

'Unbelievable good price': This pharmacy dispenses bargain medicine—and hope

December 5 2022, by Lisa Gutierrez



Credit: Unsplash/CC0 Public Domain

As disease raced through her body, Ruby suffered unrelenting pain for years.

Her hands and feet burned with neuropathy. High blood pressure made her dizzy. She wound up more than once in a [hospital emergency room](#), where doctors hooked her up to an IV to send insulin into her bloodstream, lowering dangerously high blood sugar levels.

In between ER visits, there was "vomiting and dizziness. Horrible headaches, all the time," she said.

She didn't know she had diabetes.

Unfortunately for Ruby, who cleans businesses for a living, the diagnosis didn't come with a way to pay for the medications she needed—one alone cost nearly \$500 a month.

She's the patient John Yost had in mind when he decided to open a charitable pharmacy in Kansas City, Kansas, for people who can't afford their prescriptions. Researching the need, the data about [drug costs](#) and usage in the United States stunned him.

Americans spend more on [prescription drugs](#)—about \$1,300 per person per year—than anyone else in the world. Because of the nation's high drug prices, plus steep out-of-pocket expenses, many people, especially those with chronic illnesses such as asthma and hypertension, risk their lives by skimping on doses to make them last longer, or don't take them at all because they can't afford them. One study found 16% of diabetes patients skip their medications because of the cost.

"In the United States, not just in Wyandotte County but in the whole country, up to 3 out of 10 prescriptions that are written are never filled," said Yost, a pharmacist by training and a retired pastor from United Methodist Church of the Resurrection.

"But more shocking, more importantly, is that for every prescription that

is given to a patient, 1 out of 2 of them are not taken as prescribed. So patients don't follow the directions or they don't understand the directions."

He knows what happens when people picking up prescriptions at the pharmacy are asked if they'd like to speak to the pharmacist. Most often, they say no.

That can't happen at Pharmacy of Grace, which offers [prescription medications](#) at reduced prices to [low-income](#), uninsured or underinsured patients, while breaking down [language barriers](#) that sometimes stand in the way.

It is full-service but clearly not the CVS on the corner. It's not meant to do high-volume traffic. Patients do not leave with their prescriptions before they sit down and talk with Michael Fink, the pharmacist in charge. Consulting with every patient takes time, but educating them about their medications so they'll take them, correctly, is central to the mission.

Interpreters who can speak up to 300 languages and help Fink talk to patients are a phone call away. So far Spanish is the most common language among patients, followed by Swahili.

As of Nov. 21, the pharmacy had served 185 patients since it opened in August—85% living far below the federal poverty level—and filled 670 prescriptions.

"We helped out a patient who needed \$2,000 worth of insulin, and we got him out the door for \$10 for each of the two insulins they had," said Fink. "That's the type of patient we're looking for.

"They qualified financially and we were able to help them out with that

[medication](#), plus we were able to call the doctor's office and ask for stuff they didn't send over. We asked for a glucose monitor, test strips, lancets and insulin pens that they needed to go along to help with the injection, and also the syringes to help with the other insulin just so they had coverage for everything."

Ohio has the model

The pharmacy opened in a building that also houses a safety net clinic run by the faith-based Mercy and Truth Medical Missions. The pharmacy and clinic are down the hall from each other on the first floor of what used to be a seminary dormitory.

Patients must meet income guidelines but don't have to live in the county. They can live in Missouri, too. The pharmacy provides medications for children to adults—but not cancer drugs that require specialized training to dispense—and Medicaid, Medicare Part D and some private and commercial insurance are accepted. But patients don't need insurance to receive assistance.

Yost modeled the pharmacy on the Charitable Pharmacy of Central Ohio, which grew out of concern that so many people in Columbus were taking medications infrequently to make them last longer and their unmanaged illnesses landed them in local emergency rooms—which happens in Kansas City, too.

Getting low-cost prescription drugs into the hands of people who can't afford them is a universal problem.

"That is one of the biggest challenges that we're all facing right now. As we see inflation increasing, medication cost is going to continue to increase and with that labor cost and everything that goes with it," said Ronnie Chanvitayapongs, director of pharmacy for AdventHealth.

