

340B hospitals offer more assistance removing barriers to medication access

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According to a new study published in the journal *Research in Social and Administrative Pharmacy*, hospitals that participate in the 340B Drug Pricing Program provide more medication access services—which are services that help remove barriers to accessing necessary medications—than comparably sized non-340B hospitals.

The University of Illinois Chicago researchers who conducted the study, which included a survey of available services sent to a nationally representative sample of hospitals across the U.S., suggest that 340B participating hospitals may be better positioned to create and administer programs that support patients who are uninsured or underinsured and those who may have job, transportation and other social insecurities.

"Medication access services are an important way that hospitals support patients whose health and wellbeing are dependent on medications but who otherwise may struggle to afford or access drugs. This includes patients with a range of illnesses, from chronic health conditions such as diabetes or hypertension to people who have required life-saving transplants," said Sandra Durley, a clinical assistant professor at the UIC College of Pharmacy in the pharmacy practice and pharmacy systems, outcomes and policy departments.

According to Durley, a contributing author of the study, for low-income patients, the availability of [medication](#) access services like prior authorization assistance and provision of free or discounted drugs, for example, at their site of care "can mean the difference between receiving

prescribed [drug therapy](#) and going without, due to delays or unaffordability of medications."

For the study, researchers collected primary questionnaire response data from pharmacy directors at non-federal acute care hospitals from March 2019 to May 2019. They then assessed the availability of nine medication access service offerings.

There was a significant difference in the average number of services offered between 340B and non-340B hospitals. 340B hospitals offered, on average, 6.2 services while non-340B hospitals offered 3.9 services, after an adjustment for [hospital](#) size.

For all nine services that were assessed, a higher percentage of 340B hospitals reported providing the service compared to non-340B hospitals. This difference was statistically significant for six out of the nine services: assistance with prior authorizations (89.7% for 340B hospitals vs. 63.0% for non-340B hospitals), discharge prescription services (85.3% vs. 44.4%), free immunizations (58.8% vs. 33.3%), free or discounted outpatient medications (83.8% vs. 48.2%), medication therapy management (52.9% vs. 11.1%) and patient assistance programs (83.8% vs. 51.9%). There was no statistically significant difference for the other three services: free prescription delivery, free medications from the emergency department and transitions of care.

In addition, the researchers looked at general health care services. For the four services analyzed, an equivalent or higher percentage of 340B hospitals compared with non-340B hospitals reported providing the service. The difference was statistically significant for two of the services: the provision of drug/alcohol outpatient treatment services (37.5% vs. 9.5%) and HIV/AIDS outpatient services (39.3% vs. 9.5%). There was no significant difference for providing free or discounted transportation to health services or providing housing support for

homeless patients.

Durley said the data published in this study provides important information for policymakers about how participation in the 340B program translates into expanded services for patients who seek care at safety net and public hospitals.

The authors write, "At a time when 79% of Americans believe that the cost of prescription drugs is unreasonable, and 19% of Americans report not filling a prescription at least once in the last two years due to cost, services that facilitate medication access are imperative for favorable health outcomes. While the 340B Program is not designed in its intent as a direct patient benefit program, its savings can be utilized in a variety of different ways to provide more comprehensive services. The findings of this study suggest that 340B hospitals play a critical role in facilitating medication access."

Durley says that while the survey was conducted before the onset of the COVID-19 pandemic, the data presented in the study is likely just as relevant, if not more relevant, today.

"We've seen increased job loss and social insecurity over the last year that has essentially compounded the barriers experienced by underserved communities who are also bearing the brunt of COVID illness. The pandemic is highlighting that there is a greater need for services that support vulnerable communities, not a lesser need," said Durley, who also is senior associate director of ambulatory care pharmacy services at the University of Illinois Hospital, which participates in the 340B program as a disproportionate share provider.

More information: Isha Rana et al, A comparison of medication access services at 340B and non-340B hospitals, *Research in Social and Administrative Pharmacy* (2021). [DOI: 10.1016/j.sapharm.2021.03.010](https://doi.org/10.1016/j.sapharm.2021.03.010)

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