

**United Way of Laramie County End-of Year Report**  
Page 1

**Agency Name:** Laramie County Community Partnership      **Program:** Laramie County Centralized Pharmacy      **Reporting Period:** Jan - Dec 2009

**Contact Person:** Natasha Gallizzi, Pharm.D.      **Phone:** 307-637-7000      **E-mail:** Natasha.gallizzi@health.wyo.gov

<b>Agency Mission/Vision:</b>	To provide medications to low-income, un/underinsured individuals; to promote medication compliance by improving access to expensive medications; to bridge the gap between medication assistance programs; and to reduce medication waste.
-------------------------------	---

<b>Community Issue Program Targets:</b>	Improving Community Health
---	----------------------------

<b>Program Target Population:</b>
<ul style="list-style-type: none"><li>• Low Income (&lt;200% Federal Poverty Level (FPL)) patients who are unable to afford prescription medications.</li><li>• Un/Underinsured residents of: Laramie County- 94%, State wide patients/Free Clinics/Homeless Clinics- 6%. Statewide recipients were served using State funding.</li><li>• Majority aged 19- 65 due to prescription coverage by Medicaid when age 18 and under, and Medicare Part D after age 65. A few exceptions for patients in the donut hole at the end of the year (Nov/Dec) and children who do not have Medicaid yet (recently moved to the state, recent family change causing need for Medicaid, ect).</li></ul>

<b>Program Significance to the Community</b>
<ul style="list-style-type: none"><li>• The Centralized Pharmacy provides a sustainable safety-net service by combining both short and long term prescription access programs which helps improve community health by improving prescription access for patients who cannot afford to purchase their medications.</li><li>• Provides prescription monitoring and education from a pharmacist to ensure quality care.</li></ul> <p>What impact did the program have on the specified target population and community?</p> <ul style="list-style-type: none"><li>• Improved prescription adherence leads to...<ol style="list-style-type: none"><li>1. Better quality of life</li><li>2. Prevented major health events (e.g. heart attack, stroke)</li><li>3. Controlled Disease states (e.g. diabetes, depression, bi-polar)</li><li>4. Less outstanding medical debt</li><li>5. Increased self-sufficiency due to reducing missed work days</li></ol></li><li>• Indirect benefit to the community- By utilizing the donated medications, money that was previously spent on prescription vouchers can now be used for other human services such as mental health, dental, vision, food, clothing, child-care, and workforce development.</li></ul> <p>Have there been any significant trends over the past years regarding your target population?</p> <ul style="list-style-type: none"><li>• Major increase in the number of patients requesting services.</li></ul>

Agency Name: Laramie County Community Partnership

Program: Laramie County Centralized Pharmacy

Reporting Period: Jan - Dec 2009

Program Resources		Program Activities	
<ul style="list-style-type: none"> <li>• Donated Medications- (pounds in 2009)</li> <li>• Staff: 1 PT pharmacist/program manager (funded by the Wyoming Department of Health), 2 PT pharmacy technicians, 2 FT Prescription Assistance/Eligibility workers.</li> <li>• Facility: 3 rooms donated by CRMC</li> <li>• Equipment: 5 computers donated by the Wyoming Department of Health IT Department, all other equipment/supplies purchased by the Centralized Pharmacy</li> <li>• Limited volunteers (special qualification is needed to work with medications)</li> </ul>		<ul style="list-style-type: none"> <li>• Screen patients for eligibility</li> <li>• Fill prescriptions using donated medications &amp; limited purchased inventory</li> <li>• Voucher prescriptions not in stock from donations or purchased inventory</li> <li>• Apply to Prescription Assistance Programs on behalf of patients</li> <li>• Educate patients about other health care assistance in the community</li> <li>• Accept medication donations, sort and inventory donations; Dispose of unusable donations.</li> <li>• Coordinate donation of medications to medical missions</li> </ul>	
Outcome	Performance Measure	Method of Measure	
<ul style="list-style-type: none"> <li>• Results taken to legislature in 2009- received additional funding. Taking to legislature in 2010.</li> <li>• Addition of PAP program in May 2009-facilitates enrollment of all patients into long-term Rx access services.</li> <li>• Patient survey to track perceptions of improved health outcomes &amp; quality of life.</li> <li>• If possible, data from CRMC ER as an indirect health outcome measure.</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients served</li> <li>• # of prescriptions filled</li> <li>• Retail amount of Rx's dispensed through Centralized Pharmacy and PAP</li> <li>• #, %, and Cost of Rx's filled with purchased inventory</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacy dispensing software</li> <li>• Patient demographics database- Microsoft Access</li> <li>• Data from PAP program software</li> </ul>	
Program Results		Results Analysis and Next Steps	
<ul style="list-style-type: none"> <li>• 684 patients served</li> <li>• 5529 R's filled with donated/purchased medications for retail value of \$603,115.96</li> <li>• 465 Rx's vouchered, retail cost \$32,381.13</li> <li>• 1154 new PAP Rx applications filled (May-Dec 2009) for retail value of \$543,820.99</li> <li>• <b>TOTAL RX'S: 7148 TOTAL VALUE: \$1,179,318.08</b></li> <li>• Pounds donated= 5334.5</li> <li>• The program benefits clients who must choose between food, rent, heat, or prescriptions and their health.</li> <li>• The program saw a 250% increase from the beginning of 2009 to end of 2009. (750% increase since Jan 08)</li> <li>• The full impact of increased demand from closing of the Cheyenne Community Clinic (Free Clinic) has not been seen yet, but was a major factor in a very busy 4<sup>th</sup> quarter for the program.</li> </ul>		<p>Successes:</p> <ul style="list-style-type: none"> <li>• Combined PAP program in May 2009 to improve effectiveness &amp; efficiency of short/long term Rx assistance.</li> <li>• Used more purchased stock to reduce need for vouchers.</li> <li>• Implemented contract with disposal service.</li> <li>• Improved workflow and configuration of pharmacy.</li> </ul> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Continue to increase amount of purchased stock vs. vouchers.</li> <li>• Hire additional pharmacist, technician, program manager in order to expand hours and meet needs of community and the program.</li> <li>• Work towards new fiscal agent (either program's own 501c3 status or working under a fiscal agent other than LCCP). Look into establishing a separate State Medication Donation Program.</li> <li>• Implement Bulk PAP.</li> <li>• Move to a larger location in order to provide better services.</li> <li>• Continue working with other agencies to streamline prescription services.</li> </ul>	