"I feel like having the ability to work with an organization like Pharmacy of Grace ... being able to help provide that support to them, whether it's financial support or consultative support, or as a peer, pharmacist to pharmacist, giving them ways of identifying ways they can help give meds to those patients. I think that's the No. 1 importance."

AdventHealth is one of the pharmacy's largest financial supporters, along with Church of the Resurrection, The Sunderland Foundation, Health Forward Foundation, H&R Block Foundation and Reach Healthcare Foundation.

What struck Yost about the Ohio operation were the one-on-one talks between patients and pharmacists.

"If you look at the whole medical treatment gamut, you can have the world's greatest primary care provider who has the greatest diagnostic skills, the greatest plan, and then it comes down to ... (the patient) doesn't have any medication," said Yost, chairman of the pharmacy's board of directors.

The National Center for Health Statistics found that 14% of [diabetes patients](#) with private insurance go without their medications, too.

"That's the No. 1 tool to manage that disease state, prescription drugs. And if patients can't get them, all that work, all that stuff (the doctor) did, it doesn't make any difference for the patient.

"I tell providers once I hand that prescription to the patient, the patient becomes their own primary care provider. It's their responsibility to take that medication. And if they don't have the means to do that, it's kind of hopeless."

'Emergency room as a lifestyle'

A federal report this year found that 3.5 million adults 65 and older, and 1.8 million Medicare beneficiaries under 65, had trouble paying for their medications in 2019. Affordability was worse for Black and Latino adults than white adults.

Women, people with lower incomes and adults dealing with chronic conditions such as diabetes had the worst trouble.

Data about Kansas City's overall health led Yost to place the pharmacy in Wyandotte County, where 23% of residents don't have health insurance, compared to 13% nationwide, according to the Mid-America Regional Council.

In the pharmacy's neighborhood near Interstate 635 and Minnesota Avenue, 30% to 40% of the residents are uninsured, the pharmacy estimates.

"There are other programs out there, but there is a huge need," said Yost. "And right across the hall is the clinic that serves a lot of immigrants and uninsured, so it was a good place to go."

The uninsured rate is particularly high among Hispanics like Ruby. She is an undocumented immigrant from Mexico, so The Star is identifying her only by her first name.

Because she is undocumented she can't get [health insurance](#). And without insurance she couldn't afford insulin when she was diagnosed with diabetes until she learned about the pharmacy through the Mercy and Truth folks.

Rebecca Weigand, who works at the clinic's front desk, has befriended Ruby.

Ruby takes five medications that cost her less than \$32 a month through the pharmacy, including Trulicity insulin, "which is very expensive but she gets it for \$10 a month there, which is an off-the-charts, almost unbelievable good price," said Weigand, who translated for Ruby.

With nearly all of her [health issues](#) under control—she still needs cataract surgery before she loses her eyesight—Ruby said she's feeling better now that she's taking her medications. The nausea and headaches only come around sometimes, "not like it was," she said.

"One of the biggest issues for people has been insulin, or drugs to treat diabetes," said Yost. "One thing we're running into is that some people don't believe they can actually get insulin affordably because they're so used to getting some and they stretch it.

"Where it should last for 30 days, they try to make it last for two or three months. And it just doesn't work. You can't lower the dose. It's not going to control it. That's so common out there."

For a diabetic, Yost said, "the ultimate outcome (for not taking prescribed medication) is you won't be alive. It will kill you. You'll get kidney failure. You may lose limbs. You may go blind. It's a bad scenario that doesn't have to happen. So those are all the kinds of data that we used to develop this model."

'Mission of health equity'

Yost was a pharmacist before he worked 20-some years in the pharmaceutical industry. When he felt called to pastoral work he went to work at Church of the Resurrection.

He was working in the church's mission department, scouting places for church members to lend a helping hand outside Kansas City, when he

joined a group going to Church For All People in Columbus, Ohio, to visit a nonprofit grocery store and food pantry. But the pharmacy operation, which opened in 2010, really caught his attention.

