non-medical bills (mortgage, rent, utilities, cell phone). For this case, the patient doesn’t have any bills in his name.

Breast Cancer Funds available through Maine Breast Cancer Coalition

Good Rx Prescription Drugs Saving Card, 80% of prescription drugs

**Additional case study from Tracy –**

57 yo male, neglected basal cell on his back. Previously had infection on his face and felt like he couldn’t go on job interviews because of way he looked. Hasn’t decided about surgery, immunotherapy or combo. If he choses surgery, he will need to be out of work for months. Will run out of money after July. Has two refugee families living with him. Facing medical crisis but can’t make plans to figure out income. Temporary jobs until he knows what his plans are, needs money to get through next few months. Financial concerns are more concerning than healthcare concerns.

Wouldn’t qualify for Joe Andruzzi now.

This is a crisis before even reach treatment phase. That’s financial toxicity. Systematic challenge.

**Recommendations:**

SSI

General Assistance

Care Partners as a resource

Other social service agencies? Catholic Charities, Food Pantries

**General Discussion:**

Aysha question to Clara – tracking tool with Navectis – Dan Sherman is the owner. Does onsite training for financial navigators.