Columbus business owners, the mayor, county leaders and hospital officials saw the need "to make (prescriptions) more affordable for those who couldn't afford anything," said executive director R. Taylor Reed, who is a pharmacist.

"I believe health is maybe our greatest wealth. And for me, the pandemic shined a light on this. It exposed the health inequities and the social determinants of health care that have always existed.

"And so, as a health care provider, as a pharmacist, I ask the question, what are we going to do about it? I see a charitable pharmacy as a mission of health equity."

The Ohio pharmacy will serve about 1,700 patients this year, Reed said. And educating all of them about their medications has been key.

"It seems like an old idea, but it is such a simple idea. I think it's really the core of what we do," said Reed. "The drugs help them get healthy. But somebody who's never had access, who has maybe done their meds every other day, may not have taken them the way they're supposed to, doesn't know how to use them or what to expect from them.

"What healthy feels like—I think that's the gift we give."

Medication literacy

Back home in Kansas City, Yost couldn't get the Ohio pharmacy off his mind. So he consulted with local people in Kansas City's nonprofit world who helped hone the idea. To set itself apart, how would Pharmacy of

Grace be different from other medication assistance programs in town?

This is how: Unlike other stop-gap programs that offer prescription drugs on a one-time basis or for a limited time, Pharmacy of Grace offers medications for the long-term.

The pharmacy hired Fink, who previously worked for Cerner's Health Clinic pharmacy. Like Yost he was drawn to the concept of teaching patients about their medications and building relationships with them.

He'll ask patients what the doctor told them about their medications. Do they know what it is for? He'll go over possible side effects—this will make you dizzy so take it at bedtime—explain how it could interact with other medications and emphasize the risk of not taking the medication as prescribed.

Even people who have gotten that information from their doctor might not always retain it, said Yost, because the doctor is "talking to you about 15 other things—you've got high blood pressure, we've got to treat this. You've heard all of this stuff and boom, you're out of there.

"We're trying to make an environment where people will feel comfortable."

At Pharmacy of Grace, patients don't have to walk all the way to the back past shelves of cough medicine, vitamins and crutches. They walk into an expansive reception area that looks like a doctor's office with a receptionist behind a glass window. She is one of three current employees.

Local pharmacists are starting to volunteer their time, too. And senior pharmacy students finishing up clinical training are working there, too, with more coming from pharmacy schools at the University of Kansas

and University of Missouri-Kansas City.

There are three private counseling rooms, one large enough for meetings with patients who bring their families or interpreter. If they don't have an interpreter, the pharmacy can contact one and have them appear virtually on big screens in the rooms.

"That's come in handy several times, especially with patients who don't read or write in their own native language," said Fink.

One father from Afghanistan arrived with his 6-year-old daughter. Neither spoke English, and it turned out the dad couldn't read. The pharmacy had a hard time pinning down his native language until the little girl recognized a letter on a list of languages she was shown.

Even without a language barrier, getting patients to understand the ins and outs of their medications can challenge pharmacists who need accurate information about how patients are taking their medications to avoid side effects and evaluate their effectiveness.

Chanvitayapongs at AdventHealth has heard patients say things like, "Oh, I thought this was for my blood pressure or I thought this was for my blood sugar" in mixing up their prescriptions, which is why he is a fan of the consultations Pharmacy of Grace provides.

"I think that's where the pharmacist comes into play, in particular for certain communities, whether they have a language barrier or they've not been able to get the health care they deserve, they may not know these things," he said.

"Being able to talk to them and educate them on the appropriateness of taking medication will ensure that we're getting the outcomes we're wanting to get."

How it works

The pharmacy accepts donations of money, but not of medications. People often ask. Donated meds from the public would be an inconsistent supply and wouldn't guarantee that patients would get the same brands or even same types of medications each time.

The pharmacy gets its medications from Dispensary of Hope, a nonprofit organization in Nashville that says it helps hundreds of thousands of patients per year. It collects and distributes millions of dollars worth of drugs, donated by manufacturers, to nonprofit clinics, federally qualified health centers and charitable pharmacies such as Pharmacy of Grace.

The drugs go to low-income, chronically ill patients to help reduce hospital readmissions and emergency room visits.

"It's sad to think about long waits in the emergency room as a lifestyle," said Yost. "Because you talk to AdventHealth, all the hospitals, they have frequent patients who come back. ... That's almost like their primary care, they go to the emergency department.

"That's definitely a group of people we would like to help because we know that if—go back to diabetics—you take medications consistently you should never have to walk into an emergency department."

Pharmacy of Grace pays an annual dispensary fee of \$12,500, said Yost, which allows it to order however many drugs it needs for a year.

Patients must have a prescription, and if they have refills at another pharmacy they can transfer them. "They can even call us, 'Well I'm getting my prescription at this X pharmacy for \$15, what would your price be?'" said Fink.

"We can give them a price quote before they transfer their prescription. We're pretty sure they will end up transferring to us."

Fink doesn't consider Pharmacy of Grace a competitor of the Walgreens of the world.

"We'll actually be reaching out to them to let them know that for their patients that don't fill a certain medication or have not been filling it consistently, we can help them get that insulin product, we can help them get that diabetic medication that's too expensive for them," said Fink.

"They may have gotten a prescription in January and here it is November and they haven't even filled it once yet. To fill it sporadically doesn't help them either."

Going 'deeper than health'

The pharmacy in Columbus added a second location in the city last year to keep up with the need.

"We've actually extended our mission to think about food as medicine, because we were screening people and asking them standard social determinant questions—was there a time you ran out of food before you could buy more?" said executive director Reed.

"Two-thirds were saying yes—67% were food insecure. But we used that and put it into action by building a produce market with our second pharmacy."

People are already making the connection. One day in the parking lot Reed ran into a patient, a single mom with two children and two jobs, who has diabetes and [high blood pressure](#). She came to the pharmacy after having a heart attack to get help with new medications she couldn't

afford.

She was carrying a slow cooker, and Reed knew she had gotten it through one of the pharmacy's healthy eating incentives. She was smiling big, like a prize winner.

"I finally feel seen, I finally feel heard." she told Reed, excitedly sharing plans to use the slow cooker to make dinner while at work and enjoy healthy meals with her family.

"That to me goes deeper than health," said Reed. "That says I choose to be healthy, I deserve a healthier state.

"It takes a lot of humility for someone to arrive at our doorstep and ask for help. So I am very mindful that we walk with someone in that journey, that this is a mission of empowerment. And I don't think it's unique just to Columbus, Ohio, or to Kansas City, Kansas. This is a global need."

Yost's vision includes a second pharmacy in the metro.

"If you look around here, in Leavenworth County there are some incredible areas of poverty. And people don't realize even Johnson County, in Shawnee, Olathe, there are pockets of 30%, 40% uninsured, and they don't have any services as a way to get prescription drugs."

For now, though, he just has to get more people to know that Pharmacy of Grace is open for business.

"It's amazing how many times you run into someone who says 'I didn't know you were there,'" he said.

How to get help at Pharmacy of Grace

- Who is eligible: People living at or below 200% of the Federal Poverty Level. For a single individual, that's an annual income of \$27,180; for a family of four, it's \$55,500. Patients can live anywhere in the metro.
- Insurance needed? No, but Medicaid, Medicare Part D and some private and commercial insurance are accepted.
- Contact: 721 N. 31st, Kansas City, Kansas.
913-953-8260. pharmacyofgrace.org.

How to help Pharmacy of Grace

The [pharmacy](#) cannot legally accept donations of medications or supplies, but will accept financial donations, which are tax deductible.

To donate by mail: Send checks to Pharmacy of Grace Inc., 721 N. 31st, Kansas City, Kansas 66102. Federal EIN number: 82-5372375

Or visit the website, pharmacyofgrace.org, and click on the "donate" button. Contributions can be set up on a monthly basis.

2022 The Kansas City Star.

Distributed by Tribune Content Agency, LLC.

Citation: 'Unbelievable good price': This pharmacy dispenses bargain medicine—and hope (2022, December 5) retrieved 8 May 2024 from

<https://medicalxpress.com/news/2022-12-unbelievable-good-price-pharmacy-bargain.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.